

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee February 5, 2020

**HOWARD:** [RECORDER MALFUNCTION] And then we'll do your openings. Ms. McQuillan, this is Senator Sara Howard. How are you?

**SHELLY McQUILLAN:** Hi, I'm good. Thank you.

**HOWARD:** Thank you for calling in to speak with us today. We appreciate it.

**SHELLY McQUILLAN:** Oh, thank you for allowing me to do it by phone.

**HOWARD:** Can they hear the other microphones? Can she hear the other microphones? If I--

\_\_\_\_\_ : Yeah, [INAUDIBLE].

**HOWARD:** All right. So I'm going to have the members of the committee introduce themselves to you before we ask you a little bit about yourself. OK?

**SHELLY McQUILLAN:** OK.

**HOWARD:** I'll start on my right with Senator Murman.

**MURMAN:** I'm Senator Dave Murman from District 38: seven counties south of Kearney, Grand Island and Hastings.

**WALZ:** Lynne Walz, District 15: all of Dodge County.

**ARCH:** John Arch, District 14: Papillion, La Vista in Sarpy.

**WILLIAMS:** Matt Williams from Gothenburg, Legislative District 36: Dawson, Custer and the north portion of Buffalo Counties.

**CAVANAUGH:** Machaela Cavanaugh, District 6: west-central Omaha, Douglas County.

**B. HANSEN:** Senator Ben Hansen, District 16: Washington. Burt, and Cuming Counties.

**HOWARD:** And we're joined by my committee counsel, Jennifer Carter, and our committee clerk, Sherry Shaffer, who helped set up this appointment. And so we were hoping, Ms. McQuillan, you could just tell us a little bit about yourself and your interest in the Nebraska Child Abuse Prevention Fund Board.

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**SHELLY McQUILLAN:** Sure. I am currently a medical social worker at the Ogallala Community Hospital. I have worked in the hospital setting and home health and hospice for about 10 years. Before that, I was a prevention specialist with a regional, Region II, here in Ogallala, where I worked with all kinds of schools and different agencies, trying to prevent some of the evils of the world from our children and families in our, in the 17 counties. I have been on the prevention board for several years now and am currently the chairperson working with the group there.

**HOWARD:** Oh, that's great. Do you want to tell us about any of the big issues that the board has been focused on?

**SHELLY McQUILLAN:** We continue to provide funding for various counties with different programs for one-to-three-year-olds and older children. We do another bunch of funding for promotional materials that are circulated throughout the state and are looking for different ways to provide funding for communities to help with families in this area.

**HOWARD:** That's great. Let's see if there are any questions from the committee. Are there questions? Senator Cavanaugh.

**CAVANAUGH:** Thank you. Thank you so much for, for being on the call with us today, and for being willing to serve another term. Can you maybe share with us some of the things that make you want to renew your term on this board?

**SHELLY McQUILLAN:** Sure. I continue to see the need for it in our, in our tiny little community, just with the mental health needs that we're seeing with our, with our families and with our community, and know that it continues to plague the rest of the state and our nation. I think we've got great programs that we have done the research with and have got the research backing to support the program. So I, I just know that the need continues and it's hard to make a dent, but we're, we're doing our best.

**HOWARD:** And Ms. McQuillan, I noticed-- this is Senator Howard again-- I noticed that you serve as a CASA volunteer. How is this--

**SHELLY McQUILLAN:** And actually I have, I have backed down from being the Casa volunteer because of other commitments. But yes, CASA is a strong organization here in Keith County, and we have branched out into other counties, as well.

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**HOWARD:** That's wonderful. OK. Let's see. Are there any other questions? Senator Arch.

**ARCH:** Hi, this is Senator Arch. I just wanted to echo Senator Cavanaugh's thanks to you. We need really good people volunteering for these things. And we really appreciate your commitment and willingness to serve.

**SHELLY McQUILLAN:** Oh, thank you. And just one more small little piece. I just think rural Nebraska is its own little section of our state. And that was one of the biggest reasons I wanted to get involved, is to keep rural Nebraska, and the needs that we face, on the state level. But everyone is aware of what our needs are that might differ from the communities that some of you represent, so.

**HOWARD:** Well, thank you for that. And thank you for your willingness to serve. We really, really appreciate it. And we appreciate you taking the time to call in to us today. We'll bring your confirmation to the floor probably next week.

**SHELLY McQUILLAN:** OK.

**HOWARD:** And so you can look forward to that next week.

**SHELLY McQUILLAN:** OK. Very good. Thank you so much.

**HOWARD:** Thank you so much.

**SHELLY McQUILLAN:** Um-hum. Bye bye.

**HOWARD:** Bye. OK. So now we'll do our regular opening. OK. All right. Good afternoon and welcome to the Health and Human Services Committee. My name is Senator Sara Howard, and I represent the 9th Legislative District in Omaha. And I serve as chair of this committee. I'd like to invite the members of the committee to introduce themselves, starting on my right with Senator Murman.

**MURMAN:** Hello. I'm Senator Dave Murman from District 38: Clay, Webster, Nuckolls, Franklin, Kearney, Phelps, and southwest Buffalo County.

**WALZ:** Lynne Walz, District 15: Dodge County.

**ARCH:** John Arch, District 14: Papillion, La Vista in Sarpy.

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**WILLIAMS:** Matt Williams from Gothenburg, Legislative District 36: Dawson, Custer, and the north portion of Buffalo Counties.

