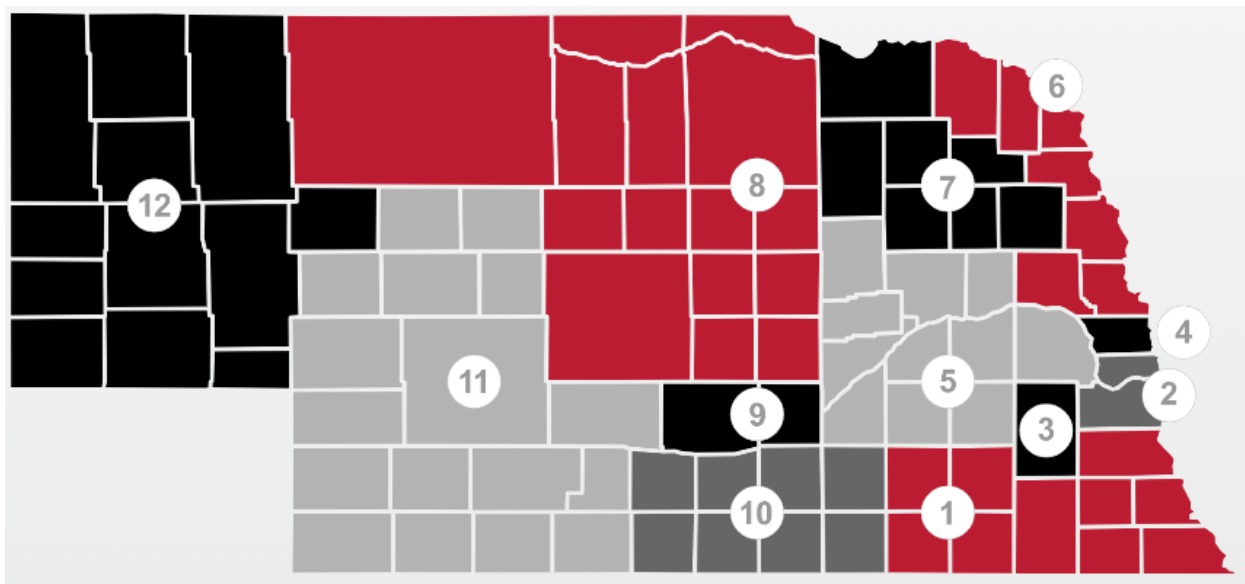


# Probation District Needs Analysis

May 4, 2021



STATE OF  
**NEBRASKA**  
JUDICIAL BRANCH

Administrative Office  
of the Courts & Probation

**Corey R. Steel**

State Court Administrator



**Deborah A. Minardi**

State Probation Administrator

May 4, 2021

Dear Stakeholder,

Never has the value and importance of Probation's relationship with Community Service Providers been more apparent in my 41 years with Probation and, in particular, 15 years with the Administrative Office of the Courts and Probation (AOCP). This became even more evident while we navigated the uncharted world of a pandemic with the fundamental belief that together we could do better in serving justice-involved individuals.

Recently a challenge was set for our Rehabilitative Services Unit, under the leadership of Dustin Bartley, to complete a statewide needs analysis for teleservices. This challenge quickly evolved into a comprehensive, system-wide assessment of all adult and juvenile behavioral health evaluations and treatments, non-clinical supportive services, and out-of-home placements. The outcome of the yearlong assessment is the foundation on which a strategic plan will be built, guiding rehabilitative services for justice-involved individuals.

Our commitment to transparency and our efforts toward service expansion and quality assurance is the reason we are sharing this document with you, our internal staff, provider community, external partners and stakeholders.

Thank you for your contributions, in the past and moving forward, toward healthier and safer communities.

Sincerely,

Deb Minardi

Probation Administrator

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## **Glossary of Acronyms**

AOCP.....	Administrative Office of the Courts & Probation
APRN-NP.....	Advance Practice Registered Nurse – Nurse Practitioner
BIP.....	Batterer Intervention Program
CO.....	Co-Occurring
CTA.....	Community Treatment Aide
CQI.....	Continuous Quality Improvement
DBH.....	Division of Behavioral Health (part of DHHS below)
DHHS.....	Department of Health and Human Services
DD.....	Developmental Disability
DV.....	Domestic Violence
ElHFT.....	Ecological In-Home Family Treatment
Eval.....	Evaluation
FFT.....	Functional Family Therapy
IDI.....	Initial Diagnostic Interview
IOP.....	Intensive Outpatient
JDAI.....	Juvenile Detention Alternative Initiative
JSH.....	Juveniles who Sexually Harm
MAT.....	Medications for Addiction Treatment
MH.....	Mental Health
MSE.....	Mental Status Examination
MSN.....	Master of Science in Nursing
MST.....	Multisystemic Therapy
OP.....	Outpatient
PA.....	Physician Assistant
PRTF.....	Psychiatric Residential Treatment Facility
QA.....	Quality Assurance
RSP.....	Registered Service Provider
SO.....	Sex Offender
STR.....	Short-Term Residential
SUD.....	Substance Use Disorder
ThGH.....	Therapeutic Group Home
TL.....	Transitional Living
UNMC.....	University of Nebraska Medical Center

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# **Probation District Needs Analysis - 2020**

## **Introduction**

Rehabilitative Services, within the Administrative Office of the Courts & Probation (AOC), is committed to ensuring justice-involved individuals can access behavioral health and supportive services necessary to promote behavior change, reduce criminogenic risk and ensure safe communities. Beginning in 2006, legislative allocations have allowed AOC to provide financial assistance for justice-involved individuals to access an ever-growing number of services. Starting with adult substance use evaluation and treatment services, the continued success of AOC's ability to provide this financial assistance for service access has steadily grown to encompass a full service array of adult and juvenile mental health and substance use treatment services, non-clinical supportive services and juvenile out-of-home placements. In recent years, Probation has attempted to help increase service access through the use of teleservices, both encouraging providers to expand their services and, in several cases, providing the technology needed for teleservices to occur. Teleservices have been used in many residential settings, particularly for family therapy and team meetings for youth in out-of-home placements. Additionally, several providers employ some level of teleservices, primarily connecting a provider in a main office to a client in a satellite office or, occasionally, with established clients connecting from home. While these offerings undoubtedly help remove transportation barriers and make services more attainable, Probation believes there is strong potential for a significant expansion of teleservice options to connect even more justice-involved individuals with needed behavioral health and supportive services.

Probation approved a District Needs Analysis Project to better identify officer and management views of service availability and need that can be used in a more targeted approach to service expansion. This project started with a focus on expanding teleservice access to adult behavioral health treatment; however it quickly evolved into a comprehensive, system-wide assessment of all adult and juvenile behavioral health evaluations and treatment, non-clinical supportive services and out-of-home placements. Using a combination of district-specific surveys completed by probation and problem-solving court officers, followed by in-person meetings with district management teams, this project incorporated feedback from multiple angles, including specific judicial concerns relayed by district managers. This Project also reviewed data on vouchers utilized by justice-involved adults and youth as a more concrete example of service utilization, availability and potential need. Additionally, this Project intentionally focused on "needs" rather than "gaps." While not all services are offered at brick-and-mortar locations in each district, let alone each county, some needs are currently being met through the use of a similar service that is available locally, through providers located within a reasonable driving distance or through the use of teleservices. This report presents a summary of all information collected and reviewed, both on a statewide and per-district level. Additionally, relevant trends and recommendations are included, as appropriate, regarding both service needs and mechanisms for providing such services.

## **Background and Challenges to Service Access/Expansion**

Probation has long supported service expansion and the increased use of teleservices by providers. In recent years, multiple adult and youth service definitions for Probation-funded services have also been

updated to identify teleservices as an appropriate/approved method of service delivery. Despite this stance, however, there have been multiple obstacles to allowing justice-involved individuals to access services using technology when in-person services are limited. The Nebraska Department of Health and Human Services (DHHS) Division of Behavioral Health (DBH) 2016 Nebraska Behavioral Health Needs Assessment, prepared by the University of Nebraska Medical Center (UNMC) College of Public Health, identified shortages at all levels in the behavioral health workforce, particularly in rural areas. The report cites details about declining numbers of psychiatrists, most Nebraska counties being identified as “shortage areas” for mental health practitioners and excessive turnover for unlicensed behavioral health workers. With a statewide shortage in the behavioral health workforce, it is no surprise that justice-involved individuals, who access services through these same community-based providers, also experience difficulty accessing services.

With limited providers comes limited appointment availability, waitlists and individuals not being able to access necessary services. Though teleservice options could certainly help with some of these issues, a significant barrier is that many providers simply don’t have more hours in the day to schedule virtual appointments. Even when providers do have additional appointment availability, many anecdotally report a reluctance to use or even try teleservices due to unfamiliarity, discomfort with non-face-to-face interactions, concerns with the cost of technology and general concerns with maintaining privacy and confidentiality. Furthermore, the successful use of teleservices is contingent upon client access to technology, either through consistent, high-speed internet access or through smart phones with data plans.

Providers in Nebraska successfully using teleservices have most often seen clients between separate offices of the same agency and not necessarily with a client at home or another non-clinic location. Adjusting to increased use of community-based teleservices can require additional expenses for providers who need to purchase/lease appropriate video-conferencing software as well as equipment needed to enable successful audiovisual connections. There are also many logistical hurdles providers must overcome when adjusting to the use of community-based teleservices, primarily during the intake and evaluation process; intake/personal history forms, copies of insurance cards/paystubs, proprietary screening/assessment tools and documents requiring signatures (consent for services, releases of information, financial paperwork) all must be done through the mail (which adds time to the process) or must be converted to a digital/online format, which can be a lengthy and expensive process.

Probation’s current management information system does not currently reflect true provider availability, be it by location or by service(s) offered. It also lacks a mechanism for providers to indicate which services, if any, are offered using telecommunications technology. When referring officers are not able to generate an accurate list of local providers or teleservices options from which individuals may choose, it presents a significant roadblock to facilitating the connection between justice-involved individuals and providers willing and/or able to conduct virtual appointments.

Additionally, Probation’s past efforts to expand service access through the use of teleservices have focused on the method of service provision, but have not necessarily targeted particular services or particular districts. This Needs Analysis is intended to help identify specific needs by district and across the state to guide continued efforts to expand service access for justice-involved individuals.

## Method

In order to help Probation make targeted recommendations for service expansion priorities, this Needs Analysis solicited input directly from district supervision officers (including problem-solving court officers) and management teams and incorporated available data based on voucher utilization in 2019. This report is intended to provide an overarching view of service availability and need along with initial recommendations for service expansion, while recognizing that recruiting providers, increasing service access and building a comprehensive continuum of evidence-based services for justice-involved adults and youth will require long-term efforts, additional study, consistent data collection and continued engagement with service providers, system partners and other stakeholders. This document summarizes the most-relevant data gleaned from electronic surveys, in-person meetings and 2019 Probation voucher data and outlines initial steps to increase service accessibility while also identifying areas where the Administrative Office of the Courts & Probation (AOCP) will need to continue partnering with districts to clarify trends in service availability and utilization before settling on a concrete plan to increase access to particular services.

To determine the scope of this Analysis and report, Rehabilitative Services Program Specialists reviewed the 2016 Nebraska Behavioral Health Needs Assessment (prepared by the UNMC College of Public Health for DHHS-DBH) along with reports from Probation's biennial Statewide Drug Testing Analysis. Rehabilitative Services Specialists also consulted with staff from the Nebraska Department of Health and Human Services – Division of Behavioral Health (DBH) on project scope and goals, along with language recommendations to mirror an upcoming DBH Behavioral Health Needs Assessment. Probation's Analysis also focuses on services in Probation's current service array rather than on the need to introduce or begin funding new services.

In November 2019, each Chief Probation Officer was sent a link to a district-specific survey and was asked to pass it along to management team members and officers actively supervising clients, as they are the personnel referring clients to services. Each district summary identifies the number of district staff members responding to the survey, as well as the total target number of staff (adult and/or juvenile officers, plus management team members).

The survey offered two tracks: one that focused on adult service availability and need and one that focused on juvenile service availability and need. The adult track asked about availability of individual services in three distinct categories: behavioral health evaluations, behavioral health treatment and non-clinical supportive services. The juvenile track mirrored the adult track, but added a fourth category of services: out-of-home placements. For each service in question, respondents had the ability to rate availability using a scale of:

- Yes, many options to choose from;
- Yes, but only limited options to choose from;
- Uncertain;
- No, but I'm aware of teleservices options available;
- No, but options available in reasonable driving distance; or
- No options locally or within a reasonable distance

Survey respondents were also asked their opinion on the biggest barriers to services not being available locally, within a reasonable distance or via teleservices, using the following categories:

- No local/nearby provider offers the service;
- The service is available, but not with a Registered Service Provider;
- The service is available, but with limited providers/appointment times available;
- The service is offered nearby, but individuals lack the time to travel to appointments;
- The service is offered nearby, but individuals don't have reliable transportation;
- Language barriers/lack of interpreters to assist clients with obtaining the needed service;
- Not enough clients for a provider to maintain a service/service only needed occasionally; or
- Other (please specify)

Additionally, survey respondents were asked to select their top two-to-five service needs for each identified category. The survey also solicited additional information such as the city where the respondent's primary office was located, whether they primarily worked within a problem-solving court and questions about whether providers in their districts are already using teleservices.

From December 2019 through February 2020, Rehabilitative Services Specialists traveled to each judicial district to meet with all 14 Chief Probation Officers and their management teams, generally including Chief Deputies, Supervisors, Problem-Solving Court Coordinators and Juvenile Justice Resource Supervisors. The purpose of these meetings was to review the results of the district surveys, ask questions for clarification and solicit additional information and context not available from the opinion survey's raw numbers. Managers tend to be longer-term employees with a more comprehensive and historical view of service availability, which made these conversations vital to understanding "the story behind the numbers." Managers were also asked about specific judicial concerns about service access.

Program Specialists within Rehabilitative Services worked with administrative data analysts to obtain additional information about the use of services in each district as well as the location of the providers submitting vouchers for billing. The Juvenile Services Division was also instrumental in determining how data should be categorized and summarized. Data obtained from the system is reflective of services paid through Probation funding ("vouchers") in 2019. It should be noted that Probation's Registered Service Provider System does not capture details of services funded through Medicaid, State Behavioral Health funds, private insurance or self-pay.

## **COVID-19**

On March 13, 2020, President Donald J. Trump declared a national emergency in light of the COVID-19 pandemic. That same day, Governor Pete Ricketts declared a state of emergency in Nebraska, followed quickly by Directed Health Measures placing limitations of the size of gatherings. In the following days, many providers quickly reduced, suspended or significantly modified operations, both to comply with the Directed Health Measures and also to ensure staff and client safety. In the weeks after, as it became apparent that the pandemic and states of emergency would not be limited to a matter of weeks, providers increasingly began relying on telephonic connections and video-conferencing technology. As the pandemic is ongoing and the Centers for Disease Control and Prevention (CDC) continues to advise "physical distancing" to ensure six feet of separation, avoiding crowds, wearing masks and frequent handwashing, it is likely that services will continue to operate in a modified manner until the pandemic and states of emergency have ended. Consequently, the information in this document should be viewed as a moment-in-time snapshot of service availability and need just prior to the global pandemic. Though providers may have modified operations to incorporate teleservice options with local clients, the general overview of local service availability remains largely similar as providers have not necessarily



expanded their teleservice offerings beyond their communities or geographic regions. The following recommendations are made incorporating both moment-in-time survey results and the knowledge that service availability and methods of delivery may currently be in an altered state as the full impact of COVID-19 will not be known for some time.

## **Key Information and Statewide Recommendations**

### **Relationships with Registered Service Providers**

During the in-person meetings with district management teams, many managers spoke highly of their district's Registered Service Providers, specifically their communication and flexibility with making time for individuals in pressing need of evaluations or other services. Management teams spoke favorably of both providers and officers for their creativity and resourcefulness in finding interim, available solutions when recommended or court-ordered services were not readily available or not available locally.

At the same time, nearly every district management team identified areas for improved collaboration with providers, especially related to training on criminogenic risk, need and responsivity along with court/probation processes. Management teams also expressed a desire to increase quality assurance and improvement amongst providers, specifically regarding consistency in behavioral health evaluation content and format as well as for providers newly registering for specialty areas, such as working with adults or juveniles who sexually harm.

### **Guiding Principles for Service Expansion Efforts**

Nebraska Probation has an open network where providers can register their services with AOCP, free of cost, with the agreement to complete ongoing criminogenic education. This open network, in place since 2006, has allowed a great number of providers to work with justice-involved individuals statewide, while also giving these individuals maximum choice and flexibility in selecting service providers who can best meet their needs. To the greatest extent possible, this open network model should be retained when pursuing service expansion.

For all target services identified in the following district summaries, the first step toward service expansion should be district management having direct conversations with existing community-based providers to discuss service needs, be it expansion of existing services; starting a service currently in Probation's service array, but not available locally; expanding the availability of non-traditional service hours; or continuing/enhancing available teleservices options. District officers and managers should also initiate conversations with local non-registered providers to communicate local need and discuss the benefits of partnering with Probation. District officers and management with existing professional relationships are best suited to directly articulate the needs of their justice-involved individuals, with AOCP staff members available to provide technical assistance and data, answer questions and facilitate the provider application process.

In instances where these conversations are unable to result in additional local service availability, district management should communicate these needs directly to Rehabilitative Services for additional assistance. Rehabilitative Services can assist district management teams with communicating top needs

to a wider array of providers, either others in the geographic region or statewide, so providers can consider their own strategic plans related to service expansion.

Should wider broadcasting of service needs not result in additional local service availability, either in-person or through teleservices, AOCB should then consider contracting with in-state providers to ensure broader service accessibility. As with all contracting opportunities, the AOCB's Competitive Procurement Guidelines will need to be followed. The same is true if it becomes necessary to contract with out-of-state providers to fill service needs; however, efforts to partner with Nebraska providers should be exhausted before considering contracts with out-of-state providers. For services not appropriately provided using teleservices, AOCB should also explore the feasibility of payment for travel time or unique service rates to compensate providers willing to offer occasional appointments in alternate locations so long as they are compensated for their time commitment.

Should all of these efforts still lead to significant needs that are unable to be met, AOCB could consider hiring staff members to provide needed services. This, however, should be a last resort so as not to enter into competitive relationships with Registered Service Providers who are critical for ensuring adequate service access.

### **Teleservices Expansion**

As a direct result of the global pandemic, provider utilization of teleservices has increased dramatically, as has familiarity and comfort with providing clinical and supportive services using secured videoconferencing technology. Probation should continue efforts to encourage the use of technology to increase service availability, using the priority services identified for each district as a tangible starting point. As identified above, Probation should enlist district staff members with existing professional relationships to educate current district providers about specific service priorities and opportunities/methods to better meet the needs of justice-involved individuals. When district management teams identify that current district providers are unable to fill an identified need, district management should coordinate with the AOCB to determine the best method for communicating the need to current providers in additional districts who may be willing to fill the need using teleservices. Should this approach not result in additional teleservice opportunities, AOCB should consider contracting with providers to fill specific needs, following the AOCB's Competitive Procurement Guidelines.

Rehabilitative Services should also take an active role in promoting expanded use of teleservices, both in promoting the need and benefits through newsletters and targeted communication, but also in developing methods to identify and make available a listing of providers offering specific remote services so officers can assist justice-involved individuals with selecting providers who can best meet their needs.

For services not appropriately delivered using videoconferencing technology, district staff should collect data about the number of referrals and the length of time before justice-involved individuals can access needed/court-ordered services (or alternate services provided); this data can then be used to show providers a justifiable need for service expansion, justify the need for selected service contracting or to determine alternate methods for meeting these needs.

## **Provider Training**

A trend emerging from multiple district management teams was the need for increased provider training. Though Rehabilitative Services team members have begun work on a standardized, online provider training, this initiative should be prioritized. Training should cover criminogenic risk, need and responsivity factors; Probation's Advanced Coaching for Excellence (AC4E) initiative and the role of "the driver;" general information about judicial processes; and best practices for working with justice-involved individuals. This training should further include modules on navigating Probation's voucher system to ensure consistent communication and timely billing/payment. AOCPP should also continue this provider training initiative and begin hosting criminogenic training opportunities for Registered Service Providers, either in-person or via teleservice options. AOCPP has multiple subject matter experts qualified to offer live and recorded webinars on myriad topics related to criminogenic education, such as working with cases of domestic violence or individuals who sexually harm, the role transitional living plays in criminogenic risk reduction, how the Juvenile Detention Alternative Initiative (JDAI) and Court Improvement Project (CIP) are pushing system changes that will improve outcomes for justice-involved youth and families, and understanding Probation's service definitions.

## **Quality Assurance/Continuous Quality Improvement (QA/CQI)**

Another trend that emerged among district managers was inconsistencies between providers, specifically with the content of behavioral health evaluations and noticeable differences in services provided. For example, some managers noted a personal (or judicial) preference for narrative evaluations versus evaluations relying heavily on check-boxes or short answers. Though all follow the Standardized Model, there was frustration that there was not more consistency. Another example is the expected length of service. Intensive Outpatient treatment (IOP), for instance, may be expected to last as little as four-to-six weeks with some providers while others don't consider treatment to be complete for up to 12 or 16 weeks. Though Probation's Standards of Practice, Service Definitions and Evaluation Worksheets do give providers guidance on general service expectations, Probation has a significant opportunity to increase quality assurance and continuous quality improvement. Probation also has an opportunity for ongoing officer education to ensure all officers are aware of services, service definitions and when specific services are appropriate. Officer familiarity with services is a key piece of QA/CQI.

Rehabilitative Services has developed quality assurance tools and is beginning to test these on clinical services to determine refinements needed to capture accurate quality indicators, service outcomes and noteworthy trends. Though this initiative is still in its infancy, AOCPP also has an opportunity to allocate additional resources to this work, allowing administrative staff to provide targeted coaching to promote best practices for working with justice-involved individuals. Additionally, relevant trends revealed through increased study of services and outcomes can inform additional criminogenic training opportunities to assist providers in maintaining proficiency in their work with justice-involved clientele. Increased QA/CQI will also assist AOCPP with having data necessary to make future decisions about service needs, service expansion and appropriate stewardship of taxpayer funds to ensure the highest risk and highest need individuals can access services needed to reduce risk and enhance community safety.

## **Transportation**

Transportation emerged as a significant barrier to service access across the state in both adult and juvenile responses. In rural areas, individuals may lack independent transportation needed to travel to a population center to access services. Even if individuals/families have transportation, the time commitment required for travel to ongoing services can be a significant barrier to consistent attendance; an hour-long counseling session, for example, could easily require a time commitment of more than two hours to account for travel, and more intensive/frequent services, like Intensive Outpatient treatment (IOP), require that same commitment multiple times per week. The difficulty of travel time can also be a barrier in urban areas as public transportation may not be available during the needed time (such as return trips after evening appointments); even when available, city bus lines often require at least one stop, plus transfer time, which can add significant length to the time required to attend appointments.

While the increased use of teleservices will undoubtedly help ameliorate this challenge, Probation regularly uses services not appropriately delivered remotely. As such, AOCP should take an in-depth look at transportation needs and availability statewide to determine additional alternatives while being mindful of applicable Public Service Commission requirements and guidelines. While Probation does subsidize transportation costs for both juvenile and adult services, district officers and management discussed difficulty scheduling appointments, either due to the notice required or due to transportation companies being short-staffed and unable to transport individuals. In District 4J, Douglas County Juvenile Probation has hired staff members specifically for this purpose. In taking a closer look at transportation needs statewide, it may be wise to consider adjusting staff expectations related to transport or to explore hiring additional staff members to ensure access to services. Additionally, limited juvenile services already include transportation in the service definition and payment structure; AOCP should explore the costs and benefits of allowing additional providers to transport clients to and from services on a pre-approved, as needed basis.

## **Recruitment of Psychologists and Medication Prescribers**

Multiple district officers and management members identified difficulty accessing services through higher-level providers, specifically obtaining psychological evaluations in a timely manner and finding appointments with psychiatrists, regardless of whether they are part of Probation's Registered Service Provider network. As noted in the 2016 DBH Behavioral Health Needs Assessment, Nebraska has a shortage of behavioral health professionals. Though the use of teleservices may be able to assist with access to medication management, teleservices alone likely will not be able to meet the entire need, either for medication services or for psychological evaluations that frequently require in-person administration of psychological tests.

Probation should make a concerted effort to recruit additional higher-level providers into the Registered Service Provider network. Similar to the recommendation for engaging district staff to leverage existing relationships to discuss teleservices expansion, district staff should similarly be encouraged to reach out to non-registered community providers to aid in the recruitment process.

For psychologists specifically, AOCP should obtain a current licensure list from the DHHS Division of Public Health to identify non-registered psychologists to target recruitment efforts. AOCP should also contact the Nebraska Psychological Association to discuss Probation's needs and solicit partnership in

communicating these to psychologists statewide. Additionally, AOCPP should initiate discussions with the University of Nebraska's Department of Psychology and Department of Educational Psychology to consider the role doctoral-level psychologists in training may be able to play in meeting needs for psychological evaluations.

As Probation was first able to allocate funds for adult medication prescribers in July 2019, the pool of Registered Service Providers is still in its infancy with justice-involved adults primarily accessing medication appointments using other funding streams. For medication prescribers, AOCPP should similarly work with the DHHS Division of Public Health to determine if license listings can be gathered. As psychiatry is a specialty for licensed physicians as well as for advanced practice registered nurses (APRN-NPs) and physician assistants (PAs), licensure information may not produce a workable list.

District staff should again be prompted to approach local, unregistered medical professionals to initiate recruitment discussions. AOCPP should also initiate discussions with the University of Nebraska Medical Center and Creighton University to consider the role medical residents or physician assistants in training could play in meeting Probation's needs. Furthermore, Nebraska has multiple colleges offering Master of Science in Nursing (MSN) programs, some of which offer psychiatric training tracks; AOCPP should initiate discussions with these programs to determine partnership opportunities to expand access to psychotherapeutic medications for justice-involved individuals. AOCPP should further contact the Nebraska Psychiatric Society, the Nebraska Chapter of the American Psychiatric Nurses Association, the Nebraska Academy of Physician Assistants and any other state associations that may be able to assist with communicating Probation's needs to prospective providers. Should these efforts be exhausted and still leave Probation with an identifiable need, AOCPP should explore contract options with Nebraska providers, following the AOCPP Competitive Procurement Guidelines. A final option would be to explore contract opportunities with out-of-state providers who employ prescribers with Nebraska licenses.

Specific to Medications for Addiction Treatment (MAT), DHHS continues to receive federal grant funding to recruit Nebraska medical providers and offer training needed to apply for a federal practitioner waiver to treat opioid use disorders with approved buprenorphine medications. AOCPP should strengthen its partnership with DHHS in this effort by sharing Probation's needs with DHHS and by promoting training opportunities to Probation's network of Registered Service Providers.

### **Recruitment of Providers for Individuals Who Sexually Harm**

Statewide, multiple districts reported the need for additional providers (or appointment options) for evaluations and treatment for both adults and juveniles who sexually harm. Probation's Domestic Violence Programs and Services Specialist has recently increased his recruitment efforts, including partnering with Rehabilitative Services to share information about training opportunities required for therapists to work with this population. Not only should this partnership continue, but it should also be enhanced to more clearly articulate Probation's needs to registered and non-registered service providers alike. Probation should continue promoting opportunities for required training. AOCPP should also explore the feasibility and costs of sponsoring additional training opportunities for Nebraska providers to obtain requisite education needed to work youth and adults who sexually harm.

## **Interpreters**

A recurring theme among both officers and management teams was the need for multilingual service providers or interpreters; this was brought up specifically in Districts 1, 3A, 3J, 4A, 4J, 5, 6, 7 and 9. Though the Nebraska Judicial Branch can provide interpreters for court functions, namely behavioral health evaluations as part of a presentence/predisposition investigation and meetings with probation officers, funding does not currently exist to support interpreters for justice-involved individuals engaged in behavioral health treatment and other supportive services. Complications arising from inadequate interpreter access while engaging in services could include attempting service provision in English, which may lead to gaps in understanding and service effectiveness; clients being “bumped down” to a lower level of services, such as individual outpatient treatment, to accommodate using an interpreter; and family members or friends stepping in to interpret, which could complicate frank communication. AOCF should share these findings with the Nebraska Judicial Branch’s Language Access Committee to investigate the feasibility of cross-Branch partnerships to utilize certified interpreters for justice-involved individuals obtaining court-ordered behavioral health and supportive services. Additionally, AOCF should enter discussions with DBH to better understand both how Nebraska’s Regional Behavioral Health Authorities allocate funding for interpreters and how interpretation services are secured across the state; this information would then assist AOCF with identifying the potential fiscal impact of recruiting and paying for interpreters, either to prioritize within existing budgets or to seek additional Legislative allocations in future State budgets.

## **Registered Service Provider System Re-Write (“Voucher” Re-Write)**

AOCF is currently in the process of a complete re-write of the Registered Service Provider System and its connectivity to Probation’s management information system. This re-write is planned to streamline multiple provider processes, including applying to be a Registered Service Provider, accepting referrals (“vouchers”), uploading evaluation and insurance documents, submitting progress reports and processing provider payments. As currently planned, this system re-write will greatly increase the ability of officers to identify providers by location, specific service and service modality (specifically, which providers offer identified services via virtual appointments). This system will also be designed to allow providers to indicate which services they provide via telehealth and to clearly document if a service was provided in any method other than a face-to-face interaction; this will allow greater connection between officers helping clients access services and greater ability for AOCF to analyze data regarding service trends to inform future expansion efforts.

## **Foster Care**

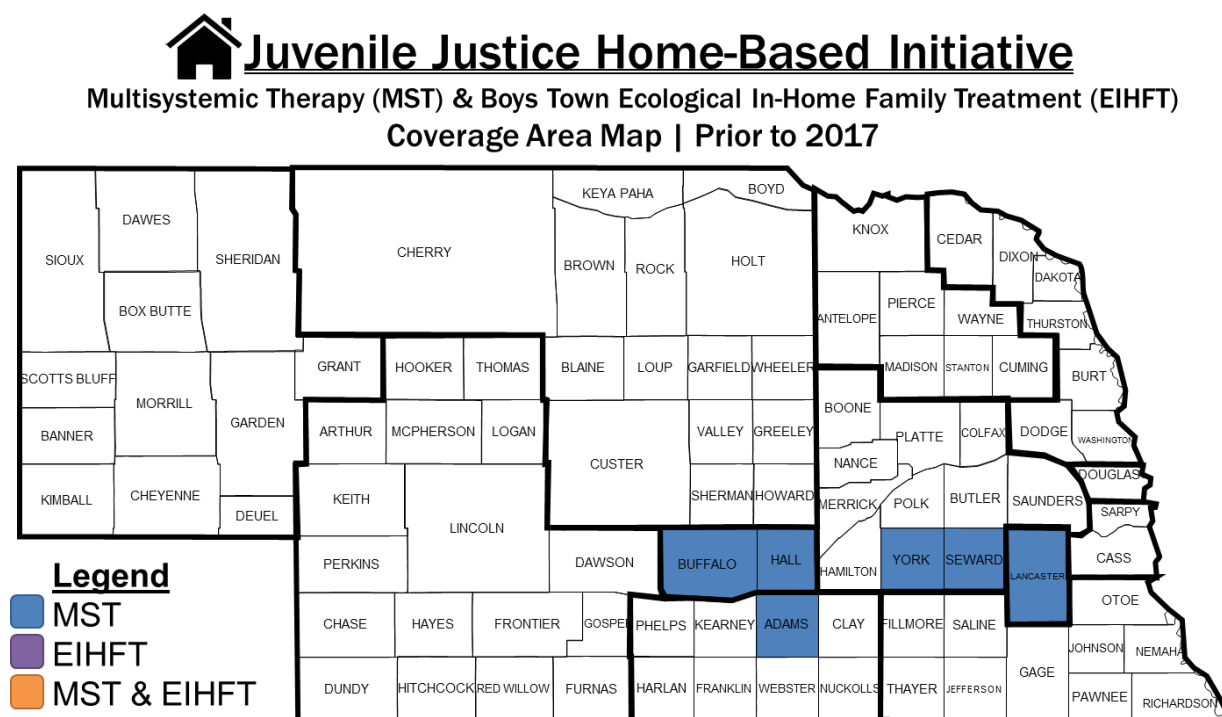
Multiple districts identified a need for more local foster care options. While foster care services are available in the state, placements are often not available in the vicinity, causing a youth to be further removed from the home and community. Probation does have several Registered Service Providers who specialize in foster care; however, accurately identifying the location of current foster homes is challenging without looking at individual youth records. Information readily available in Probation’s data management system identifies the address of the provider (the foster care agency in this case) and not the location of the actual foster homes. For these reasons, Foster Care numbers are identified for each district based on 2019 data; however, the numbers are not included in the tally of services provided locally/within a reasonable distance so as not to skew the overall view of district service availability.

## Out-of-Home Placements

Multiple districts identified needs for additional access to a spectrum of out-of-home placements. While out-of-home placements are essential to ensuring safety for justice-involved youth, especially in urgent or crisis situations, youth should be maintained in their home environment whenever possible, allowing Probation and Registered Service Providers to work with the entire family unit to promote long-term stability that will be essential once the youth's justice involvement comes to an end. The long-term work of the Juvenile Detention Alternative Initiative (JDAI) has made significant progress in diverting youth from detention whenever possible; likewise, Probation's Home-Based Initiative is making substantial progress toward ensuring additional resources are in place that can delay or prevent the need for an out-of-home placement.

## Probation's Home-Based Initiative

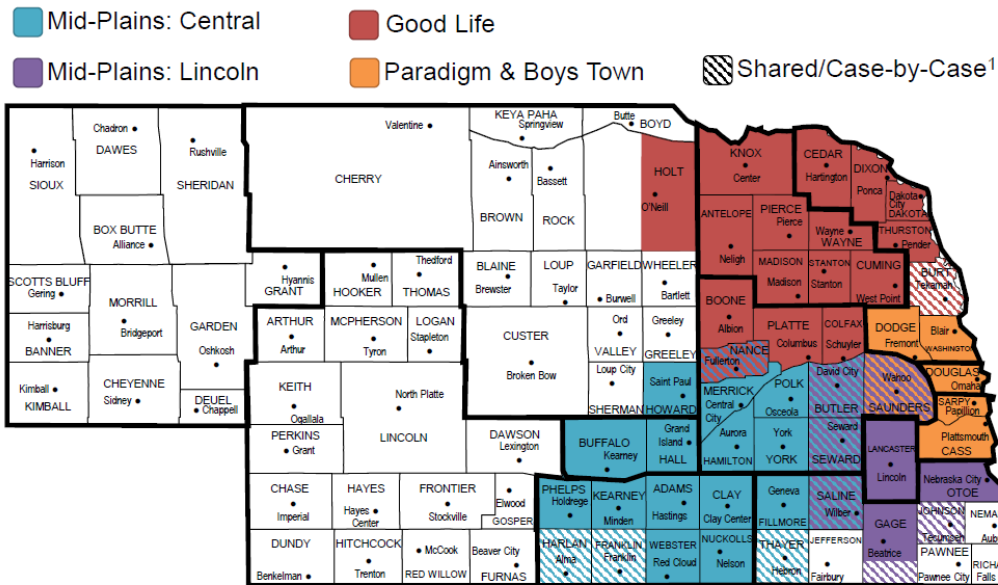
AOCP currently employs a full-time In-Home Services Program Specialist whose primary duties relate to enhancing and expanding in-home service availability, specifically Multisystemic Therapy (MST) and Boys Town's Ecological In-Home Family Treatment (EIHFT) model. Starting in 2017, this Specialist has worked closely with Probation's Registered Service Providers to articulate the identified service need, recruit and support providers offering home-based services, and direct ongoing expansion to an ever-growing number of counties. Dedicating staff resources to a specific service expansion project has yielded exponential growth in the accessibility of these services (see maps below). This has been a successful model for service expansion that could be replicated to continue focused service expansion efforts.





# Nebraska Probation MST Service Area Map

### Legend

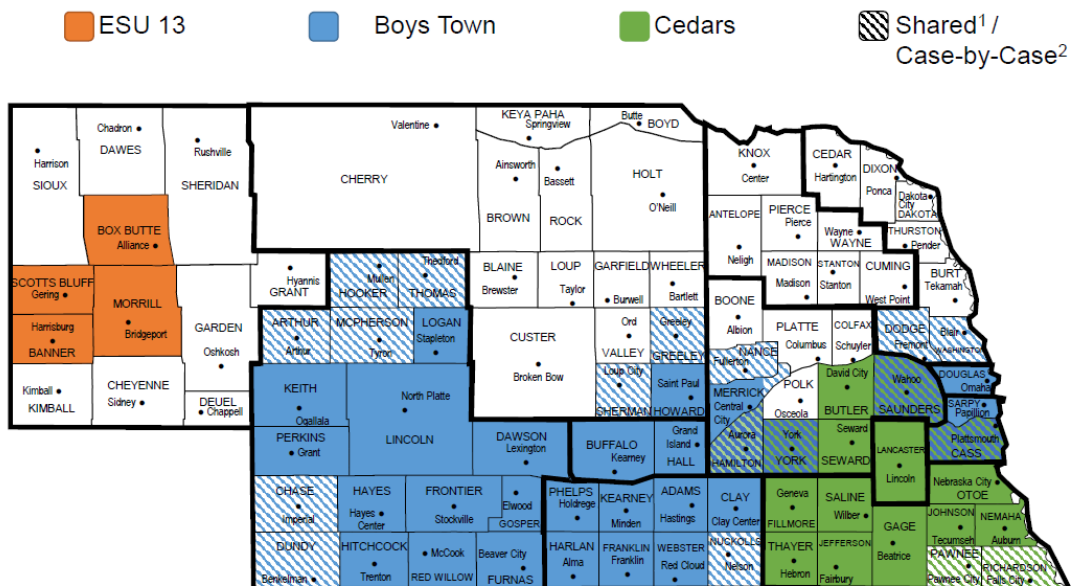


<sup>1</sup>Case-by-Case areas will be served when possible given geographic restraints on response time and concurrent caseloads.

August 13, 2020  
County Seat Locations are approximate

# Nebraska Probation EI/HFT Service Area Map

### Legend



*<sup>1</sup>Lead Agency will serve as primary for all case referrals, and will be the sole agency conducting outreach and stakeholder engagement efforts in the area.*

Lead Agency in Shared<sup>1</sup> Areas:  
Boys Town: Cass, Hamilton,  
Saunders, York

Jul 20, 2020

County Seat Locations are approximate



## Creation of a Strategic Plan for Rehabilitative Services

To best make use of the information gathered in this document to continue targeted service expansion efforts, Rehabilitative Services shall create a three to five-year strategic plan to outline specific steps and benchmarks, as well as related Divisions and stakeholders who should be involved in these efforts.

While not exhaustive, the following bullet points are recommended to be considered for inclusion in a Rehabilitative Services Strategic Plan.

### Rehabilitative Services

- Rehabilitative Services staff will schedule follow-up meetings with district management teams to discuss district-specific recommendations and develop a framework for management team members to discuss local service needs with both current and potential Registered Service Providers as the first effort to increase service access. These meetings will also stress the importance of local data tracking to further enumerate the need for services unavailable locally that may only be needed on occasion.
- Rehabilitative Services staff will also attend a staff meeting in each district to provide “refresher” training on services and service definitions to address the noticeable number of survey respondents answering “unknown” about the availability of services in their districts.
- Rehabilitative Services staff will develop a method to identify Registered Service Providers currently offering teleservices, including the specific services provided remotely, to be regularly updated and shared with all Probation and Problem-Solving Court staff; this will enable supervising officers and management staff to increase referrals for teleservices when traditional services are unavailable. While the new Registered Service Provider (“voucher”) system is in development and should have the ability to provide this information futuristically, Probation and Problem-Solving Courts need an interim mechanism for communication.
- Rehabilitative Services staff will finish and launch the Provider Training currently in development. Rehabilitative Services staff will also consider the utility of live provider webinars on pre-determined topics for enhanced training as well as for provider technical assistance.
- Rehabilitative Services staff will also implement regular, ongoing Quality Assurance/Continuous Quality Improvement for Registered Service Providers. Rehabilitative Service staff should finalize the internal evaluative tools being developed and use these as a method to provide targeted technical assistance and skill enhancement opportunities to Registered Service Providers. *(Proposal pending)*
- Rehabilitative Services staff will follow the methods outlined previously to continue recruiting medication prescribers into the network of Registered Service Providers.
- Rehabilitative Services staff will repeat this District Needs Analysis in approximately two years. Due to multi-step nature of many recommendations contained in this document, another comprehensive analysis in 2021 is not likely to yield sufficient data on increased service accessibility, especially if the COVID-19 pandemic stretches deep into the year. Planning for a reassessment in 2022 will allow for recommended recruitment/expansion efforts to come to fruition as well as the opportunity to gauge the effectiveness of the recommended methods for increasing service accessibility.

### Collaborative Approaches

- When district efforts suggested in this document are unable to adequately increase service access, district management teams will communicate ongoing needs with Rehabilitative Services staff. For services that can be provided remotely using a secured videoconferencing platform (“teleservices”), Rehabilitative Services staff will make these needs known and promote opportunities for expansion to the current network of Registered Service Providers, either through the existing newsletter or other similar avenue.
- Rehabilitative Services staff will collaborate closely with district Juvenile Justice Resource Supervisors, Problem-Solving Court and Reporting Center Coordinators for ongoing assessment of district needs, provider/service availability and tracking success of service expansion efforts.
- Rehabilitative Services staff, in conjunction with the Juvenile Services Division, will develop parameters and a payment structure that accounts for provider travel time, which in turn would create an option for psychologists and adult sex offense-specific/JSH evaluators to travel to clients to provide in-person evaluations.
- Rehabilitative Services staff, in conjunction with the Juvenile Services Division, will examine the effectiveness of Intensive Outpatient SUD Treatment (IOP) with juveniles to determine whether service expansion efforts should focus on full IOP programming or on programming falling between traditional Outpatient services and the intensity of IOP.
- Rehabilitative Services staff, in conjunction with the Juvenile Services Division, will develop a method to track juvenile congregate care needs in a manner that can be relayed to current and potential Registered Service Providers and other stakeholders. While Probation remains committed to in-home and in-community services whenever possible, obtaining a better understanding of the perceived need for out-of-home placements that cannot be accommodated will help Probation identify appropriate solutions, including the need to develop additional community-based services that can delay or prevent out-of-home placements.

### Opportunities for Additional Study and Collaboration

- AOCPP will develop a Transportation Workgroup comprised of adult and juvenile field and administrative staff to study the concerns expressed by multiple districts and to recommend solutions to meet this need. This work will be guided by one of Probation’s committees newly aligned to coincide with the Advanced Coaching for Excellence (ACE) initiative.
- The strong need for provider interpretation services will be communicated to the AOCPP’s Director of Language Access for further study and development of solutions to allow justice-involved individuals equal access to behavioral health treatment and supportive services that reduce recidivism. Because language access needs exist in all levels of behavioral health services (evaluations, individual therapy, group therapy, residential treatment), this could be an opportunity to partner with the Division of Behavioral Health/Regional Behavioral Health Authorities along with current language access partners to create solutions beneficial to multiple systems.

## Summary Tables of District-Identified Service Needs

The following tables are brief, visual summaries of the top needs as identified by the officer surveys and through the in-person management meetings; the red denotes when both officers and managers identified a need. Though the remainder of this report gives detailed breakdowns of district responses and identifies services that should be targeted for expansion efforts, these tables summarize statewide staff perception of top service needs.

District Officer-identified  
need

Management-identified  
need

Officer AND Management-identified  
need

### District-Identified Adult Service Needs

District	1	2	3A	4A	5	6	7	8	9	10	11	12
SUD Evals	1											
MH Evals												
CO Evals/Treatment	1M	2		4	5						11	
Psychological Evals						6M	7	8, 8M	9	10M		
SO Evals	1, 1M	2	3, 3M	4, 4M	5, 5M		7, 7M	8M		10, 10M	11M	12, 12M
SO Treatment	1M				5M			8M		10M	11M	12M
SO Polygraph												
IDI (w/ med prescriber)												
MH OP					5							
SUD OP												
SUD IOP	1	2, 2M		4	5, 5M	6		8, 8M	9, 9M	10	11, 11M	
SUD STR	1	2, 2M	3, 3M			6, 6M			9	10	11	12
Med Mgmt	1M	2	3	4M	5M		7	8		10M	11	
TL w/o Programming												
TL w/ Programming					5	6	7				11, 11M	12
Halfway Houses				4	5	6			9	10	11	12, 12M
Transportation	1M	2M		4M	5M		7M	8M		10M		12M
Interpreters			3M	4M	5M	6M	7M		9M			
Community Support				4M								
DV BIP												12M

## District-Identified Juvenile Evaluation and Treatment Needs

District	1	2	3J	4J	5	6	7	8	9	10	11	12
SUD Evals				4		6						
MH Evals												
Co-Occurring Evals				4		6					11	
MSE												
Psychological Evals		2	3		5		7	8, 8M	9	10, 10M	11	12
Psychiatric Evals (meds)		2		4		6	7		9			
JSH Evals				4M	5, 5M		7	8, 8M	9	10	11	12M
Acute Inpatient Hospitalization												
Community Treatment Aid (CTA)			3M								11	
Day Treatment												12
FFT												
Med Management				4M	5M	6	7					
MH IOP					5	6						12
MH OP/MH services		2M										
JSH Treatment					5M							12M
MST	1, 1M								9	10	11	
Partial Hospitalization												
PRTF			3				7		9M			
SUD IOP	1, 1M	2, 2M	3, 3M	4	5	6, 6M		8M	9, 9M	10M	11, 11M	
Substance Use Partial Care												
ThGH	1		3	4, 4M			7					12
In-Home services			3M									

## District-Identified Juvenile Supportive (Non-Clinical) Service Needs

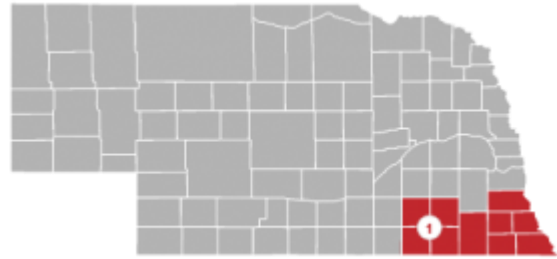
District	1	2	3J	4J	5	6	7	8	9	10	11	12
Case Managed Tutoring			3			6, 6M						
General Education Class												
Day Reporting					5			8, 8M	9		11	
EIHFT				4				8, 8M		10	11	
Evening Reporting	1				5	6						
Expedited Family Group Conf.												
Family Partner												
Family Support				4		6						
IFP	1		3			6			9	10	11	12
Wrap	1								9			12
Employment Placement							7		9			12
Transportation	1, 1M	2	3, 3M	4	5, 5M	6	7	8, 8M				12, 12M
Interpreters	1M		3M	4M					9M			

## District-Identified Juvenile Out-of-Home Placement Needs

District	1	2	3J	4J	5	6	7	8	9	10	11	12
Foster Care		2	3, 3M	4M	5	6	7		9, 9M	10, 10M	11	12
Crisis Stabilization			3	4	5	6	7	8	9		11	
Group Home	1		3	4	5	6			9		11	12
Independent Living	1								9	10		12
Maternity Group Home Parenting			3									12
Shelter Care		2, 2M		4	5	6	7, 7M	8		10	11	
In-home rehab for DD youth							7					

# District 1

District Court One and Probation District One are comprised of the following counties: Gage, Jefferson, Johnson, Fillmore, Nemaha, Otoe, Pawnee, Richardson, Saline, and Thayer. County Court One is comprised of the following counties: Gage, Jefferson, Johnson, Nemaha, Pawnee, Richardson, Saline, and Thayer.



## Adult Service Availability

### District Surveys of Adult Service Availability

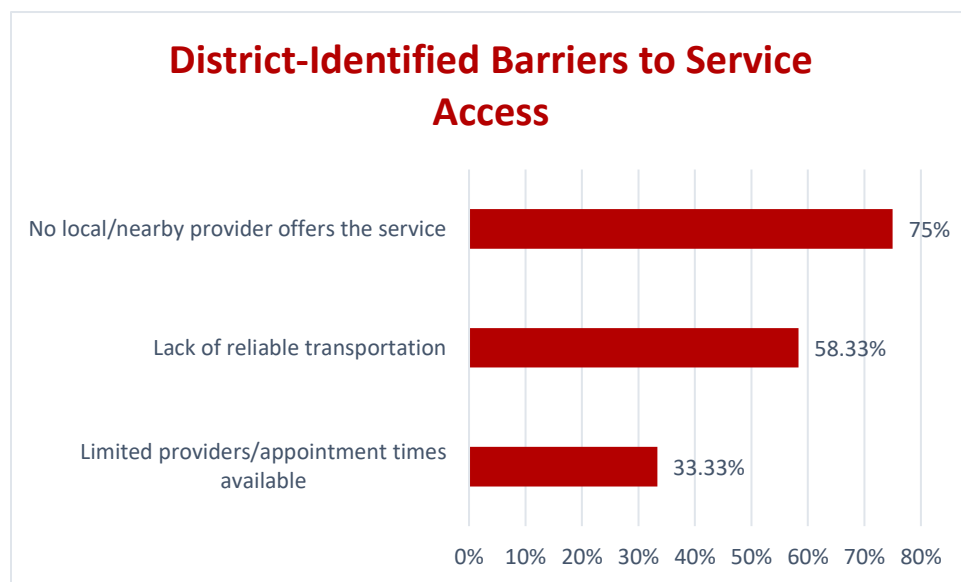
On the Needs Analysis Survey, a total of 13 officers and management members responded to the questions on adult service availability (out of 19 target staff members).

Survey respondents reported that Adult Evaluations were generally available with limited options to choose from.

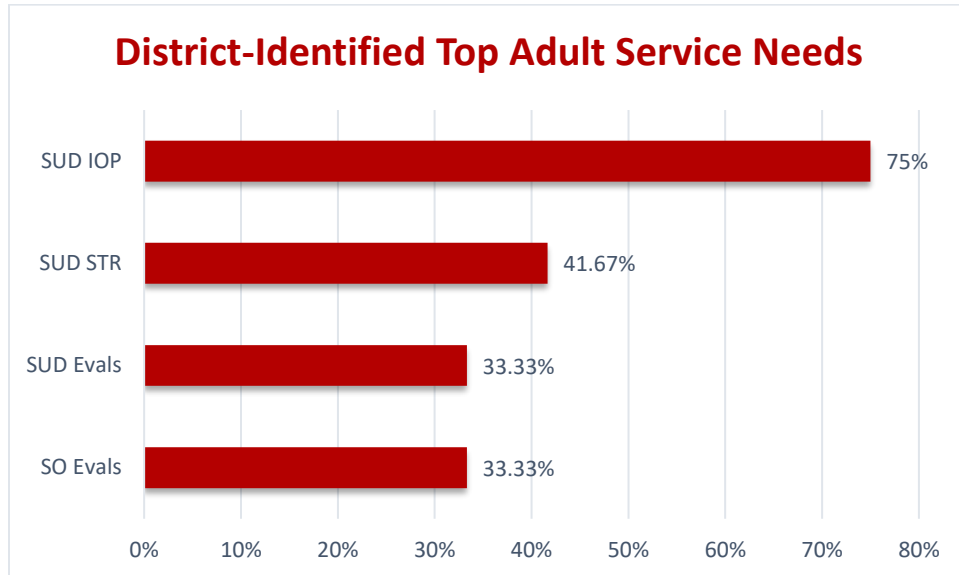
Survey respondents also reported that Adult Treatment services were generally available, again with limited options to choose from.

For Supportive Services (Non-Treatment), respondents reported local Transitional Living options were very limited, but most believed services were available within a reasonable driving distance.

From the electronic survey, the biggest barriers to accessing needed services were as follows:



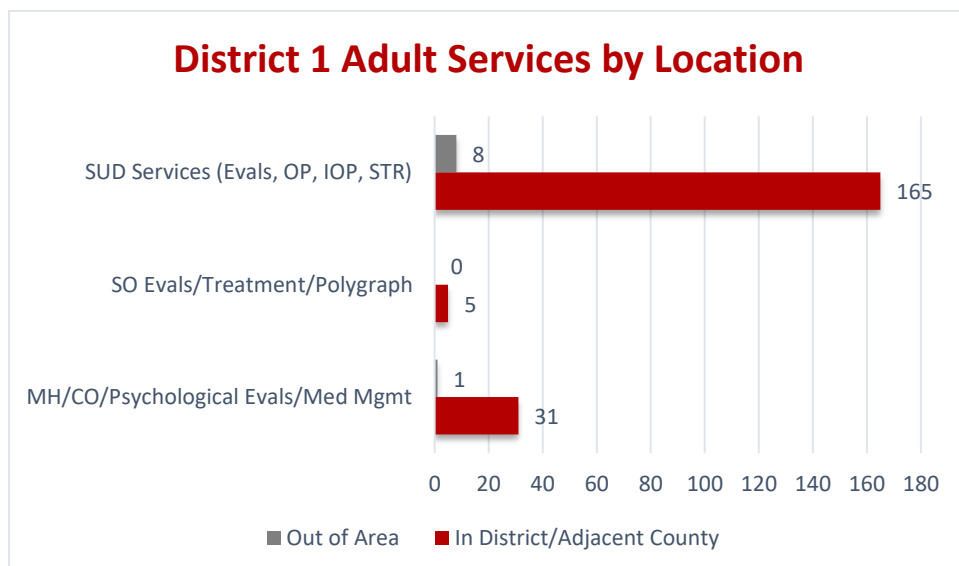
District survey respondents identified the following as the top service needs:



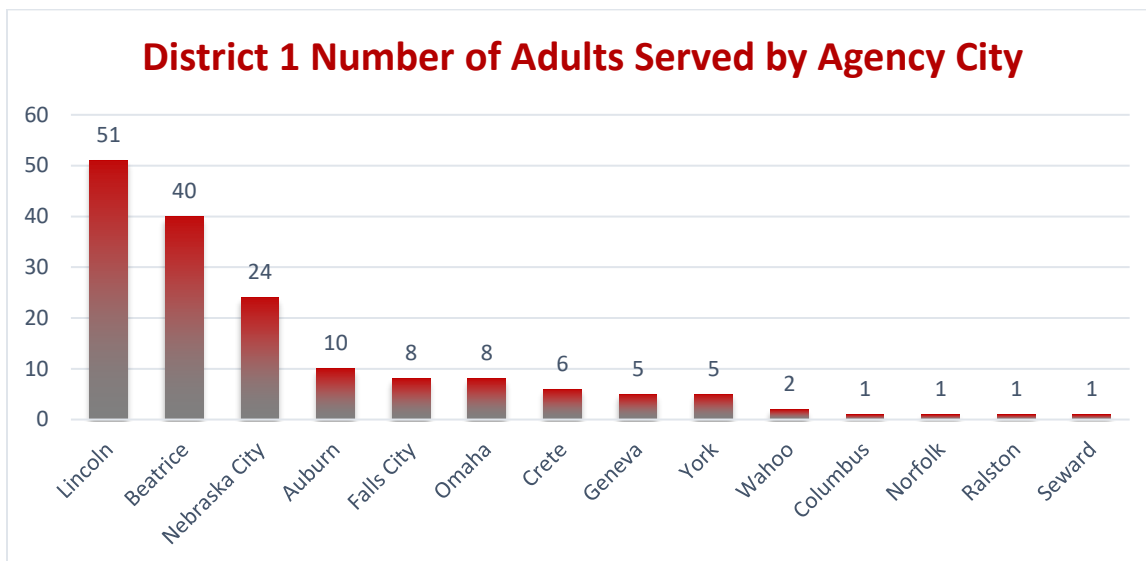
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top service needs: Co-occurring Evaluations, Co-occurring Treatment (IOP and OP), Medication Management, Sex Offense-Specific Evaluations and Treatment, and Transportation. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved adults in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved adults accessed the services identified above.



### Recommendations

In considering the information in the charts above, it appears justice-involved adults have largely been able to access services in the district or within a reasonable distance (such as an adjacent county). District officers and management both identified a need for Sex Offense-Specific Evaluations; in 2019, one (1) justice-involved adult from District 1 accessed a Sex Offense-Specific Evaluation using Probation funding, so there may not be a large enough population to support a dedicated in-district provider. For this service, in particular, AOCF should explore options for reimbursing a provider for travel time on the occasions this service is needed to facilitate travel to District 1.

Other top needs were Co-Occurring Evaluations and Treatment, Sex Offense-Specific Outpatient Treatment, SUD Evaluations, SUD IOP and Medication Management. Survey respondents and management noted that Blue Valley Behavioral Health is the largest behavioral health agency in the district and some of these services are only located in the Beatrice office. For these services, the Chief Probation Officer should initiate a candid discussion with Blue Valley, as well as with other providers, about the service needs and barriers of justice-involved adults to identify opportunities for expanded hours or locations of services. Should existing providers be unable to expand access to these services, the Chief Probation Officer should partner with AOCF to share identified needs with a broader audience of Registered Service Providers to coordinate teleservice options for these services.

Survey respondents also identified SUD STR as a top need. In cases where transportation to the service is a barrier, officers should be reminded of existing Reporting Center funding available to assist adults with transportation needs. Additionally, since this survey was completed, a new SUD STR facility has opened in the district, so the need for SUD STR should continue to be monitored as more justice-involved individuals can access this service in the district. Specific to Transportation, AOCF should investigate this need further as multiple districts cited transportation for adults as a significant need; AOCF may need to consider the feasibility of allocating additional funding for adult transportation services to ensure justice-involved adults can access recommended, needed and court-ordered services.



## **Juvenile Service Availability**

### **District Surveys of Juvenile Service Availability**

On the Needs Analysis Survey, a total of five (5) officers and management members responded to the questions on juvenile service availability [out of eight (8) target staff members].

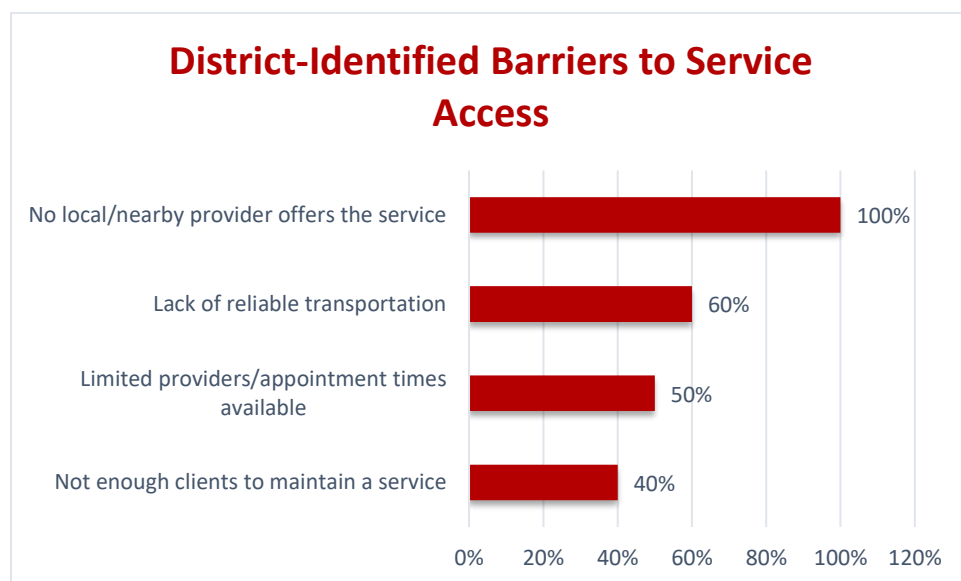
District respondents reported that Juvenile Evaluations were generally available, but noted limited options for providers/appointment times.

District respondents reported that Juvenile Treatment services were somewhat available, but noted limited options for providers/appointment times, even with driving. No respondents indicated “many options” for any Juvenile Treatment service, but 80% to 100% of respondents identified Medication Management, Outpatient Mental Health and Outpatient Substance Use Treatment were available with limited options to choose from. There were also several respondents who answered “Uncertain” as to Juvenile Treatment availability.

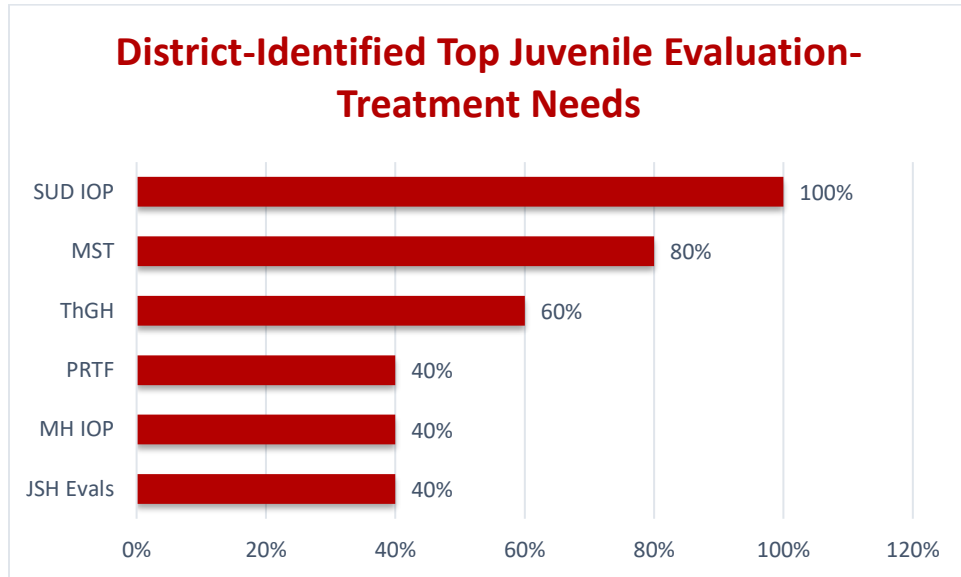
For Supportive Services (Non-Treatment), survey respondents reported general availability, again with limited options to choose from. A strong exception was Evening Reporting, with 80% of respondents reporting no options available locally or within a reasonable driving distance.

On the survey, respondents reported Out-of-Home Placement services were either available with limited options to choose from or within a reasonable driving distance. An exception to availability was Maternity Group Home-Parenting, with 60% of respondents indicating the service is not available locally or within a reasonable distance and the remaining 40% responding as “uncertain.”

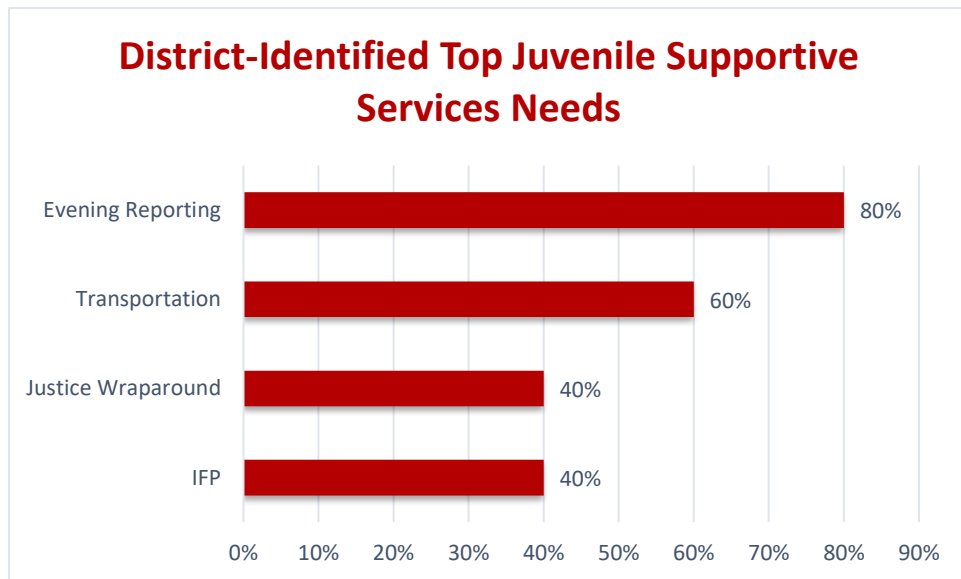
From the survey, the biggest barriers to accessing needed services were identified as follows:



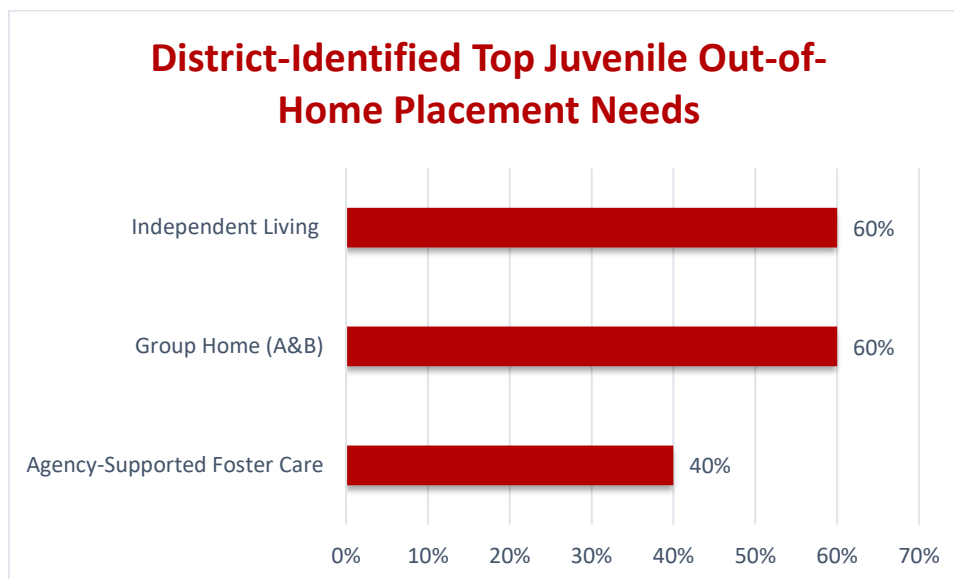
District respondents identified the following as their top Juvenile Evaluation/Treatment needs:



District respondents identified the following as their top Juvenile Supportive Services needs:



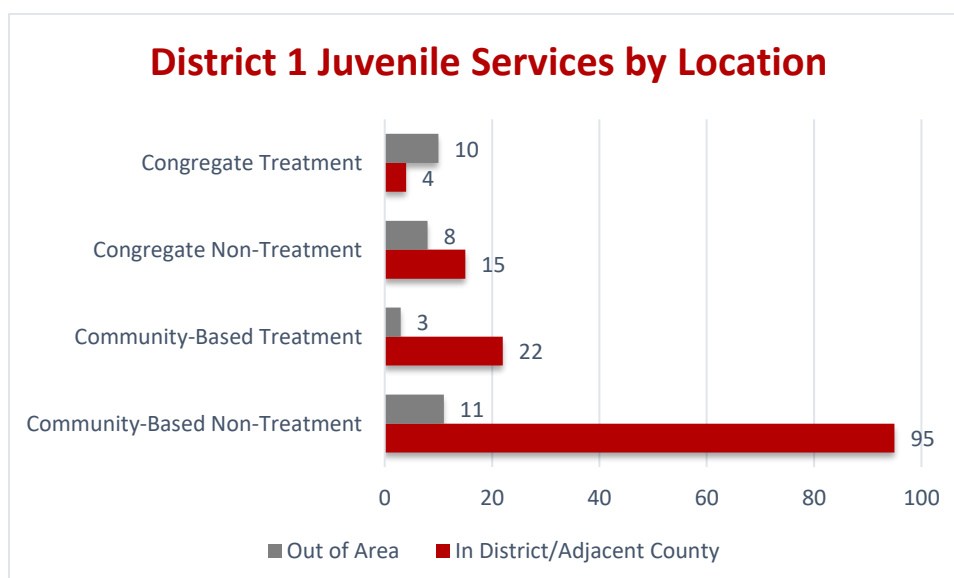
District respondents identified the following as their top Juvenile Out-of-Home Placement needs:



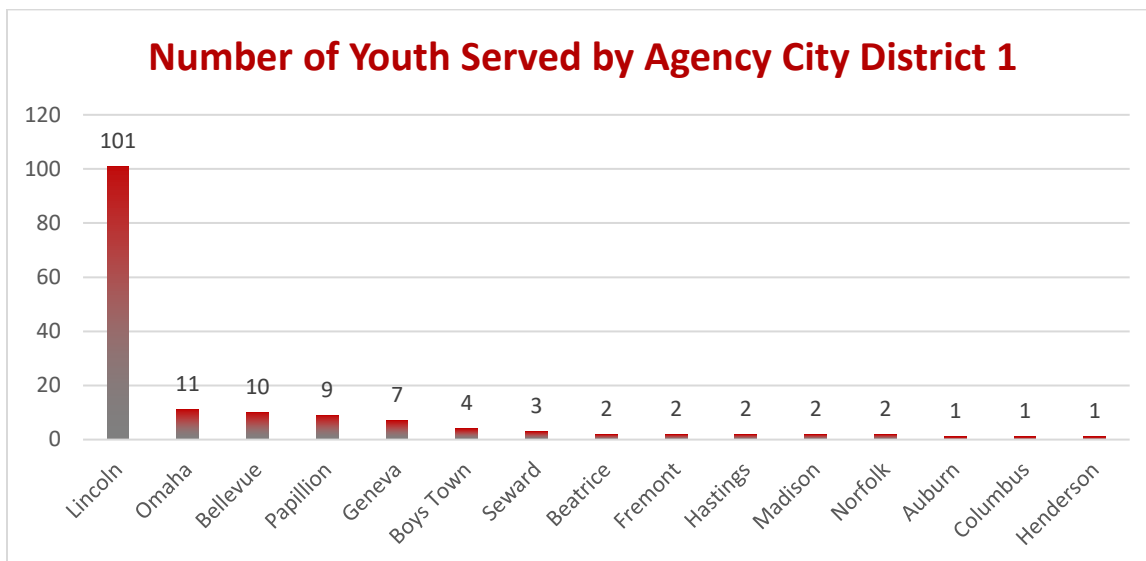
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top Juvenile service needs: MST, transportation, SUD IOP and Spanish interpreters/Spanish-speaking service providers. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved youth in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved youth accessed the services identified above.



In 2019, 14 youth from District 1 used Probation vouchers for foster care services through agencies based in Omaha and Lincoln.

### Recommendations

In considering the information in the charts above, it appears justice-involved youth have largely been able to access community-based treatment and non-clinical supportive services in the district, while congregate treatment and supportive services are more likely to require travel outside of the district.

District officers and management both identified SUD IOP as a need. In 2019, a total of five (5) District 1 youth accessed IOP using Probation voucher funding, all in Lincoln (in an adjacent county). It is unclear whether the lack of in-district youth IOP providers results in few IOP recommendations or whether a lack of in-district youth needing IOP results in providers not offering this service. There is also some question about whether IOP (nine or more hours of service per week) is sufficiently evidence-based for youth. In continuing to explore access for IOP, AOCPS (specifically, Rehabilitative Services and the Juvenile Services Division) should continue researching effective SUD interventions for youth and consider if a less-intensive model of outpatient services (less than nine hours of service per week) leads to better client engagement and outcomes.

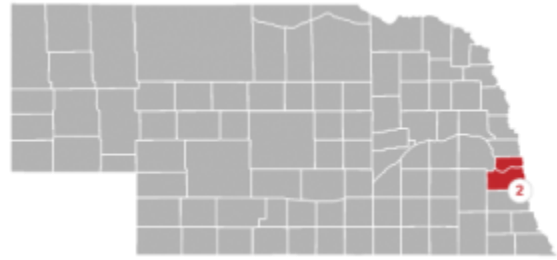
District officers and management also identified Multi-Systemic Therapy (MST) as a top need; MST is currently available in six of the district's ten counties and EI/HFT is now available throughout the district. The Chief Probation Officer should continue ongoing discussions with the AOCPS's Home-Based Services Program Specialist to monitor service utilization and the need/feasibility of continued home-based service expansion. Additional services identified as areas of need include Therapeutic Group Homes (ThGH), Evening Reporting, Intensive Family Preservation (IFP), Justice Wraparound, Group Home, Independent Living, Transportation and Interpreters. For these services, the Chief Probation Officer should again initiate candid conversations with existing providers about the needs and barriers of the district's justice-involved youth as providers may be willing/able to adjust services if they know of an

existing need. Should existing providers be unable to expand access to these services, the Chief Probation Officer should partner with AOCF to share identified needs with a broader audience of Registered Service Providers to coordinate teleservice options for these services. For residential services and out-of-home placements, the Chief Probation Officers should partner with the AOCF's Juvenile Service Division to track referrals in an effort to quantify need. While building brick-and-mortar service locations in each district may not be realistic, AOCF can share data on specific referrals with community-based providers to more accurately demonstrate the scope of need as providers weigh their own options for expanding available beds or expanding to new locations.

Specific to Transportation, AOCF should investigate this need further as multiple districts cited transportation for juveniles as a significant need, despite the service being contracted in each district; AOCF may need to consider the feasibility of allocating additional funding for transportation services, or considering alternative transportation mechanisms (such as dedicated staff members) to ensure justice-involved youth can access recommended, needed and court-ordered services. Lastly, based on the number of "uncertain" responses for a variety of juvenile services, the Chief Probation Officer should invite AOCF staff from Rehabilitative Services and the Juvenile Services Division to attend a future staff meeting to update officers on juvenile service definitions and availability of services so officers are aware of all possible referral options.

## **District 2**

District Court Two and Probation District Two are comprised of the following counties: Cass and Sarpy. County Court Two is comprised of the following counties: Cass, Otoe, and Sarpy.



### **Adult Service Availability**

#### **District Surveys of Adult Service Availability**

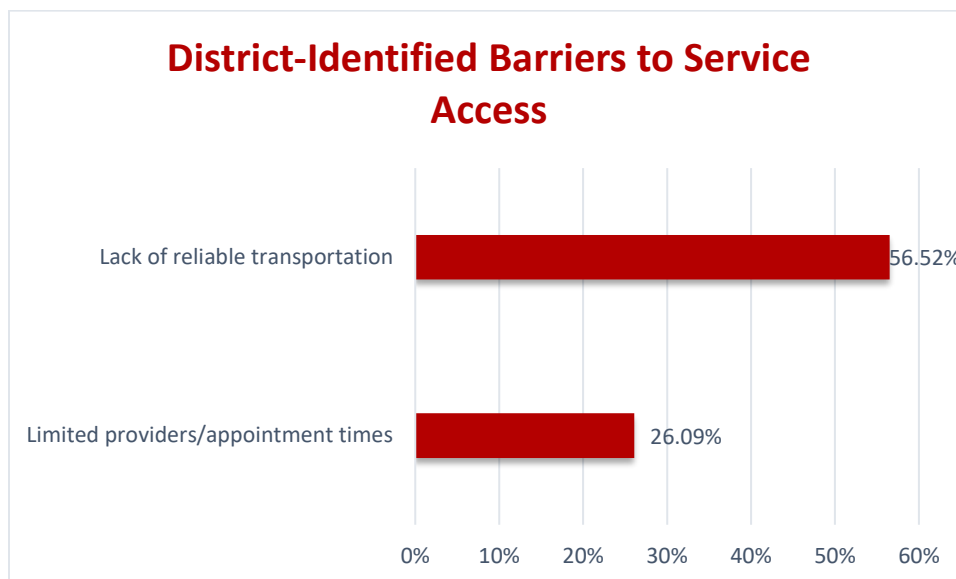
On the Needs Analysis Survey, a total of 25 officers and management team members responded to the questions on adult service availability (out of 27 target staff members).

District respondents reported that Adult Evaluations were generally available with many options to choose from; however, one-third to one-half of respondents identified limited options for Sex Offense-Specific Evaluations (43.48%), Initial Diagnostic Interview (medication prescriber) (39.13%) and Psychological Evaluations (34.78%). There was also significant uncertainty related to the availability of Sex Offense-Specific Polygraph Examinations (65.22%) and Sex Offense-Specific Evaluations (34.78%); it should be noted, however, that District 2 has specialized adult officers who handle the bulk of supervision for adults who sexually harm, so officers not actively supervising these caseloads may be unfamiliar with these specialized service options.

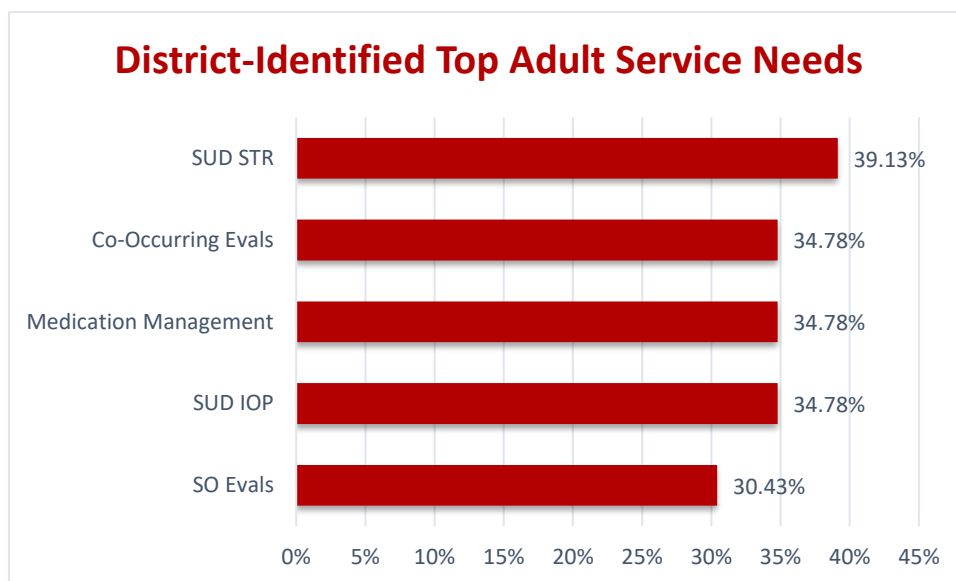
District respondents also reported that Adult Treatment services were generally available, though they did report limited options for Short-Term Residential (STR) and Medication Management.

For Supportive Services (Non-Treatment), respondents reported local Transitional Living options were generally available with either many or limited options.

From the survey responses, the following were identified as the biggest barriers to adult service access:



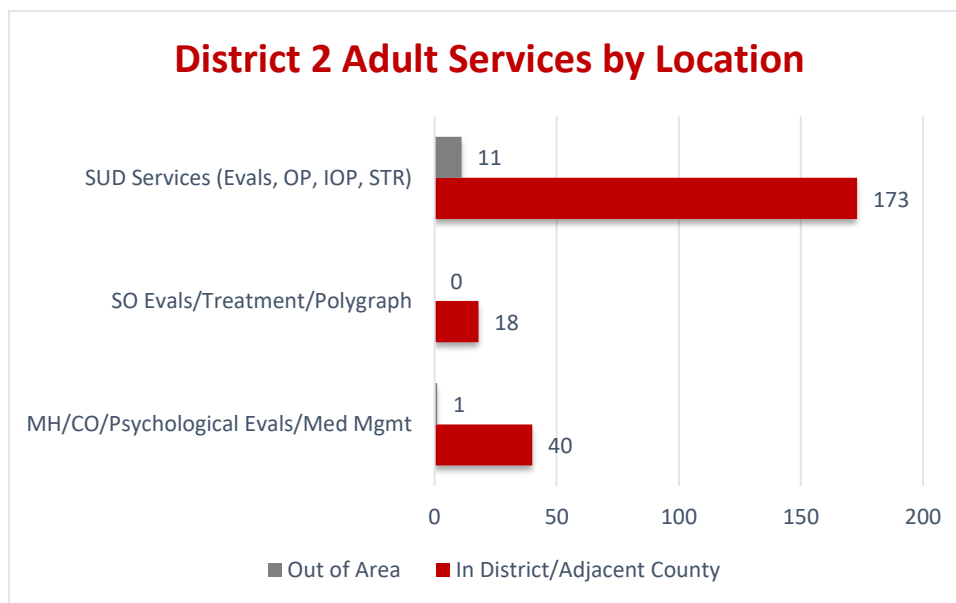
District respondents identified the following as their top service needs:



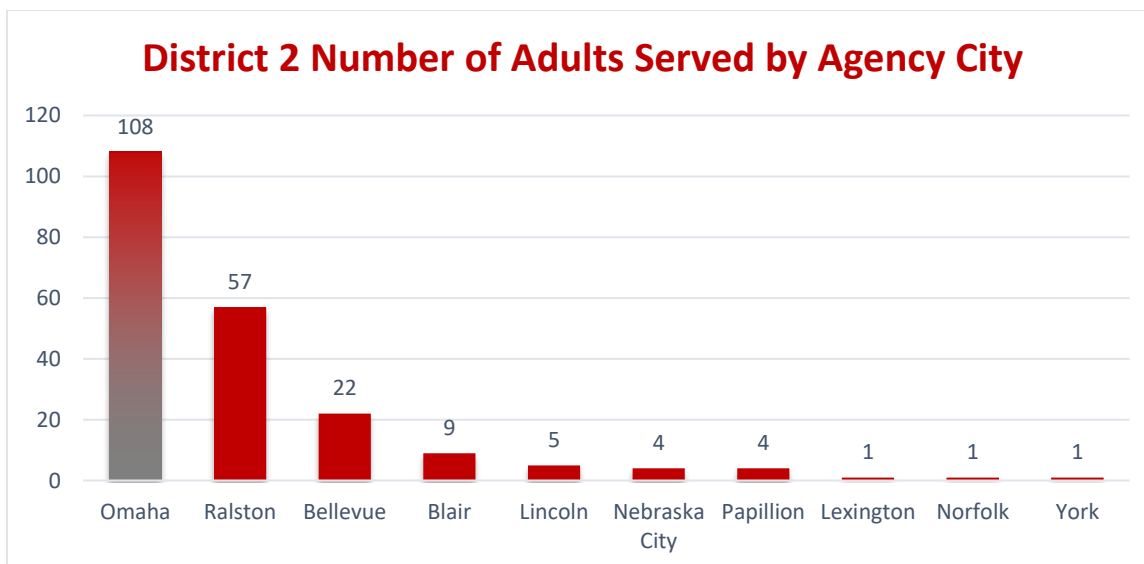
During the in-person follow-up meeting, District management reviewed the information from the district survey and offered their insights on the top service needs in the district: Short-Term Residential treatment (STR), Substance Use Intensive Outpatient treatment (SUD IOP) and Transportation. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need. Management staff also noted the challenge individuals face finding evening appointments and stated they wished more providers offered non-traditional appointment times. District management also noted the lack of polygraph providers, both in District 2 and across the state and indicated their understanding that ongoing polygraph use was an evidence-based practice for individuals who sexually harm.

### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved adults in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved adults accessed the services identified above.



### Recommendations

In considering the information in the charts above, it appears justice-involved adults have largely been able to access services in the district or within a reasonable distance (such as an adjacent county).



District officers and management both identified a need for SUD IOP and SUD STR with management stating the lack of non-traditional appointment times and waitlists are of most concern. For these services, along with Co-Occurring Evaluations and Outpatient Treatment, Sex Offense-Specific Evaluations and Medication Management, the Chief Probation Officer should initiate candid conversations with providers about the service needs and barriers of justice-involved adults to discuss opportunities for expanded hours or locations of services. Should existing providers be unable to expand access to these services, the Chief Probation Officer should partner with AOCF to share identified needs with a broader audience of Registered Service Providers to coordinate teleservice options for these services.

As Sex Offense-Specific Evaluations are not best delivered using teleservices, AOCF should utilize both the Domestic Violence Programs and Services Specialist and Rehabilitative Services to recruit additional specialized providers. Should those efforts ultimately prove unsuccessful, AOCF should consider the feasibility of contracting with providers to ensure service availability for Sex Offense-Specific Evaluations. Specific to Transportation, AOCF should investigate this need further as multiple districts cited transportation for adults as a significant need; AOCF may need to consider the feasibility of allocating additional funding for adult transportation services to ensure justice-involved adults can access recommended, needed and court-ordered services.

## **Juvenile Service Availability**

### **District Surveys of Juvenile Service Availability**

On the Needs Analysis Survey, a total of 11 officers and management staff responded to the questions on juvenile service availability (out of 16 target staff members).

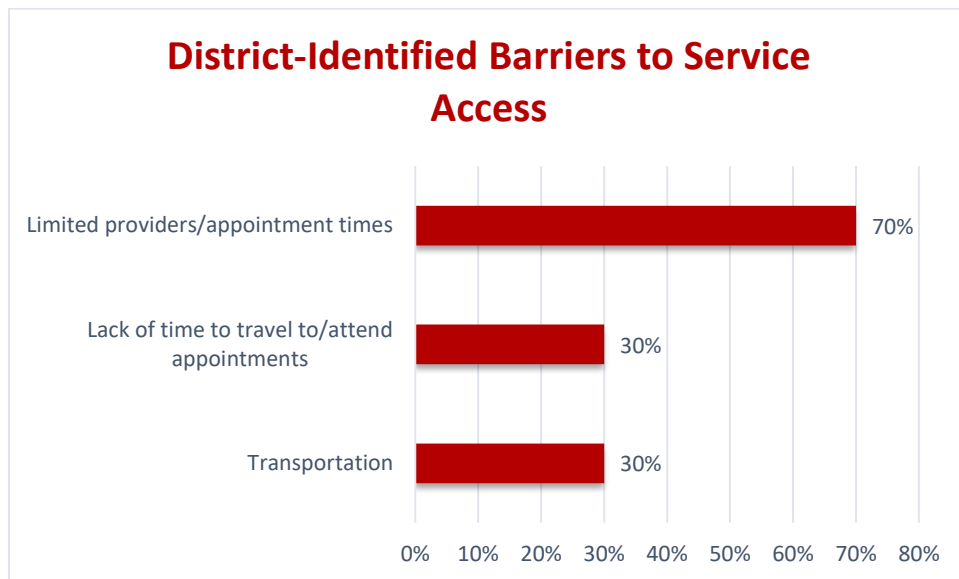
District respondents reported that Juvenile Evaluations were generally available, usually with many options to choose from. Respondents did, however, indicate they believed they had limited options for Psychiatric Evaluations (100%), JSH Risk Assessments, (70%), Psychological Evaluations (70%) and Enhanced Mental Health Evaluations (50%). A handful of respondents rated some evaluation questions with “uncertain,” but no respondents reported that evaluations were entirely unavailable.

For Treatment services, respondents reported general availability, but usually with limited options to choose from. The most readily-available treatment services with many option to choose from were Mental Health Outpatient Counseling (80%) and Substance Use Outpatient Counseling (60%).

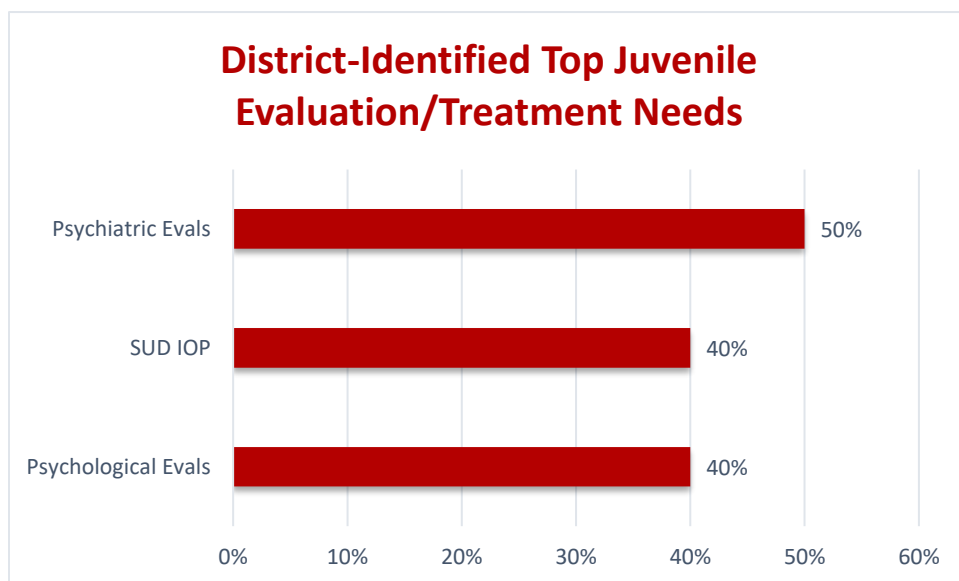
For Supportive Services (Non-Treatment), respondents reported general availability with limited options. In this category, however, there were a marked number of respondents selecting “uncertain” as to the availability of the identified supportive services.

On the survey, respondents reported Out-of-Home Placement services were generally available with limited options. A notable exception was Maternity Group Home-Parenting, as 80% of respondents answered “uncertain” about service availability.