**CAVANAUGH:** Machaela Cavanaugh, District 6: west-central Omaha, Douglas County

**B. HANSEN:** Ben Hansen, District 16: Washington, Burt, and Cuming Counties.

**HOWARD:** Also assisting the committee is our legal counsel, Jennifer Carter, and our committee clerk, Sherry Shaffer. And our committee pages today are Taylor and Nedhal. A few notes about our policies and procedures. Please turn off or silence your cell phones. This afternoon, we'll be hearing five bills, and we'll be taking them in the order listed on the agenda outside the room. On each of the tables near the doors to the hearing room, you'll find green testifier sheets. If you're planning to testify today, please fill one out and hand it to Sherry when you come up to testify. This will help us keep an accurate record of the hearing. If you're not testing, testifying at the microphone, but want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each entrance, where you may leave your name and other pertinent information. Also, I would note if you are not testifying but have written testimony to submit, the Legislature's policy is that all letters for the record must be received by the committee by 5 p.m., the day prior to the hearing. Any handouts submitted by testifiers will also be included as part of the record, as exhibits. We would ask, if you do have any handouts, that you please bring ten copies and give them to the page. We do use a light system for testifying. Each testifier will have five minutes to testify. When you begin, the light will be green. When the light turns yellow, that means you have one minute left. When the light turns red, it's time to end your testimony, and we'll ask you to wrap up your final thoughts. When you come up to testify, please begin by stating your name clearly into the microphone, and then please spell both your first and last name. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we'll hear from supporters of the bill, then from those in opposition, followed by those speaking in a neutral capacity. The introducer of the bill will then be given the opportunity to make closing statements, if they wish to do so. We have a strict no-prop policy in this committee and before we begin, because today is a little bit different than our usual process. I'd like to go over what we'll be doing this afternoon. Since we're in the unique

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circumstance of hearing bills that have all been brought unanimously by this committee, I will, as part of my opening on LB1140, I'll provide the background of the crisis on the YRTC in Geneva and the committee's fact-finding work over the last six months. That background will serve for all of the bills we hear today. Individual committee members will then, subsequently, be presenting the bills that follow. They will not be taking questions on their opening and will close at their discretion. Senator Arch will open on LB1141, Senator Murman will open on LB1142, Senator Walz will open on LB1143, and Senator Cavanaugh will open on LB1145. With that, we'll begin today's hearing with the confirm, the appointment of David Hansen to the Nebraska Child Abuse Prevention Fund Board. Welcome, David Hansen-- Mr. Hansen.

**DAVID HANSEN:** Hi. Greetings. Chairperson Howard and committee members, I appreciate the opportunity of being considered for this.

**HOWARD:** Could you state and spell your name for the record?

**DAVID HANSEN:** Yes. David Hansen, D-a-v-i-d H-a-n-s-e-n.

**HOWARD:** We were hoping you could tell us a little bit about yourself.

**DAVID HANSEN:** Sure, happy to. I am a professor of psychology at the University of Nebraska-Lincoln, where I've been since 1992. I'm also the director of our Clinical Psychology Training Program, which is a doctoral clinical psychology program accredited by the American Psychological Association, and I'm also director of our Law-Psychology Program, which is an interdisciplinary graduate program we run with the College of Law. And in this building and beyond, I am also known as Senator Matt Hansen's dad [LAUGHTER], so that's a title I wear with pride. I received my Ph.D. in clinical psychology at the University of Mississippi. I also got my master's degree en route to that. And prior to that, I'd been a undergraduate at Creighton, where I earned a bachelor's in psychology. And throughout much of my career, I've worked in the area of child maltreatment, have done a variety of research and training activities and clinical service activities associated, associated with child maltreatment. That includes, over the years, in terms of research activities, publications, I probably have more than 90 journal publications, more than 20 book chapters, and three books that I've either edited or coauthored. And across those publications, I would imagine more than 50 of them have addressed child maltreatment issues that's usually associated with, with kind of understanding, preventing, reducing, and treating child

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maltreatment. And then another kind of major activity, just kind of as an example that I've done in the context of child maltreatment, is I, I developed and have led a program that we called Project SAFE, that's a clinical service program geared toward providing treatment services to children who've been sexually abused, as well as services to their, their nonoffending parents and the siblings, who are also often impacted by that. We started that in 1996. And since 2001, that-- actually, the program has been conducted on-site at the, at the Child Advocacy Center here in Lincoln. Graduate students serve as the, as the therapists, and a colleague and I provide the clinical supervision. We've served more than hundreds of families over, over the years since we, since we started that. I think it provides wonderful training opportunities for students to learn how to go, doctor students, to learn how to go serve these families. It also provides much needed services to the families, that we provide them for free at the, at the, at the Child Advocacy Center. So I'd be happy to talk more. I've got variety. We've-- as I said, the training, service, and research experiences. And since I graduated and since I started my first job at West Virginia University in 1985, child maltreatment has always been on the topics I worked extensively in.

**HOWARD:** Thank you. Are there questions from the committee? Senator Arch.

**ARCH:** Thank you. And thank you for coming and thank you for volunteering. This is, this is your appoint, this is your initial appointment, is that--

**DAVID HANSEN:** Yes.

**ARCH:** Am I correct?

**DAVID HANSEN:** Yes.

**ARCH:** So were you drafted or volunteered? Or how--

**DAVID HANSEN:** I've been asked periodically over the years to be considered. And I've had colleagues who've served, who've served. And so, after being prompted, I submitted my, my materials.

**ARCH:** Well, your background looks very well suited. You have a lot of information, a lot of depth of experience with, with the population that you could be helping here. So thank you for volunteering.

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**DAVID HANSEN:** Thank you. Yeah, it certainly wasn't a stretch when people were asking if I might be interested in participating in this because I, as I said, I do a lot of work in there.

**HOWARD:** Senator Williams.

**WILLIAMS:** Thank you, Chairperson Howard. And, and thank you for being here, Mr. Hansen. And thank you for starting the, the program that takes care of some of our state's most vulnerable citizens. You used the term "maltreatment"--

**DAVID HANSEN:** Yes.

**WILLIAMS:** --many times.

**DAVID HANSEN:** Yes.

**WILLIAMS:** For those of us that aren't acquainted with this in the same depth that you are, could you describe what that is, and give me a few examples?

**DAVID HANSEN:** Yeah, and it's actually kind of the, a, a broad term which encompasses all the various forms of more specific forms you might be used to hearing about, so child physical abuse, child neglect, child sexual abuse. And in some cases there's certainly research and other things indicating emotional and psychological abuse. So it's just the, the broadest of the umbrella terms. And then you'd be more familiar with the, with the specific terms within that.

**WILLIAMS:** Thank you.

**DAVID HANSEN:** Sure.

**HOWARD:** Other questions? Oh, Senator Hansen.

**B. HANSEN:** Thanks. Thank you for coming. And thank you for clarifying that. You're not my father, and so-- [LAUGHTER]

**DAVID HANSEN:** Yes. Yes, exactly. I'm, I'm connected to the other senator, the other Senator Hansen.

**B. HANSEN:** Thank you. Pretty extensive academic positions you still currently have. You don't perceive this kind of getting in the way of any of those other things, or stepping down from any other position that you might have with the university, because of this at all?

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**DAVID HANSEN:** Yeah. No, that's a good question. No, I, I, I do not. It's, it's a, it's a reasonable service load to participate on the Nebraska Child Abuse Prevention Fund Board, as I understand it. And, and, you know, service to the community and state is greatly valued by the university. So it's, it's seen as-- I, I'm confident it would be seen by my, my chair and my dean as a, as a, as a, as a valuable activity for me to engage in. So it works perfect in that regard.

**B. HANSEN:** Thank you.

**HOWARD:** Senator Cavanaugh.

**CAVANAUGH:** I have a very important question to ask. Your resumé is missing one of your earlier jobs in college. Is that something that you could tell us about? Maybe it's somebody who is related to me that gave you a cleaning position?

**DAVID HANSEN:** What's that? The-- oh, the-- are you talking about working, doing things at the courthouse?

**CAVANAUGH:** Yes.

**DAVID HANSEN:** Yes. So I have this, this childhood connection to Senator Cavanaugh's family, where it would have been your grandfather--

**CAVANAUGH:** Yes.

**DAVID HANSEN:** --helped me get a job as a teenager, doing maintenance and other activities at the Douglas County Courthouse.

**CAVANAUGH:** And I did not file a conflict of interests, but I did want that stated for the record, that--

**DAVID HANSEN:** I rode my bike to work down there every, every day, all summer, so I--

**CAVANAUGH:** How very environmental of you. Thank you, Dr. Hansen.

**DAVID HANSEN:** I didn't have a car at the time, so--

**HOWARD:** All right. Any other questions? What's it like being Senator Hansen's dad?

**DAVID HANSEN:** It's wonderful. It's wonderful. It's so great to, great to see-- it's always been great to be his dad. So I should preface



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that. It's just-- it's not just since he's, he's become senator, but it's, it's always been a delight, as you, as those of you who know him might guess. It's been wonderful. And it's, and it, and it has been very, very fun. It was-- it, it, it-- I, the-- when he, once he got elected, I became Senator Hansen's dad. That is, it is the title that, that people-- that's how people, they think of him, and then that's my connection to him. So it's wonderful.

**HOWARD:** Senator Cavanaugh.

**CAVANAUGH:** I have a follow-up to that question. What is it like to be Jane's father-in-law?

**DAVID HANSEN:** Oh, that's really good. That's also a delight. Jane, Jane is-- some of you then apparently know is, is wonderful, and we've, we've loved having her join and be a part of the, part of the family. And we're delighted she just started a really terrific job at the Lied Center at UNL, so that's very, very cool.

**HOWARD:** Thank you so much. We very much appreciate your willingness to serve on this board. The committee will convene and will push your confirmation to the floor, and we'll discuss it, most likely next week, so we-- on the floor. So we'll have to see what Senator Hansen thinks about it then.

**DAVID HANSEN:** That's funny. OK. Well, hopefully he doesn't interfere with it.

**HOWARD:** All right. Thank you so much for your time today.

**DAVID HANSEN:** Thank you.

**HOWARD:** This will close the gubernatorial appointment hearings for Shelly McQuillan and David Hansen. And it will open the hearing for LLB, LB1140, the Health and Human Services Committee bill to provide requirements for youth rehabilitation and treatment centers. And I will pass it off to my colleague, Senator Arch.

**ARCH:** Welcome, Senator Howard. And you are ready, and we're ready for LB1140

**HOWARD:** Wonderful, thank you. Good afternoon. Vice Chair Arch and members of the Health and Human Services Committee. My name is Senator Sara Howard, H-o-w-a-r-d, and I represent District 9 in midtown Omaha. Today I present you, present to you a bill, LB1140, to define in