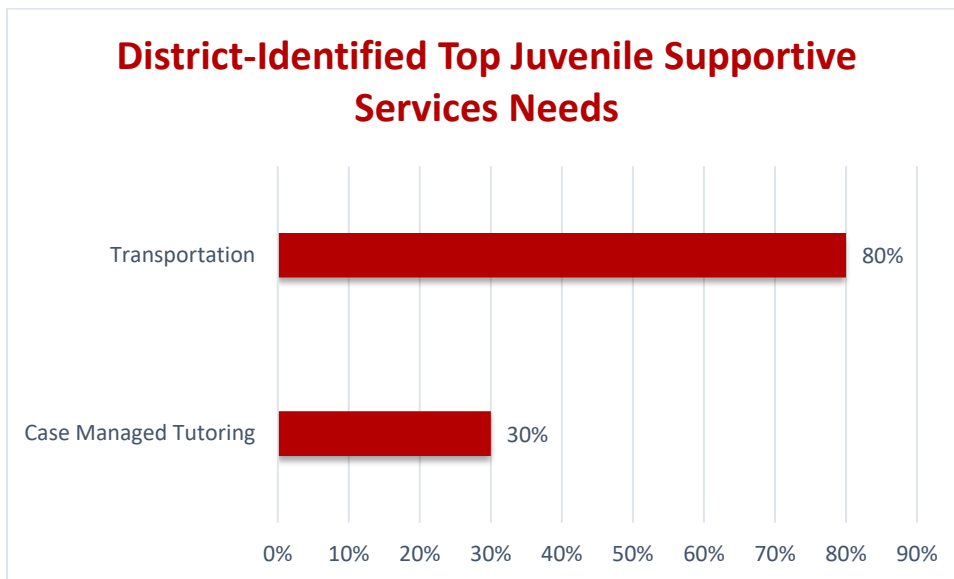
From the survey, the biggest barriers to accessing needed services were as follows:



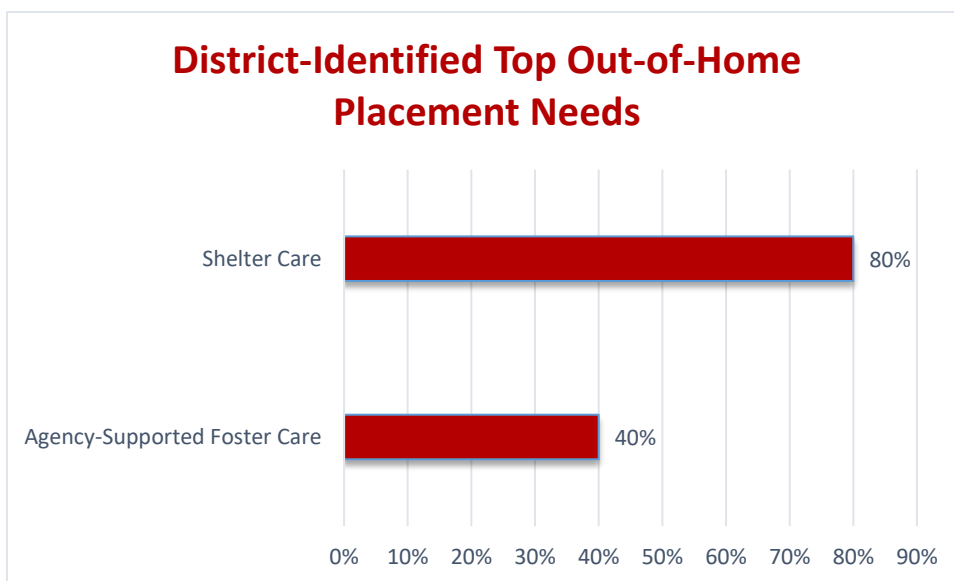
Survey respondents identified the following as their top Juvenile Evaluation/Treatment needs:



Survey respondents identified the following as their top Juvenile Supportive Service needs:



Survey respondents identified the following as their top Juvenile Out-of-Home Placement Needs:

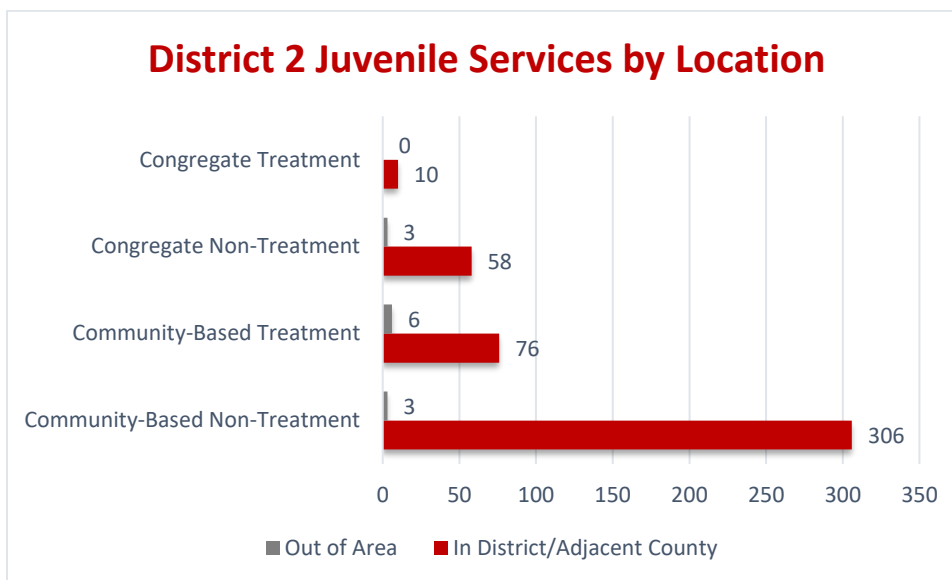


During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top Juvenile service needs: Mental Health services aside from Outpatient counseling (specifically more providers for evaluations or non-traditional appointment times that don't conflict with school or parental work schedules, along with more options for a spectrum of service options), youth SUD IOP and Shelter Care.

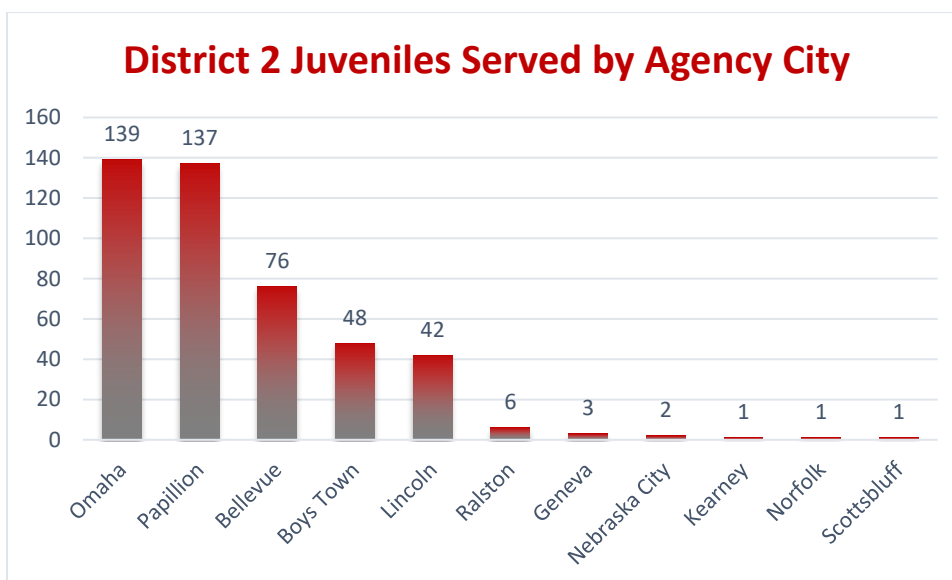
District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need.

### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved youth in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved youth accessed the services identified above.



In 2019, six youth from District 2 used Probation vouchers for foster care services through agencies based in Omaha, Lincoln and Scottsbluff.

## Recommendations

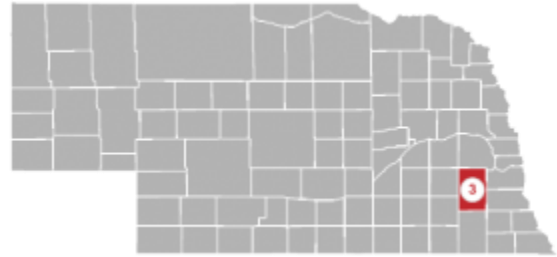
In considering the information in the charts above, it appears justice-involved youth have largely been able to access services in the district or within a reasonable distance (such as an adjacent county) and that limited options for providers and appointment times are the biggest concern. District officers and management both identified a need for SUD IOP. In 2019, nine (9) justice-involved youth in District 2 accessed SUD IOP using Probation funding. District officers and managers also identified a need for shelter care. It is unclear whether the lack of in-district youth IOP providers results in few IOP recommendations or whether a lack of in-district youth needing IOP results in providers not offering this service. There is also some question about whether IOP (nine or more hours of service per week) is sufficiently evidence-based for youth. In continuing to explore access for IOP, AOCP (specifically, Rehabilitative Services and the Juvenile Services Division) should continue researching effective SUD interventions for youth and consider if a less-intensive model of outpatient services (less than nine hours of service per week) leads to better client engagement and outcomes.

For Psychological Evaluations, Psychiatric Evaluations and Outpatient Mental Health Treatment, the Chief Probation Officer should initiate candid conversations with existing providers about the needs and barriers of the district's justice-involved youth as providers may be willing/able to adjust services if they know of an existing need. Should existing providers be unable to expand access to these services, the Chief Probation Officer should partner with AOCP to share identified needs with a broader audience of Registered Service Providers to coordinate teleservice options before considering if contracting is needed to sustain consistent service availability. For Psychological Evaluations, in particular, AOCP should explore the feasibility of contracting for these services as much psychological testing requires in-person administration and cannot fully be provided remotely.

For residential services and out-of-home placements, the Chief Probation Officers should partner with the AOCP's Juvenile Service Division to track referrals in an effort to quantify need. While building brick-and-mortar service locations in each district may not be realistic, AOCP can share data on specific referrals with community-based providers to more accurately demonstrate the scope of need as providers weigh their own options for expanding available beds or expanding to new locations. Specific to Transportation, AOCP should investigate this need further as multiple districts cited transportation for juveniles as a significant need, despite the service being contracted in each district; AOCP may need to consider the feasibility of allocating additional funding for transportation services, or considering alternative transportation mechanisms (such as dedicated staff members) to ensure justice-involved youth can access recommended, needed and court-ordered services. Lastly, based on the number of "uncertain" responses for a variety of juvenile services, the Chief Probation Officer should invite AOCP staff from Rehabilitative Services and the Juvenile Services Division to attend a future staff meeting to update officers on juvenile service definitions and availability of services so officers are aware of all possible referral options.

## **District 3A**

District Three is comprised of Lancaster County.



### **Adult Service Availability**

#### **District Surveys of Adult Service Availability**

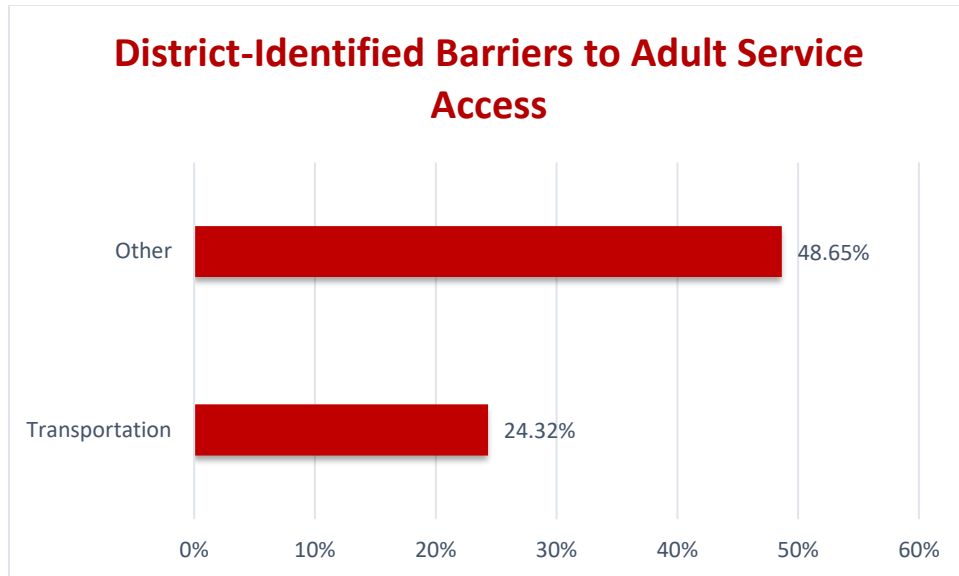
On the Needs Analysis Survey, a total of 41 district officers and management team members responded to the questions on adult service availability (out of 46 target staff members).

District respondents indicated strong availability of Substance Use, Mental Health and Co-Occurring Evaluations (ranging from 72.97% to 100%). They also reported availability with limited options for Psychological Evaluations, Sex Offense-Specific Evaluations and Initial Diagnostic Interviews (with medication prescribers). There were, however, significant respondents answering as “uncertain” regarding the availability of Sex Offense-Specific Evaluations, Sex Offense-Specific Polygraph Examinations and Initial Diagnostic Interviews (with medication prescribers).

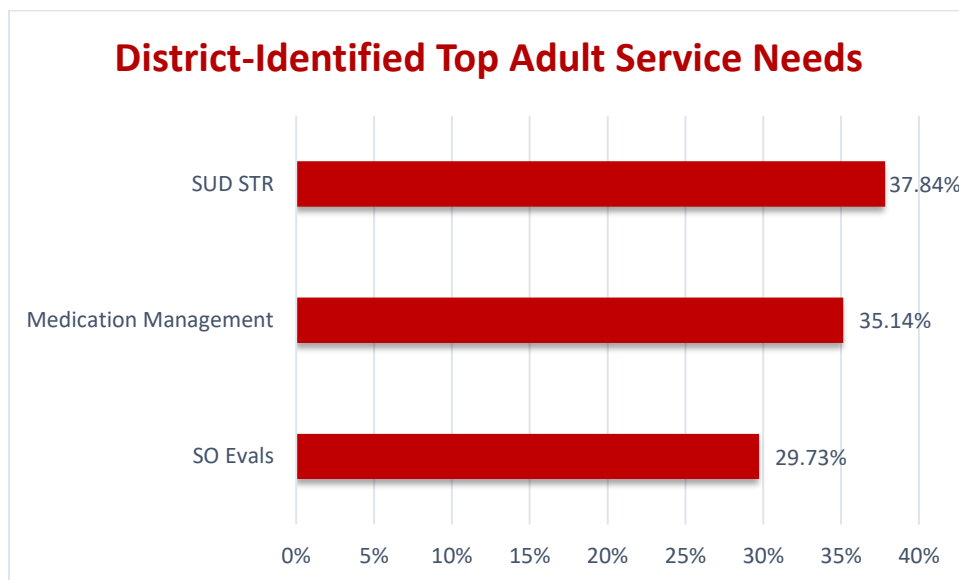
District respondents also reported strong availability of Treatment services, though just under half of the respondents reported limited options for Short-Term Residential treatment and Medication Management.

For Supportive Services (Non-Treatment), respondents reported availability with limited options for all levels of Transitional Living.

There were no strong themes related to barriers to accessing needed services; the most common response was “Other” (48.65%) with multiple comments about services being available. The next most common response was transportation (24.32%).



District respondents identified the following as their top service needs

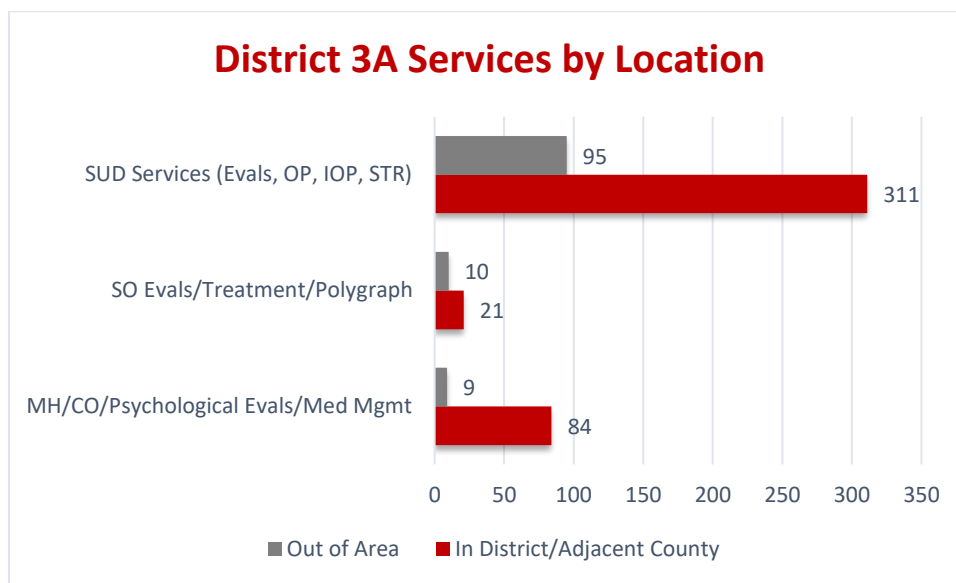


During the in-person follow-up meeting, District Management reviewed the information from the survey and offered their insights on the top service needs in the district: Short-Term Residential treatment (either more providers or more beds to eliminate waiting lists) and Sex Offense-Specific Evaluations. As a whole, management staff echoed district comments that services in are available and accessible with occasional waiting lists of “a couple weeks” being the only real concern. Management team members also stated they do not believe transportation is a barrier as no clients have taken advantage of cab vouchers available to connect clients from the North Reporting Center to still-operating city buses after evening appointments, choosing instead to find their own rides. Management team members did, however, express interest in using vouchers for ride-share companies (such as Uber or Lyft) as they are more convenient than traditional taxi providers. They also expressed a strong interest in vouchers to pay for additional services such as gym memberships and yoga. In a change from all other districts, management staff stated they don’t see a strong need for additional provider education on Probation

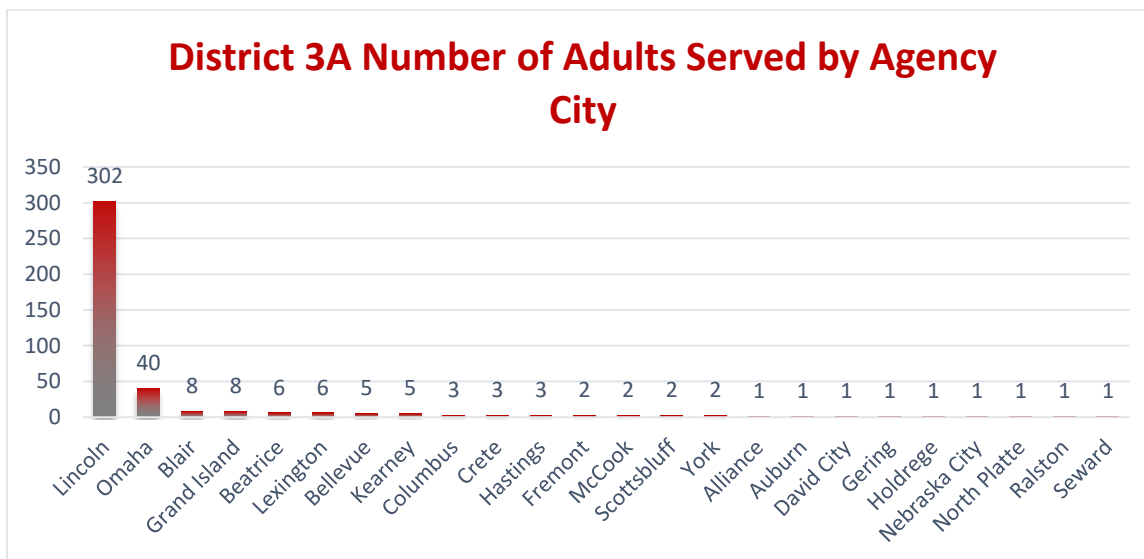
processes or criminogenic risk and need; they stated they are “lucky” to have great providers who partner well and are responsive to Probation.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved adults in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district’s justice-involved adults accessed the services identified above.



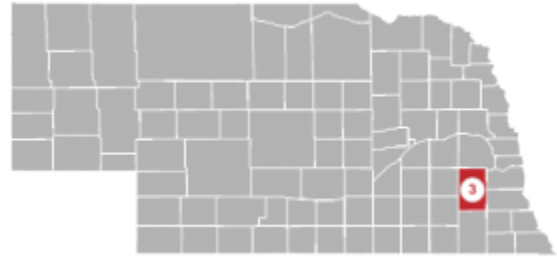


## Recommendations

In considering the information in the charts above, it appears justice-involved adults have largely been able to access services in the district or within a reasonable distance (such as an adjacent county). There were significant justice-involved adults obtaining SUD services out of the area; a number of individuals attended STR in other locations, oftentimes receiving updated evaluations with the STR facility and sometime stepping down to a lower level of care with the same provider. For example, of the 95 adults received SUD services out-of-area, Stephen Center alone accounts for 36 of these individuals. District officers and managers both identified SUD STR as a district need, with managers clarifying that STR is available, but there are sometimes waitlists before justice-involved adults can enter residential treatment, generally of one-to-two weeks. District officers and managers also identified Sex Offense-Specific Evaluations as a top need. Nearly half of the 16 justice-involved adults accessing this service using Probation funding did not obtain the service in the district or an adjacent county; seven of these individuals obtained these evaluations in Bellevue, Fremont and Grand Island. The Chief Probation Officer should initiate candid conversations with existing providers to discuss the district's needs related to Sex-Offense Specific Evaluations. Additionally, as Sex Offense-Specific Evaluations are not best delivered using teleservices, AOCF should utilize both the Domestic Violence Programs and Services Specialist and Rehabilitative Services to recruit additional specialized Providers. As District 3A has a long-standing relationship with the University of Nebraska-Lincoln's doctoral program in clinical psychology, it is also possible that psychologists-in-training completing internship hours may be suitable candidates to assist with these specialized evaluations. District officers also identified Medication Management as a need; as noted, however, Probation only recently began funding this service for adults, so this need is related to the number of registered providers rather than a local lack of medication prescribers. AOCF should continue efforts to recruit additional medication prescribers as detailed in the introductory section of this report.

## **District 3J**

District Three is comprised of Lancaster County.



### **Juvenile Service Availability**

#### **District Surveys of Juvenile Service Availability**

On the Needs Analysis Survey, a total of 26 district respondents answered the questions on juvenile service availability (out of 45 target staff members).

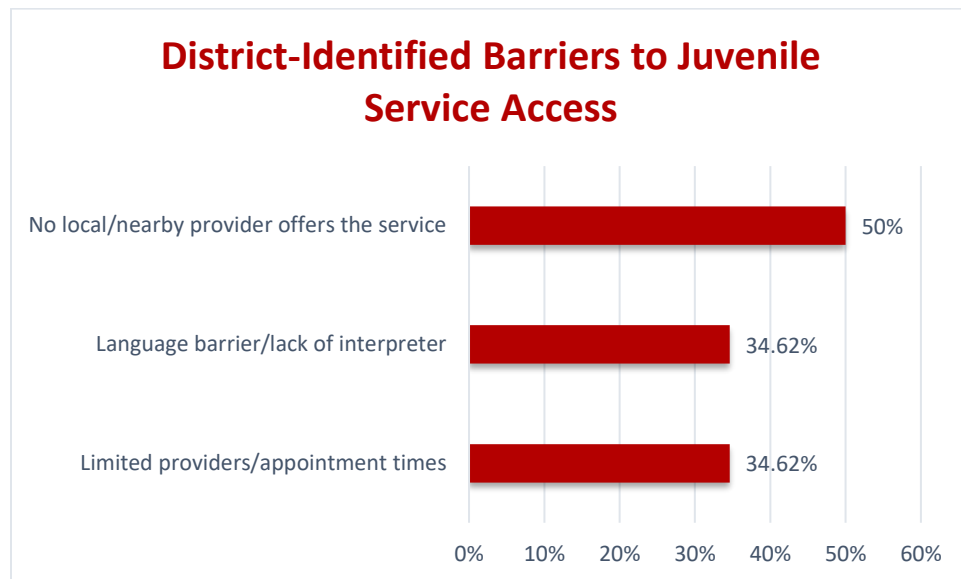
District respondents reported that Juvenile Evaluations were generally available with limited options for providers/appointment times; in fact, a majority of respondents selected “limited options” for each evaluation surveyed.

District respondents reported Juvenile Treatment services were generally available with limited options. The exception was Mental Health Outpatient Counseling, with 76.92% of respondents indicating there were “many options” for this service. Additionally, a majority of respondents answered “uncertain” for availability of Community Treatment Aide (CTA) and Functional Family Therapy (FFT).

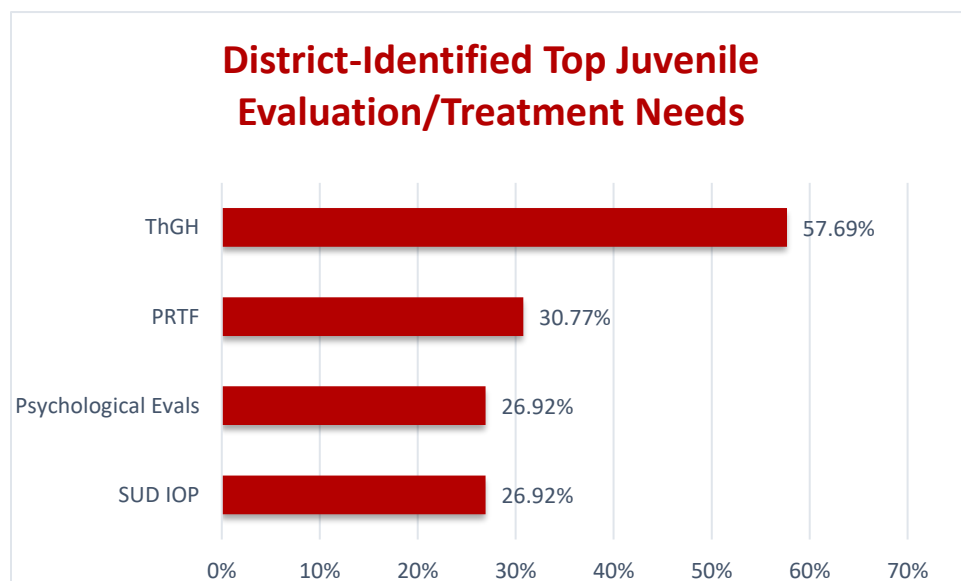
For Supportive Services (Non-Treatment), respondents reported general availability or availability with limited options for most services. The exception to this pattern was Ecological In-Home Family Therapy (EIHFT), with the highest response being no options locally or within a reasonable distance (38.46%). There were also numerous respondents answering “uncertain” to multiple Supportive Services questions.

On the survey, respondents indicated Out-of-Home Placement services were generally available with limited options. The exception was Maternity Group Home-Parenting, with 53.85% of respondents indicating no availability locally or within a reasonable driving distance.

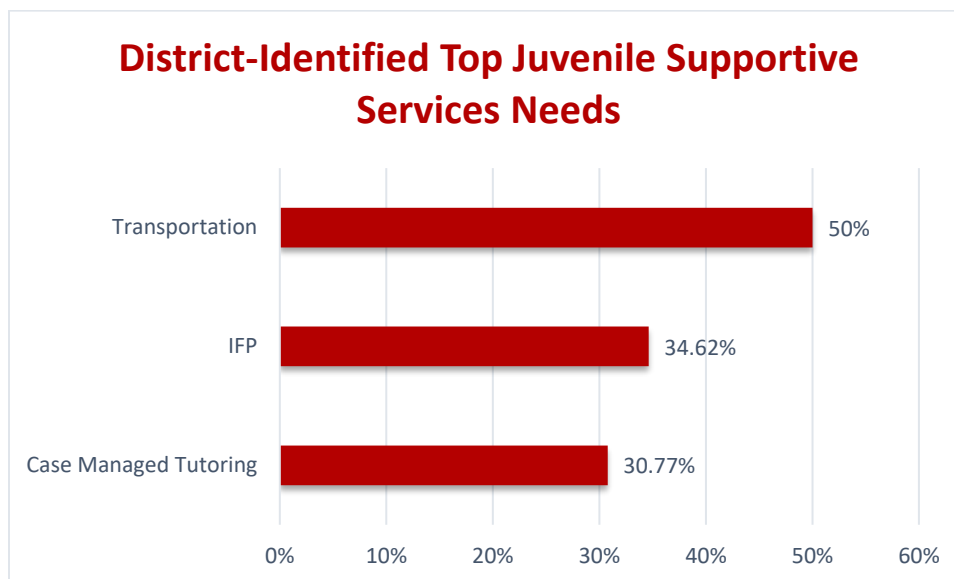
From the survey, the biggest barriers to accessing needed services were as follows:



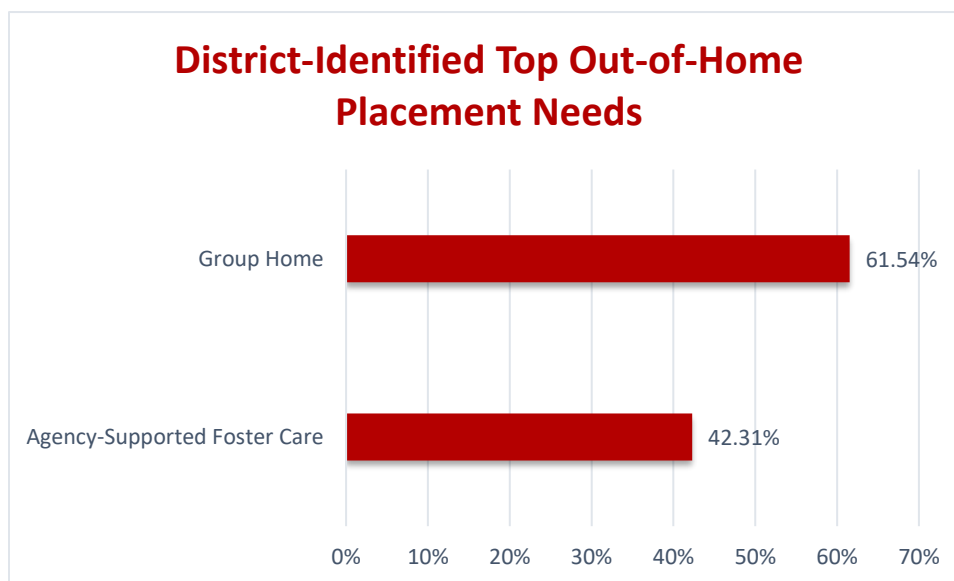
District respondents identified the following as their top Juvenile Evaluation/Treatment needs:



District respondents identified the following as their top Juvenile Supportive Services needs:



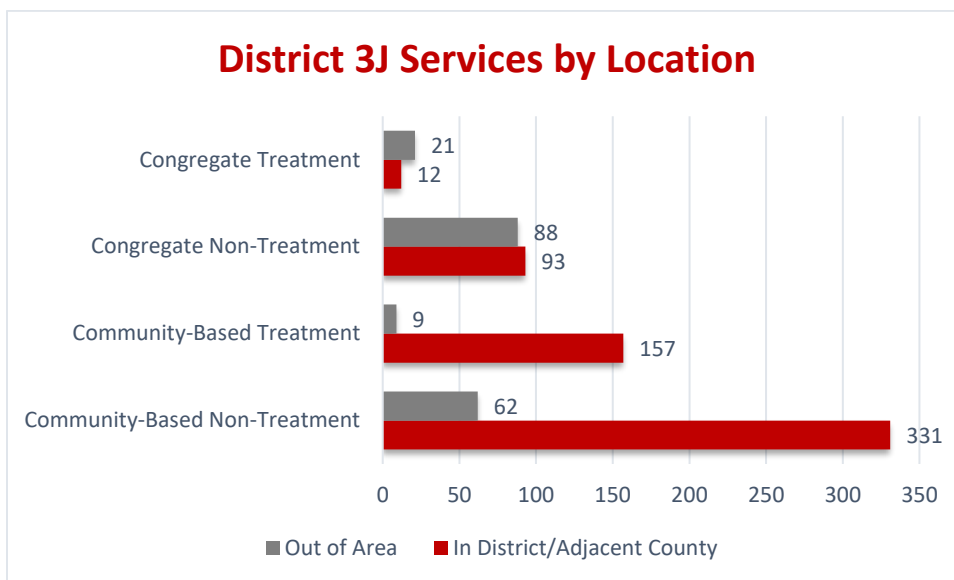
District respondents identified the following as their top Juvenile Out-of-Home Placement needs:



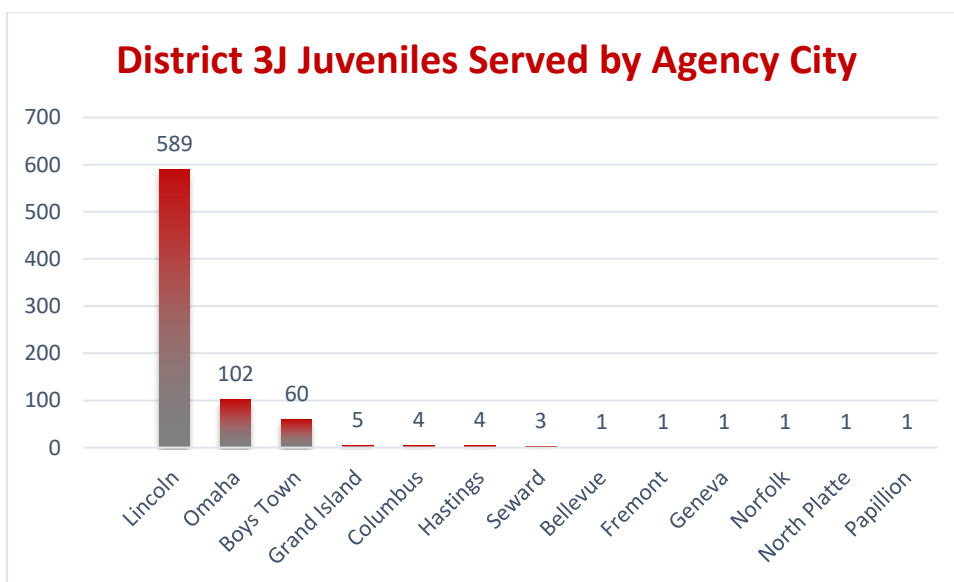
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top Juvenile service needs: Interpreters, Foster Care, Substance Use Intensive Outpatient (IOP) and transportation. Management staff also voiced a desire for more in-home services rather than office-based services. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need. District Management stated they would rather have a smaller pool of highly-skilled and highly-trained providers with whom to partner than a larger pool of providers less adept at working with Probation clientele.

### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved youth in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved youth accessed the services identified above.



In 2019, 38 youth from District 3J used Probation vouchers for foster care services through agencies based in Omaha, Lincoln, Boys Town, South Sioux City and Walton.

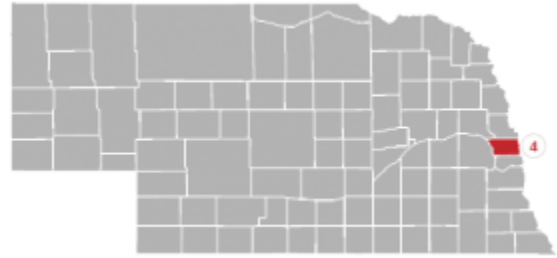
## Recommendations

In considering the information in the charts above, it appears justice-involved youth have largely been able to access community-based treatment and non-clinical supportive services in the district, while congregate treatment and supportive services are more likely to require travel outside of the district. District officers and managers both identified SUD IOP as a top need; in 2019, 16 District 3J youth accessing SUD IOP using Probation funding obtained this service in Lincoln, with one youth accessing IOP in conjunction with an out-of-home placement in Omaha. In continuing to explore access for IOP, AOCP (specifically, Rehabilitative Services and the Juvenile Services Division) should continue researching effective SUD interventions for youth and consider if a less-intensive model of outpatient services (less than nine hours of service per week) leads to better client engagement and outcomes. District 3J, consisting of Lancaster County, Nebraska, has a number of existing registered juvenile service providers. The Chief Probation Officer, assisted by the district management team, should initiate candid conversations with existing providers about the needs and barriers of the district's justice-involved youth, especially for community-based treatment and non-treatment services, as well as management's desire for more home-based services. The Chief Probation Officer should also communicate closely with the AOCP's Home-Based Services Program Specialist about the need for in-home service availability. While Lancaster County currently has MST services, with EIHT also starting recently, the need for additional in-home services should continue to be monitored.

For residential services and out-of-home placements identified as needs, the Chief Probation Officer should partner with the AOCP's Juvenile Service Division to track referrals in an effort to quantify need so AOCP can share data on specific referrals and needs with community-based providers considering their own service expansion options. For Psychological Evaluations, in particular, the Chief Probation Officer and Rehabilitative Services should initiate conversations with the University of Nebraska-Lincoln's doctoral programs in both clinical and counseling psychology to discuss potential uses of psychologists-in-training to help meet this need. Specific to Transportation, AOCP should investigate this need further as multiple districts cited transportation for juveniles as a significant need, despite the service being contracted in each district; AOCP may need to consider the feasibility of allocating additional funding for transportation services, or considering alternative transportation mechanisms (such as dedicated staff members) to ensure justice-involved youth can access recommended, needed and court-ordered services. Lastly, based on the number of "uncertain" responses for a variety of juvenile services, the Chief Probation Officer should invite AOCP staff from Rehabilitative Services and the Juvenile Services Division to attend a future staff meeting to update officers on juvenile service definitions and availability of services so officers are aware of all possible referral options.

## **District 4A**

District Four is comprised of Douglas County.



### **Adult Service Availability**

#### District Surveys of Adult Service Availability

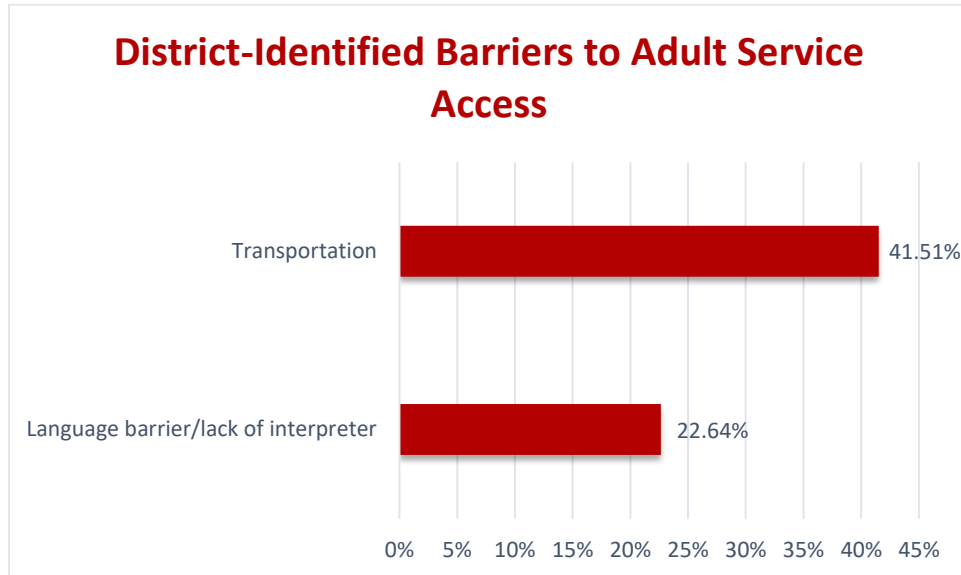
On the Needs Analysis Survey, a total of 60 officers and management team members responded to the questions on adult service availability (out of 81 target staff members).

District respondents reported generally strong availability of evaluation services, but some noted limited availability for Psychological Evaluations and Sex Offense-Specific Evaluations. As in other districts, a high percentage of respondents answered “unknown” regarding the availability of Sex Offense-Specific Evaluations (52.83%) and Sex Offense-Specific Polygraph Examinations (81.13%); however, District 4A has specialized officers responsible for supervising this population, so officers supervising other caseloads may not have occasion to refer for these services. Additionally, 37.74% of respondents answered “unknown” regarding the availability of Initial Diagnostic Interviews (with medication prescribers).

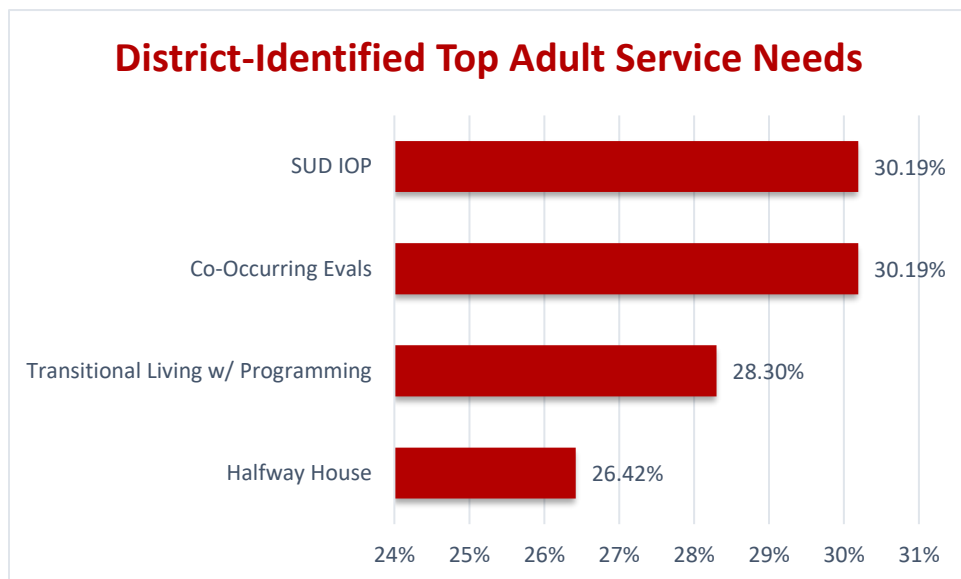
District respondents also reported strong availability of Treatment services, though they noted limited options for Short-Term Residential treatment and Medication Management.

For Supportive Services (Non-Treatment), respondents reported general availability of Transitional Living services, though just under half reported limited options for Transitional Living with Programming and just over half reported limited options for Halfway Houses.

From the survey, the biggest barriers to accessing needed services were as follows:



District respondents identified the following as their top service needs:



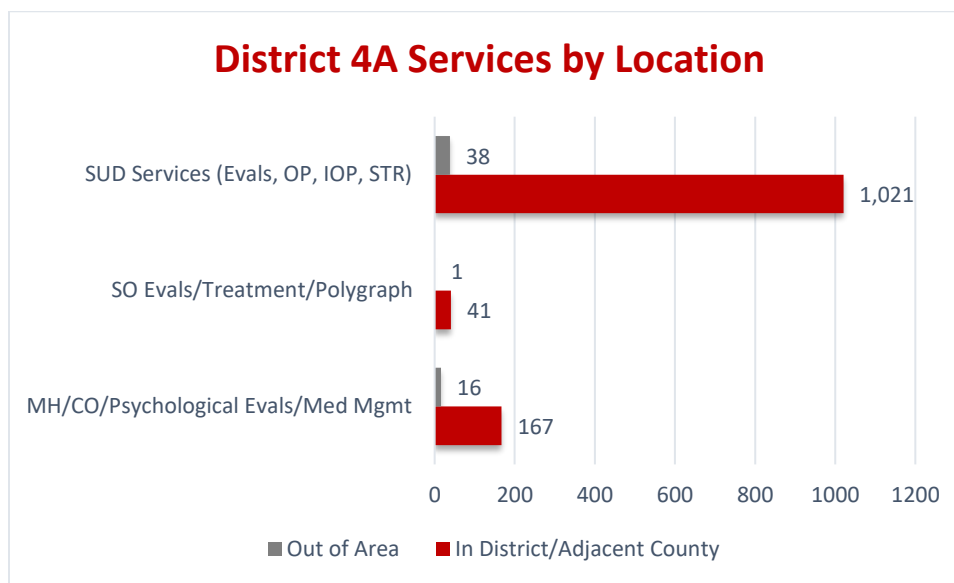
During the in-person follow-up meeting, District Management reviewed the information from the district survey and offered their insights on the top service needs in the district: transportation, Sex Offense-Specific Evaluations, Sex Offense-Specific Treatment, Interpreters and community support to help individuals navigate systems (such as applying for disability, understanding bus lines, etc.). District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need. Management team members also brainstormed suggestions for increasing service access, such as hiring or contracting with medication prescribers to ensure access, hiring or contracting with providers to bring them onsite for



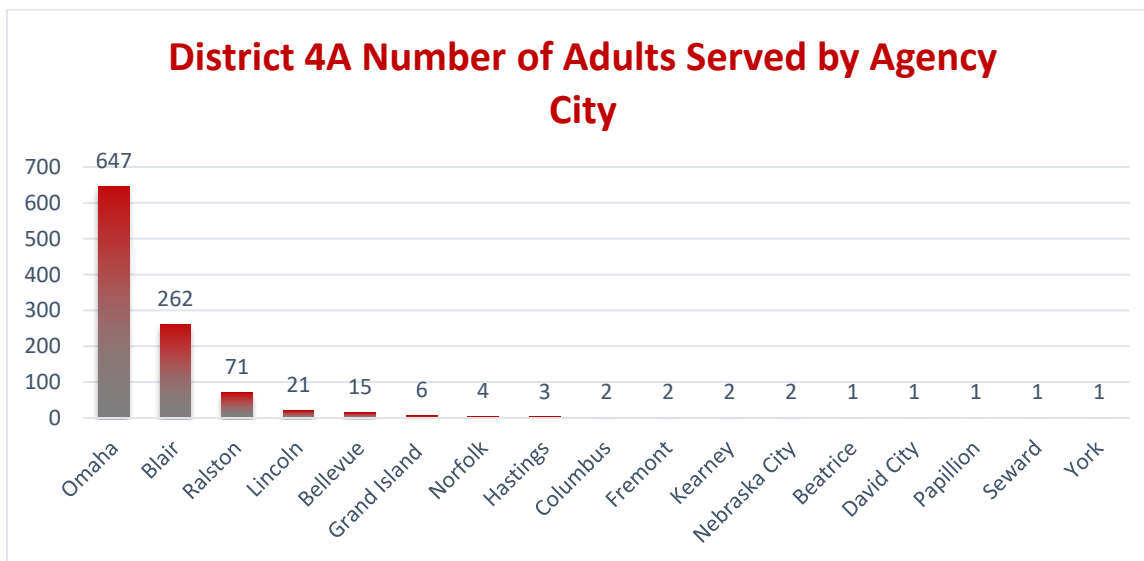
evaluations and treatment services and developing the ability to search for provider by zip code rather than county to help identify nearby options.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved adults in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved adults accessed the services identified above.