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statute the youth rehabilitation and treatment centers, or YRTCs, and to clarify the Legislature's expectations of what those YRTCs will provide. The state has a legal obligation to serve the youth in Nebraska's juvenile justice system. And when youth enter the juvenile justice system, the goal is to provide them with treatment and rehabilitation to address the issues that have led to their behavior and to help set them on the right course for the future. The youth rehabilitation and treatment centers in Geneva and Kearney have played a crucial role in the system. Nebraska's youth rehabilitation and treatment centers serve youth ages 14 to 19 in the state's juvenile justice system. The YRTCs are under the jurisdiction of the Department of Health and Human Services through the Office of Juvenile Service, or OJS. The Office of Juvenile Services was originally a part of the Department of Corrections, but was moved to DHHS through LB1044 in 1997. The YRTC in Geneva has served girls since 1891, and the YRTC in Kearney has served boys since 1881. However, currently, all of the youth being served, both boys and girls, are living at the YRTC in Kearney. As the committee is aware, on Monday, August 12, 2019, the Department of Health and Human Services CEO, Dannette Smith, alerted me to a crisis at the YRTC in Geneva. CEO Smith felt that YRTC-Geneva had become unsafe, due to damage to the property, a lack of programming, and staffing issues. CEO Smith sought to reduce the census on campus immediately. That day, four of the higher-need girls were moved to the Lancaster County Youth Services Center, a juvenile detention center in Lincoln. However, three days later, on Thursday, August 15, the Lancaster County Attorney's Office made a motion in Juvenile Court to remove the girls from the Youth Services Center in Lincoln. The court agreed, noting that there was no court order for the placement change. The girls were transported back to YRTC-Geneva and then immediately moved to the YRTC-Kearney that evening. The next day, on Friday, August 16, I, along with Senators Lathrop, Brandt, Pansing Brooks, visited-- and Pansing Brooks visited YRTC-Geneva. We saw each living cottage, the school, and the cafeteria. We saw, firsthand, the disrepair of the facilities that CEO Smith noted. Some of the higher-needs girls had been breaking sprinkler heads, causing water damage in two of the cottages. We also found major unfinished repairs, significant water damage, with a resulting sort of musty smell, holes in the walls between rooms large enough for the girls to fit through broken walls with the sharp mesh from the plaster and lath exposed, and a broken fire safety system, system. The senators spoke with several girls and were told there was no programming. And the senators observed, we observed that the staff did not interact, at all, with the girls. The following Monday, August 19, DHHS moved all

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of the girls to YRTC-Kearney, and they are still there today. At YRTC-Kearney, the girls are segregated from the boys, have received new mental health evaluations, and are attending school. While there are many challenges with keeping the girls at Kearney, the situation has stabilized. At YRTC-Geneva, construction has been finished, we believe, has been done to repair the facilities. We know that work on, on at least one building, LaFlesche, has been completed. And we also know that mold remediation is underway in the other three buildings. That visit to YRTC-Geneva on Oct, on August 16 was the beginning of the Health and Human Services Committee's six-month fact-finding process. The committee held public hearings in Geneva, Kearney, and Lincoln. We were all there. We were just building a record. The committee took multiple tours of both YRTCs in Geneva and Kearney, and tours of other facilities that treated, that treat juveniles. Several senators had numerous conversations with, not only the girls affected, but parents, current and former staff, former youth who had been in, in the YRTCs, and community members. And the committee collaborate, collaborated regularly with the Office of the Inspector General for Child Welfare and the Ombudsman's Office. And members of the committee, particularly my office, communicated weekly, at times daily, with the Department of Health and Human Services, DHHS, specifically CEO Dannette Smith. I'd like to acknowledge, again, and thank the Judiciary member, Committee members, particularly Senators Lathrop, Brandt and Pansing Brooks, as well as Senator Lowe and Quick, for their engagement and help on this issue. The hearings in Geneva were very well attended, and-- in Geneva and Kearney were very well attended-- and the committee heard extensive testimony. It was extremely helpful to hear from former staff and members of the community. And several themes emerged, regarding the challenges at YRTC-Geneva with facilities, maintenance, staffing, and programming at the YRTCs. In October, DHHS released a business plan regarding the YRTCs. The plan would create a third YRTC-Lincoln, and space to be leased at the Lancaster County Youth Services Center, which is a detention center. Girls and boys placed at a YRTC by the courts would first go to YRTC-Kearney to be evaluated. And then, if the youth was found to have higher needs, they would be moved to YRTC-Lincoln. Once the youth have been stabilized in Lincoln, they may be returned to YRTC-Kearney. And finally, for the girls, according to the business plan, when they're ready to transition home or to a lower level of care, they would be moved from YRTC-Kearney to YRTC-Geneva. It was reported in October that DHHS had signed a five-year lease for the Lancaster County space. In addition, DHHS has been working on a plan to address the education of the girls. While at YRTC-Kearney, the

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girls have not been able to be in school for, for the regular period of time and, therefore, are short, short educational hours. CEO Smith is working with the Nebraska Department of Education and the Nebraska State Education Association on a plan to make up those hours yet this year. Finally, the Office of Inspector General for Child Welfare has been actively engaged on this issue from the beginning, and is completing an investigation into the conditions at YRTC-Geneva. All the work the HHA, the HHS Committee has done over the interim was part of an effort to understand how we got to this crisis point and, most importantly, how we move forward from here. On January 22nd, this committee released its report to the Legislature on the YRTCs, and it contained 14 recommendations. Some of those recommendations have been crafted into legislation brought by this committee. And five of those bills are what we heard this afternoon. The first of those bills is LB1140, this bill at hand, which creates and defines the YRTCs in statute. Through the committee's fact-finding process, we discovered that there is no enabling legislation in statutes for the YRTCs. They simply appear in, in Section 83-107.01, on a list of facilities under the jurisdiction of the Department of Health and Human Services. These facilities were created so long ago that there is no language in statute creating them, defining them, or stating what they should provide. Under LB1140, youth rehabilitation and treatment centers are defined as facilities operated to provide programming and services to rehabilitate and treat juveniles. Each YRTC is considered a separate placement. LB1140 also requires each YRTC to provide: safe and sanitary space for sleeping, hygiene, education, programming, treatment, recreation, and visitation; healthcare and medical services; appropriate physical separation and segregation of juveniles, based on gender; sufficient staffing to comply with law and to protect the safety and security of each juvenile; training that is specific to the population being served at the YRTCs; a facility administrator for each YRTC who has the sole responsibility for administration of a single YRTC; an evaluation process for the development of an individualized treatment plan within 14 days of admission; an age-appropriate, appropriate and developmentally-appropriate education program for each juvenile, that can award relevant and necessary credits toward high school graduation, that will be accepted by the juvenile's home district; a case management and coordination process-- this is a long list, bear with me-- designed to assure appropriate reintegration of the juvenile to his or her family, school, and community; compliance with federal programs and funding, such as Medicaid, Child Welfare funding, the Special Education Act, and other funding guidelines as appropriate;

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research-based or evidence-based programming that includes living skills, vocational training, behavior management and modification, substance abuse awareness, job training and job placement assistance; and finally, research-based or evidence-based treatment services for behavioral and mental health issues, sex offender behavior, substance abuse, and victims of physical or sexual abuse. LB1140 also requires each YRTC to file an annual report with the Clerk of the Legislature, on or before July 15th of each year. The annual report should include data on the population served, an overview of programming and services, and an overview of any facility issues or facility improvements. Many of the requirements listed in LB1140 already exist in law in some form, often as a statement of the responsibilities of the Office of Juvenile Services. Essentially, what we're doing is we're codifying everything that they're, that, that they're already doing and putting it into statute. Some provisions are the result of lessons learned by the committee, from the testimony and input of those involved with the YRTCs and their requirement that a facility administrator-- the requirement that a facility administrator should not oversee more than one YRTC is really a good example of something where we learned about it, we recognized that it was an issue, and we felt as though it should go into our enabling legislation. Prior to the crisis at YRTC-Geneva, some key administrative and clinical positions were required to oversee more than one facility, and several persons explained that led to some of the difficulties at the facility. As will be discussed further this afternoon, there needs to be some deliberate long-range planning around the YRTCs. We know that the department and CEO Smith are reconvene, reconvening a visioning group that was started last July. And we will also hear legislation put forth by this committee, requiring the department to create a long-term plan for the YRTCs. LB1140 will provide helpful direction in the planning process regarding the Legislature's expectations of what a YRTC should be, without limiting the ability to craft other or additional solutions to ensure our juvenile justice system works for the youth it serves, and works to the long-term benefit of the community at large. This afternoon, we'll be hearing several bills that reflect this committee's recommendations on the YRTCs. As noted, we'll discuss the need for long-range planning in LB1141, which will be heard next. Our third bill is LB1142, which requires the department to develop an emergency plan for each YRTC. Our fourth bill this afternoon is LB1143, requiring a cost study and a needs assessment for the reopening of an inpatient adolescent psychiatric unit. And finally, our fifth bill this afternoon would require the department to the, to develop policies regarding the use of mechanical restraints

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and the transporting of youth. I want to, once again, thank this committee for all their time, dedication, and thoughtful work on this issue. I am happy to stand for any questions, especially if I forgot anything in the opening. You were all there, so let me know if I forgot anything. Are there any questions?

**ARCH:** Are there any questions for Senator Howard? I don't see any.

**HOWARD:** That's wonderful. Thank you.

**ARCH:** So thank you. Are there proponents for this bill that would like to speak?

**JULIET SUMMERS:** Good afternoon.

**ARCH:** Hello.

**JULIET SUMMERS:** Mr. Vice Chair Arch and members of the committee, my name is Juliet Summers, J-u-l-i-e-t S-u-m-m-e-r-s. I'm here on behalf of Voices for Children in Nebraska. And if it's acceptable to the committee, I have supportive testimony for both LB1140, before you now, as well as LB1141, which is the next. For the sake of your time, I've condensed those into one. I also have attached to my testimony being distributed to you, a letter pertaining to all the bills before you today, from a young woman who previously resided at Geneva. Due to an emergency, she was unable to attend in person today, and she asked that I submit her letter of testimony-- Bobbi Taylor, for the record. When youth encounter our state systems, the treatment and care they receive will affect not only their futures, but ripple out to touch their families, communities, and Nebraska's future as a whole. We cannot be thoughtful enough, when structuring our system, to ensure that every taxpayer dollar spent goes toward quality programs, services, supervision, and ongoing supports. Voices for Children in Nebraska is here today to support LB1140 and LB1141 because they work together in setting forth the statutory framework that will guide both the big picture vision and the detailed operations planning for the youth rehabilitation and treatment centers. I recognize this committee is intimately familiar with the history of the YRTC's, but in the expectation that this pair of bills may reach the floor, do you think it might be helpful to offer it again, for the record? Because knowing the history of the YRTC's may assist colleagues in understanding why it's past time to put authorizing language and guidelines for its operational planning into the statute. So as you've heard, the current facility footprint that we have has existed for well over 100 years.

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Kearney was initially built in 1879 and Geneva 1891. And worth noting is that both predated, not just in Nebraska but nationally, the very idea of a separate juvenile court which didn't develop until 1899, the first one in the United States, and not one until 1959 in Nebraska. So for much of these history, the facilities were within Corrections. And subsequent to the development of the juvenile court in Nebraska, they were still with Corrections. And for much of that time, they were known as the youth development centers. It was only in the 1990s, in part through changes in federal legislation, that the facilities were renamed the youth rehabilitation and treatment centers, and the Office of Juvenile Service was first created in Corrections and then, subsequently, moved to the Department of Health and Human Services. Since that time, there have been various administrative and legislative changes which have made reforms, for instance, articulating eligibility criteria and a judicial process for a commitment. But a major overhaul of the sections of code that address the very role and purpose of the YRTC's in statute has not happened in our modern era. And we know so much more now about adolescent development and what works for young people, that the code governing these facilities should match the values of our juvenile system and our juvenile courts as a whole. So it's my belief, and the testimony you'll be hearing from Voices for Children over the next couple of days, is that between LB1140 and LB1141 today, the two bills that were in Executive Board yesterday, LR286 and LB1-- LB1144, And then also LB1148 and LB1149 tomorrow, that particular package of legislation would present-- take this period of crisis that we've been in and really articulate the broad strokes of what the YRTC's are, what they're meant to do, and what place they hold in our rehabilitative juvenile justice system, as it exists today. You have in my testimony the provisions that we strongly support, so I won't read that aloud for you today. You've already heard from Chairman Howard everything that this bill does; and you wrote it, so you know. But we especially like those ones. And we do have one recommendation for your consideration in LB1141, that I did share with Senator Howard's office. Specifically, on page 2, line sixteen, we would recommend striking the words "taxpayer investments already made in the facilities." That's LB1141, page 2, line 16. Strike-- leave most of it, but just strike "taxpayer investments already made in the facilities," which would leave the line to be a facility plan that considers community support and acceptance, etcetera. From our perspective, sometimes past investments, made in facilities or otherwise, just need to be considered [INAUDIBLE] costs and left at that. And what's more important, in terms of future visioning, is the