## Recommendations

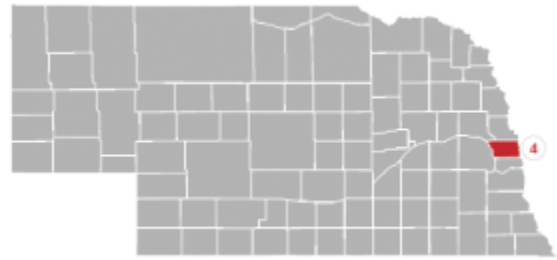
In considering the information in the charts above, it appears justice-involved adults have largely been able to access services in the district or within a reasonable distance (such as an adjacent county). District officers and managers both identified Sex Offense-Specific Evaluations as a top need; in 2019, all 28 of the District 4A justice-involved adults accessing these evaluations using Probation funding obtained the service in the district (23) or in one adjacent county (5), so it would appear that viewing this as a need may relate more to a limited pool of registered providers or waitlists than a lack of providers in the community. The Chief Probation Officer, partnering with the AOC's Domestic Violence Programs and Services Specialist and Rehabilitative Services, should continue work to recruit additional specialized providers, either helping existing registered clinicians obtain specialized training needed to complete these specialized evaluations or recruiting non-registered clinicians who already do this work.

Other top needs identified were Co-Occurring Evaluations and Treatment, SUD IOP and Halfway Houses. For these services, the Chief Probation Officer and management team should initiate candid conversations with existing providers about the service needs and barriers of justice-involved adults to identify opportunities for expanded hours, locations of services and bed space. District management also brainstormed about options for ensuring access to medication prescribers; while these ideas do have merit, they should be considered if initial efforts to recruit more providers are not fruitful. Probation has only provided funding for adult medication management services since mid-2019 and the pool of registered prescribers is quite small; initial efforts from the Chief Probation Officer and district management team should focus on traditional recruitment of Registered Service Providers, with options for contracting or hiring considered after traditional expansion efforts have been exhausted, including the use of tele-prescribing. The Chief Probation Officer should also partner with AOC to share identified needs with a broader audience of Registered Service Providers to coordinate teleservices options when existing providers are unable to expand service access.

Specific to Transportation, AOC should investigate this need further as multiple districts cited transportation for adults as a significant need; AOC may need to consider the feasibility of allocating additional funding for adult transportation services to ensure justice-involved adults can access recommended, needed and court-ordered services. District management also identified a need for "community support" services to help clients navigate systems; while the DHHS Division of Behavioral Health does fund varying levels of community support for both mental health and substance use recovery, the needs described by District 4A management may better be met via Reporting Center programming focusing on navigating systems, connecting with community resources, applying for benefits and other key skills needed when individuals are reentering the community after a period of incarceration.

## **District 4J**

District Four is comprised of Douglas County.



### **Juvenile Service Availability**

#### District Surveys of Juvenile Service Availability

On the Needs Analysis Survey, a total of 49 respondents answered the questions on juvenile service availability (out of 63 target staff members).

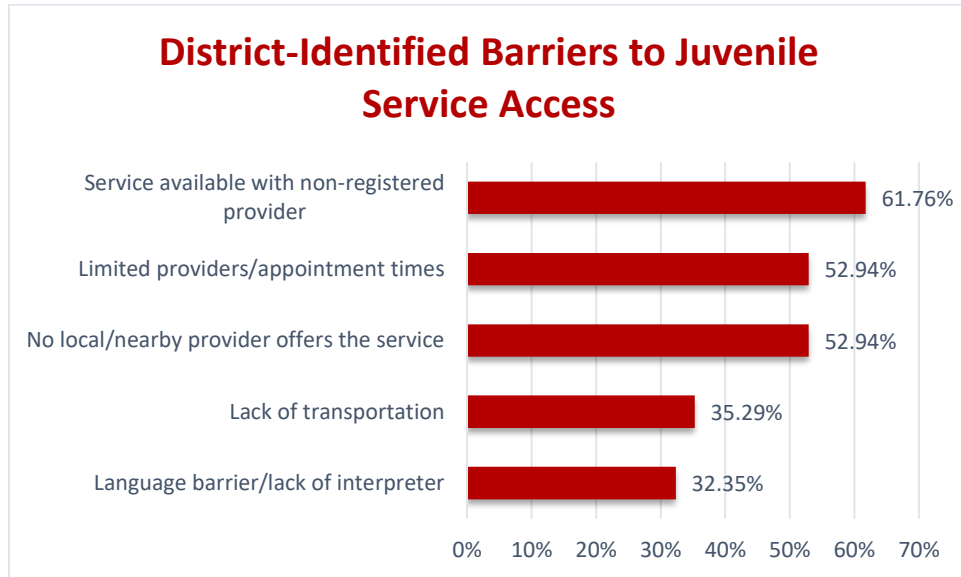
District respondents reported that Juvenile Evaluations were generally available, but they identified some limited options for Juveniles who Sexually Harm Evaluations, Psychological Evaluations, Enhanced Mental Health Evaluations and Psychiatric Evaluations.

District respondents reported Juvenile Treatment services were mostly available with limited options. The services appearing most-readily available with many options were Mental Health Outpatient Counseling (64.71%) and Substance Use Outpatient Counseling (52.94%). Of note, over 50% of respondents answered “uncertain” as to the availability of Community Treatment Aide (CTA), Substance Use Partial Care, and Functional Family Therapy (FFT).

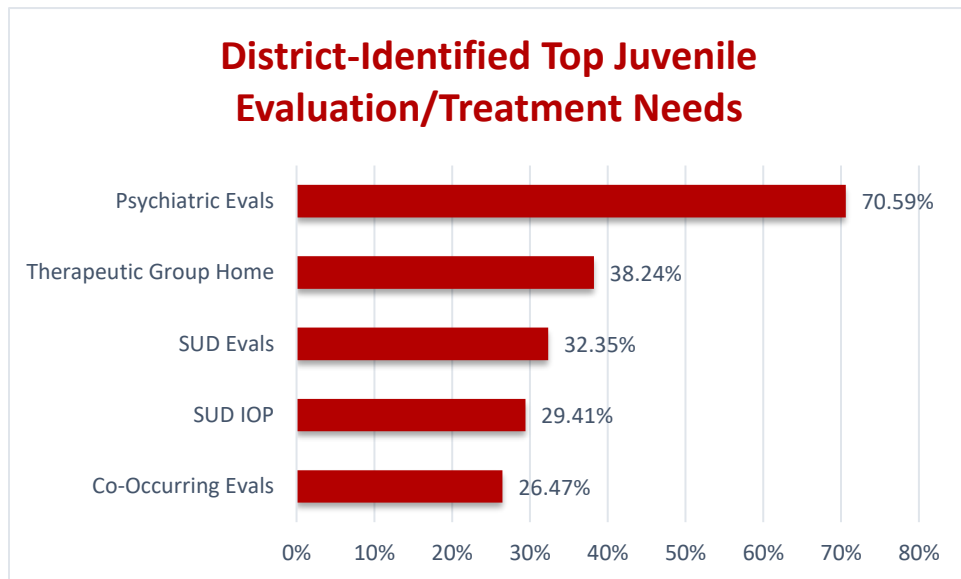
For Supportive Services (Non-Treatment), respondents generally reported availability with limited options. While few respondents indicated that a service was not available locally or within a reasonable distance, there were significant numbers answering as “uncertain,” with more than half of respondents not knowing the availability of Employment Placement and Justice Wraparound Programs.

On the survey, respondents reported Out-of-Home Placement services were generally available, but with limited options. As with other districts, a large percentage of respondents (44.12%) answered “unknown” about Maternity Group Home-Parenting.

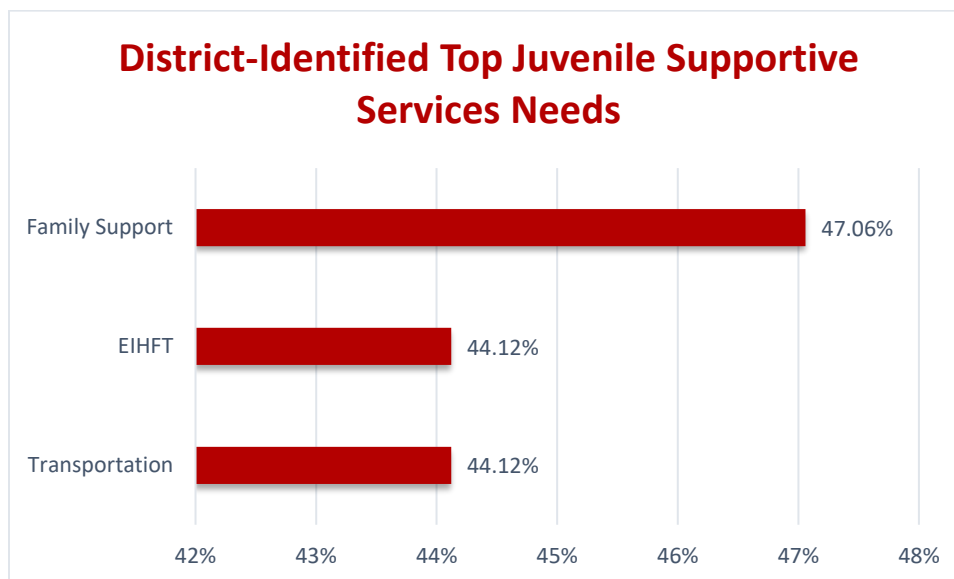
From the survey, the biggest barriers to accessing needed services were as follows:



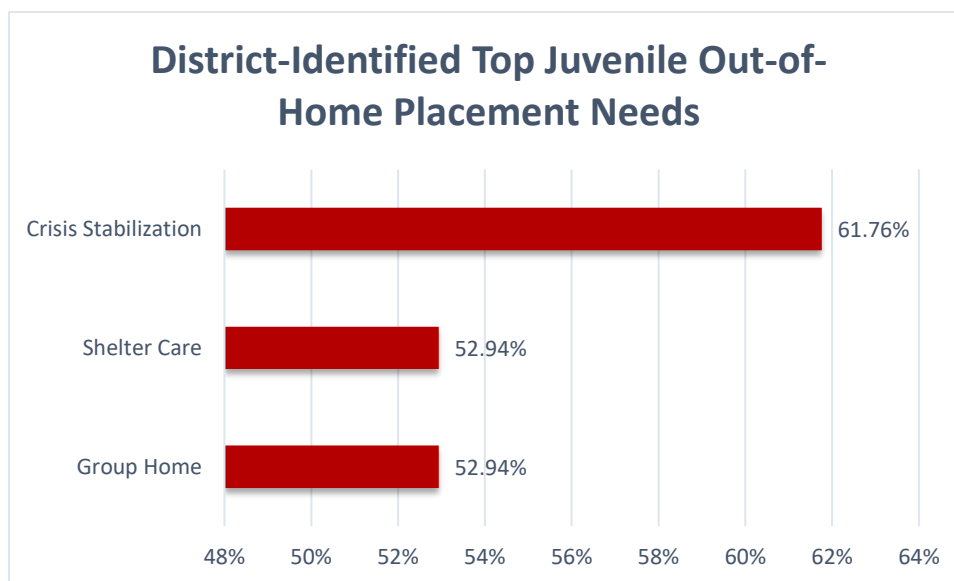
District respondents identified the following as their top Juvenile Evaluation/Treatment needs:



District respondents identified the following as their top Juvenile Supportive Services needs:



District respondents identified the following as their top Juvenile Out-of-Home Placement needs:

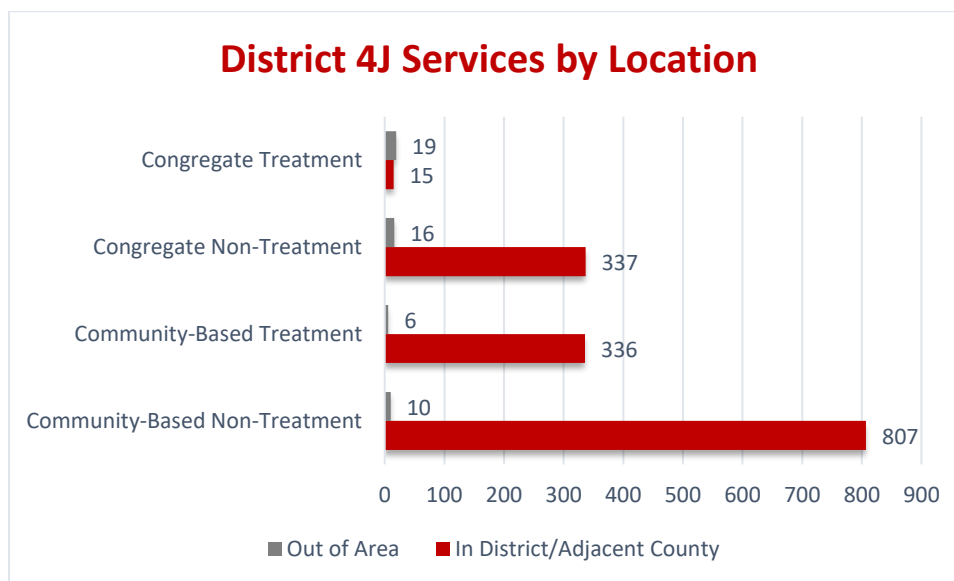


During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top Juvenile service needs: Medication Management, Therapeutic Group Homes, Juveniles who Sexually Harm Evaluations and interpreters/multilingual therapists. Management staff also said a service expansion priority should be foster homes in other districts as youth across the state are regularly placed in Omaha-area foster homes, leading to a lack of beds for local youth. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need. They also stated that each provider has particular areas of skill and expertise, so it would be helpful if they could refer based on a match of service rather than taking the first available appointment (for example, referring to

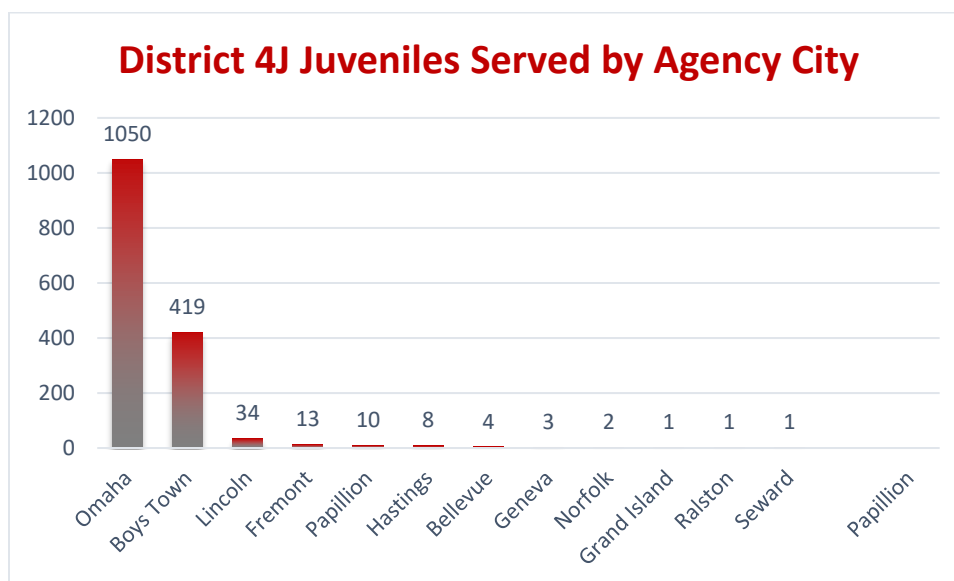
different providers for SUD IOP when one youth presents with a marijuana use disorder and another presents with a methamphetamine use disorder).

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved youth in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved youth accessed the services identified above.



In 2019, 33 youth from District 4J used Probation vouchers for foster care services through agencies based in Omaha, Lincoln and Boys Town.

## Recommendations

In considering the information in the charts above, it appears justice-involved youth have largely been able to access community-based treatment and non-clinical supportive services in the district, along with congregate non-treatment services. The notable exception is congregate treatment services, with more youth accessing the service outside of the district and surrounding area than within it. Of the 19 youth leaving the district/area to access congregate treatment via Probation funding, 10 received the service in Lincoln, eight received the service in Hastings and one received the service in Seward; Lincoln has a PRTF specializing in sexually-harmful behaviors and Hastings has a PRTF specializing in adolescent substance use, so these out-of-district options may have been chosen intentionally to target identified behaviors. District staff and management both identified Therapeutic Group Homes as a district need, though that was during the discussion about needing to focus expansion efforts in other districts so youth from across the state didn't need to come to 4J for out-of-home placements and compete for bed space.

Another top need identified on the survey was SUD IOP, which had 40 youth accessing probation funding for this level of care in 2019; as in other districts, AOC (specifically Rehabilitative Services and the Juvenile Services Division) should continue researching effective SUD interventions for youth and consider if a less-intensive model of outpatient services leads to better client engagement and outcomes. Other identified evaluation and treatment needs included SUD Evaluations, Co-Occurring Evaluations, Psychiatric Evaluations, Medication Management and JSH Evaluations, while top supportive service needs included EIHT, Family Support and Transportation. District 4J has access to both EIHT and MST; ongoing concerns with access to these services should be communicated to the AOC's In-Home Services Program Specialist, who maintains regular contact with all EIHT and MST providers. Additionally, District 4J has dedicated probation staff whose primary responsibility is transportation of youth; this is in addition to contracted transportation services available in each district. The Chief Probation Officer should communicate ongoing transportation concerns to the AOC's Juvenile Services Division for continued discussion about how best to meet the transportation needs of District 4J's youth.

AOC should continue utilizing both the Domestic Violence Programs and Services Specialist and Rehabilitative Services to recruit additional specialized providers for JSH Evaluations. For the remainder of the identified behavioral health and supportive services needs, the Chief Probation Officer should initiate candid conversations with existing providers about the needs and barriers of the district's justice-involved youth in an effort to increase service access. Should existing providers be unable to expand access to these services, the Chief Probation Officer should partner with AOC, specifically Rehabilitative Services and the Juvenile Services Division, to share identified needs with a broader audience of Registered Service Providers to coordinate teleservice options before considering if contracting is needed to sustain consistent service availability. Increased utilization of teleservices may also lessen the need for additional transportation solutions.

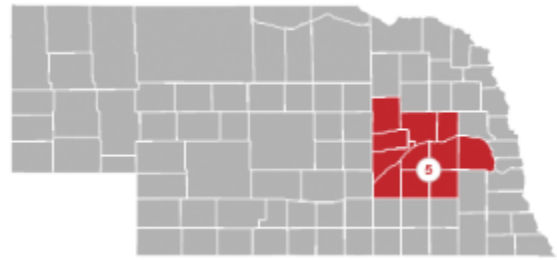
Regarding out-of-home placement services, District 4J identified foster care, crisis stabilization, group home and shelter care as needs. As nearly all 4J youth received congregate non-treatment services in the district or in an adjacent county, these needs likely relate to concerns raised by 4J management about having multiple services, but sometime needing to compete for bed space with other Probation districts who send their youth to Omaha for congregate non-treatment services. The Chief Probation Officer and the Juvenile Services Division should enhance data collection regarding these particular services to identify trends with referrals and waitlists so AOC can share specific data with providers considering their own service options or expansion opportunities. Lastly, based on the number of

“uncertain” responses for a variety of juvenile services, the Chief Probation Officer should invite AOC staff from Rehabilitative Services and the Juvenile Services Division to attend a future staff meeting to update officers on juvenile service definitions and availability of services so officers are aware of all possible referral options.



## District 5

District Five is comprised of the following counties:  
Boone, Butler, Colfax, Hamilton, Merrick, Nance,  
Platte, Polk, Saunders, Seward, and York.



### Adult Service Availability

#### District Surveys of Adult Service Availability

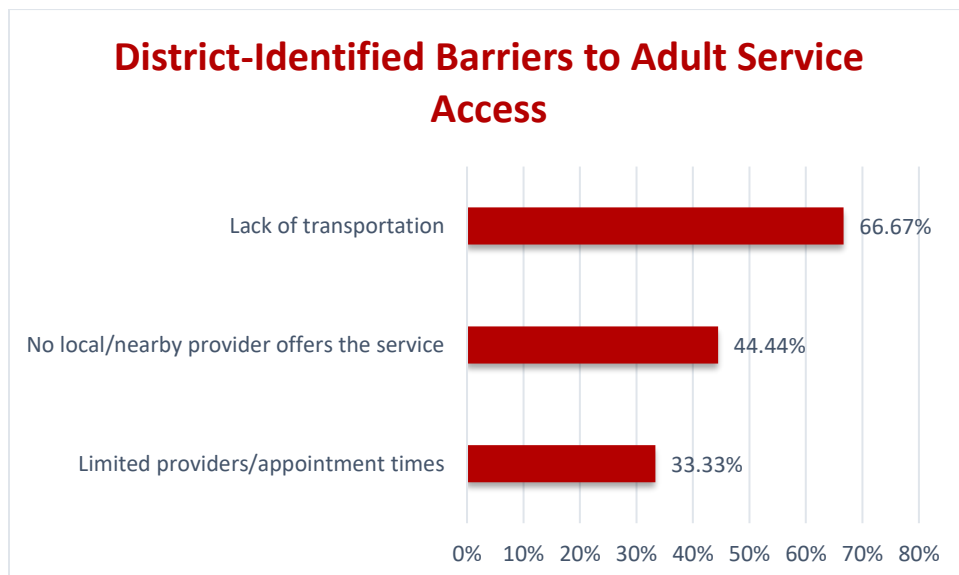
On the Needs Analysis Survey, a total of 14 district officers and management team members responded to the questions on adult service availability (out of 21 target staff members).

District respondents reported that Adult Evaluations were available with limited options or available within reasonable driving distance. Notably, 55.56% of respondents answered “uncertain” regarding availability of Sex Offense-Specific Polygraph Examinations.

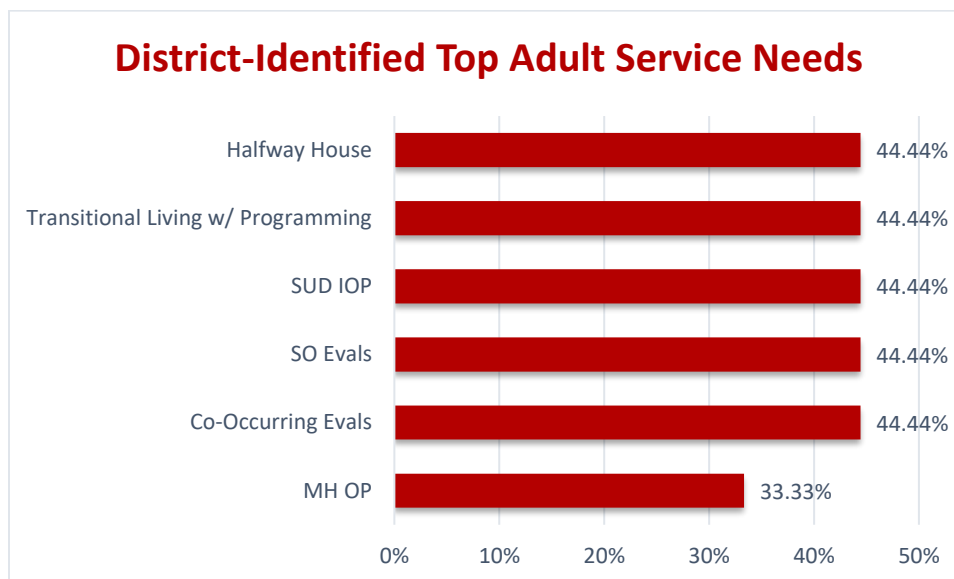
District respondents also reported that Adult Treatment services were available with limited options, or, for Short-Term Residential treatment, available within a reasonable driving distance.

For Supportive Services (Non-Treatment), a plurality of respondents indicated all levels of Transitional Living services were available within reasonable driving distance (44.44% for each) with the rest of the responses split between limited options, uncertain or not available.

From the survey, the biggest barriers to accessing needed services were as follows:



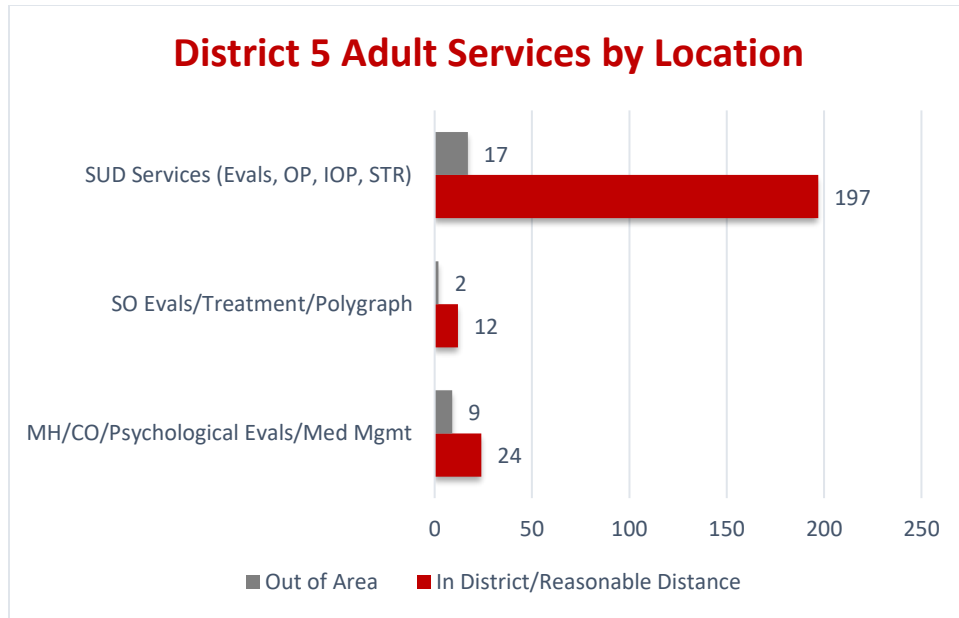
District respondents identified the following as their top adult service needs:



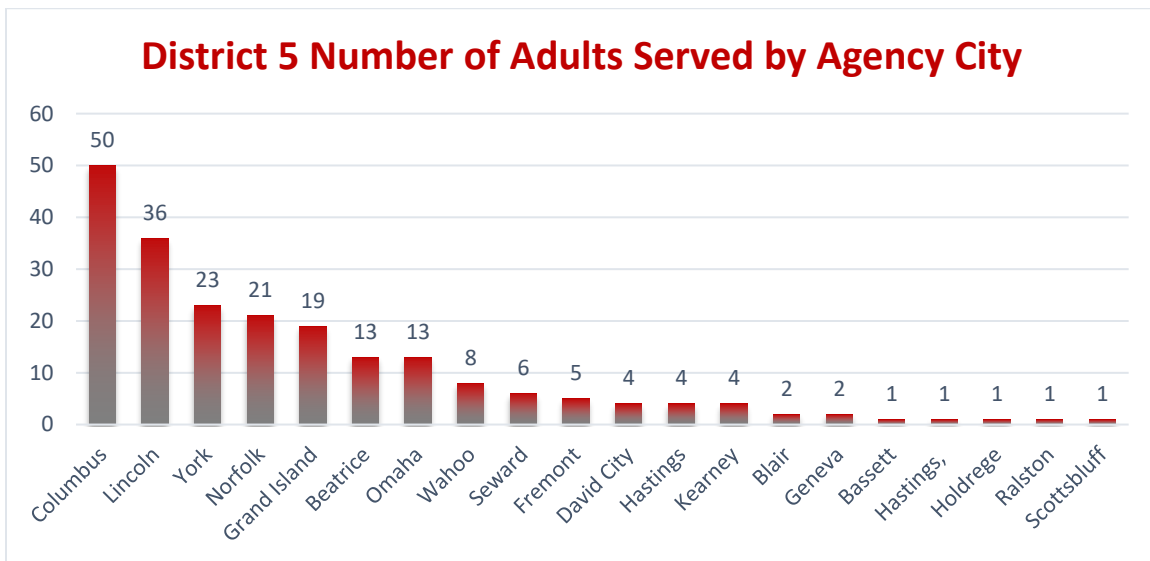
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top service needs: Sex Offense-Specific Evaluations, Sex Offense-Specific Treatment, Medication Management, Substance Use Intensive Outpatient (IOP), interpreters/multilingual providers and transportation. District management staff also stated the current system of locating providers “isn’t user-friendly” and voiced a need for an easier method of locating nearby providers when making referrals. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved adults in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved adults accessed the services identified above.



#### Recommendations

In considering the information in the charts above, it appears justice-involved adults have largely been able to access services in the district or within a reasonable distance (such as an adjacent county). District officers and managers both identified Sex Offense-Specific Evaluations and SUD IOP as top needs. In 2019, zero of the district's justice-involved adults accessing a Sex Offense-Specific Evaluation using Probation funding obtained the service in the district; however four of the five adults obtained the service in an immediately-adjacent county. If enhanced recruitment efforts by District Management, Rehabilitative Services and the AOC's Domestic Violence Programs and Services Specialist are not successful, AOC should consider the feasibility of reimbursing a provider for time to travel to the

district on the occasions this service is needed. District managers also identified sex offense-specific treatment as a top need, so provider recruitment should target both evaluators and clinicians willing to provide ongoing treatment services.

SUD IOP was identified as another top need, both on the survey and in the management meetings. In 2019, all 44 justice-involved adults accessing probation funding for SUD IOP obtained the service in the district or in an immediately-adjacent county; however, with the top adult barriers being transportation and no local/nearby providers offering the service, it is likely that this service is a prime target for both traditional service expansion (hours and locations) as well as for teleservices. Co-Occurring Evaluations and Treatment, Mental Health Outpatient, and Medication Management were other top needs. For each of the needed services identified, the Chief Probation Officer should initiate candid discussions with existing providers about the service needs and barriers of justice-involved adults to identify opportunities for expanded hours or service locations. Should existing providers be unable to expand access to these services, the Chief Probation Officer should partner with Rehabilitative Services to share identified needs with a broader audience of Registered Service Providers to coordinate teleservice options for these services.

District 5 also identified Transitional Living with Programming and Halfway Houses as needs; the Chief Probation Officer should maintain contact with the AOC's Transitional Living Specialist about specific district needs to ensure they are incorporated in ongoing expansion plans for Transitional Living. Additionally, because of the behavioral health component of Halfway Houses, Rehabilitative Services should also assist in promoting Halfway House service expansion. Transportation was another identified need. As with other districts, officers should be reminded about availability of transportation services using Reporting Center funding. AOC may also need to consider the feasibility of allocating additional funding for adult transportation services to ensure ongoing service access.

## **Juvenile Service Availability**

### **District Surveys of Juvenile Service Availability**

On the Needs Analysis Survey, a total of 11 officers and management team members responded to the questions on juvenile service availability (out of 16 target staff members).

District respondents reported that Juvenile Evaluations were mostly available, either with limited options or within reasonable driving distance.

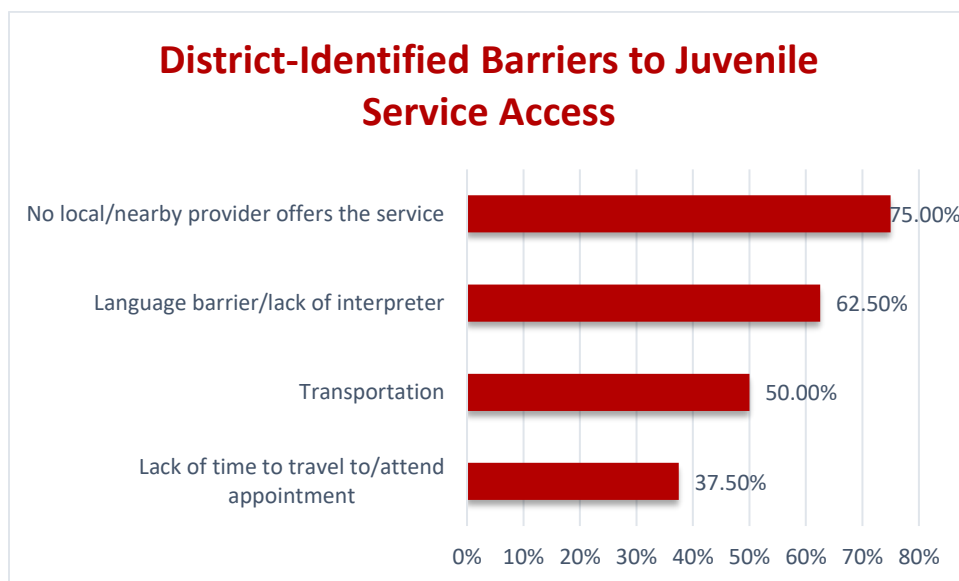
District respondents reported Juvenile Treatment services were somewhat available with limited options or within reasonable driving distance. Services not available locally or within a reasonable distance were Day Treatment (42.86%), Psychiatric Residential Treatment Facility (PRTF) (37.50%) and Mental Health Intensive Outpatient Counseling (IOP) (37.50%). A majority of respondents answered "uncertain" regarding the availability of numerous juvenile treatment services, including Partial Hospitalization, Community Treatment Aide (CTA), Substance Use Partial Care (62.50%), Day Treatment (57.24%) and Functional Family Therapy (FFT) (50.00%).

For Supportive Services (Non-Treatment), respondents reported limited availability overall. Services available with limited options included General Education Classes, Family Support, Intensive Family Preservation (IFP), Employment Placement and Transportation. A majority of respondents reported no

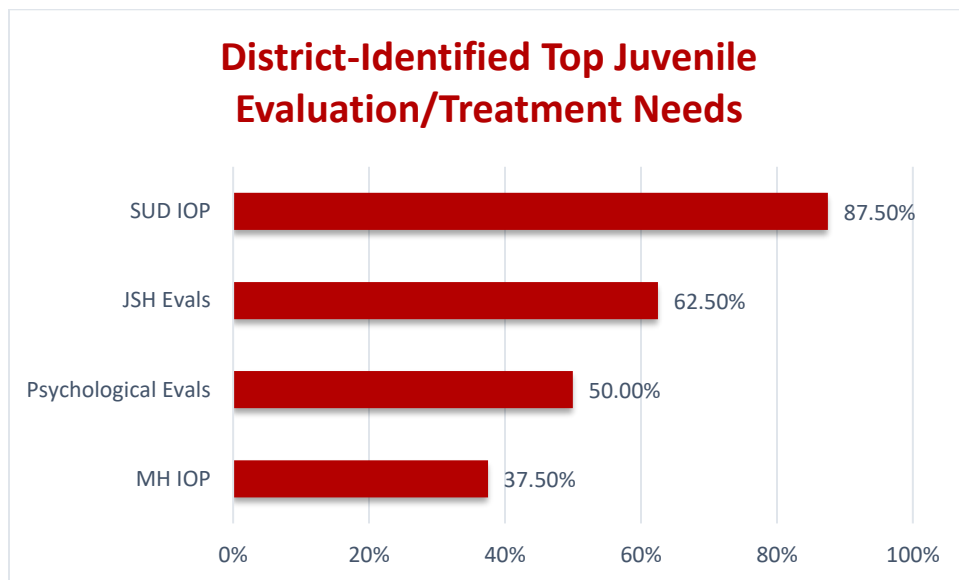
availability locally or within a reasonable driving distance for Day Reporting, Ecological In-Home Family Treatment (EIHFT) and Evening Reporting. A majority of respondents (50% or more) also indicated uncertainty as to the availability of Case Managed Tutoring, Justice Wraparound Program/Wraparound services, Expedited Family Group Conference and Family Partner.

On the survey, respondents reported Out-of-Home Placement services mostly available within a reasonable distance or available locally with limited options. Maternity Group Home-Parenting stood out with 71.43% of respondents answering “uncertain” as to service availability.

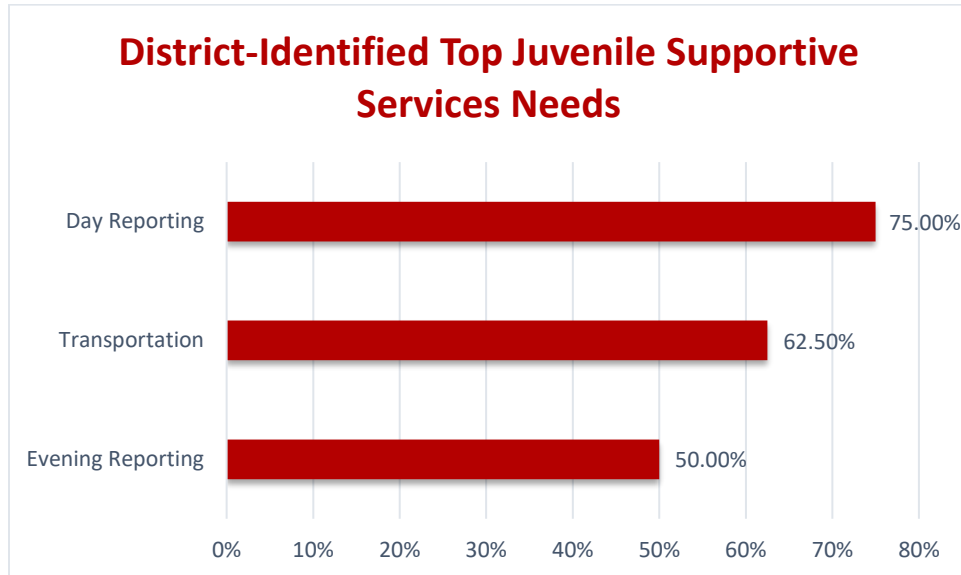
From the survey, the biggest barriers to accessing needed services were as follows:



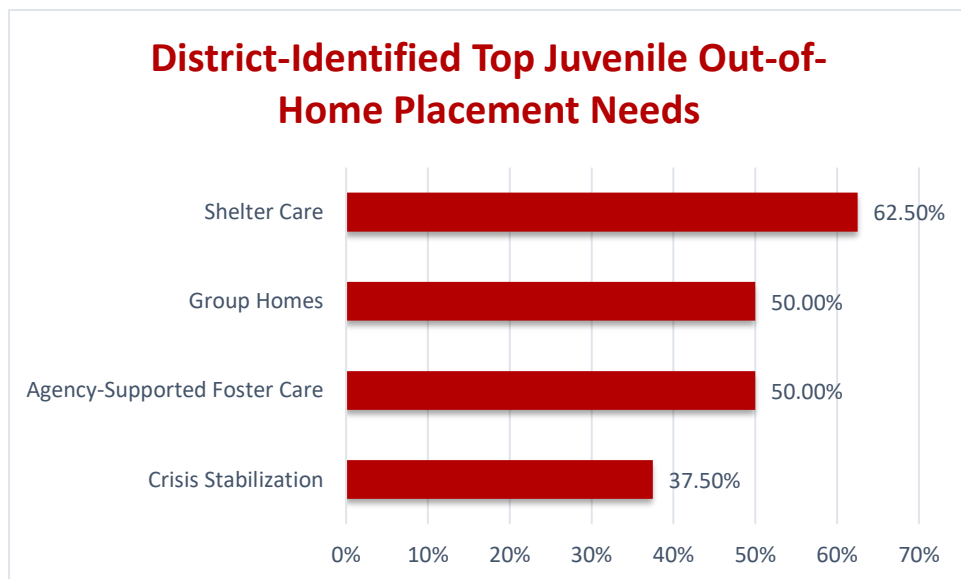
District respondents identified the following as their top Juvenile Evaluation/Treatment needs:



District respondents identified the following as their top Juvenile Supportive Services needs:



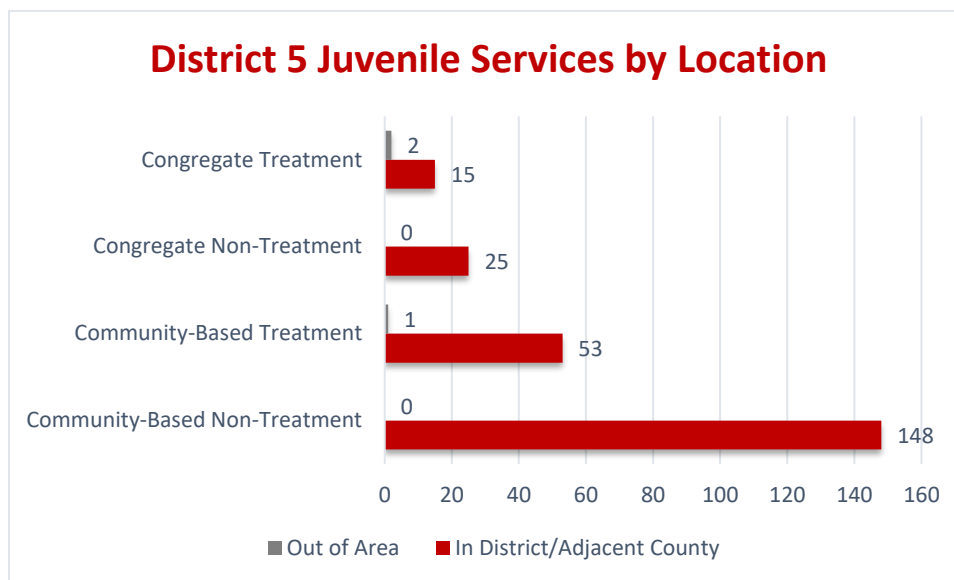
District respondents identified the following as their top Juvenile Out-of-Home Placement needs:



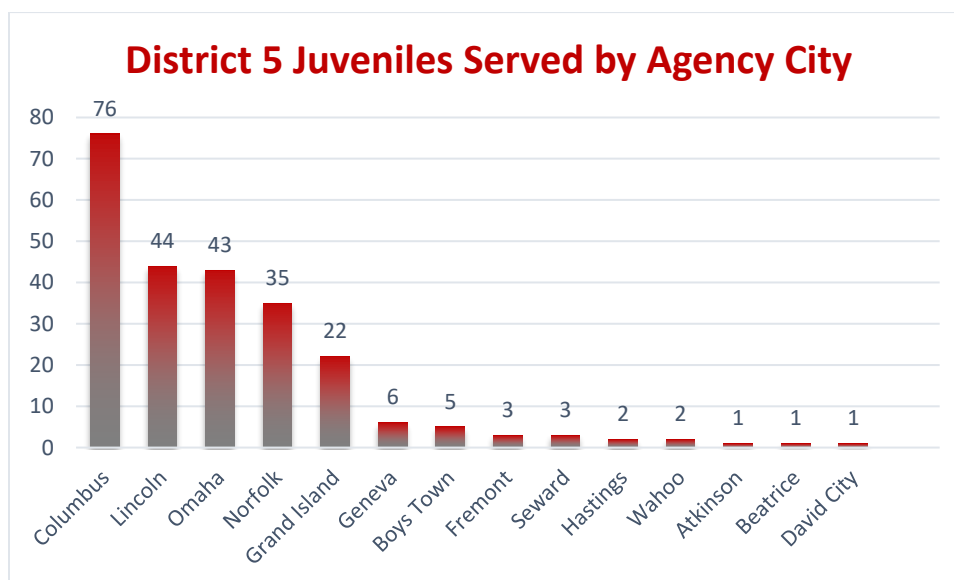
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top Juvenile service needs: Juveniles who Sexually Harm Evaluations, Juveniles who Sexually Harm Treatment, Substance Use Intensive Outpatient (IOP), interpreters/multilingual providers and transportation. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need.

### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved youth in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved youth accessed the services identified above.



In 2019, 11 youth from District 5 used Probation vouchers for foster care services through agencies based in Omaha, Lincoln and Grand Island.

## Recommendations

In considering the information in the charts above, it appears justice-involved youth in District 5 were able to access services in the district or in an immediately-adjacent county almost exclusively; however, the top barriers were not having a local/nearby provider, transportation and lack of time to travel to and from appointments, so there are still barriers even if youth are ultimately obtaining services in or next to the district. Officers and district management both identified JSH Evaluations as a top need. As these are not appropriately conducted using teleservices, the Chief Probation officer should initiate service expansion discussions with existing registered providers in the district, both about expanding evaluations they currently complete or about the benefit of additional agency staff becoming registered for JSH evaluations and treatment; this should complement ongoing efforts by the AOCP's Domestic Violence Programs and Services Specialist and Rehabilitative Services to continue expanding access to these services statewide. The same is true with the Chief Probation Officer discussing medication management expansion with providers in conjunction with work Rehabilitative Services and the Juvenile Services Division are doing to expand access to medication management statewide. JSH treatment and medication management can also be provided via teleservices; if directed expansion discussion in the district and AOCP's efforts are not fruitful, the Chief Probation Officer should work with Rehabilitative Services to share these needs with a broader audience of Registered Service Providers to coordinate teleservice options.

Psychological Evaluations also emerged as a need on the survey; of the eight district youth accessing Psychological Evaluations using Probation funding in 2019, three received the service in the district and the other five received the service in an immediately-adjacent county. Due to the level of utilization, AOCP should consider the feasibility of reimbursing psychologists for travel time to increase willingness of providers to travel within the district (or from a nearby district) on the occasions this service is needed and the youth of family lack the transportation necessary to access these appointments in a timely manner. SUD IOP and MH IOP were another need identified on the survey; MH IOP is not a widely available or utilized service across the state and the three district youth accessing SUD IOP received the service in an immediately-adjacent county. AOCP should continue researching appropriateness and effectiveness of both MH and SUD IOP for justice-involved youth to determine whether expansion efforts are best targeted at IOP (nine or more hours of service each week) or a less-intensive Outpatient treatment option.

Day and Evening Reporting were identified as needs in the survey and the four district youth receiving the services accessed them in Lincoln (an immediately-adjacent county). It is unknown if there are sufficient youth in the district in need of this service for a provider to sustain a service or if the services aren't recommended because they are not readily available; district officers and management should coordinate with AOCP to gather additional information about the ongoing needs for Day and Evening Reporting to determine appropriate service expansion priorities or whether alternate services should be investigated. Officers and Managers also identified transportation as a need, despite it being available as a contracted service. As with other districts, this should be part of a larger AOCP conversation about the feasibility of allocating additional funding for transportation services or considering alternate transportation mechanisms (such as dedicated staff members) to ensure consistent service access for justice-involved youth.

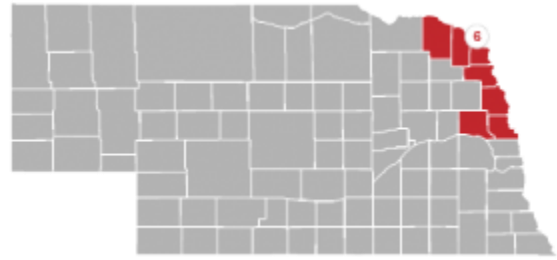
Crisis Stabilization, Group Homes and Shelter Care were also identified as needs based on the survey. None of the District 5 youth using probation funding to access these congregate non-treatment services received the service in the district; however, all received these services in a variety of immediately-



adjacent counties. The Chief Probation Officer should work with the AOC's Juvenile Services Division to begin gathering additional data on district need that AOC can share with community-based providers weighing their own expansion options. Lastly, based on the number of "uncertain" responses for a variety of juvenile services, the Chief Probation Officer should invite AOC staff from Rehabilitative Services and the Juvenile Services Division to attend a future staff meeting to update officers on juvenile service definitions and availability of services so officers are aware of all possible referral options.

## District 6

District Six is comprised of the following counties: Burt, Cedar, Dakota, Dixon, Dodge, Thurston, and Washington.



### Adult Service Availability

#### District Surveys of Adult Service Availability

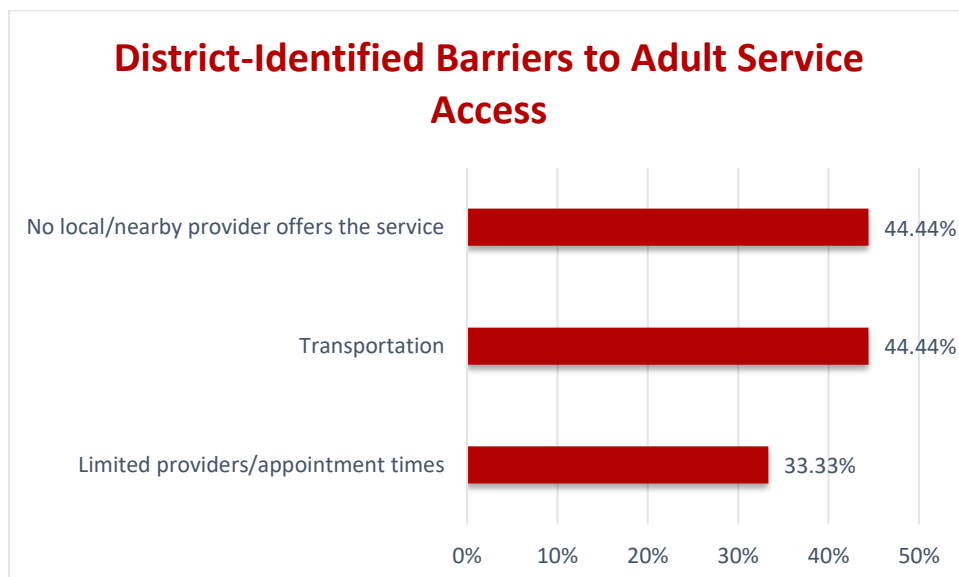
On the Needs Analysis Survey, a total of 18 officers and management team members responded to the questions on adult service availability (out of 20 target staff members).

District respondents reported that Adult Evaluations were mostly available with limited options or within a reasonable driving distance. A majority of respondents answered “uncertain” regarding the availability of Sex Offense-Specific Polygraph Evaluations (61.11%) and Initial Diagnostic Interviews (with medication prescribers) (50%).

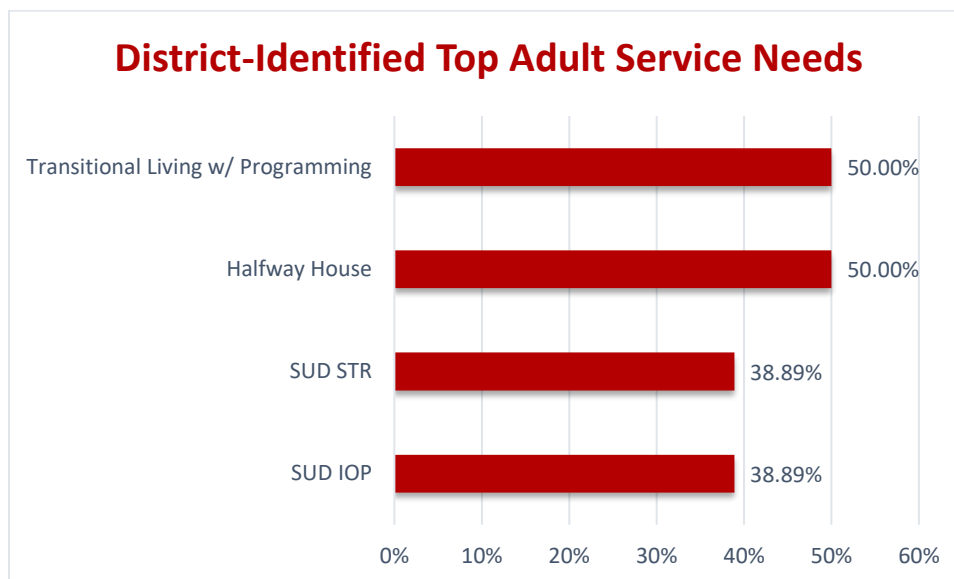
District respondents also reported that Adult Treatment services were mostly available with limited options, or, for Short-Term Residential (STR), within a reasonable driving distance.

For Supportive Services (Non-Treatment), respondents reported that all levels of Transitional Living services are mostly available locally with limited options or within a reasonable driving distance.

From the survey, the biggest barriers to accessing needed services were as follows:



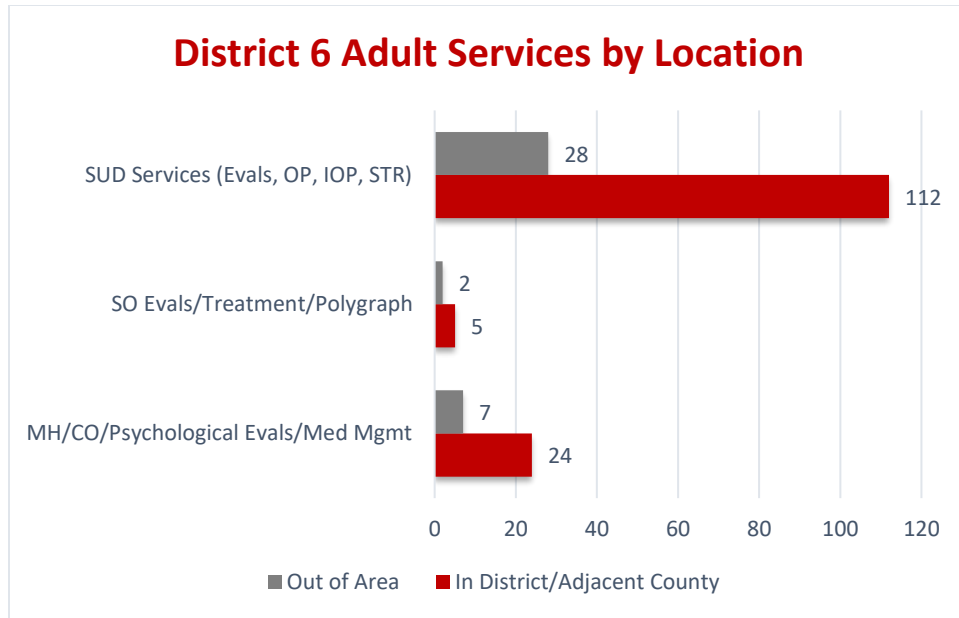
District respondents identified the following as their top adult service needs:



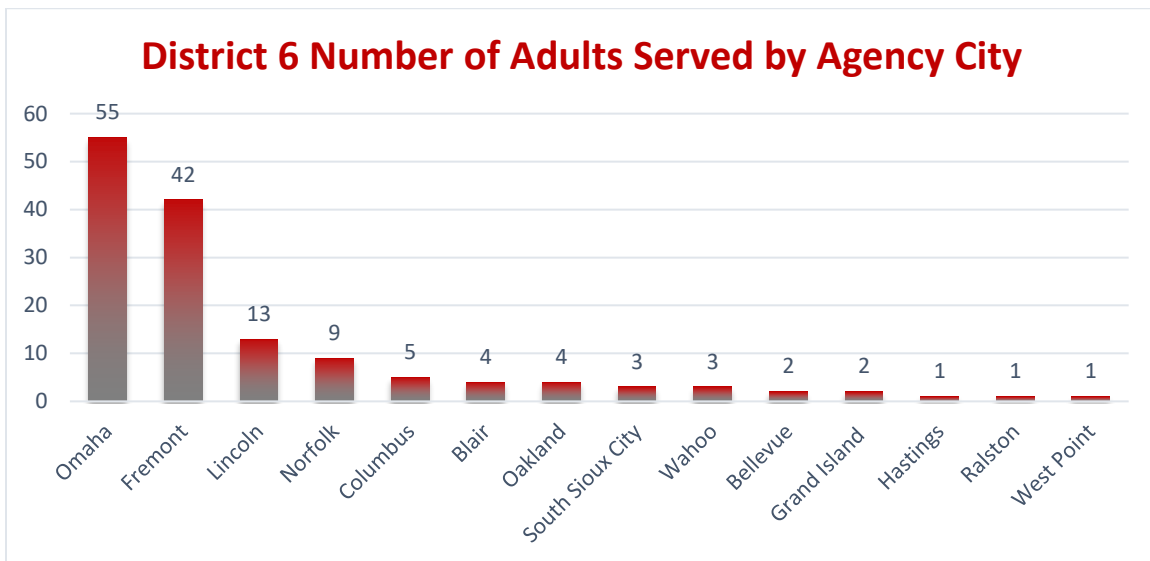
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top service needs: Short-Term Residential (STR), Psychological Evaluations, Sex Offense-Specific Evaluations, Interpreters and Transportation. Management staff indicated that transportation to appointments can be an ongoing difficulty for rural clients and stated that STR waitlists can get “terrible,” occasionally taking more than a month for a client to admit to a treatment facility. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved adults in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved adults accessed the services identified above.



### Recommendations

In considering the information in the charts above, it appears justice-involved adults have largely been able to access services in the district or within a reasonable distance (such as an adjacent county). District officers and managers both identified SUD STR as a top need; of the 27 justice-involved adults using probation funding to access the service in 2019, it appears 18 were able to access the service in the district or in an adjacent county, with the other nine receiving services in Lincoln, Columbus and Norfolk. While needing to travel to enter an adult residential treatment facility is the current reality for a majority of Nebraska counties, the lengthy waitlists described by district management are concerning. The Chief Probation Officer, working with Rehabilitative Services, should develop a method to begin

tracking SUD STR referrals and waitlist times to collect factual data on the breadth and depth of this concern; the Chief Probation Officer and Rehabilitative Services can then determine appropriate next steps to address referral concerns with officers and providers alike. Additionally, this data can be helpful in discussions with providers if it demonstrates ongoing need for increased bed capacity.

Another need identified by district management was Psychological Evaluations; however, only one justice-involved adult from the district obtained a Probation-funded Psychological Evaluation in 2019, so this concern may not be as pressing as other district service needs. If there is a demonstrable increase in need for this service, and if access continues to be a concern, AOCPP could investigate the feasibility of compensating a psychologist for travel time to District 6 to increase service access. SUD IOP was also identified as a top need on the survey, though 21 of 22 individuals received this service in the district or in an immediately-adjacent county. Though this service appears to be available, its appearance as a top need on the survey may relate to concerns about transportation to attend appointments, especially as IOP generally consists of three groups each week. The Chief Probation Officer should initiate candid discussions with district providers about the service needs and barriers of justice-involved individuals to identify options for increasing access to SUD IOP. Should existing providers be unable to expand access to these services, the Chief Probation Officer should partner with AOCPP to share this need with a broader audience of Registered Service Providers to coordinate teleservice options for these services.

District 6 also identified Transitional Living with Programming and Halfway Houses as needs; the Chief Probation Officer should maintain contact with the AOCPP's Transitional Living Specialist about specific district needs to ensure they are incorporated in ongoing expansion plans for Transitional Living. Transportation was another management-identified district need; while officers should be reminded about existing Reporting Center funding available for adult transportation, AOCPP should investigate this need further and consider the feasibility of allocating additional funding for adult transportation services.

## **Juvenile Service Availability**

### **District Surveys of Juvenile Service Availability**

On the Needs Analysis Survey, a total of six (6) officers and management team members responded to the questions on juvenile service availability (out of 13 target staff members).

District respondents reported that Juvenile Evaluations were mostly available with limited options; however, 33.33% of respondents indicated Psychiatric Evaluations were not available locally or within a reasonable distance.

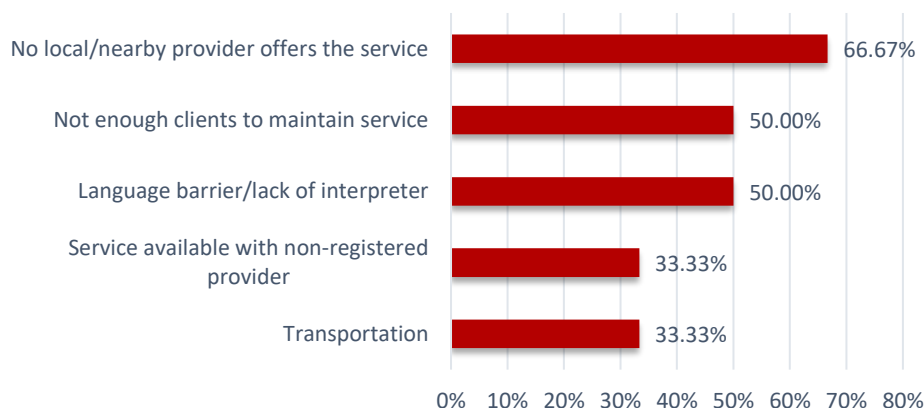
District respondents reported Juvenile Treatment services were mostly available with limited options or within a reasonable distance; however, one-third of respondents (33.33%) indicated no options available locally or within a reasonable distance for Acute Inpatient Hospitalization, Mental Health Intensive Outpatient (IOP), Partial Hospitalization and Therapeutic Group Homes. As with other districts, many respondents answered as "uncertain" regarding the availability of treatment services, with half or more of the respondents reporting uncertainty with Community Treatment Aide (CTA), Functional Family Therapy (FFT), Substance Use Partial Care and Day Treatment.

For Supportive Services (Non-Treatment), respondents reported most services were available with limited options or within a reasonable distance; the exception was Evening Reporting, with 66.67% of respondents indicating no availability locally or within a reasonable distance. There was also significant uncertainty with Supportive Services availability, with half or more respondents answering “uncertain” for Justice Wraparound Program/Wraparound Services, Employment Placement, Case Managed Tutoring, Ecological In-Home Family Treatment (EIHFT) and Family Partner.

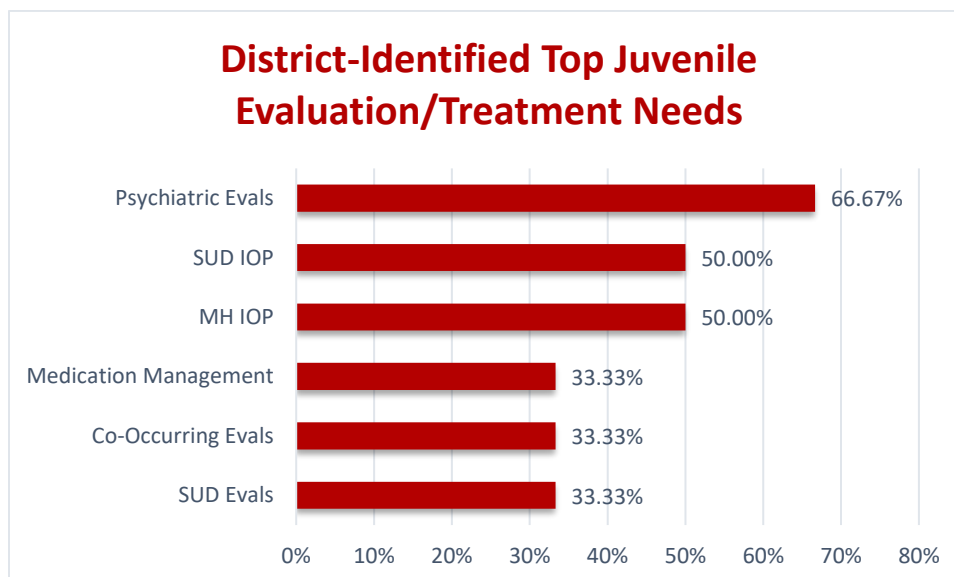
On the survey, respondents reported Out-of-Home Placement services were mostly available within a reasonable distance or available locally with limited options. Maternity Group Home-Parenting stood out with 50.00% of respondents answering “uncertain” as to service availability.

From the survey, the biggest barriers to accessing needed services were as follows:

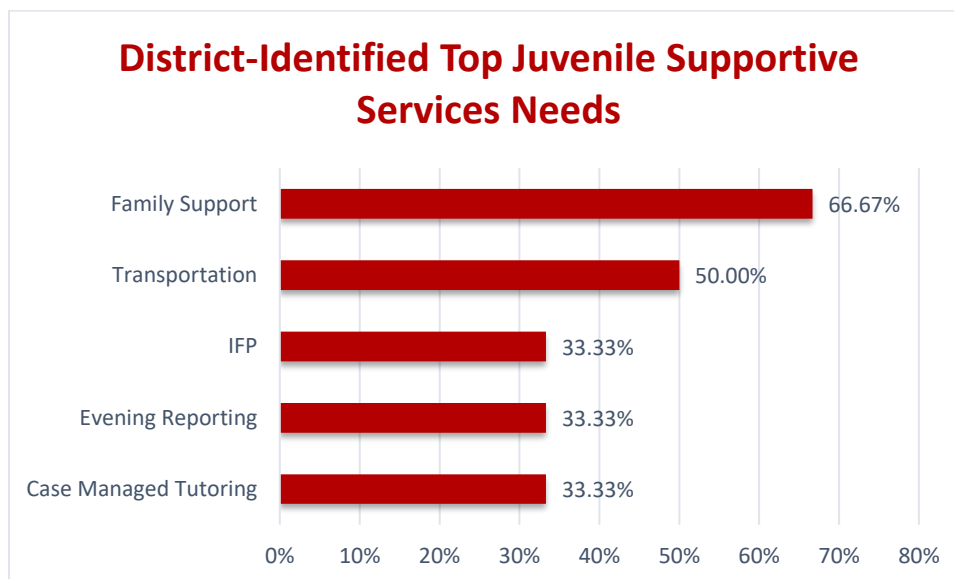
### District-Identified Barriers to Juvenile Service Access



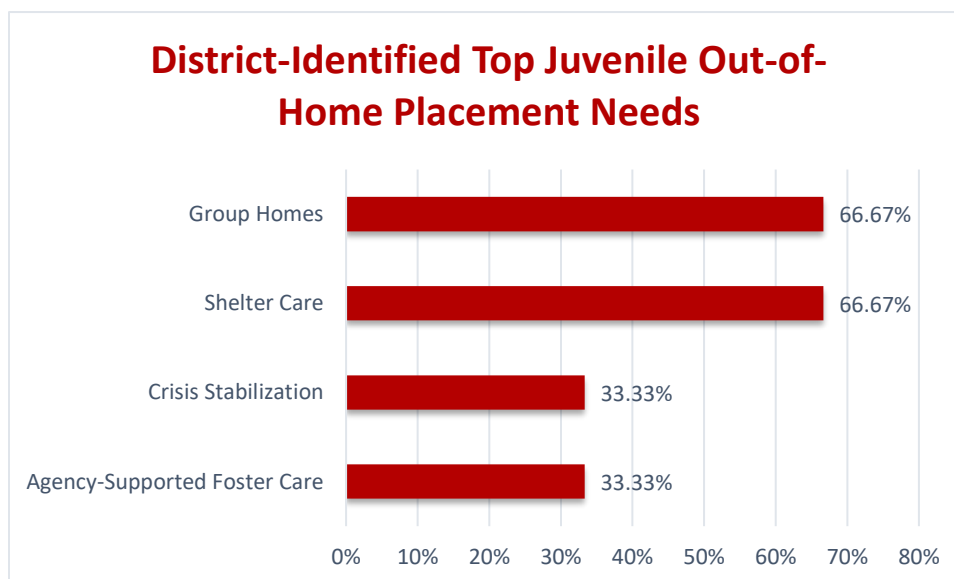
District respondents identified the following as their top Juvenile Evaluation/Treatment needs:



District respondents identified the following as their top Juvenile Supportive Services needs:



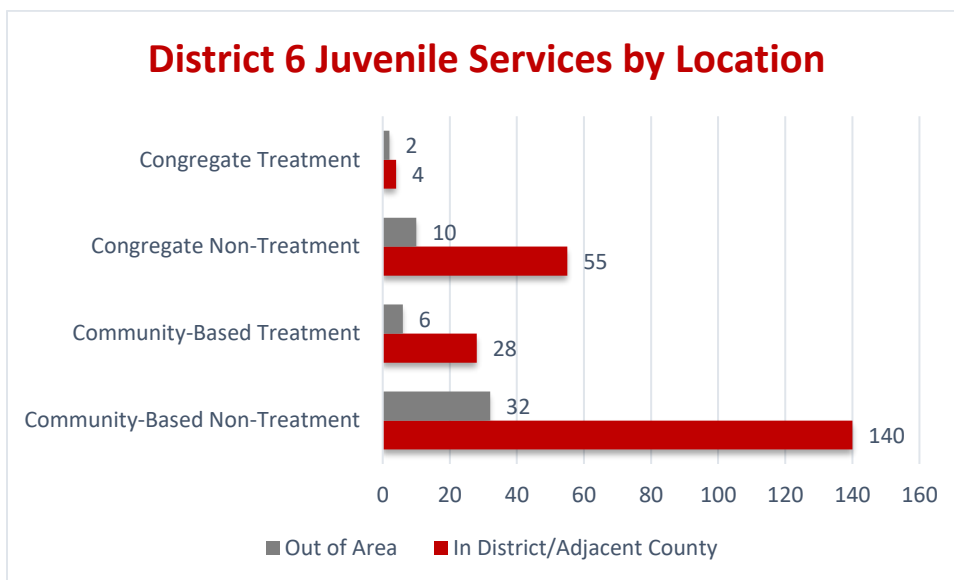
District respondents identified the following as their top Juvenile Out-of-Home Placement needs:



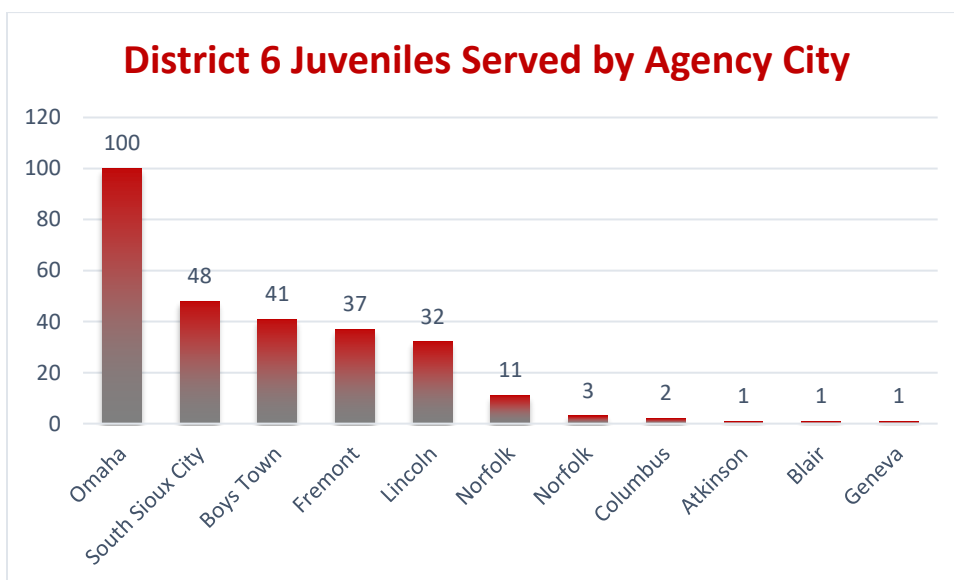
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top Juvenile service needs: Substance Use Intensive Outpatient. Management staff clearly singled this out as the biggest district-wide need, commenting that officers and providers can “make due” with Outpatient services, but something more intense is often needed. Management staff also identified transportation as an ongoing concern for youth and their families. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need.

### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved youth in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved youth accessed the services identified above.



In 2019, six youth from District 6 used Probation vouchers for foster care services through agencies based in Omaha, Lincoln and Boys Town.



### Recommendations:

In considering the information from the charts above, it appears justice-involved youth in District 6 were largely able to access services in the district or in an immediately-adjacent county. Approximately 18% of the youth using Probation funding for community-based non-treatment services did access those outside of the district; however, it is likely that at least some of these were accessed at the same time District 6 youth were in congregate care outside of the district. Officers and district management both identified SUD IOP as a top need, and it appears only one district youth accessed this service with Probation funding in 2019. AOCPP should continue researching appropriateness and effectiveness of SUD IOP for justice-involved youth to determine whether expansion efforts are best targeted at IOP (nine or more hours of service each week) or a less-intensive Outpatient treatment option that may offer more than one individual counseling session per week.

On the survey, other identified needs included SUD Evaluations, Co-Occurring Evaluations, Psychiatric Evaluations and Medication Management. For each of these services, the Chief Probation Officer should initiate candid discussions with district providers about the service needs and barriers of justice-involved youth to identify opportunities for increasing service access. Should existing Registered Service Providers be unable to expand access to these services, the Chief Probation Officer should partner with AOCPP to share identified needs with a broader audience of Registered Service Providers to coordinate teleservice options for these services. District 6 also identified needs related to Case-Managed Tutoring, Evening Reporting, Family Support and IFP; for these services, the Chief Probation Officer should work with the Juvenile Services Division to explore options for increasing access to supportive services across the district, either the needs identified by District 6 or related services that could still prove beneficial.

Regarding out-of-home placements, District 6 noted needs related to Crisis Stabilization, Group Homes and Shelter Care. Of the 65 youth accessing these congregate non-treatment services using Probation funding, all but 10 accessed them in the district or in an immediately-adjacent county, so district youth do seem to be accessing these services, even if not in their home communities. Foster care was another survey-identified need. For each of these out-of-home placements, the Chief Probation Officer should work with AOCPP's Juvenile Services Division to begin gathering additional data to help AOCPP accurately communicate district and statewide out-of-home placement needs to community-based providers. Officers and Managers also identified transportation as a need, despite it being available as a contracted service. As with other districts, the district-identified need for transportation should be part of a larger AOCPP conversation about the feasibility of allocating additional funding for transportation services or considering alternate transportation mechanisms (such as dedicated staff members) to ensure consistent service access for justice-involved youth.

## District 7

District Seven is comprised of the following counties: Antelope, Cuming, Madison, Knox, Pierce, Stanton, and Wayne.



### Adult Service Availability

#### District Surveys of Adult Service Availability

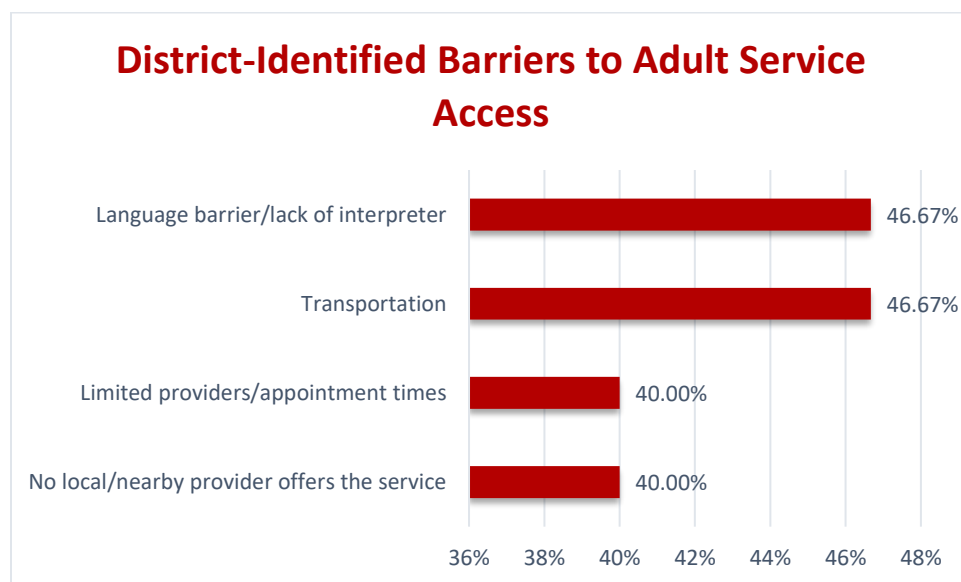
On the Needs Analysis Survey, a total of 16 officers and management team members responded to the questions on adult service availability (out of 16 target staff members).

District respondents reported that Adult Evaluations are generally available with many options or with limited options; however, 60.00% of respondents were “uncertain” about the availability of Sex Offense-Specific Polygraph Examinations.

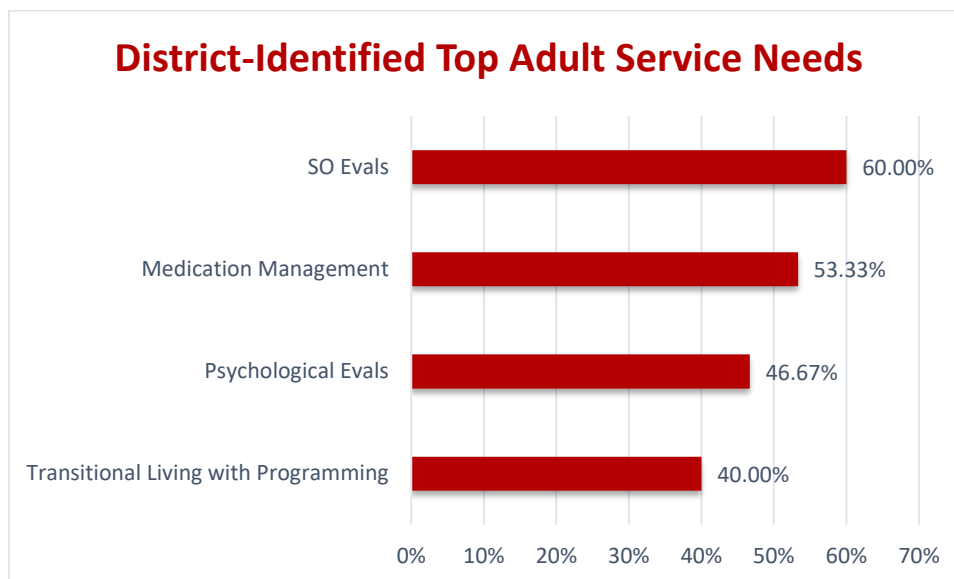
District respondents also reported that Adult Treatment services are available locally, either with many options or limited options.

For Supportive Services (Non-Treatment), respondents reported that all levels of Transitional Living services were available with limited options.

From the survey, the biggest barriers to accessing needed services were as follows:



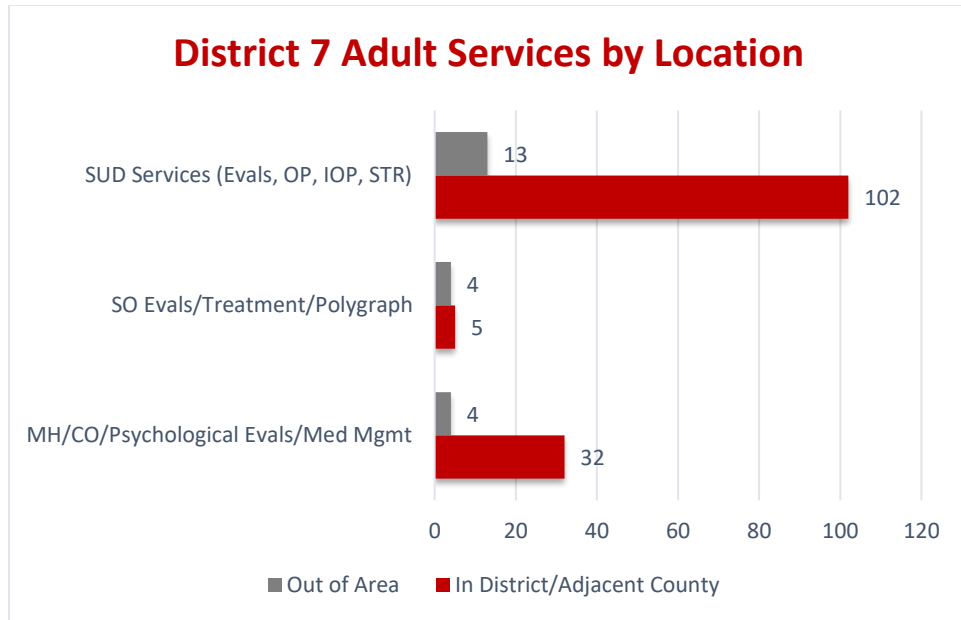
District respondents identified the following as their top adult service needs:



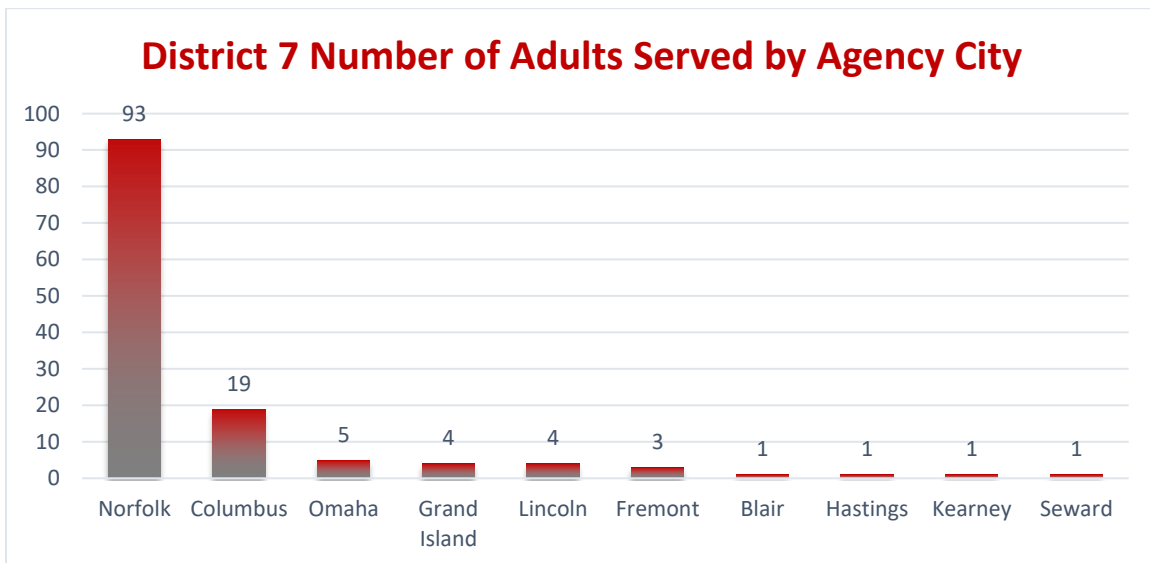
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top service needs: Transportation, Interpreters and Sex Offense-Specific Evaluations. Management staff reported that they generally have access to services across the district, with the exception of Knox County. Management staff also questioned if it would be possible to pay a higher rate for multi-lingual providers, as is done for Multisystemic Therapy (MST). Additionally, management staff stated that there is only one local provider for Sex Offense-Specific evaluations; while the service is available, accessing appointments can sometimes be a challenge. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved adults in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved adults accessed the services identified above.



#### Recommendations

In considering the information in the charts above, it appears justice-involved adults have largely been able to access services in the district or within a reasonable distance (such as an adjacent county). District officers and managers both identified a Sex Offense-Specific Evaluations as a top need; in 2019, two justice-involved adults from District 7 accessed these evaluations using Probation funding while one completed this evaluation in Omaha. Due to infrequent utilization, AOCF should explore options for funding provider travel time on the occasions this service is needed; doing so would promote increased provider flexibility and assist with bringing the service to the client. The survey responses also indicated Psychological Evaluations are a top need, though only four justice-involved adults accessed these

evaluations using Probation funding in 2019, all within the district. Similar to Sex Offense-Specific Evaluations, AOCF should consider funding provider travel time to make Psychological Evaluations available within the district in locations other than Norfolk.

Medication Management also emerged as a top need on the survey; for reference, Probation only began funding this service for adults in mid-2019, so the current pool of registered providers is still quite small. The Chief Probation Officer should initiate candid discussions with existing providers about the service needs and barriers of justice-involved adults and ensuring medication prescribers already seeing justice-involved adults are aware of Probation as a funding source. Concurrently, Rehabilitative Services, in conjunction with the Juvenile Services Division, should continue efforts to recruit additional medication prescribers statewide, both for in-person services as well as for teleservice options. District 7 also identified Transitional Living with Programming as a need; the Chief Probation Officer should maintain contact with the AOCF's Transitional Living Specialist about specific district needs to ensure they are incorporated in ongoing expansion plans for Transitional Living. Transportation was also an adult need identified by district management. AOCF should investigate this need further as multiple districts cited transportation for adults as a significant need; AOCF may need to consider the feasibility of allocating additional funding for adult transportation services to ensure justice-involved adults can access recommended, needed and court-ordered services.

## **Juvenile Service Availability**

### **District Surveys of Juvenile Service Availability**

On the Needs Analysis Survey, a total of six (6) officers and management team members responded to the questions on juvenile service availability (out of 10 target staff members).

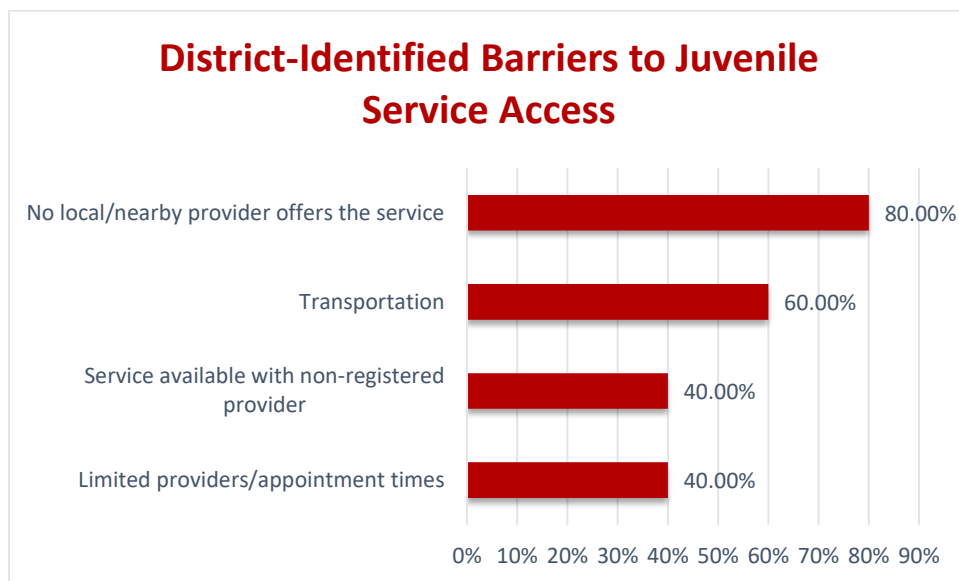
District respondents reported that Evaluations are available, either with many options or limited options to choose from.

District respondents reported Juvenile Treatment services are generally available, mainly with limited options or within reasonable driving distance. 40% of respondents did note, however, that Therapeutic Group Homes were not available.

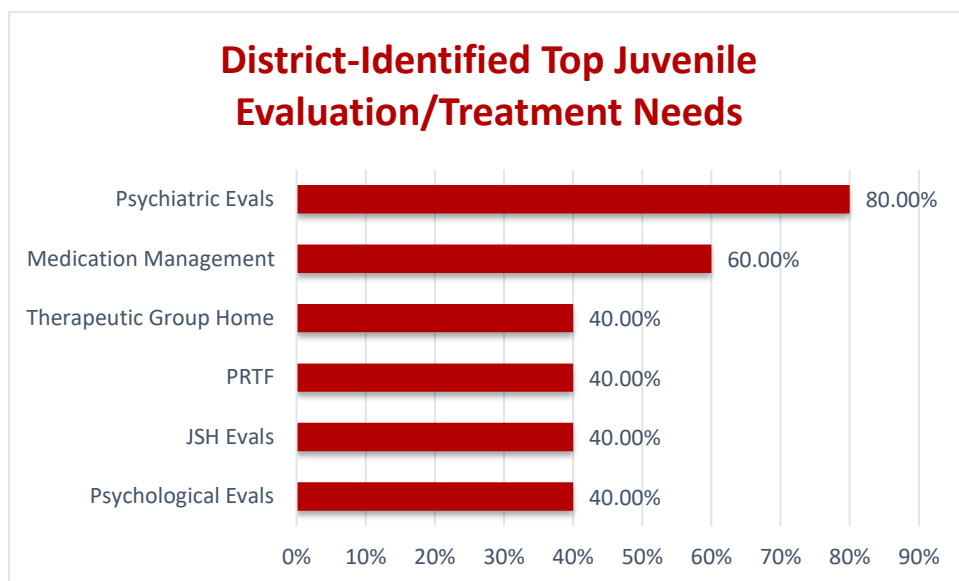
For Supportive Services (Non-Treatment), respondents reported general availability with limited options; however, multiple respondents answered "uncertain" to a number of supportive services, with more than half of respondents answering this way for Expedited Family Group Conference, Justice Wraparound Program/Wraparound services and Family Partner.

On the survey, respondents reported Out-of-Home Placement services were mostly available with limited options. Availability of Crisis Stabilization and Maternity Group Home-Parenting was not as clear, with 40% of respondents noting no availability with the remaining responses split among the other options.