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current functioning of the facilities and, and their role, ongoing, in the system. So at that, I thank you all again so much for all of your work, and your time, and your commitment to Nebraska kids, their families, and communities. And I would be happy to answer any questions.

**ARCH:** Thank you. Thank you for your testimony. I was trying to recall, did you spell your name at the beginning of the testimony?

**JULIET SUMMERS:** If I did not, it's Juliet, J-u-l-i-e-t, Summers, S-u-m-m-e-r-s.

**ARCH:** Thank you. Thank you. Are there any questions for Ms. Summers? Seeing none, thank you very much for your testimony. Are there other proponents for this bill that would like to speak? Seeing none, are there any opponents for the bill that would like to speak? Seeing none, anyone want to testify in a neutral capacity today?

**PAYNE ACKERMAN:** Thank you, senators of the Health and Human Services Committee and Chairperson Senator Howard. My name is Payne Ackerman, spelled P-a-y-n-e A-c-k-e-r-m-a-n. I'm here to testify on LB1140. I hold a neutral standpoint on this bill for many reasons, as a youth that is considered alumni of the YRTC in Kearney. This bill has many great and positive things to it, but a few concerns. I am glad that the Legislature has taken a stand in providing the accountability and oversight that the YRTCs need in order to ensure that the youth are being properly rehabilitated and treated, and that their needs are being met, such as their educational, medical, and mental health needs. I'm also glad that the Legislature is ensuring that the YRTCs are complying with state and federal laws. I do feel that the state Legislature needs to put a priority on a few key things for these youth to be successful and fully rehabilitated and treated. First of all, we need to make sure that every youth and staff member at these facilities feel safe and are kept safe, with a special focus on the youth. I feel that in order for our youth to be properly treated, especially with any youth that has behavioral or mental health needs, the YRTC needs to ensure that the staff are trained properly, within current best practices and research- and evidence-based training, as to ultimately prevent any further trauma, abuse, or assaults from occurring at facilities or to any of the staff for youth. The YRTCs must make sure that they are staffed sufficiently to provide the security and safety that ultimately prevents any form of abuse or altercations from happening, and that also ensure that the environment is an environment that promotes treatment, promotive and protect,



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protective factors, and a place that youth can receive the appropriate resources and guidance they need in order to reintegrate back into society as productive and law-abiding citizens. I also feel that it would be important to mention that there should also be a focus not only on group therapy, but also individual therapy. This bill does mention an individual treatment plan, but it is important to mention that this is critical, so that each and every youth can focus on the individual's issues and/or behaviors that originally brought them to the YRTC. I, unfortunately, did not get that when I was there, and I believe that it would have helped. I also know this bill mentions in Section 1(i), a coordination and a, and case management process for the youth to reintegrate back into the community. But the youth voice needs to be an essential piece to this, so that we aren't failing the youth, and so that their needs can be addressed from their personal standpoint, as an attempt to not leave any need unaddressed. I do also want to mention that I am concerned that certain youth, with mental and or psychiatric disorders and/or sexual abuse or histories, may not get the treatment they need to rehabilitate them if the individuals around them victimize them because of their past or their behavioral health conditions, as it might only lead to them being victimized, traumatized, and/or cause them to be worse off than when they arrived. So I prayerfully asked the state Legislature take special consideration that, even though the YRTCs are meant to rehabilitate and treat our youth, we also need to protect them and make sure that their needs are being met, as in a way to fix the issues these kids are facing and not make them worse. Unfortunately, when I left the YRTC, I came out as a youth that is now an adult with severe PTSD, anxiety, depression, and some indivisible scars that are currently healing to this day. Yes, I may be a great advocate and a leader in child welfare, juvenile justice and behavioral health reform in Nebraska, but it has come at a high cost. Thank you very much for this opportunity to speak to you. And I'm open to any questions you guys may have.

**ARCH:** Thank you very much, Mr. Ackerman. Are there any questions?  
Senator Williams.

**WILLIAMS:** Thank you, Vice Chairman Arch. And, and thank you, Mr. Ackerman, for taking time to be with us today, and--

**PAYNE ACKERMAN:** You're welcome.

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**WILLIAMS:** --and sharing your story and putting a face on what we have seen other times. And thank you.

**ARCH:** Senator Cavanaugh.

**CAVANAUGH:** Thank you. Thank you, Mr. Ackerman, for being here. And I-- just seconding Senator Williams' comments. Really appreciate you coming in and sharing your, your, your thoughts on this, because it is really important that we have youth advocates and that we hear from the youth that have currently are or have experienced justice-involved systems. And so your testimony is really important.

**PAYNE ACKERMAN:** Thank you.

**CAVANAUGH:** Thank you for taking the time.

**PAYNE ACKERMAN:** And I do want to mention, you know, we, we have made major progress, but we have a lot to do. And I think the state Legislature can really make a big difference in our youth, for our future.