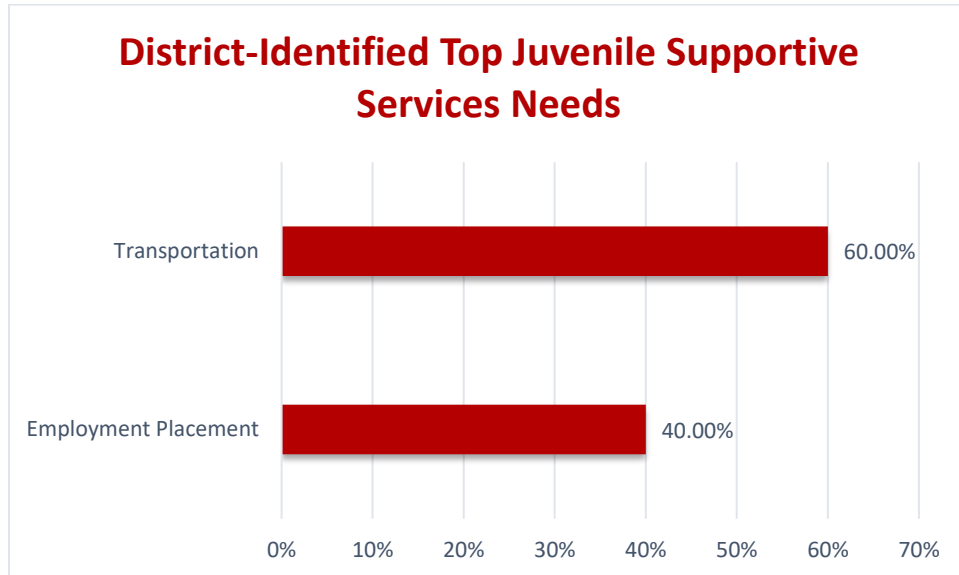
From the survey, the biggest barriers to accessing needed services were as follows:



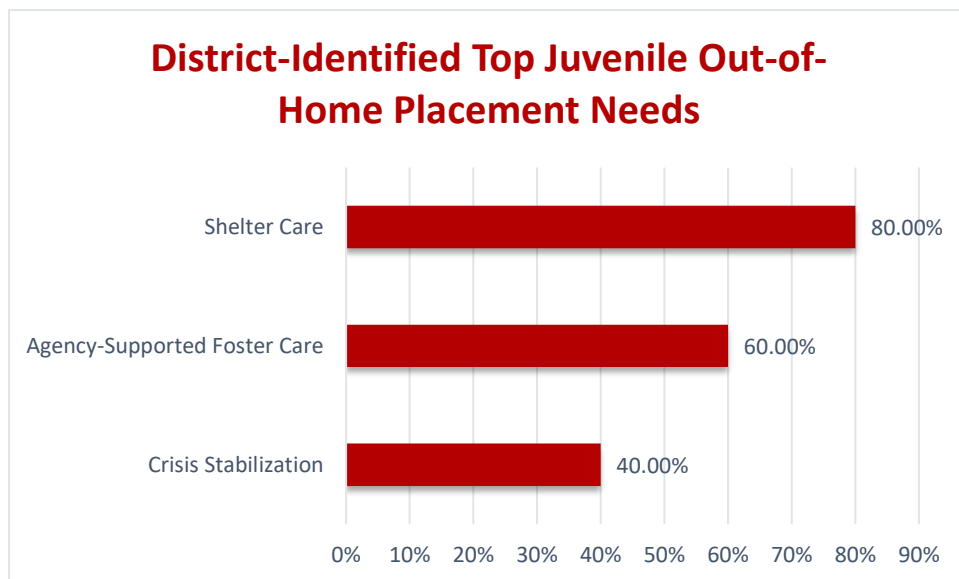
District respondents identified the following as their top Juvenile Evaluation/Treatment needs:



District respondents identified the following as their top Juvenile Supportive Services needs:



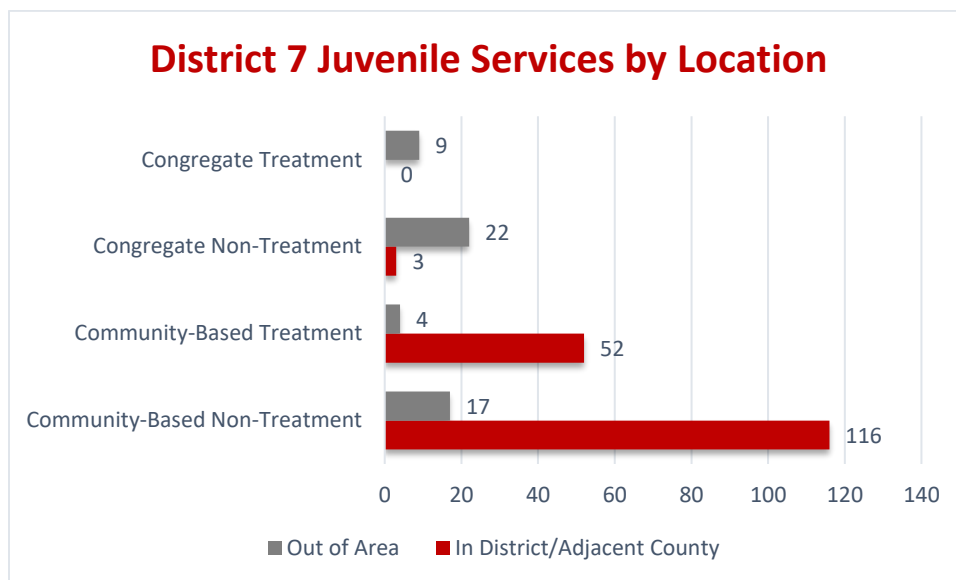
District respondents identified the following as their top Juvenile Out-of-Home Placement needs:



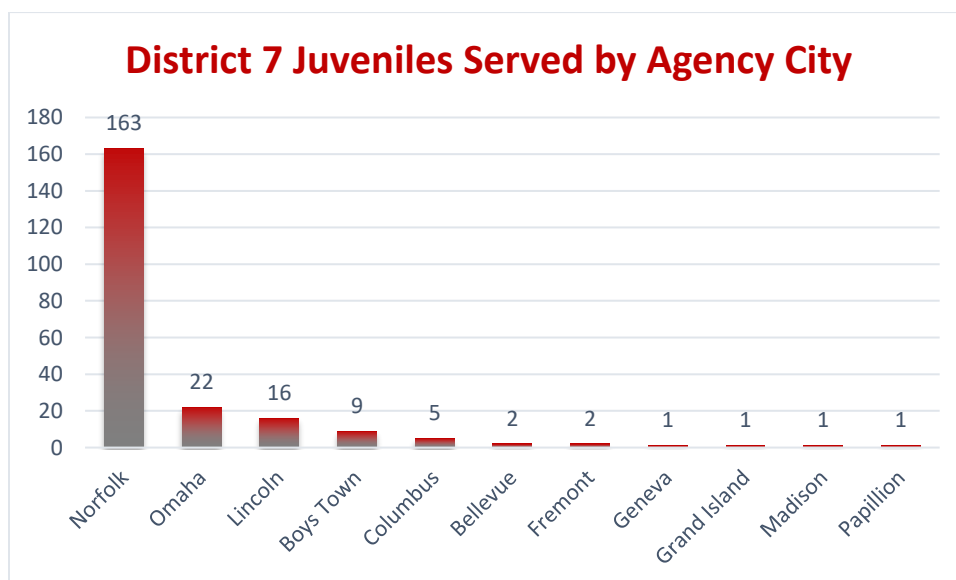
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top Juvenile service needs: shelter care for male youth and in-home rehabilitation for developmentally disabled youth. As with the adult services, management staff stated they can usually meet their needs with their existing providers, but serving individuals in Knox County remains challenging. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need.

### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved youth in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved youth accessed the services identified above.



In 2019, 10 youth from District 7 used Probation vouchers for foster care services through agencies based in Omaha, Lincoln, Norfolk and O'Neill.



## Recommendations

In considering the information in the charts above, it appears justice-involved youth have largely been able to access community-based services, both treatment and non-treatment, within the district or in adjacent counties; congregate treatment and non-treatment services, however, required travel outside of the district. On the district survey, the top evaluation/treatment needs identified included JSH Evaluations and Psychological Evaluations. In 2019 a total of three justice-involved youth accessed Probation funding to obtain in-district JSH evaluations, with none traveling outside of the district; two justice-involved youth obtained a Psychological Evaluation in the district while one obtained the evaluation in Lincoln. While District management reported they are generally able to meet their needs with existing providers, AOCPP should explore options for funding provider travel time on the occasions this service is needed to promote increased access, especially if an out-of-district provider is ever needed to complete these evaluations.

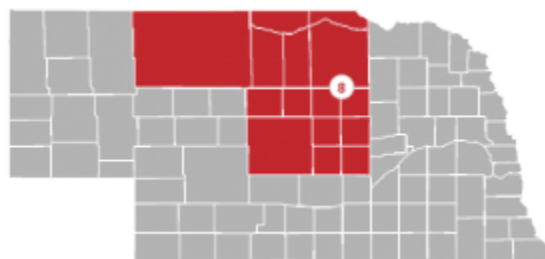
Psychiatric Evaluations and Medication Management were also top needs identified on the district survey; Rehabilitative Services, in partnership with the Juvenile Services Division, should continue efforts to recruit additional medication prescribers statewide, both for in-person appointments as well as for teleservice options. PRTF and Therapeutic Group Homes were another top need identified on the survey and the nine youth using Probation funding to access these services in 2019 traveled to Lincoln, Omaha and Boys Town. Due to these numbers, it is unlikely an in-district PRTF or Therapeutic Group Home would be sustainable. Other top needs identified in the survey were Foster Care, Crisis Stabilization and Shelter Care, with district management articulating that shelter care for males is a targeted need, as is in-home rehabilitation services for youth diagnosed with intellectual and developmental disabilities. A total of 25 district youth used Probation funding to access congregate non-treatment services with another 10 using Probation funds for foster care. As with congregate treatment services, these numbers spread out across multiple services don't necessarily mean multiple new congregate facilities are needed; however, ensuring access to these facilities, even outside of the district, is a priority. The Chief Probation Officer should partner with the AOCPP's Juvenile Service Division and Rehabilitative Services to track referrals and wait times in an effort to quantify need and determine if other barriers (such as transportation) are impeding youth accessing congregate services when needed.

Employment Placement was another need that emerged from the survey responses. Employment Placement has not frequently been funded by Probation in any judicial district and Probation last funded the service in 2018. The Chief Probation Officer should continue discussions with staff regarding opportunities for developing youth employment skills through services that exist in the district as well as through Probation's own Advanced Coaching for Excellence (AC4E) initiative; the AOCPP's RISE Officer (Recognizing Increased Skills in Education) could be an additional resource for continued staff development in this area. Transportation was also a need identified by district management. AOCPP should investigate this need further as multiple districts cited transportation for juveniles as a significant need, despite the service being contracted in each district; AOCPP may need to consider the feasibility of allocating additional funding for transportation services, or considering alternative transportation mechanisms (such as dedicated staff members) to ensure justice-involved youth can access recommended, needed and court-ordered services. Lastly, based on the number of "uncertain" responses for a variety of juvenile services, the Chief Probation Officer should invite AOCPP staff from Rehabilitative Services and the Juvenile Services Division to attend a future staff meeting to update officers on juvenile service definitions and availability of services so officers are aware of all possible referral options.

## **District 8**

District Eight is comprised of the following counties:

Blaine, Boyd, Brown, Cherry, Custer, Garfield, Greeley, Holt, Howard, Loup, Keya Paha, Rock, Sherman, Valley, and Wheeler.



### **Adult Service Availability**

#### **District Surveys of Adult Service Availability**

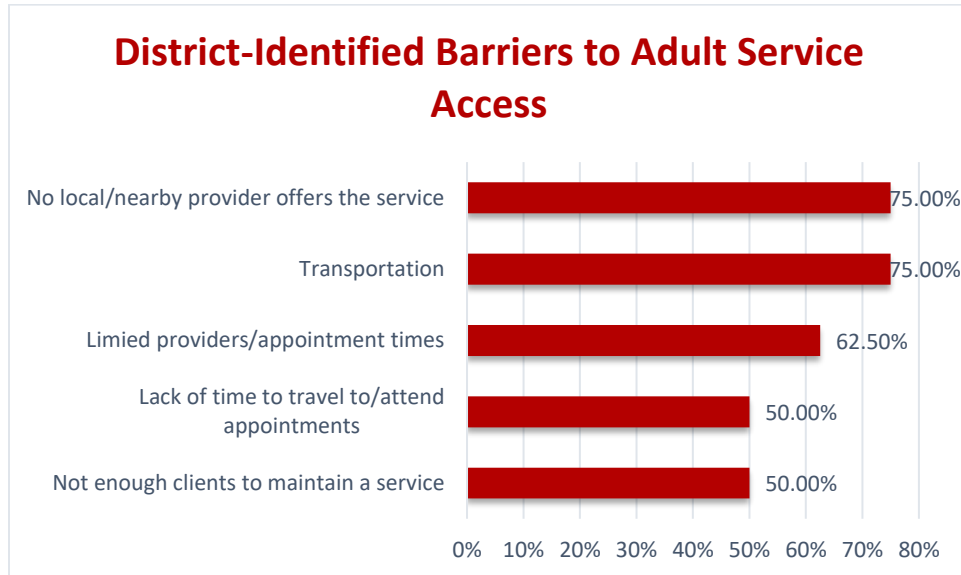
On the Needs Analysis Survey, a total of eight (8) officers and management team members responded to the questions on adult service availability [out of nine (9) target staff members].

District respondents reported that Adult Substance Use, Mental Health and Co-Occurring Evaluations and Initial Diagnostic Interviews (with medication prescribers) are generally available with limited options. Psychological Evaluations and Sex Offense-Specific Evaluations are generally available in a reasonable driving distance. Sex Offense-Specific Polygraph Examinations do not appear to be available, as half of the respondents answered “uncertain,” while the other half indicated there are no options available within a reasonable distance.

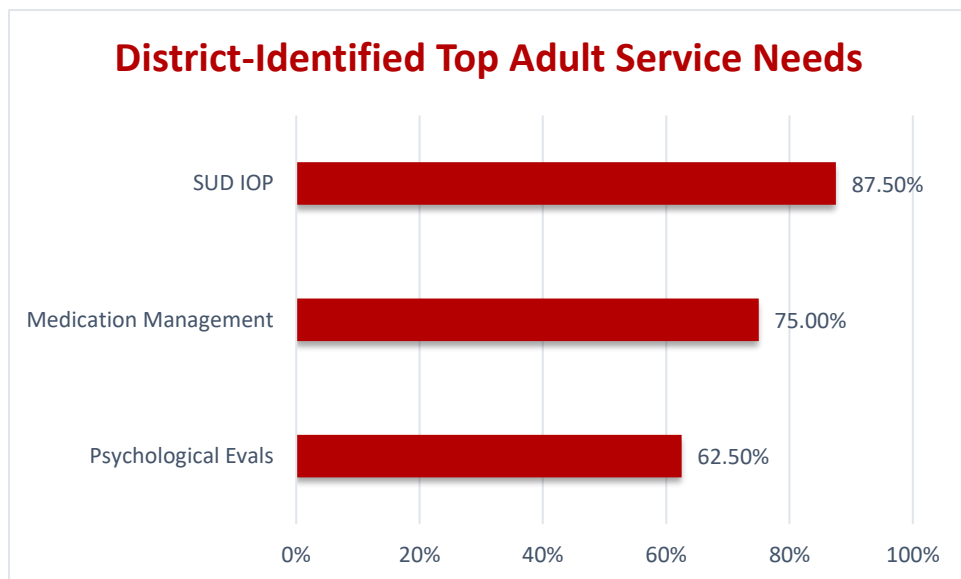
Regarding Adult Treatment Services, respondents indicated Mental Health and Substance Use Outpatient Counseling is generally available with limited options while Short-Term Residential (STR) and Medication Management are generally available with limited options or within a reasonable driving distance. Substance Use Intensive Outpatient (IOP) does not appear readily available in the district, with 75.00% of respondents indicating no options are available within a reasonable distance.

For Supportive Services (Non-Treatment), only a small number of respondents indicated availability of Transitional Living within a reasonable distance, with 75.00% identifying no options within a reasonable distance for Transitional Living without Programming and Transitional Living with Programming and 62.50% identifying no options within a reasonable distance for licensed Halfway Houses.

From the survey, the biggest barriers to accessing needed services were as follows:



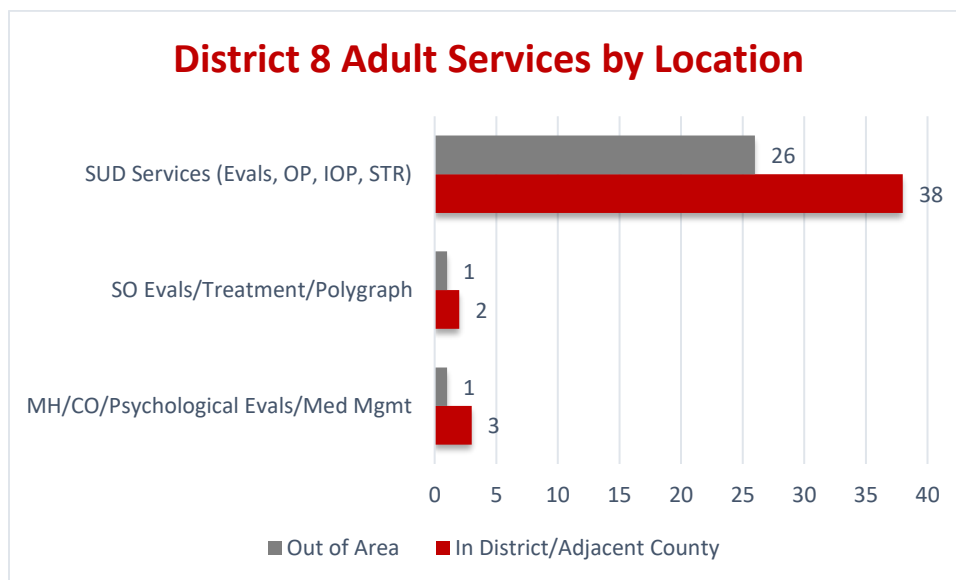
District respondents identified the following as their top adult service needs:



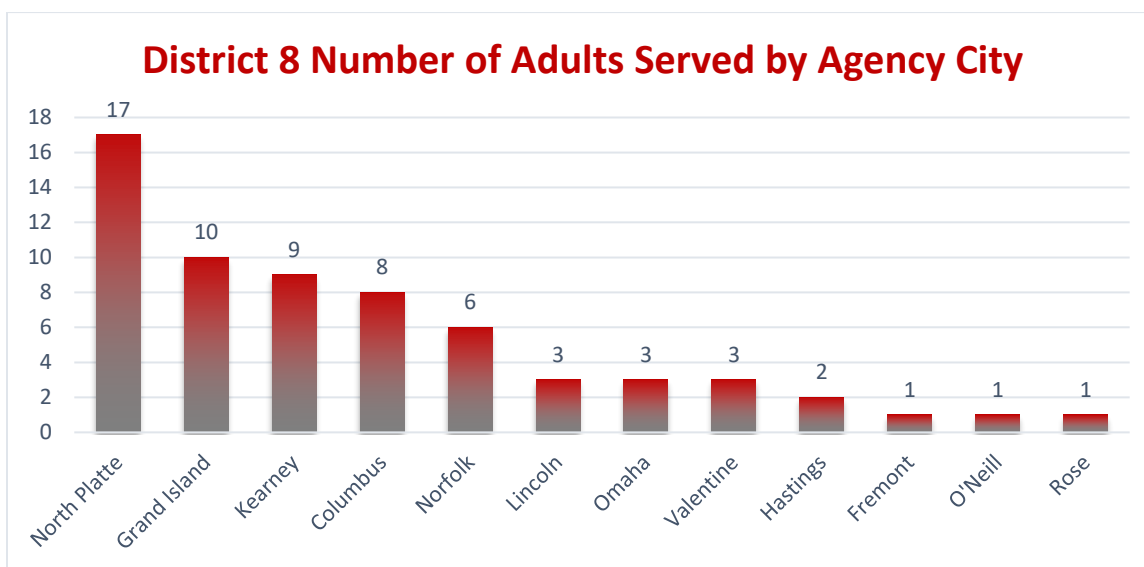
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top service needs: Psychological Evaluations, Sex Offense-Specific Evaluations, Sex Offense-Specific treatment, Substance Use Intensive Outpatient (IOP) and Transportation. Management staff stated there are no providers for Psychological Evaluations or Sex Offense-Specific services (evaluations and treatment), so individuals sometimes have to schedule appointments four-to-six weeks out and travel significant distances for the services. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need. They also stated that they have “always” had difficulty sustaining services across the district.

### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved adults in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved adults accessed the services identified above.



### Recommendations

In considering the information in the charts above, it appears justice-involved adults in District 8 do face challenges accessing services, due in large part to the sparse population and largely rural nature of the district. Survey respondents identified Psychological Evaluations as a top need, with management

confirming no in-district providers for Psychological Evaluations or for Sex Offense-Specific Evaluations. In 2019, no justice-involved adults from District 8 used Probation funding for a Psychological Evaluation while only one justice-involved adult used Probation funding for a Sex-Offense Specific Evaluation. Even if these numbers are outliers, they do speak to management's summary that they "always" have difficulty maintaining services. Due to the nature of these evaluations, teleservices options are not an appropriate recommendation. For these services, in particular, AOCP should explore options for paying providers for travel time to encourage bringing the services to the clients and avoiding some of the lengthy wait periods described by district management.

Other top needs identified through the survey and management meetings were SUD IOP and Sex Offense-Specific Treatment. A total of eight justice-involved adults accessed Probation funding for SUD IOP in 2019, while two justice-involved adults used Probation funding for Sex Offense-Specific Treatment; none of these services were provided in the district, but rather in population centers along the Interstate 80 corridor. Medication Management was another district-identified need, though Probation only began funding this service for adults in mid-2019 and the pool of registered providers is still rather small. For SUD IOP, Sex Offense-Specific Treatment and Medication Management, the Chief Probation Officer should partner with Rehabilitative Services to coordinate teleservice options. District management also spoke to a need for Transportation; AOCP should investigate this need further as multiple districts cited transportation for adults as a significant need. AOCP may need to consider the feasibility of allocating additional funding for adult transportation services to ensure justice-involved adults can access recommended, needed and court-ordered services.

## **Juvenile Service Availability**

### **District Surveys of Juvenile Service Availability**

On the Needs Analysis Survey, a total of three (3) officers and management team members responded to the questions on juvenile service availability [out of four (4) target staff members]. Due to the small number of juvenile respondents completing the survey, percentages are not referenced in this section.

District respondents reported that Evaluations are generally available, either with limited options or within a reasonable driving distance. One-third of respondents (one respondent) identified no providers within a reasonable distance for Psychological Evaluations, Psychiatric Evaluations and Juveniles who Sexually Harm Evaluations.

District respondents reported Juvenile Treatment services are somewhat available with limited options or within a reasonable driving distance, but access is heavily dependent on location.

For Supportive Services (Non-Treatment), respondents reported most were available with limited options or within reasonable driving distance aside from Day and Evening Reporting.

On the survey, respondents reported Out-of-Home Placement services were somewhat available with limited options or within a reasonable driving distance, though that reasonable distance.

From the survey, the biggest barriers to accessing needed services were as follows: no local/nearby provider offers the service and there are not enough clients for a provider to maintain the service.

District respondents identified the following as their top Juvenile Evaluation/Treatment needs: Psychological Evaluations and Juveniles who Sexually Harm Evaluations.

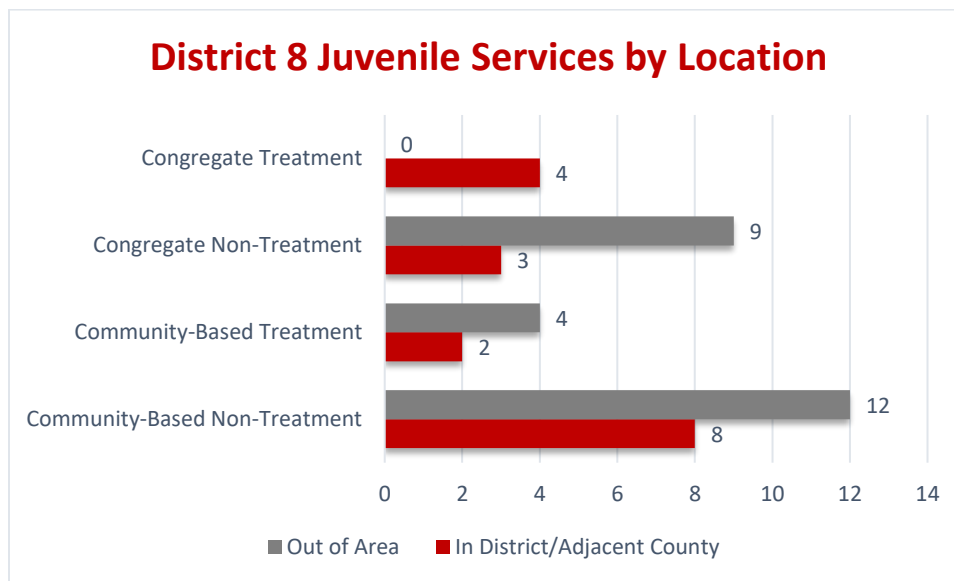
District respondents identified the following as their top Juvenile Supportive Services needs: Transportation, Day Reporting and Ecological In-Home Family Treatment (EIHFT).

District respondents identified the following as their top Juvenile Out-of-Home Placement needs: Shelter Care and Crisis Stabilization.

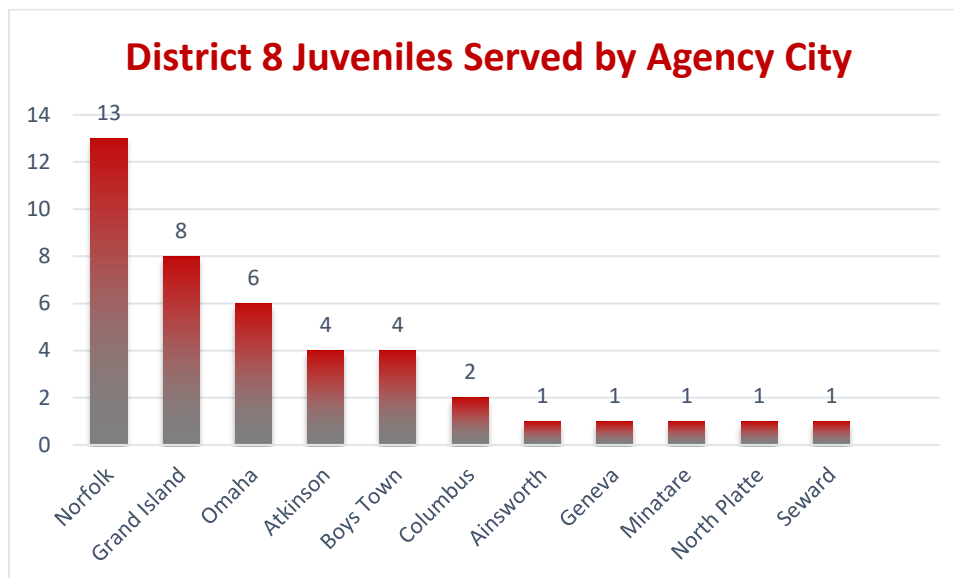
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top Juvenile service needs: Psychological Evaluations, Juveniles who Sexually Harm Evaluations, EIHFT, Day Reporting, Substance Use Intensive Outpatient (IOP), Transportation and Respite services. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need. They also stated that they have “always” had difficulty sustaining services across the district.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved youth in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved youth accessed the services identified above.



In 2019, eight youth from District 8 used Probation vouchers for foster care services through agencies based in Omaha, Lincoln, Norfolk and O'Neill.

### Recommendations

In considering the information from the charts above, it is clear that youth leave the district for Probation-funded services more frequently than they receive services in District 8. This is true for both treatment and non-treatment supportive services in both community-based and congregate settings. District management remarked that they have "always" had difficulty maintaining services due to the number of justice-involved youth and the sparse, rural nature of the district. From the survey and follow-up meetings, Psychological Evaluations and Evaluations for Juveniles Who Sexually Harm were two top needs; one justice-involved youth used Probation funding to access an out-of-district Psychological Evaluation in 2019 while no youth accessed Probation funding for a JSH Evaluation. Due to the lack of in-district providers, and the frequency with which they appear to be needed, AOCP should explore options for funding provider travel time on the occasions this service is needed to assist in bringing the service into the district and to the individual in need on a case-by-case basis.

District management also identified SUD IOP as a top juvenile service need, though no youth used Probation funding to access SUD IOP in 2019. As with other districts, it is difficult to know if IOP is not being used due to a lack of area providers or if a lack of a district youth consistently needing IOP would make sustaining a service unrealistic. To increase access to this service, the Chief Probation Officer should partner with Rehabilitative Services to coordinate teleservice options, while AOCP's Rehabilitative Services and Juveniles Services Division continue research on effective SUD interventions for justice-involved youth.

Officers and Management both identified EIHT as a top need; expansion of EIHT further into District 8 after the staff survey and management meeting may be helping to meet the district's needs. Day Reporting was another service need identified by both officers and management staff. In 2019, two

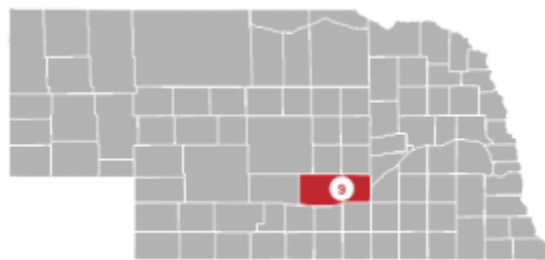
District 8 youth accessed Day Reporting using Probation funding; as these Day Reporting providers were located in Scottsbluff and Lincoln, it is likely this service was accessed when the youth were in out-of-home placements outside of the district. For this service, the Chief Probation Officer should candidly discuss the district's needs with district service providers, both registered and unregistered, to identify opportunities for Day Reporting or a similar service that may be appropriate. Additionally, the Chief Probation Officer should work with local school districts to discuss options to meet this community need. The Juvenile Services Division should also assist with recommendations for similar or substitute services that may be easier to implement than a full Day Reporting program.

Regarding Out-of-Home Placements, survey respondents identified Crisis Stabilization and Shelter Care as top needs; as only 12 youth in the district used Probation funding to access any level of Out-of-Home Placement in 2019, it is unlikely that brick-and-mortar facilities would have a client base to sustain residential services. The Chief Probation Officer should partner with the AOCP's Juvenile Services Division to track referrals for out-of-home placements in an effort to quantify ongoing need for these services and to ensure access remains available, even if the youth must leave the district.



## **District 9**

District Nine is comprised of Buffalo and Hall counties.



### **Adult Service Availability**

#### **District Surveys of Adult Service Availability**

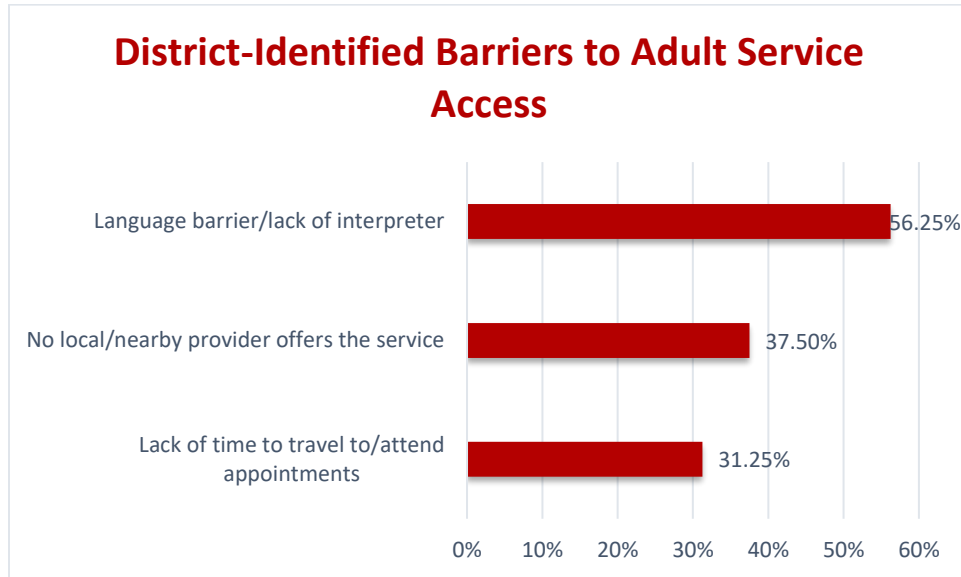
On the Needs Analysis Survey, a total of 20 officers and management team members responded to the questions on adult service availability (out of 32 target staff members).

District respondents reported that Adult evaluations are generally available, though sometimes with limited options and occasionally within a reasonable driving distance. The notable exception was Sex Offense-Specific Polygraph Examinations, as 68.75% of respondents were “uncertain” about service availability and 31.25% indicated there were no local or nearby options.

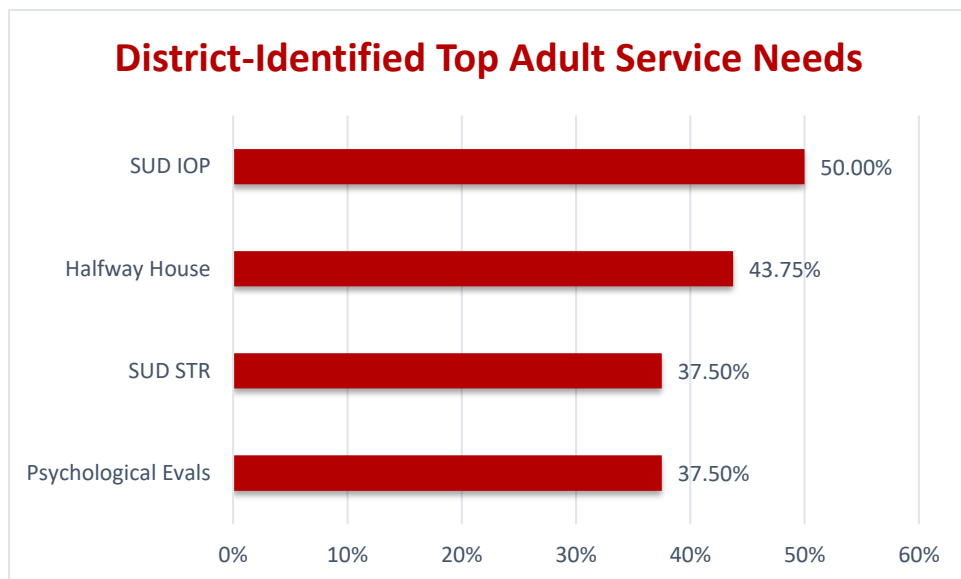
Regarding Adult Treatment Services, respondents indicated strong availability, either with many options to choose from or available with limited options. No respondents indicated treatment services were unavailable.

For Supportive Services (Non-Treatment), respondents indicated strongly (80% or higher) that all levels of Transitional Living were available with limited options, including Transitional Living without Programming, Transitional Living with Programming and licensed Halfway Houses.

From the survey, the biggest barriers to accessing needed services were as follows:



District respondents identified the following as their top adult service needs:

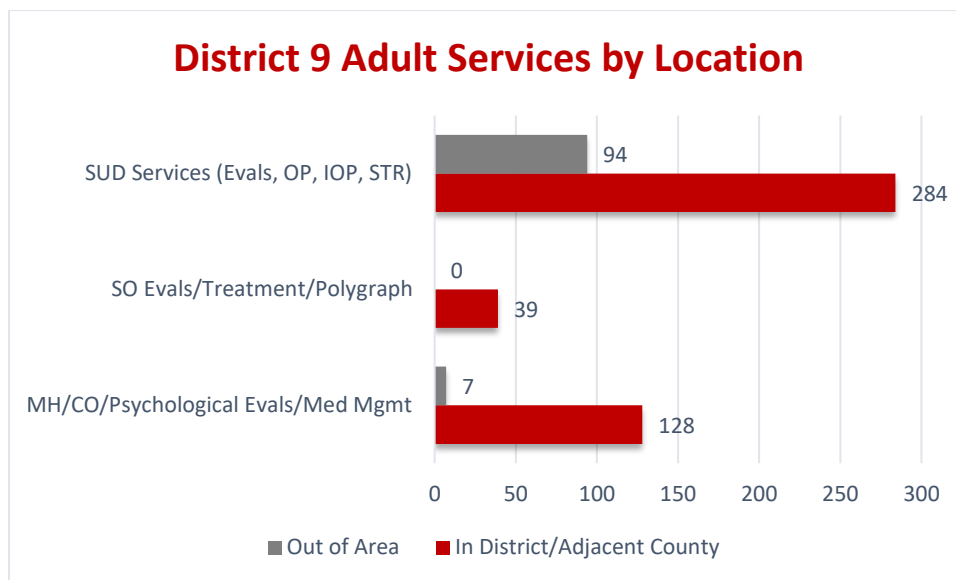


During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top service needs: Substance Use Intensive Outpatient (IOP) and interpreters. Management staff also indicated a lack of housing/Transitional Living options for adult females; while it is not a large population, the district does view it as an unmet net. Management also reported increasing concerns with individuals accessing timely evaluations; they noted more providers are moving to “open access” evaluations (offering a certain number of evaluations at a specified time offered on a first-come, first-serve basis rather than scheduled appointments) and speculated that a new Transitional Living facility in the district may be drawing in additional individuals who end up competing for limited evaluation timeslots. They also asked if it would be possible to bring evaluations back into Reporting Centers to guarantee availability. District management also noted that, while they have some excellent

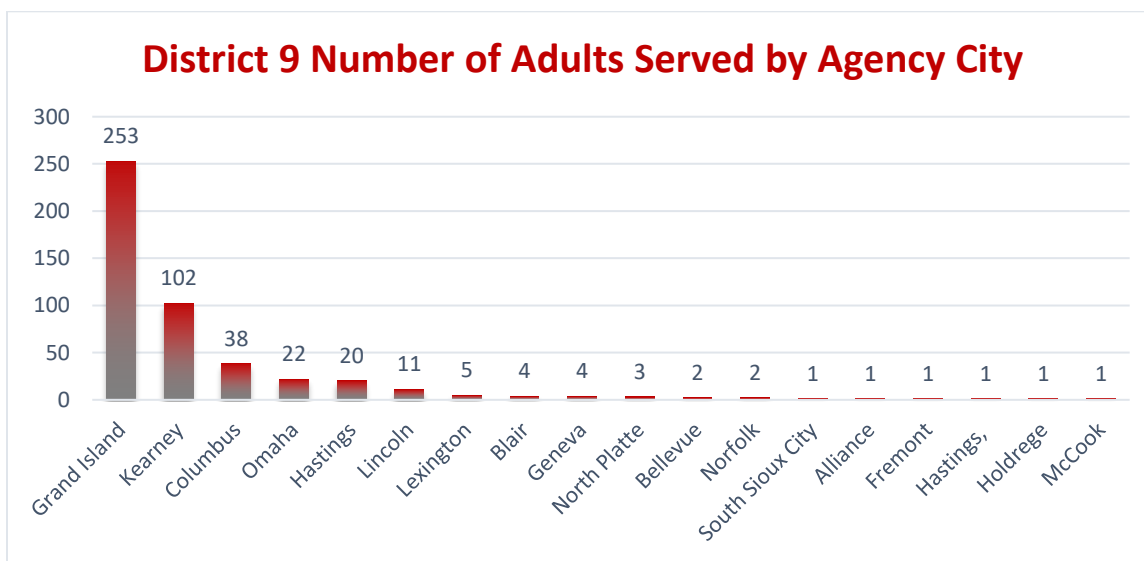
providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need. They also stated that they have “always” had difficulty sustaining services across the district.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved adults in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district’s justice-involved adults accessed the services identified above.



## Recommendations

In considering the information in the charts above, it appears justice-involved adults have largely been able to access services in the district or within a reasonable distance (such as an adjacent county). There was a sizeable number of individuals receiving SUD services out of the area, but most of this appears related to SUD STR. Of the 121 justice-involved adults accessing Probation funding to enter STR in 2019, 64 accessed STR in the district while 57 accessed STR outside of the immediate area at facilities in Columbus (36), Omaha (18), Lincoln (2) and Norfolk (1). District officers and managers both identified SUD IOP as a top need. Of the 40 justice-involved adults using Probation funding to access SUD IOP in 2019, 28 obtained services in the district or in an adjacent county while 12 accessed the service outside of the area. For SUD IOP, the Chief Probation Officer should initiate candid conversations with district providers about the service needs and barriers of justice-involved adults to identify opportunities for expanded IOP access. Should existing providers be unable to expand access to these services, the Chief Probation Officer should partner with AOCPS to share identified needs with a broader audience of Registered Service Providers to coordinate teleservice options for SUD IOP.

Another top need identified on the survey was Psychological Evaluations; of the eight justice-involved adults accessing Probation funding for Psychological Evaluations in 2019, all eight received the service in Kearney. In this case, the Chief Probation Officer should again lead discussions with existing providers about the needs of justice-involved adults to ensure consistent service access. If the number of referrals for Psychological Evaluations increases beyond what the existing providers can handle, or if other service access barriers present themselves, the Chief Probation Officer should notify Rehabilitative Services so AOCPS can explore the feasibility of reimbursing providers for travel time as bringing in psychologists from other districts for stand-alone appointments may be needed to meet this need. Other top needs identified through the survey were SUD STR and Halfway Houses, while district management also saw a need for female Transitional Living beds. For each of these services, the Chief Probation Officer should partner with Rehabilitative Services to begin tracking data on these residential services to help quantify the need for expanded beds; additionally, the Chief Probation Officer should communicate directly with the AOCPS's Transitional Living Specialist to ensure district needs are included in statewide Transitional Living expansion efforts.

## **Juvenile Service Availability**

### District Surveys of Juvenile Service Availability

On the Needs Analysis Survey, a total of nine (9) officers and management team members responded to the questions on juvenile service availability (out of 19 target staff members).

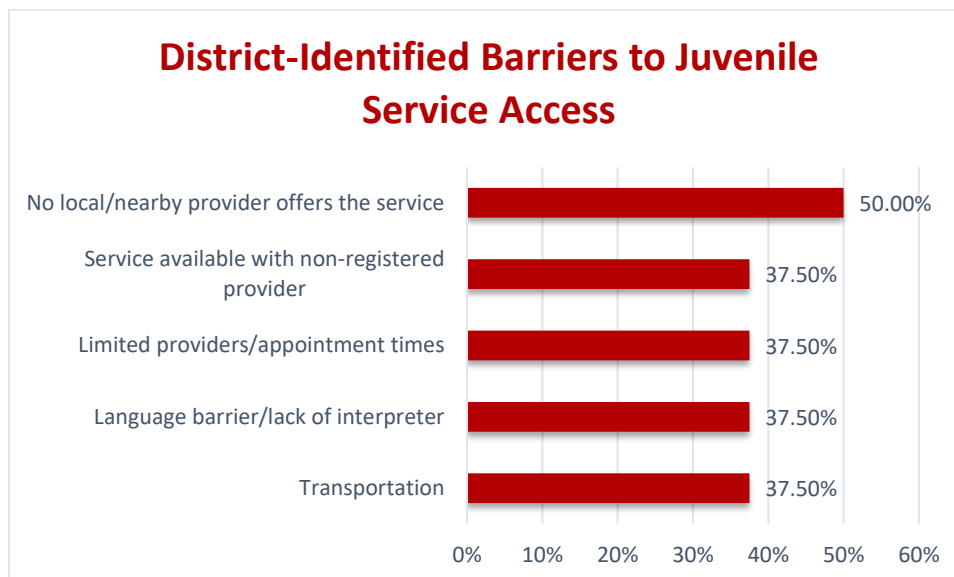
District respondents reported that Evaluations are generally available or available with limited options; Psychological Evaluations appear somewhat limited, with 50% of respondents indicating availability within driving distance, 25% indicating available with limited options and 25% identifying no options locally or within a reasonable distance.

District respondents reported Juvenile Treatment services are somewhat available with limited options. The most readily available services, according to survey responses, were Mental Health Outpatient Counseling, Medication Management and Substance Use Outpatient Counseling. Services identified as not available locally or within a reasonable distance were Substance Use Intensive Outpatient (IOP),

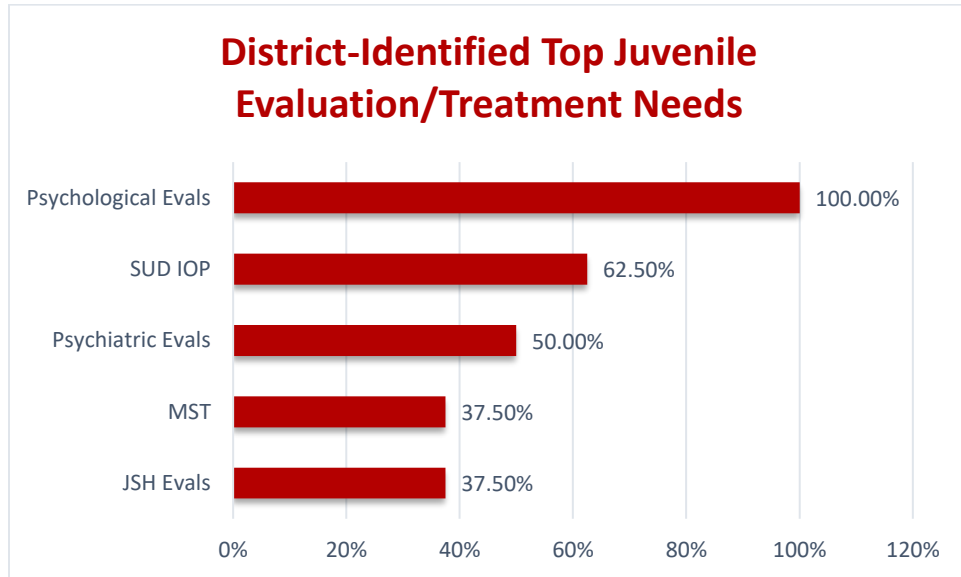
Therapeutic Group Homes (75%), Mental Health Intensive Outpatient (IOP) (62.50%) Psychiatric Residential Treatment Facility (PRTF) (50%) and Day Treatment (50%). Half of more of respondents were also uncertain about the availability of Community Treatment Aide (CTA), Functional Family Therapy (FFT) and Substance Use Partial Care.

For Supportive Services (Non-Treatment), respondents indicated generally availability with limited options or within a reasonable distance. The notable exception was Evening Reporting, with 62.50% of respondents indicating no options available locally or within a reasonable distance. There was also some uncertainty in this category, with half or more of respondents indicating “uncertain” regarding the availability of Case Managed Tutoring, Expedited Family Group Conference and Justice Wraparound Program.

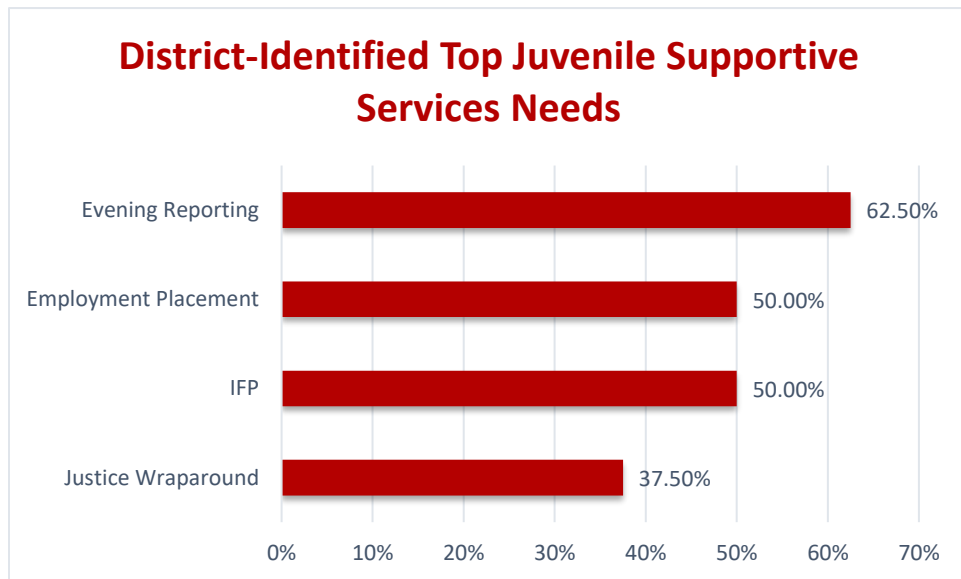
On the survey, respondents reported Out-of-Home Placement services were mostly available with limited options or within a reasonable distance. Several respondents, however, identified no local or nearby availability for Group Home (A and B) (37.5%) or Maternity Group Home – Parenting (37.50%). From the survey, the biggest barriers to accessing needed services were as follows:



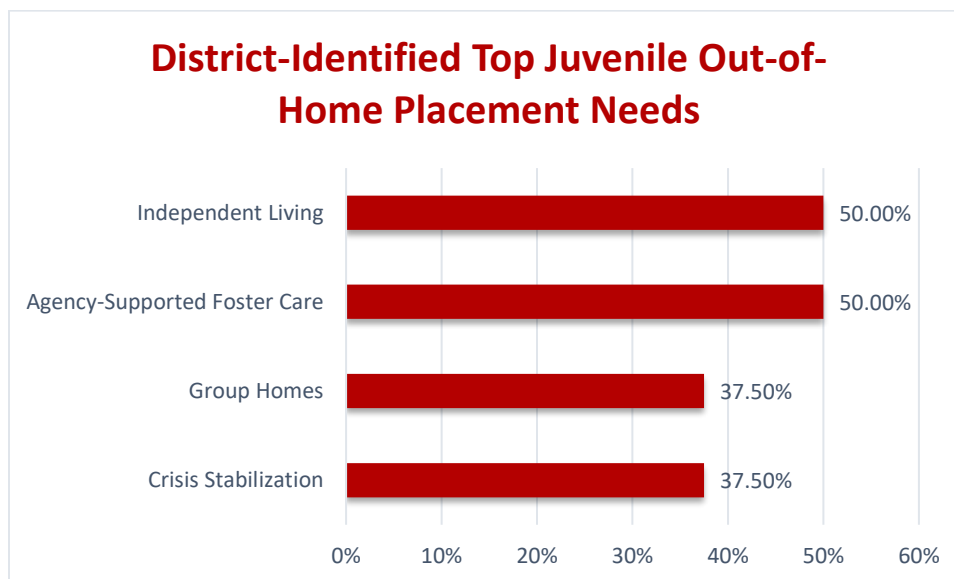
District respondents identified the following as their top Juvenile Evaluation/Treatment needs:



District respondents identified the following as their top Juvenile Supportive Services needs:



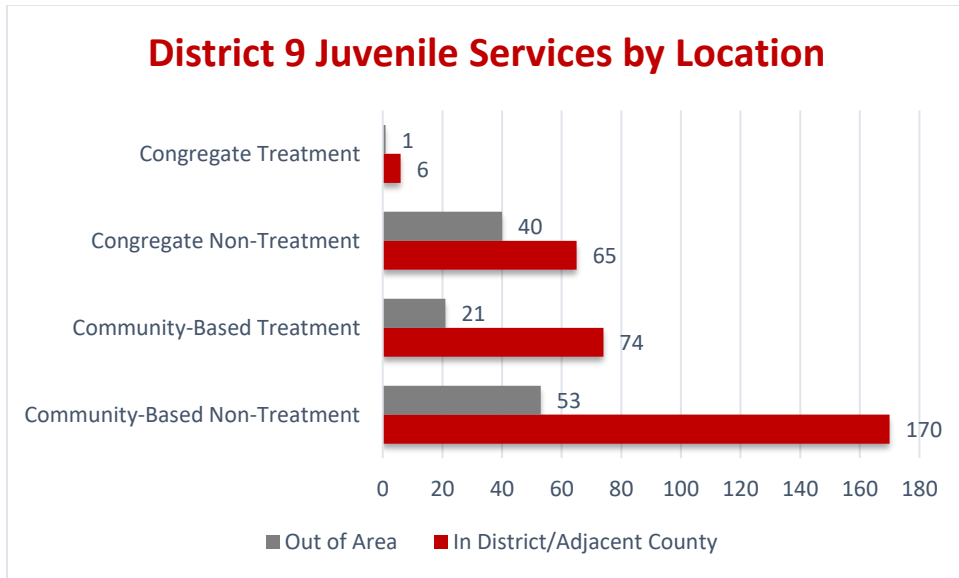
District respondents identified the following as their top Juvenile Out-of-Home Placement needs:



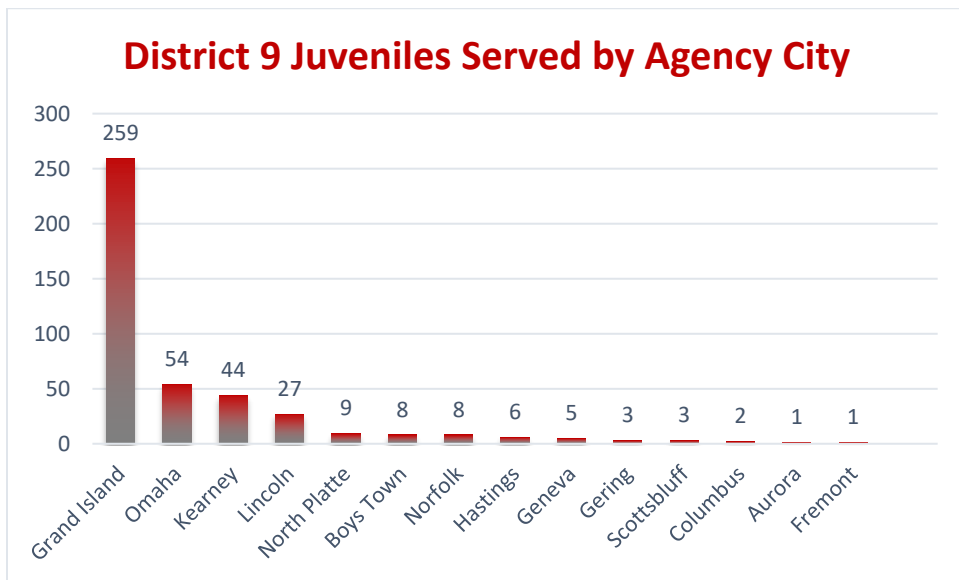
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on the top Juvenile service needs: Substance Use Intensive Outpatient (IOP); Psychiatric Residential Treatment Facility (PRTF), specifically a program for female youth with diagnosed substance use disorders; Foster Care; Interpreters and Multisystemic Therapy (MST). District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need. They also stated that they have “always” had difficulty sustaining services across the district.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved youth in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved youth accessed the services identified above.



In 2019, 18 youth from District 9 used Probation vouchers for foster care services through agencies based in Omaha, Lincoln, Grand Island and Norfolk.

#### Recommendations

In considering the information from the charts above, it appears congregate non-treatment services were accessed outside of the area nearly as often as in the district or in an adjacent county. And while there were notable numbers of youth accessing community-based treatment and non-treatment services outside of the county, this is likely connected to the number of youth in out-of-area congregate non-treatment placements who also use additional resources while in their temporary communities. District officers and managers both noted a need for SUD IOP; of the five justice-involved youth



accessing this service using Probation funding in 2019, all five accessed IOP in Hastings, which is in a county adjacent to the district. As with other districts, it is difficult to know if IOP is not being used due to a lack of area providers or if a lack of youth consistently needing IOP would make sustaining a service unrealistic. In continuing to explore access for IOP, AOC (specifically, Rehabilitative Services and the Juvenile Services Division) should continue researching effective SUD interventions for youth and consider if a less-intensive model of outpatient services (less than nine hours of service per week) leads to better client engagement and outcomes. If IOP is demonstrated to be effective, then the Chief Probation Officer should work with Rehabilitative Services to coordinate teleservice options.

MST was another need identified on the district survey; however, District 9 has access to both MST and EIHT. The Chief Probation Officer should work directly with the AOC's In-Home Services Program Specialist to discuss specific concerns with service availability and access. Psychological Evaluations and JSH Evaluations were also survey-identified district needs. In 2019, nine of the justice-involved youth using probation funding to access JSH Evaluations obtained the service in the district (split between Grand Island and Kearney), while only one obtained the service outside of the district (in Lincoln). Conversely, all six of the justice-involved youth using Probation funding to obtain Psychological Evaluations received the service outside of the area, completing these evaluations in Lincoln, Omaha, Fremont and Norfolk. As these services are not best completed via telehealth, the Chief Probation Officer should again discuss service needs and barriers for justice-involved youth with in-district providers; concurrently, AOC should explore the feasibility of reimbursing providers for travel time as bringing in psychologists or JSH evaluators from other districts for stand-alone appointments may be needed to meet these needs.

District Management noted a need for female PRTF, specifically focused on substance use treatment; the Chief Probation Officer should partner with Rehabilitative Services to begin tracking data on these residential services to help quantify the need for additional beds or additional programs to meet the needs of this population. The last treatment service identified as a top need on the survey was Psychiatric Evaluations; in addition to the Chief Probation Officer continuing to communicate needs to district providers, Rehabilitative Services, in partnership with the Juvenile Services Division, should continue efforts to recruit additional medication prescribers statewide, both for in-person appointments as well as for teleservice options.

Employment Placement was another need that emerged from the survey responses. Employment Placement has not frequently been funded by Probation in any judicial district and Probation last funded the service in 2018. The Chief Probation Officer should continue discussions with staff regarding opportunities for developing youth employment skills through services that exist in the district as well as through Probation's own Advanced Coaching for Excellence (ACE) initiative; the AOC's RISE Officer (Recognizing Increased Skills in Education) could be an additional resource for continued staff development in this area. Other supportive services needs identified on the survey included Evening Reporting, IFP and Justice Wraparound; Evening Reporting and IFP appeared to be used primarily outside of the district, likely when youth were in a congregate placement setting, and it does not appear Probation funded Justice Wraparound services for any District 9 youth in 2019. For each of these services, the Chief Probation Officer should initiate discussions with district providers about the needs and barriers of justice-involved youth to determine if opportunities exist to expand or create additional access points for these supportive services, or for closely-related services that could help to fill this need; the Juvenile Services Division should also serve as a resource to help identify substitute services to fill district-identified needs.

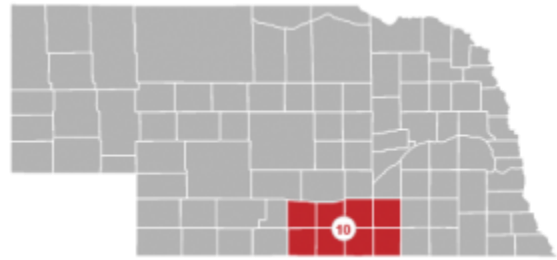
Out-of-Home Placement needs identified on the survey included Crisis Stabilization, Group Home and Independent Living, while the survey and management both noted the need for in-district foster care. More justice-involved youth received Probation-funded congregate non-treatment services in the district than those who left the district, so services are available. The Chief Probation Officer should initiate discussions with district providers about the ongoing needs of justice-involved youth, while also partnering with the AOC's Juvenile Services Division and Rehabilitative Services to track referrals and wait times in an effort to quantify need or identify additional home-based services that could delay or prevent the need for an out-of-home placement.

Transportation was also a need identified by district management. AOC should investigate this need further as multiple districts cited transportation for juveniles as a significant need, despite the service being contracted in each district; AOC may need to consider the feasibility of allocating additional funding for transportation services, or considering alternative transportation mechanisms (such as dedicated staff members) to ensure justice-involved youth can access recommended, needed and court-ordered services. Lastly, based on the number of "uncertain" responses for a variety of juvenile services, the Chief Probation Officer should invite AOC staff from Rehabilitative Services and the Juvenile Services Division to attend a future staff meeting to update officers on juvenile service definitions and availability of services so officers are aware of all possible referral options.

## **District 10**

District Court Ten and Probation District 10 are comprised of the following counties: Adams, Clay, Franklin, Harlan, Kearney, Nuckolls, Phelps, and Webster.

County Court Ten is comprised of the following counties: Adams, Clay, Fillmore, Franklin, Harlan, Kearney, Nuckolls, Phelps, and Webster.



## **Adult Service Availability**

### District Surveys of Adult Service Availability

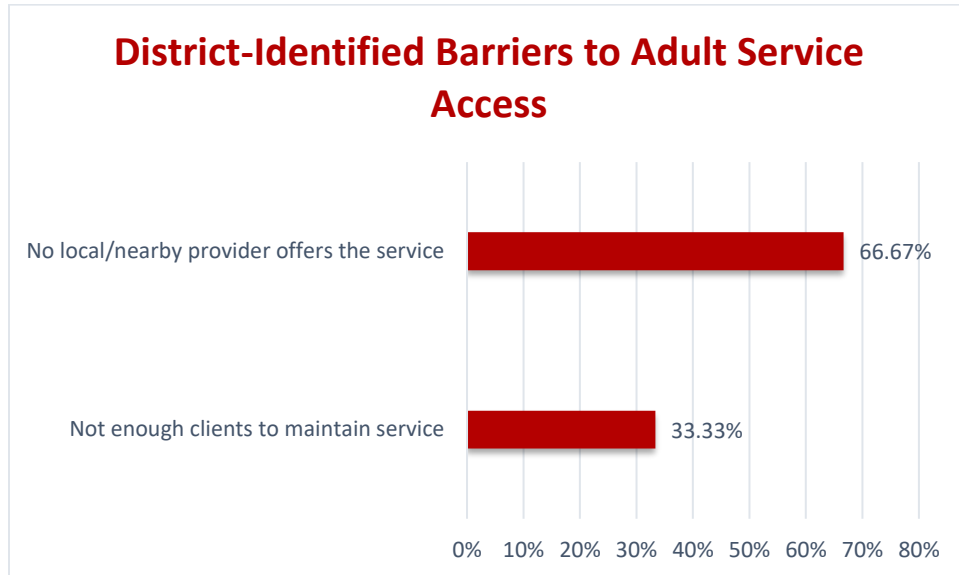
On the Needs Analysis Survey, a total of nine (9) officers and management team members responded to the questions on adult service availability (out of 11 target staff members).

District respondents reported that adult evaluations are generally available with limited options or within a reasonable distance. The notable exception was Sex Offense-Specific Polygraph Examinations, with 66.67% of respondents “uncertain” about availability and 33.33% indicating no options available locally or within a reasonable distance.

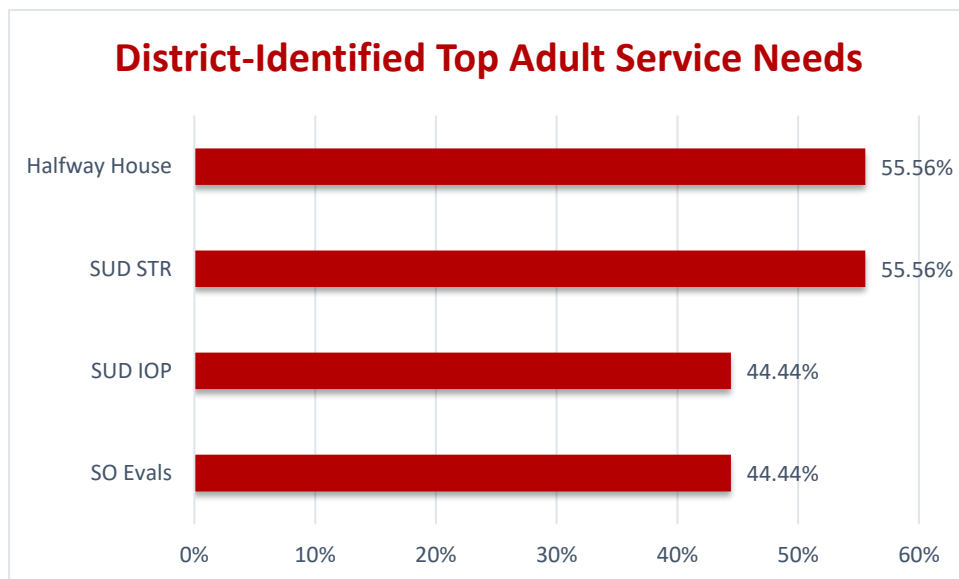
District respondents reported adult treatment options were also available with limited options or within a reasonable distance. No respondents indicated any treatment service was unavailable locally or within a reasonable distance.

For Supportive Services (Non-Treatment), respondents indicated all levels of Transitional Living were available with limited options or within a reasonable distance; only one respondent indicated that Halfway Houses were not available.

From the survey, the biggest barriers to accessing needed services were as follows:



District respondents identified the following as their top adult service needs:

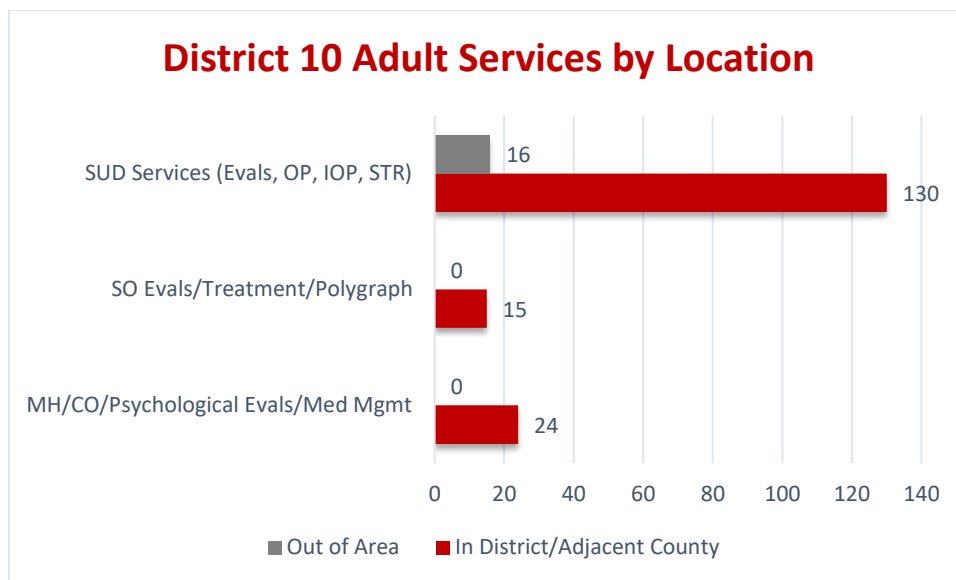


During the in-person follow-up meeting, District Management reviewed the information and offered their insights on top service needs: Sex Offense-Specific Evaluations and Treatment, licensed Halfway Houses, Medication Management and Psychological Evaluations. Management staff also identified regional differences; they have services available in Hastings, and services are nearby for their northern counties; however, individuals living in the southern counties on the Kansas border are “at least an hour from services.” District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need. They also stated that they have “always” had difficulty sustaining services across the district. Management staff also discussed the status of services for adults and youth who sexually harm; due to

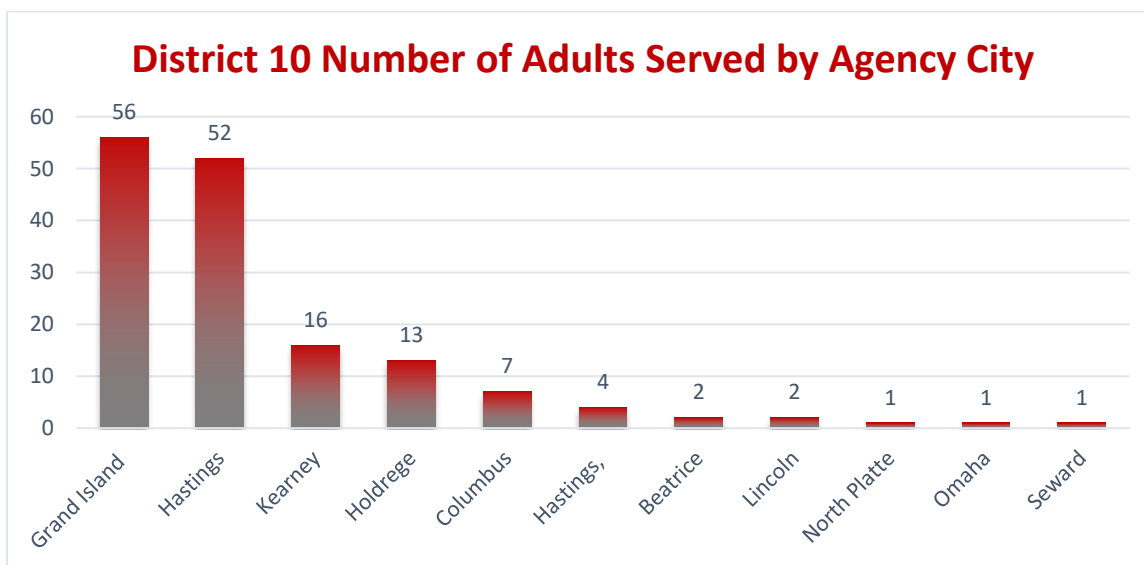
provider turnover, they are working with newer providers who don't have the length of experience to which they were accustomed. They suggested looking into hiring providers specifically for this population whom Probation could connect to highly-specialized training to increase expertise.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved adults in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved adults accessed the services identified above.



## Recommendations

In considering the information in the charts above, it appears justice-involved adults have largely been able to access services in the district or within a reasonable distance. It is notable, however, that management staff are aware of the disparities in service access between the “northern” counties which are closer to the I-80 corridor and the “southern” counties where the closest service provider may be an hour away. District officers and managers both identified Sex Offense-Specific Evaluations as a top need; although all five justice-involved adults accessing this service via Probation funding obtained these evaluations in the district or in an adjacent county (Hastings and Grand Island), the management responses about newer, less experienced providers may play into the identification of Sex Offense-Specific Evaluation and Treatment as district needs. Management also identified Psychological Evaluations as a top need, though no justice-involved adults used Probation funds to access this service in 2019. As neither Sex Offense-Specific Evaluations nor Psychological Evaluations are best provided via teleservices, the Chief Probation Officer should communicate the needs and barriers of justice-involved adults to in-district providers; likewise AOCP should consider the feasibility of reimbursing providers for travel time for these services as bringing in psychologists or trained sex offense-specific evaluators from other districts for stand-alone appointments may be needed to address this need. Additionally, the Chief Probation Officer should continue communicating the needs for Sex Offense-Specific Treatment to the AOCP’s Domestic Violence Programs and Services Specialist and to Rehabilitative Services as statewide efforts to recruit more of these specialty providers are ongoing.

Another top need identified on the survey was SUD IOP, though 15 of 19 justice-involved adults using probation funding to access this service obtained IOP in the district; all 15, however, received this service in Hastings, so it is possible individuals in the “southern” counties are not connecting with this level of care due to travel and time considerations. The Chief Probation officer should work with Rehabilitative Services to coordinate teleservice options for SUD IOP, especially for individuals further away from population centers. Management team members identified Medication Management as a top need; however, Probation has only funded this service for adults since mid-2019 and the pool of providers is relatively small. The Chief Probation Officer should initiate conversations with in-district providers about the needs of justice-involved adults, along with the newly-available funding stream, to encourage service development. Concurrently, AOCP’s Rehabilitative Services should continue statewide efforts to increase the pool of providers for medication management services, including medication management via telehealth. SUD STR and Halfway Houses were additional needs identified on the survey. Halfway houses are limited across the state, so the Chief Probation Officer should begin tracking data, in conjunction with AOCP’s Rehabilitative Services, to quantify the need for additional beds or facilities for this service. For SUD STR, 20 of 28 justice-involved adults using Probation funding to access this service did so in Grand Island, immediately adjacent to the district. Similar to the Halfway Houses, the Chief Probation Officer should coordinate with Rehabilitative Services to collect data relative to service need, accessibility and waitlists to quantify the need for service expansion.

## **Juvenile Service Availability**

### District Surveys of Juvenile Service Availability

On the Needs Analysis Survey, a total of three (3) officers and management team members responded to the questions on juvenile service availability (out of 10 target staff members). Due to the small number of juvenile respondents completing the survey, percentages are not referenced in this section.

District respondents reported that Evaluations are generally available, usually with limited providers or within reasonable driving distance. No respondents indicated local availability of Juveniles who Sexually Harm Evaluations, but all identified availability within a reasonable distance.

District respondents reported Juvenile Treatment services are somewhat available, primarily with limited options or within reasonable distance. Based on the survey responses, Therapeutic Group Homes appear to be limited in the area. Additionally, there were many “uncertain” responses about the availability of treatment services.

For Supportive Services (Non-Treatment), respondents indicated most services were available with limited local options or within a reasonable distance. All respondents were “uncertain” about the availability of Family Partner and Justice Wraparound Program.

On the survey, respondents reported Out-of-Home Placement services were only minimally available; there appears to be some limited options for Agency-Supported Foster Care and Independent living, but scant or nonexistent options for the other Out-of-Home Placements.

From the survey, the biggest barriers to accessing needed services were as follows: limited providers/appointment times, individuals/families lack time to travel to appointments and not enough clients for a provider to maintain a service.

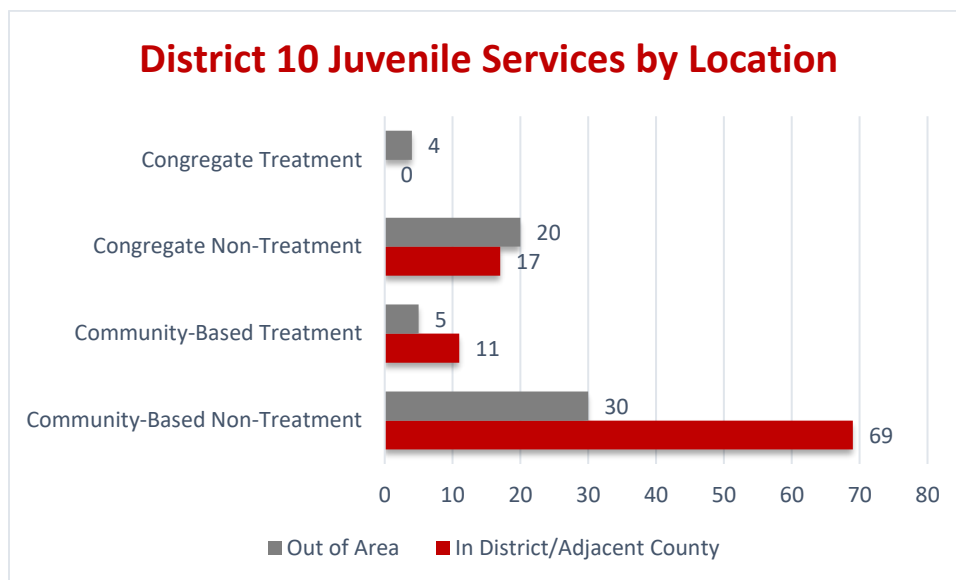
District respondents identified the following as their top Juvenile Evaluation/Treatment needs: Psychological Evaluations, Juveniles who Sexually Harm Evaluations and Multisystemic Therapy (MST). District respondents identified the following as their top Juvenile Supportive Services needs: Ecological In-Home Family Treatment (EIHFT) and Intensive Family Preservation (IFP).

District respondents identified the following as their top Juvenile Out-of-Home Placement needs: Agency-Supported Foster Care, Independent Living and Shelter Care.

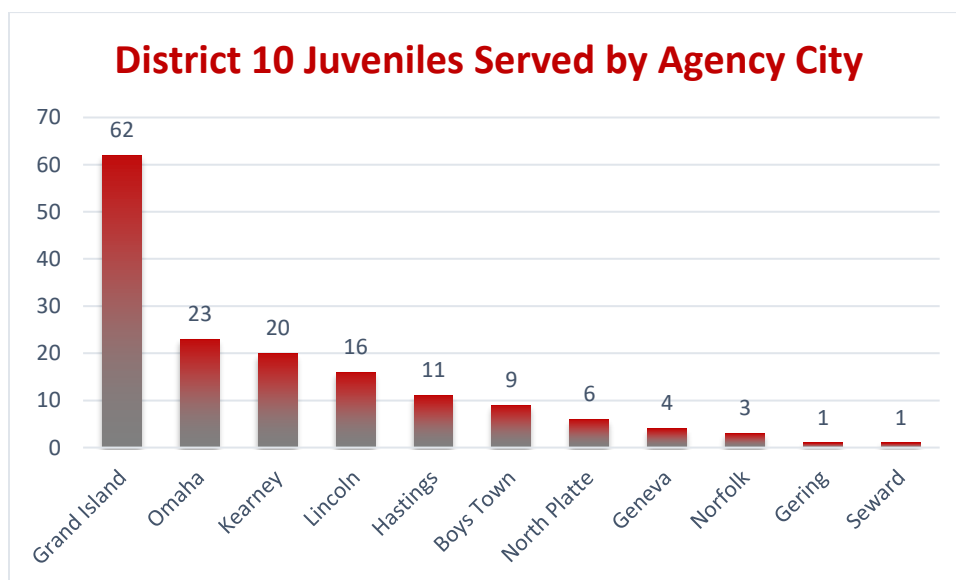
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on top Juvenile service needs: Juveniles who Sexually Harm Evaluations and Treatment, Substance Use Intensive Outpatient (IOP), Foster Care and Psychological Evaluations. Management staff also identified regional differences; they have services available in Hastings, and services are nearby for their northern counties; however, individuals living in the southern counties on the Kansas border are “at least an hour from services.” District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need. They also stated that they have “always” had difficulty sustaining services across the district. Management staff also discussed the status of services for adults and youth who sexually harm; due to provider turnover, they are working with newer providers who don’t have the length of experience to which they were accustomed. They suggested looking into hiring providers specifically for this population whom Probation could connect to highly-specialized training to increase expertise.

### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved youth in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved youth accessed the services identified above.



In 2019, seven youth from District 10 used Probation vouchers for foster care services through agencies based in Lincoln, Grand Island and Hastings.



## Recommendations

In considering the information from the charts above, it appears Community-Based services are available in the district and are being accessed by justice-involved youth; when community-based treatment and non-treatment services are being accessed outside of the district, this is likely related to the number of youth in congregate placements physically located outside of the district. Survey respondents identified a need for Juveniles Who Sexually Harm (JSH) Evaluations, while both survey respondents and management noted a need for Psychological Evaluations. The two justice-involved district youth using probation funding to access Psychological Evaluations both obtained these in Norfolk, while the one youth accessing a Probation-funded JSH Evaluation obtained this service in Omaha. Due to limited district utilization, AOCB should explore the feasibility of funding travel time for evaluators on a per-evaluation basis to encourage providers from other districts to bring these services to the clients as needed.

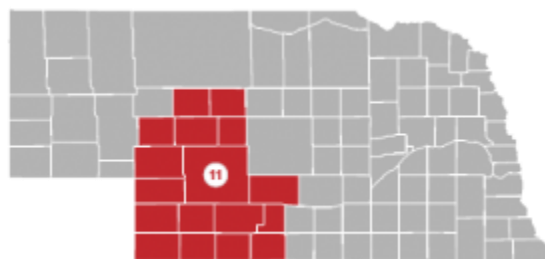
MST and EIHT were other top needs identified on the survey; as indicated by management, the “northern” counties appear to have full access to both MST and EIHT, while three of the “southern” counties only have access to these services on a case-by-case basis. The Chief Probation Officer should continue conversations with the AOCB’s Home-Based Services Program Specialist about specific concerns related to in-home service availability and access. District management also identified SUD IOP as a top need, and it appears only two justice-involved youth from the district accessed this service using Probation funding in 2019; in continuing to explore increased access for IOP, AOCB (specifically, Rehabilitative Services and the Juvenile Services Division) should continue researching effective SUD interventions for youth and consider if a less-intensive model of outpatient services (less than nine hours of service per week) leads to better client engagement and outcomes.

Survey Respondents also identified Intensive Family Preservation (IFP) as a top need and it appears the few youth who accessed this service using Probation funding in 2019 did so outside of the district, likely while in a congregate out-of-home placement. The Chief Probation Officer should work with the Juvenile Services Division and Rehabilitative Services to collect data that can quantify the need for this service that can later be used to demonstrate true need to providers as they consider their own services and expansion opportunities. Out-of-Home Placement needs identified on the survey included Independent Living and Shelter Care, while the survey and management both noted the need for in-district foster care. More justice-involved youth received Probation-funded congregate non-treatment services out of the district than those staying in the district, so out-of-home placement options for District 10 warrant further examination. The Chief Probation Officer should initiate discussions with district providers about the ongoing needs of justice-involved youth, while also partnering with the AOCB’s Juvenile Services Division and Rehabilitative Services to track referrals and wait times to quantify need or identify additional home-based services that could delay or prevent the need for out-of-home placements.

Transportation was also a need identified by district management. AOCB should investigate this need further as multiple districts cited transportation for juveniles as a significant need, despite the service being contracted in each district; AOCB may need to consider the feasibility of allocating additional funding for transportation services, or considering alternative transportation mechanisms (such as dedicated staff members) to ensure justice-involved youth can access recommended, needed and court-ordered services. Lastly, based on the number of “uncertain” responses for a variety of juvenile services, the Chief Probation Officer should invite AOCB staff from Rehabilitative Services and the Juvenile Services Division to attend a future staff meeting to update officers on juvenile service definitions and availability of services so officers are aware of all possible referral options.

# **District 11**

District Eleven is comprised of the following counties: Arthur, Chase, Dawson, Dundy, Furnas, Hayes, Frontier, Gosper, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, and Thomas.



## **Adult Service Availability**

### **District Surveys of Adult Service Availability**

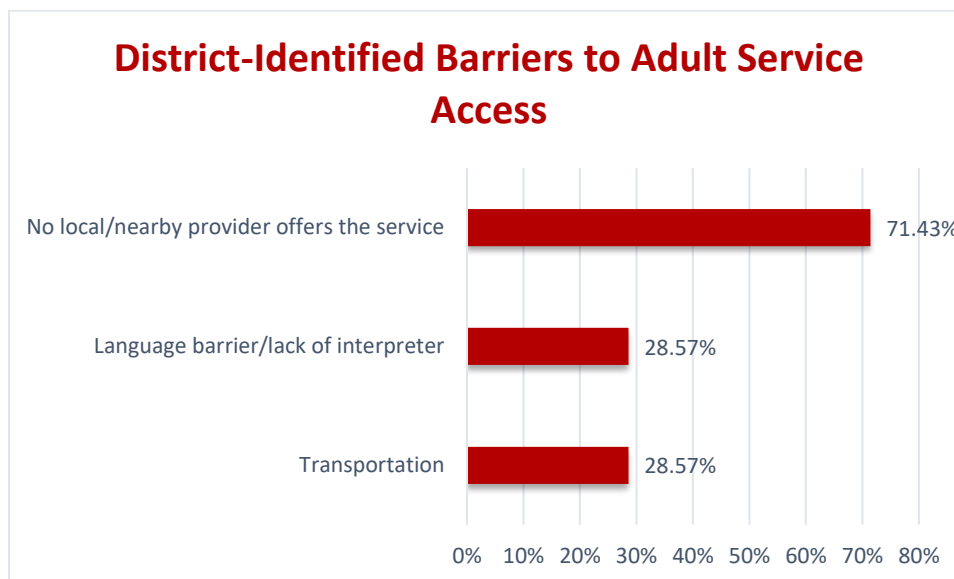
On the Needs Analysis Survey, a total of 17 officers and management team members responded to the questions on adult service availability (out of 25 target staff members).

District respondents reported that adult evaluations are available in the district, primarily with limited options, within a reasonable distance or via teleservices. Sex Offense-Specific Evaluations and Initial Diagnostic Interviews (with medication prescribers) appear more difficult to obtain for at least some respondents. For Sex Offense-Specific Polygraph Examinations, 71.43% of respondents were “uncertain” as to the availability of the service and 21.43% responded that the service was neither available nearby or within a reasonable distance.

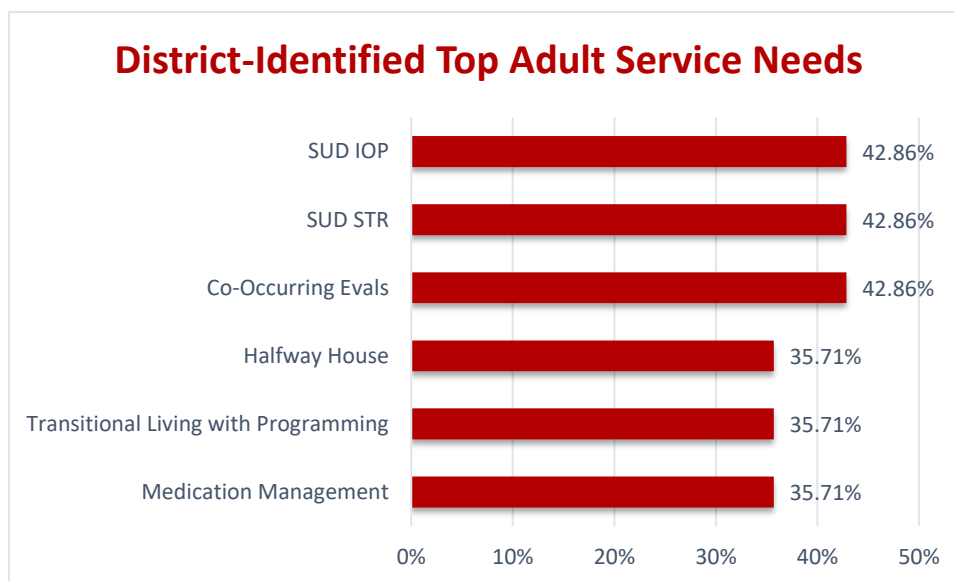
District respondents reported adult treatment options were mostly available with limited providers or within a reasonable distance. The strong exception to this was Short-Term Residential (STR), with 71.43% of respondents reporting no options available locally or within a reasonable distance.

For Supportive Services (Non-Treatment), respondents indicated few options. No respondents indicated “many options available” for any Transitional Living Service. Just over half of respondents identified limited local options or options within a reasonable distance for both Transitional Living without Programming and Transitional Living with Programming; however, 57.14% of respondents identified no licensed Halfway Houses available locally or within a reasonable distance.

From the survey, the biggest barriers to accessing needed services were as follows:



District respondents identified the following as their top adult service needs:

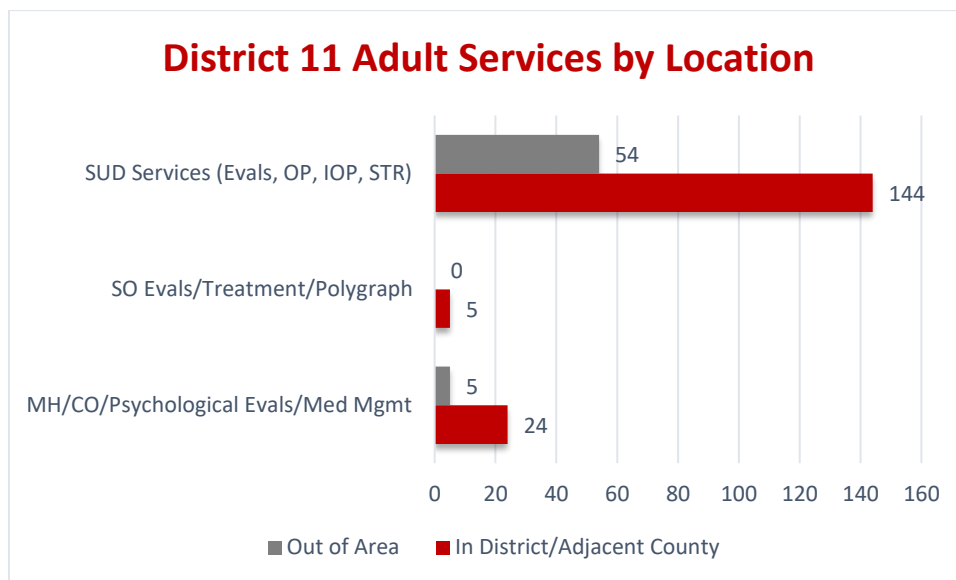


During the in-person follow-up meeting, District Management reviewed the information and offered their insights on top service needs: Substance Use Intensive Outpatient (IOP), Sex Offense-Specific Evaluations and Treatment and Transitional Living with Programming. They stated individuals do have access to STR with “cyclical waitlists,” just like the rest of the state, but they have had some instances of individuals being denied admission due to prescription medications (namely Suboxone and Xanax). District Management also expressed a desire for a detoxification center in the area and speculated that, due to the closure of Cabela’s, many buildings in Sidney may be suitable for both STR and detoxification services. Management staff also expressed a desire for more long-term, co-occurring residential services. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider

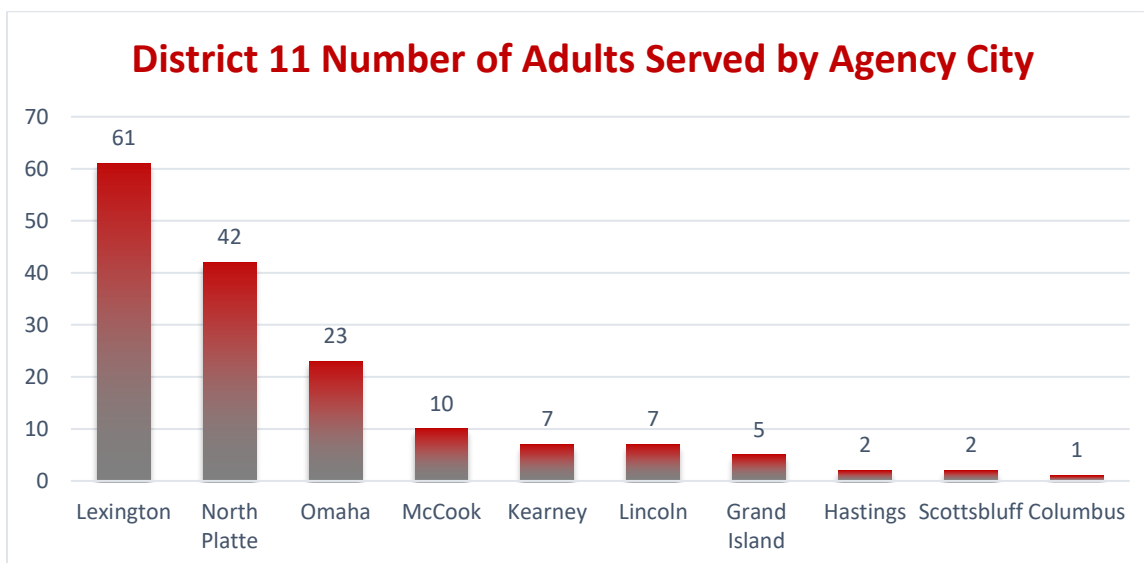
education on Probation processes and effective interventions for targeting criminogenic risk and need. Management also stated that hiring providers directly could “solve a lot of problems” as hired providers could have more flexibility with the services they provide.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved adults in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district’s justice-involved adults accessed the services identified above.



## Recommendations

In considering the information in the charts above, it appears justice-involved adults have been able to access many needed services within the district, while also relying on out-of-district providers to meet needs. There was a significant number of justice-involved adults using Probation funding to access SUD services outside of the district, but these numbers may be somewhat inflated when individuals access vouchers to attend STR outside of the district and then step-down to IOP or OP services, continuing to use Probation funding. Of the 54 individuals receiving these services outside of the district, 25 of them were accessing STR. Stephen Center in Omaha accepts Probation funding for its Heroes program, which starts as STR and then transitions to less intensive services while still providing housing; of the 54 individuals receiving Probation funding for these SUD services, 31 of them were served by Stephen Center for STR, IOP and OP. Survey respondents identified SUD STR as a district need, though district management seemed to view occasional waitlists as in-step with the rest of the state. The Chief Probation Officer, though, in conjunction with AOC's Rehabilitative Services, should begin tracking STR referral and wait time data to quantify the need for additional beds or facilities for this service.

Sex Offense-Specific Evaluations were another need identified by district management. In 2019, no justice-involved adults in the district used Probation funding to access this service; however this appears to be an outlier as Probation funded a handful of these evaluations in several previous years. As Sex Offense-Specific Evaluations are not best provided via teleservices, the Chief Probation Officer should communicate the needs of and barriers of justice-involved individuals to in-district providers; likewise, AOC should consider the feasibility of reimbursing providers for travel time, both from within and from outside of the district, as a method of making this service more readily available.