**CAVANAUGH:** Well, thank you for keeping us informed.

**PAYNE ACKERMAN:** Thank you.

**ARCH:** Oh, I'm sorry. There's another question. Senator Murman.

**MURMAN:** Thank you very much for coming in to testify. You're very articulate, and I really appreciate you doing that. With your experience, it's very valuable to the committee. I've got one question. You know, if it's too painful or anything--

**PAYNE ACKERMAN:** Oh, it's not.

**MURMAN:** --to answer, don't. That's no problem; you don't have to answer it. But when we toured the YRTC at Kearney, I was surprised-- it was the first time I'd been there-- that the sleeping arrangement was a big room with cots or beds in it. Was that supervised well enough or was that a problem, that kind of open-sleeping arrangement?

**PAYNE ACKERMAN:** So I will testify on that and include it when that bill comes up. But it was a concern. Obviously, there was no privacy. There was only two staff, but things did break out. And with only two staff, you know, it's kind of hard for the, what they called like-- and I think they call them day officers at the time-- I don't know

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what they were called. But it took them like 15, 30 minutes to get there. And by that time, you know, somebody could have got hurt. I will actually mention, in LB1141, an incident that took place when I was at our YRTC, where I was about stabbed. But I will mention that in the next bill for you, OK?

**MURMAN:** Thank you very much.

**PAYNE ACKERMAN:** Thank you.

**ARCH:** Thank you, Mr. Ackerman. Thank you.

**PAYNE ACKERMAN:** You're welcome.

**ARCH:** Is there anyone else who would like to testify in a neutral capacity? OK, thank you. I want to make sure that I didn't miss someone in this process. And CEO Smith, did you care to testify?

**DANNETTE R. SMITH:** Yes, thank you so much.

**ARCH:** Certainly.

**DANNETTE R. SMITH:** Thank you so much, Senator, for allowing me to testify. Good afternoon, Cochairman Howard and members of the Health and Human Services Committee. My name is Dannette R. Smith, D-a-n-n-e-t-t-e, middle initial R, last name Smith, S-m-i-t-h. I am the chief executive officer for the Department of Health and Human Services, DHHS. I am here to testify in opposition to LB1140. This bill contains several requirements for the youth rehabilitation and treatment center, YRTC, system that are already covered by our operational practice or are included in the DHHS planned initiatives. More significantly, the bill requires that each YRTC location be considered as a separate placement. Since October 2019, DHHS has been transitioning the YRTC to a multicampus system. We have done this based solely on the best interest of the youth in our care, considering the following: 1) meeting the specific needs of the youth we serve; 2) developing evidence-based programming unique to their needs; 3) provide a supportive, structured environment and intensive behavioral therapy for high-acuity youth; and finally, provide an environment for youth, for female youth that are transitioning back to the community. Within the YRTC system, the Kearney campus serves as the intake center for all youth, offering programming and education. The Lincoln facility provides care and treatment for youth with high-acuity needs. And finally, Geneva campus offers a more robust and

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supportive environment for young women preparing to reenter the community. The essence of the services at the YRTC, for YRTC youth, is in their treatment and programming, not in the structure of the building. The ability to move youth that require more intensive behavior therapy is paramount for their success in treatment, ensuring safety for all youth, and preparing them to reenter the community. When these youth are put in DHHS' care, we need the flexibility to work with them in a therapeutic, supportive environment; and the YRTC system affords us this flexibility. Our data, over the last five years, demonstrates a need for enhancing programming and intensive behavior therapy. LB1140 requires research-based or evidence-based programming. Among the many improvements we are implementing in the YRTC system, is the implementation of applied behavioral analytics with targeted trauma-informed treatment. Both are evidence-based treatments utilized as best practices within the juvenile justice system. These treatment approaches work with youth and their families to examine behavioral triggers and reinforcements of those behaviors and to identify new and positive approaches to, to redirection. Once successfully implemented in the Lincoln program, these practices will be incorporated into programming throughout the system. DHHS' current, current program modalities completely support the continued development of a multicampus YRTC system, with each location having a unique purpose, addressing the needs of youth to include security and programming. Thank you again. And I'm here to answer any of your questions.

**ARCH:** Thank you, CEO Smith. Any questions? Senator Cavanaugh.

**CAVANAUGH:** Thank you, Vice Chairman Arch. Thank you, CEO Smith, for being here today.

**DANNETTE R. SMITH:** Thank you.

**CAVANAUGH:** I-- so part of this, the intention of this bill, is, first of all, of course, as Senator-- Chairwoman Howard had stated, that there is nothing clearly in statute beyond a facility. But the opposition to the, each placement being a placement, I want to give you an opportunity to, to address this a little bit more fully. But it's my understanding, from talking with the juvenile court judges, that they place a child at a specific location for a specific reason. And up until a couple of months ago, we were not a multicampus system. We were a this-is-boys/this-is-girls system. And now I understand that the model is changing. But you said that there are different levels of care at different facilities. So wouldn't it be appropriate to be

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having direct communication with the judge that is ordering a child to be somewhere, that that's not in DHHS' mind the correct place for them to be?

**DANNETTE R. SMITH:** I'm not--

**CAVANAUGH:** OK.

**DANNETTE R. SMITH:** --sure that I understand.

**CAVANAUGH:** You oppose communicating with the courts on the, the changing of placement--

**DANNETTE R. SMITH:** Oh, no,--

**CAVANAUGH:** --of children.

**DANNETTE R. SMITH:** --not at all. Not at all. I don't oppose.

**CAVANAUGH:** I guess, then, I'm confused as to what, what your opposition is if you're not opposed to the-- this is-- you know, sometimes we have the saying "less is more." I think, when it comes to children's care and safety, more is more. And this is more. This is making sure that we are always doing the best by our children, and keeping track of our children, and communicating with all interested parties of where these children are. And so I'm confused. And I just--

**DANNETTE R. SMITH:** May I--

**CAVANAUGH:** --I'm hoping that you can enlighten myself.

**DANNETTE R. SMITH:** Absolutely. So at no time do we not plan to communicate with the court. We think that it is important to not only communicate with the court about the movement of a child within the multisystem, but also that we keep juvenile probation aware of any movement of the child. I'm not sure the perspective of us not communicating with juvenile court judges. I think that's our responsibility, that every time something happens to a child in our care, that we're in communication with them.