District management also identified Sex Offense-Specific Treatment as a need; in 2019, all five justice-involved adults using Probation funding to access treatment were served in North Platte. Beyond the Chief Probation Officer communicating service needs to in-district providers, the Chief should also communicate with the AOC's Domestic Violence Programs and Services Specialist and with Rehabilitative Services as statewide efforts to recruit more of these specialty providers are ongoing. Survey respondents identified Halfway Houses as a need, and both survey respondents and district management saw a need for Transitional Living with Programming. For these specific needs, the Chief Probation Officer should communicate with the AOC's Transitional Living Specialist to ensure coordination with continued statewide expansion plans for Transitional Living services.

Survey respondents identified Medication Management as another need for the district; however, Probation has only funded this service for adults since mid-2019 and the pool of providers is relatively small. The Chief Probation Officer should initiate conversations with in-district providers about the needs of justice-involved adults, along with the newly-available funding stream, to encourage service development. Concurrently, AOC's Rehabilitative Services should continue statewide efforts to increase the pool of providers for medication management services, including medication management via telehealth. SUD IOP was another need identified by both survey respondents and by district management; in 2019, 15 of the 39 justice-involved adults using Probation funding to access these services did receive IOP outside of the district, though nine of these individuals were served by Stephen Center, likely as part of the Heroes program while transitioning down from STR. Lastly, survey respondents identified Co-Occurring Evaluations and Treatment as a top need, though 18 of 22 justice-involved adults using Probation funding to access this service in 2019 were served in the district or in an adjacent county. The Chief Probation Officer should continue communicating this need to in-district providers, while also partnering with AOC's Rehabilitative Services to coordinate teleservice options.

## **Juvenile Service Availability**

### **District Surveys of Juvenile Service Availability**

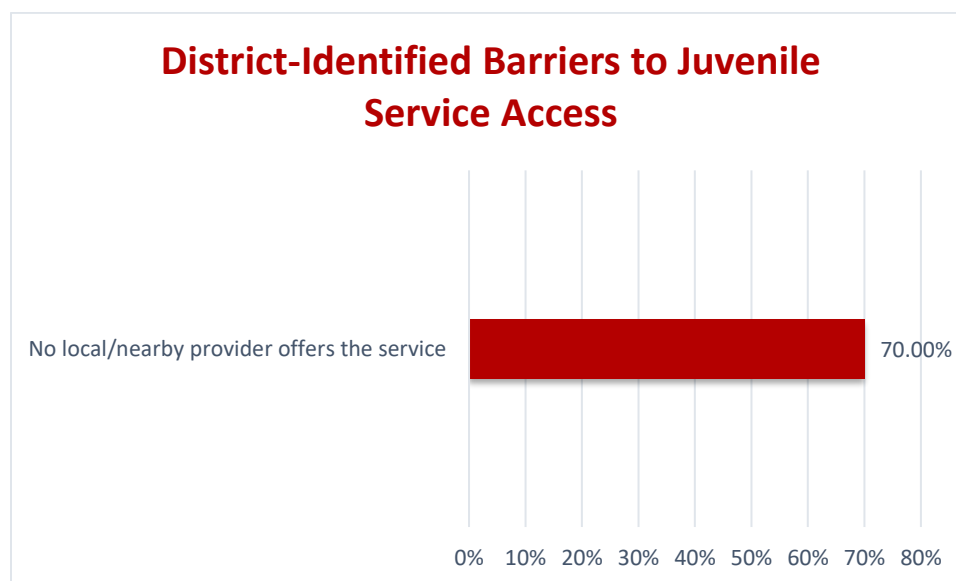
On the Needs Analysis Survey, a total of 10 officers and management team members responded to the questions on juvenile service availability (out of 15 target staff members).

District respondents reported that Evaluations are generally available, mostly with limited options. District respondents reported Juvenile Treatment services are limited. Local options with limited providers exist for Mental Health Outpatient Counseling, Substance Use Outpatient Counseling and Medication Management, but most other services do not appear readily available. Survey respondents reported no available options locally or within driving distance for Psychiatric Residential Treatment Facility (PRTF) (70.00%), Day Treatment (60.00%), Functional Family Therapy (FFT) (60.00%), Multisystemic Therapy (MST) (60.00%), Substance Use Intensive Outpatient (IOP), Therapeutic Group Homes (60.00%), Community Treatment Aide (CTA) (50.00%), Mental Health Intensive Outpatient (IOP) (50.00%) and Substance Use Partial Care (44.44%).

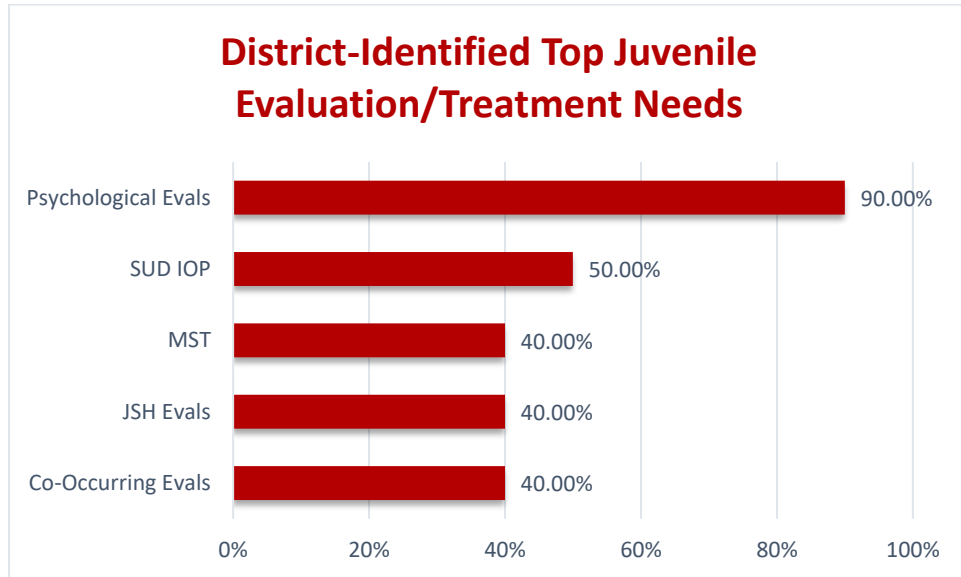
For Supportive Services (Non-Treatment), respondents indicated general availability with limited options; however, 50% of respondents were “uncertain” as to the availability of Case Managed Tutoring, Expedited Family Group Conference, Family Partner and Employment Placement.

On the survey, respondents reported Out-of-Home Placement services were somewhat available with limited local providers or within a reasonable distance; however, 50% of respondents indicated no local or nearby options for Crisis Stabilization, Independent Living and Maternity Group Home Parenting.

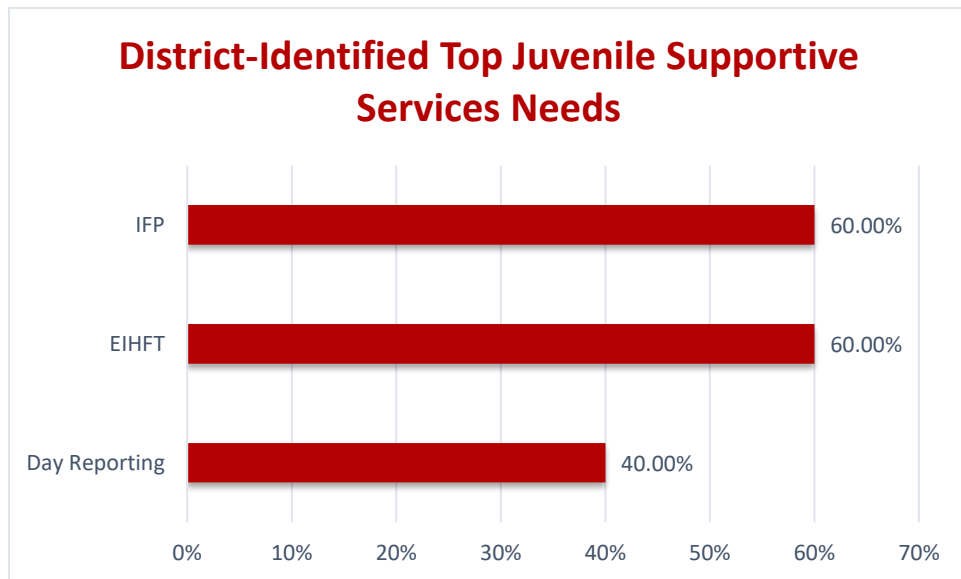
From the survey, the biggest barrier to accessing needed services was no local/nearby provider offers the service (70% of respondents). No other option was chosen by more than 20% of respondents.



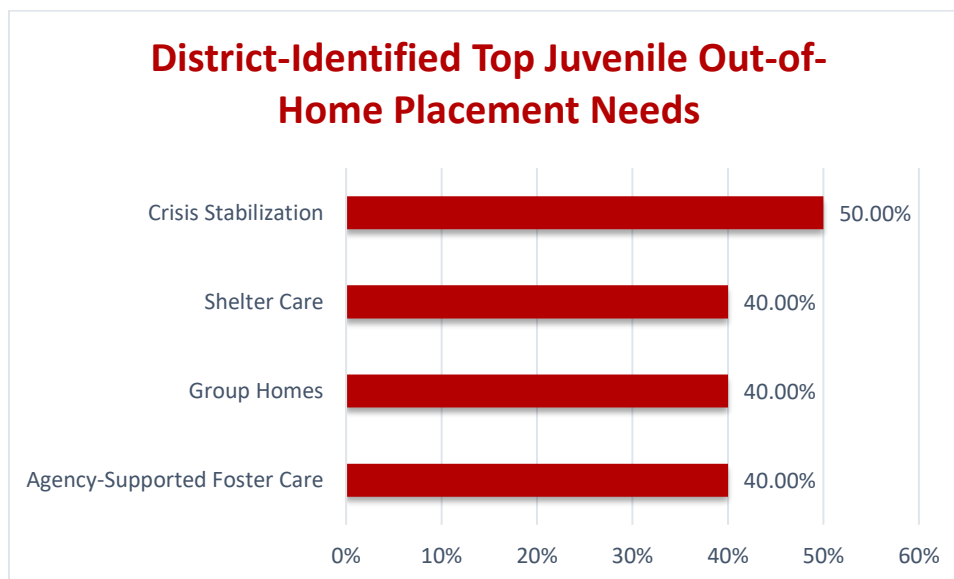
District respondents identified the following as their top Juvenile Evaluation/Treatment needs:



District respondents identified the following as their top Juvenile Supportive Services needs:



District respondents identified the following as their top Juvenile Out-of-Home Placement needs:

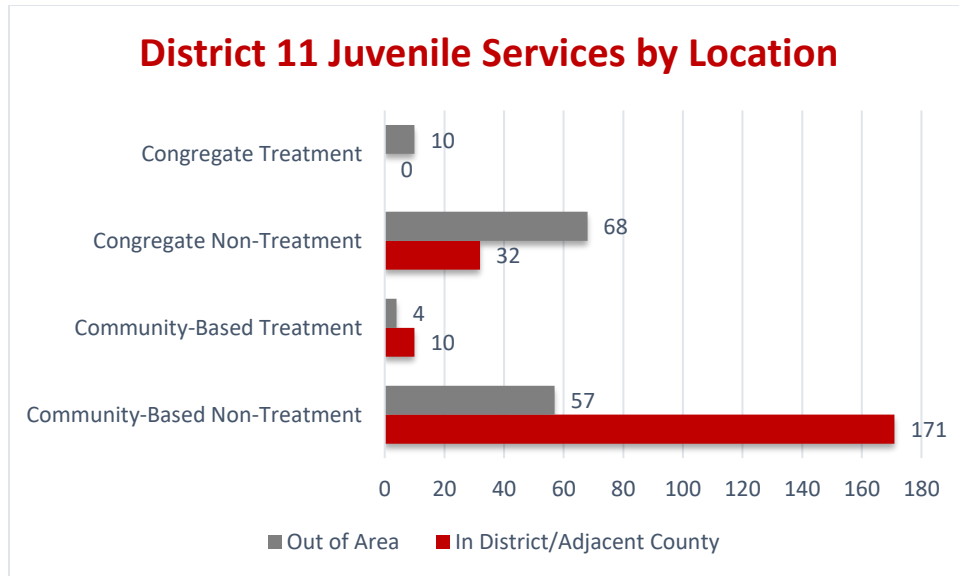


During the in-person follow-up meeting, District Management reviewed the information and offered their insights on top service needs: Substance Use Intensive Outpatient (IOP) and Community Treatment Aide (CTA). Management staff indicated one of the biggest issues is the wait time to access evaluations, especially if a youth is sitting in detention. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need. Management also stated that hiring providers directly could “solve a lot of problems” as hired providers could have more flexibility with the services they provide. Management staff echoed the comments of the Chief Probation Officer that service access for juveniles is “so much better” than it was two years ago when representatives from AOCP met with judges about service needs.

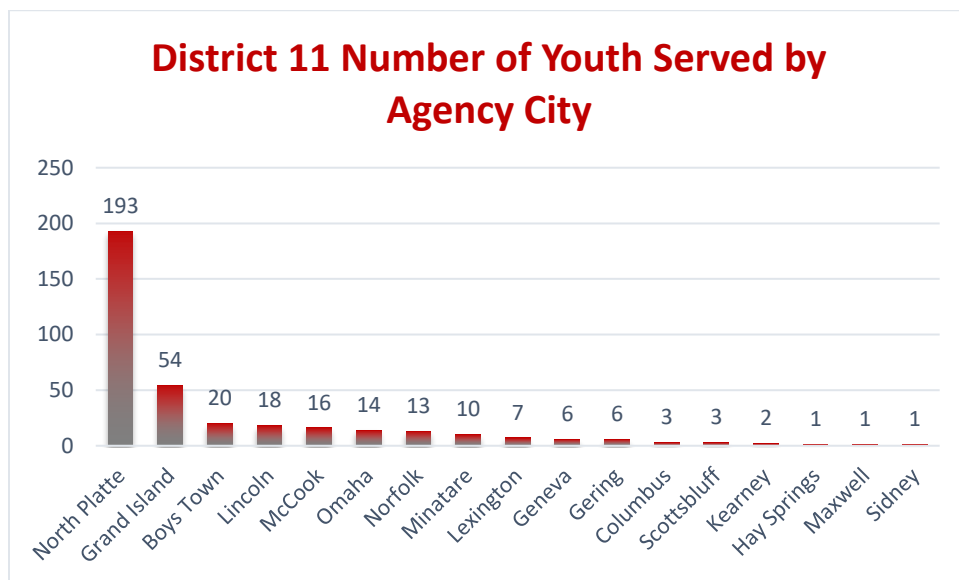
#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved youth in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.





The following chart shows the breakdown of the cities where the district's justice-involved youth accessed the services identified above.



In 2019, 16 youth from District 11 used Probation vouchers for foster care services and relative kinship home placements through agencies and individuals based in Omaha, Lincoln, Grand Island, Kearney, North Platte, Scottsbluff, Lexington, McCook and Maxwell.

#### Recommendations:

In considering the information from the charts above, it is evident that justice-involved youth in need of congregate care, both treatment and non-treatment, very often obtain services outside of the district. And while a number of justice-involved youth also obtained community-based non-treatment services outside of the district, many of these services were likely accessed by district youth during out-of-home placements in congregate settings they were unable to access locally. Survey respondents identified

Psychological Evaluations and Juveniles who Sexually Harm (JSH) Evaluations as top needs, though it appears Probation only funded each of these services four times in 2019. As Psychological Evaluations and Sex Offense-Specific Evaluations are not best provided via teleservices, the Chief Probation Officer should communicate the needs of and barriers of justice-involved individuals to in-district providers; likewise, AOCPP should consider the feasibility of reimbursing providers for travel time, both from within and from outside of the district, as a method of making this service more readily available. Concurrently, AOCPP's Domestic Violence Programs and Services Specialist, along with Rehabilitative Services, should continue statewide efforts to recruit additional JSH evaluators.

District officers and managers both identified SUD IOP as a top need. It does not appear that Probation funded SUD IOP for any justice-involved youth from the district in 2019, which could be due to a lack of providers or due to a lack of sustained need. In exploring access for IOP, AOCPP (specifically, Rehabilitative Services and the Juvenile Services Division) should continue researching effective SUD interventions for youth and consider if a less-intensive model of outpatient services (less than nine hours of service per week) leads to better client engagement and outcomes while also exploring teleservices options.

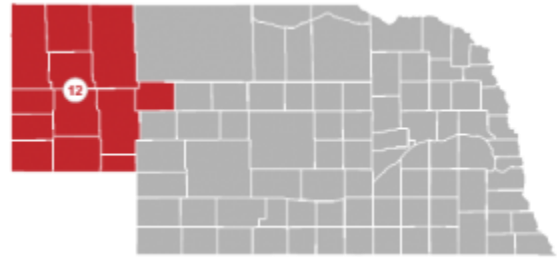
Survey respondents also identified MST and EI/HFT as top needs; though MST is not available in the district, EI/HFT is currently available in 11 of the district's counties and it is available on a case-by-case basis in the remaining six counties. The Chief Probation Officer should communicate these concerns to the AOCPP's In-Home Services Program Specialist to be considered as part of statewide in-home services expansion efforts. Survey respondents identified a need for Community Treatment Aide (CTA), but this service seems to have limited availability statewide and Probation funds are not frequently used to access this service. The Chief Probation Officer should work with AOCPP's Juvenile Services Division and Rehabilitative Services to determine whether similar services with wider availability may have similar goals and outcomes.

Co-occurring Evaluations were also identified on the survey as a top district need, though Probation funds were only used once in 2019 to access this service. Intensive Family Preservation (IFP) and Day Reporting were additional community-based non-treatment needs identified on the survey; Day Reporting appears to be utilized frequently by a Provider in North Platte, but IFP was only accessed by one youth in 2019 who saw a provider in Lincoln. For each of these, the Chief Probation Officer should communicate needs to district providers; the Chief Probation Officer should also communicate with AOCPP's Juvenile Services Division to discuss additional, related services with similar goals and outcomes that may meet the needs of District 11 youth.

For out-of-home placements, survey respondents identified a need for Foster Care, Crisis Stabilization, Group Home and Shelter Care. The Chief Probation Officer should initiate discussions with district providers about the ongoing needs of justice-involved youth, while also partnering with the AOCPP's Juvenile Services Division and Rehabilitative Services to track referrals and wait times to quantify need or identify additional home-based services that could delay or prevent the need for out-of-home placements.

# District 12

District Twelve is comprised of the following counties: Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux.



## Adult Service Availability

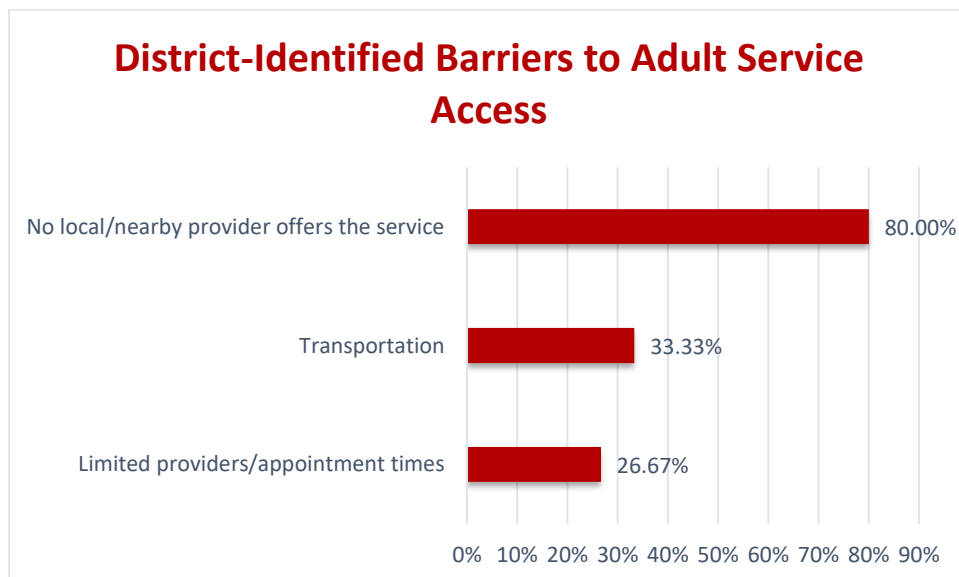
### District Surveys of Adult Service Availability

On the Needs Analysis Survey, a total of 19 officers and management team members responded to the questions on adult service availability (out of 19 target staff members).

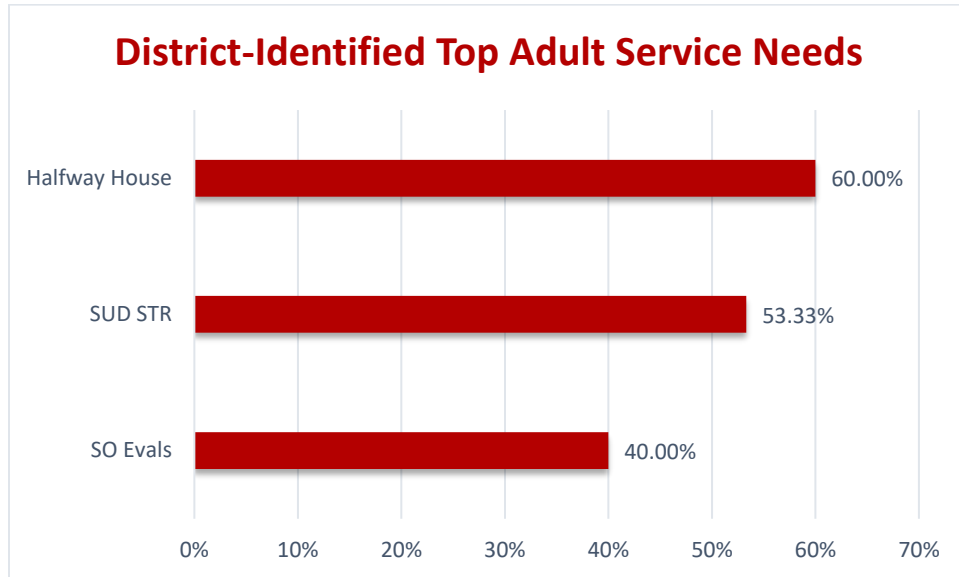
District respondents reported that adult evaluations are generally available, most often with limited options.

District respondents reported adult treatment options were available, most often with limited options. For Supportive Services (Non-Treatment), respondents indicated some limited options exist locally or within a reasonable distance for Transitional Living without Programming and Transitional Living with Programming; however, 93.33% of respondents indicated no local or nearby availability of licensed Halfway Houses.

From the survey, the biggest barriers to accessing needed services were as follows:



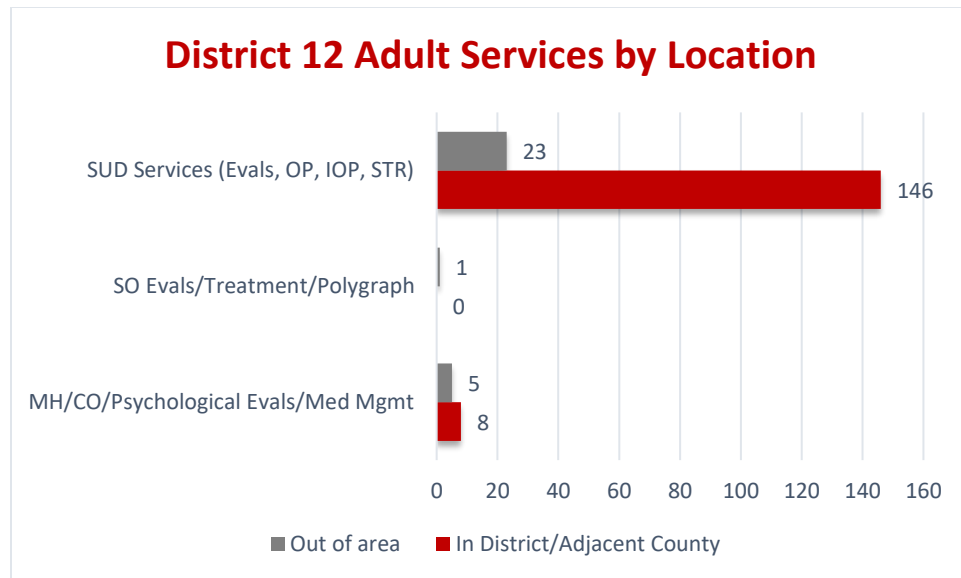
District respondents identified the following as their top adult service needs:



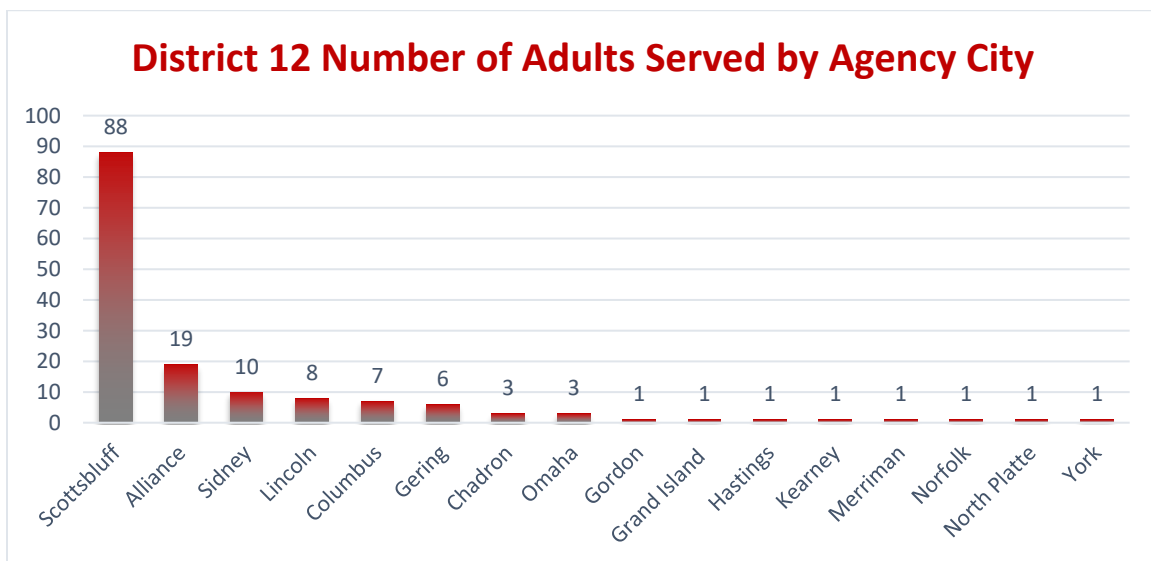
During the in-person follow-up meeting, District Management reviewed the information and offered their insights on top service needs: Sex Offense-Specific Evaluations and Treatment, Batterer's Intervention Programming (BIP), licensed Halfway Houses and Transportation. Management staff also expressed a desire for a detoxification center. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need. Management staff stated that, as a whole, they have services, but their larger concern is bettering provider knowledge.

#### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved adults in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved adults accessed the services identified above.



#### Recommendations

In considering the information in the charts above, it appears justice-involved adults using Probation funding to access services have largely been served within the district or in an adjacent county. While a number of justice-involved adults did leave the district for SUD services, 10 of those 23 individuals were accessing SUD STR. As SUD STR was identified as a top need on the district survey, the Chief Probation Officer, in conjunction with AOCP's Rehabilitative Services, should begin tracking STR referral and wait time data to quantify the need for additional beds or facilities for this service.

Sex-Offense Specific Evaluations emerged as a top need on the district survey, with management also indicating a need for Sex-Offense Specific Treatment. In 2019, Probation funds were not used frequently

to access these services for District 12 adults, but these services do need to be available. The Chief Probation Officer should candidly discuss these needs with district providers to promote continued and expanded evaluation and treatment services for adults who sexually harm; additionally, the Chief Probation Officer should work with the AOC's Domestic Violence Programs and Services Specialist and Rehabilitative Services on continued efforts to recruit these specialized providers statewide. Survey respondents identified Transitional Living with Programming as a top need, with both respondents and managers noting the need for Halfway Houses. The Chief Probation Officer should communicate these ongoing needs to AOC's Transitional Living Specialist so they can be considered as part of statewide efforts to expand Transitional Living.

District management also noted a need for Batterer Intervention Programming; the Chief Probation Officer should continue coordinating with the AOC's Domestic Violence Programs and Services Specialist to ensure District 12 adults have access to this service. District management also identified Transportation as a need. AOC should investigate this need further as multiple districts cited transportation for adults as a significant need; AOC may need to consider the feasibility of allocating additional funding for adult transportation services to ensure justice-involved adults can access recommended, needed and court-ordered services.

## **Juvenile Service Availability**

### **District Surveys of Juvenile Service Availability**

On the Needs Analysis Survey, a total of nine (9) officers and management team members responded to the questions on juvenile service availability (out of 12 target staff members).

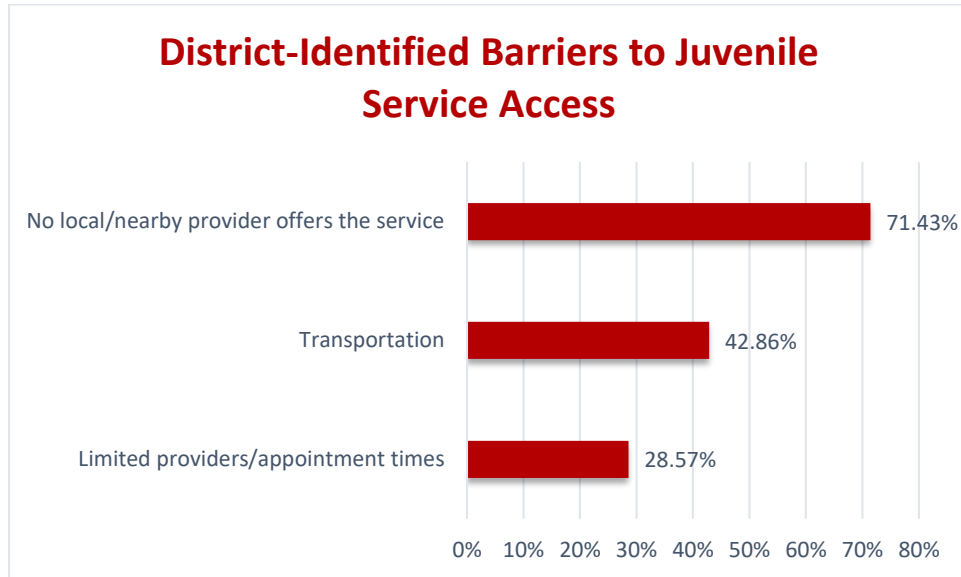
District respondents reported that Evaluations are generally available locally, either with many or limited options.

District respondents reported Juvenile Treatment services are somewhat available, frequently with limited options. Many respondents indicated no local or nearby availability of Psychiatric Residential Treatment Facility (PRTF) (57.14%), Multisystemic Therapy (MST) (57.14%), Therapeutic Group Homes (57.14%) and Functional Family Therapy (FFT) (42.86%). There were also several respondents indicating they were "uncertain" about the availability of Community Treatment Aide (CTA) (71.43%), Substance Use Partial Care (71.43%), Functional Family Therapy (FFT) (57.14%), Acute Inpatient Hospitalization (42.86%), Multisystemic Therapy (MST) (42.86%) and Partial Hospitalization (42.86%).

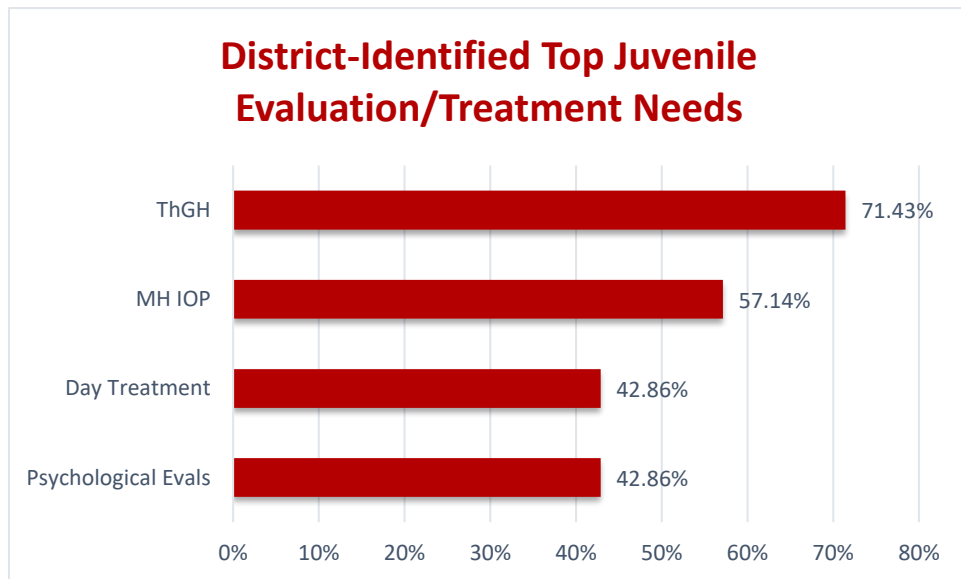
For Supportive Services (Non-Treatment), respondents indicated services were generally available with limited options. There was uncertainty, however, about the availability of Family Partner (71.43%), Employment Placement (57.14%) and Wraparound (57.14%).

On the survey, respondents reported Out-of-Home Placement services were generally available with limited options. The primary exception for Out-of-Home Placements was Maternity Group Home Parenting, with 57.14% of respondents "uncertain" about availability and 42.86% indicating no local or nearby availability.

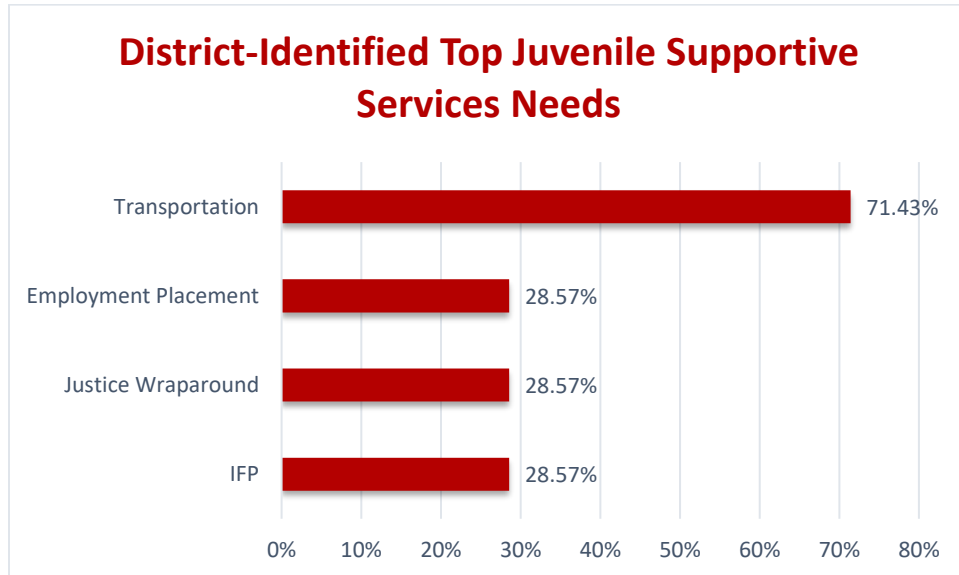
From the survey, the biggest barriers to accessing needed services were as follows:



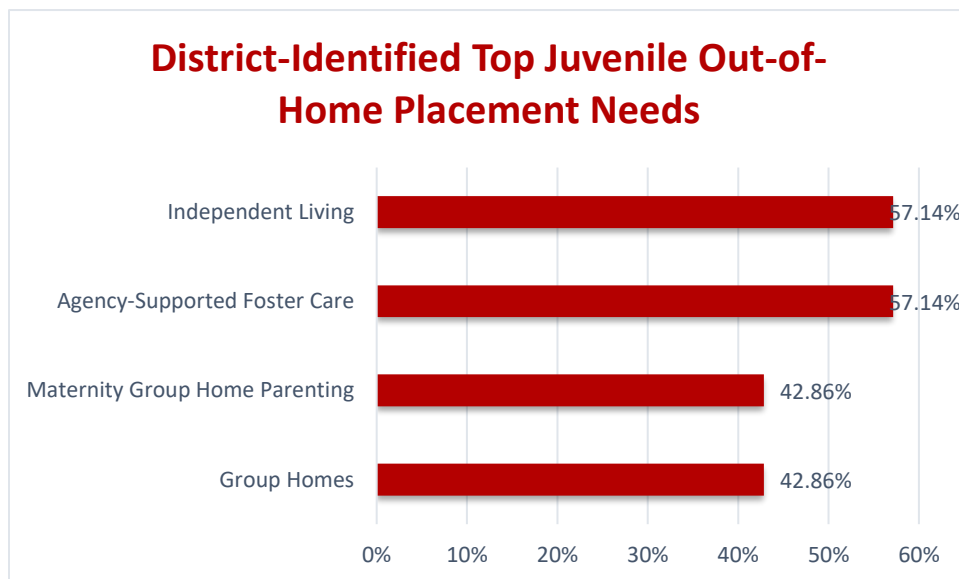
District respondents identified the following as their top Juvenile Evaluation/Treatment needs:



District respondents identified the following as their top Juvenile Supportive Services needs:



District respondents identified the following as their top Juvenile Out-of-Home Placement needs:

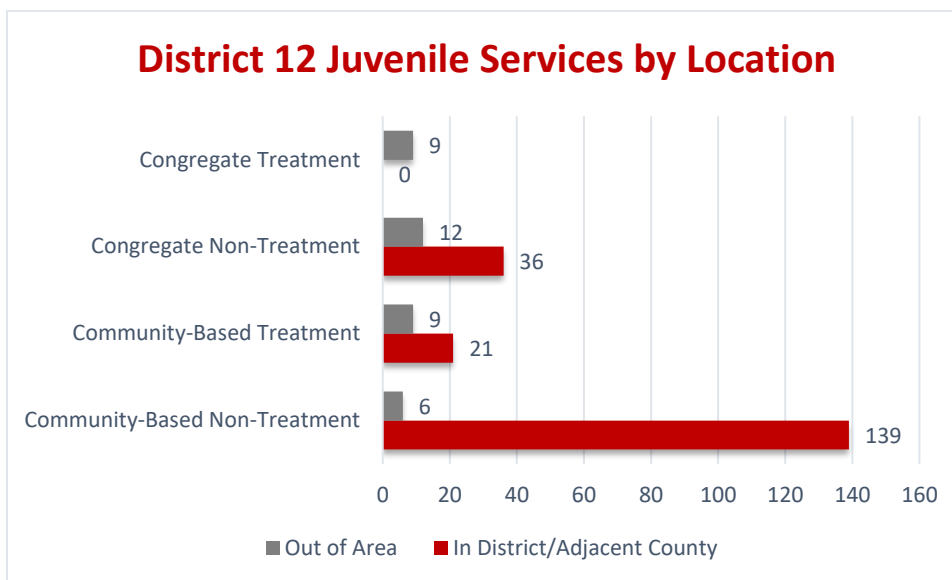


During the in-person follow-up meeting, District Management reviewed the information and offered their insights on top service needs: Juveniles who Sexually Harm Evaluations and Treatment and Transportation. District management also noted that, while they have some excellent providers who understand and work well with Probation clientele, they see additional opportunities for provider education on Probation processes and effective interventions for targeting criminogenic risk and need.

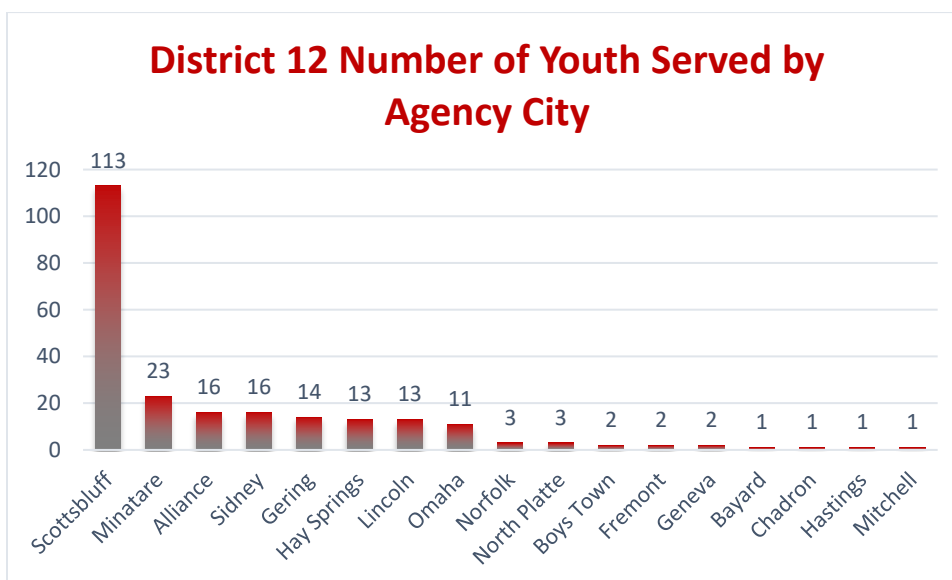


### Relevant Data on District Service Utilization/Availability

The following chart shows the number of justice-involved youth in the district accessing Probation vouchers for selected service categories in 2019, divided between those accessing a service in the district or an adjacent county and those who accessed a service outside of the district.



The following chart shows the breakdown of the cities where the district's justice-involved youth accessed the services identified above.



In 2019, three youth from District 12 used Probation vouchers for foster care services and relative kinship home placements through agencies and individuals based in Omaha, Gering and Mitchell.

## Recommendations

In considering the information in the charts above, it appears District 12 youth have largely been served by in-district providers with the exception of congregate treatment services. Survey respondents identified Psychological Evaluations as a top need, with District Management identifying Evaluations for Juveniles Who Sexually Harm (JSH) as a top need. While neither of these services were used frequently, they were provided, both in the district and out of the area, and access remains important. As Psychological Evaluations and Sex Offense-Specific Evaluations are not best provided via teleservices, the Chief Probation Officer should communicate the needs of and barriers of justice-involved individuals to in-district providers; likewise, AOCPP should consider the feasibility of reimbursing providers for travel time, both from within and from outside of the district, as a method of making this service more readily available. Concurrently, AOCPP's Domestic Violence Programs and Services Specialist, along with Rehabilitative Services, should continue statewide efforts to recruit additional JSH evaluators and treatment providers (as district management also identified JSH Treatment as a need).

Survey respondents also identified Mental Health IOP and Day Treatment as top needs; however, these services are not frequently funded by Probation statewide and there may not be a sufficient population to support dedicated programs. The Chief Probation Officer should communicate these needs to in-district providers; even if dedicated programs are not available, existing providers should have the flexibility to individualize treatment for youth on a case-by-case basis, such as seeing a youth for individual counseling more than one time per week if clinically appropriate. The Chief Probation Officer should also continue using Rehabilitative Services and the Juvenile Services Division as ongoing resources for staffing challenging situations when mental health treatment is involved.

Survey respondents also identified a need for Therapeutic Group Homes; the Chief Probation Officer should work with Rehabilitative Services and the Juvenile Services Division to track relevant referral data to quantify the need for additional beds or programs as this data can then be shared with providers. Survey respondents identified Intensive Family Preservation (IFP) as a need; this service was frequently funded by Probation for District 12 youth in 2019, so it is likely that the transportation and distance barriers the district identified are keeping some youth from this service. The Chief Probation Officer should communicate this need to district providers to encourage service expansion. While reimbursement for mileage is sometimes available for juvenile service providers, AOCPP should study the feasibility of additional funding for staff time, particularly for this service, as that may allow providers to expand their service areas.

Survey Respondents identified a need for Justice Wraparound Services; the Chief Probation Officer should communicate specific unmet needs to Region 1 Behavioral Health Authority to discuss any needed expansion of this service. Survey respondents also noted a need for Employment Placement services, although Employment Placement has not frequently been funded by Probation and was last funded in any judicial district in 2018. The Chief Probation Officer should continue discussions with staff regarding opportunities for developing youth employment skills through services that exist in the district as well as through Probation's own Advanced Coaching for Excellence (AC4E) initiative; the AOCPP's RISE Officer (Recognizing Increased Skills in Education) could be an additional resource for continued staff development in this area.

Out-of-home placement needs identified on the survey included Foster Care, Group Home, Independent Living and Maternity Group Home Parenting; as congregate non-treatment facilities are available and in use within the district, the Chief Probation Officer should communicate these needs to district

providers; the Chief Probation Officer should also coordinate with AOC's Rehabilitative Services and Juvenile Services Division to begin collecting data on referrals and waiting lists as this quantifiable data could then be shared with providers.



STATE OF  
**NEBRASKA**  
JUDICIAL BRANCH

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Probation Programs &  
Field Services Division  
Rehabilitative Services

*This report is available at:*

<https://supremecourt.nebraska.gov/probation/community-based-programs-field-services-division/rehabilitative-services/rehabilitative-services-resources>.