**CAVANAUGH:** But the purpose of this is to put it in statute.

**DANNETTE R. SMITH:** I understand.

**CAVANAUGH:** By making it a placement, it means that, in perpetuity, that communication is clearly laid out. And you and I will not always

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be here. So in future, decades from now, this ensures that whoever is at the helm is ensuring that that line of communication is happening. So is there a problem with putting that into statute--

**DANNETTE R. SMITH:** Again--

**CAVANAUGH:** --that that communication happens?

**DANNETTE R. SMITH:** Again, I've expressed that the role of the department will always be to continue to com, communicate with the juvenile court. The department will always continue to communicate with juvenile probation and those key-- the parents, key stakeholders in the best interest of the child.

**CAVANAUGH:** Okay. Thank you.

**DANNETTE R. SMITH:** Thank you.

**ARCH:** Other questions? Senator Williams.

**WILLIAMS:** Thank you, Vice Chairman Arch. And thank you, CEO Smith, for being here today. And thank you for your continued commitment to working on a very difficult area--

**DANNETTE R. SMITH:** Thank you.

**WILLIAMS:** --our, our youth. What, what I'm concerned with, that I need some additional explanation for, is your comment about the current system, maybe without this LB1140, allows you to have more flexibility.

**DANNETTE R. SMITH:** Yes.

**WILLIAMS:** Can you explain that flexibility so that I can understand it? Because what I see, partly, is that many of the things that I think this committee is asking you to do and to oversee are things that we're putting into legislation, so that we're talking many times about the same thing, so would you--

**DANNETTE R. SMITH:** So we want to be able to have the flexibility to develop good programming for the young people. And we, we are concerned that our hands can get tied if that, if we don't have the flexibility. Certainly we're going to be in communication with the courts. We're going to be in communication with the family. We're going to make sure that that psychiatric care, that behavioral health

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treatment, all of that occurs. But we want to be able to have the flexibility to be able to move kids throughout the system and to ensure that we're providing the best programming. And so that's what that speaks to.

**WILLIAMS:** OK. Thank you.

**DANNETTE R. SMITH:** Thank you.

**ARCH:** Thank you. Other questions for CEO Smith? Seeing none, thank you very much--

**DANNETTE R. SMITH:** Thank you.

**ARCH:** --for your testimony. OK. I think we've asked for proponents, opponents, and neutral. And Senator Howard is waiving close. So this will close-- oh, I'm sorry. We have one letter, a proponent, Marcia Blum, from the National Association of Social Workers, the Nebraska Chapter; we'll put that into the record. And this will close the hearing for LB1140.

**HOWARD:** All right. This will open the hearing for LB1141, the Health and Human Services Committee bill, to require the Department of Health and Human Services to develop operations plans for the youth rehabilitation and treatment centers. Senator Arch will be presenting this bill on behalf of the committee. Welcome, Senator Arch.

**ARCH:** Thank you. Good afternoon, Chairwoman Howard and members of the Health and Human Services Committee. My name is Senator John Arch, J-o-h-n A-r-c-h, and I represent District 14 in Sarpy County. Today, I am pleased to introduce to you the second in a series of bills brought by the committee, to begin to address the issues facing the youth rehabilitation and treatment centers, or YRTC's. LB1141 requires the Department of Health and Human Services to develop a five-year operations plan for the YRTC's by November 15, 2020. The work this committee has undertaken in the last six months has demonstrated the need for more long-range planning for the YRTC's. DHHS released a YRTC business plan in October, but CEO Dannette Smith testified numerous times before this committee that the business plan is an interim step, and her intention is to work with a variety of stakeholders on a more comprehensive plan for the full continuum of treatment options for youth in the care of DHHS. It is my understanding that CEO Smith is reconvening a broad group of stakeholders that began some visioning work around the YRTC's last July. This is a great first step. To be

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clear, if a more comprehensive plan is developed, this plan, required under LB1141, could be reflected in the larger plan that she envisions. As the state moves forward, under the existing YRTC structure, it's important that DHHS has a clear plan for the YRTCs and, I would add, that, and that we would understand what that plan is. LB1141 is intended to help the department do just that. First, it's important to note that LB1141 requires that long-term operations plan be developed with input from key stakeholders. Second, LB1141 details the information that should be included in the operations plan. This list was developed from the issues that were identified through the committee's fact-finding process, including testimony the committee heard at three YRTC hearings. This list is an effort to bridge the gaps in information and planning regarding the YRTCs. Under a law, under LB1141, the operations plan must include: a description of the population served at each YRTC; an organizational chart of supervisors and staff, and a plan that does not allow for administrative staff to have oversight over more than one YRTC, or clinical staff to have responsibility for more than one YRTC; a plan for staff who shall be centralized off-site or managed on-site; a facilities plan that considers taxpayer investments already made in the facilities, and the community support and acceptance of the juveniles in the community where the YRTC is located; a description of the programming offered at the YRTCs; a description of each mental health treatment plan offered at the YRTCs; a description of reentry and discharge planning for youth; a staffing plan that ensures adequate staffing at the YRTCs; an education plan developed in collaboration with the Nebraska Department of Education; a capital improvements budget; an operating budget; a disaster recovery plan; a plan to segregate the juveniles by gender on separate campuses; a parenting plan for juveniles placed in a YRTC who are parenting; a statement of the rights of juveniles placed at a YRTC, including a right to privacy and the rights of parents or guardians; quality and outcome measurements for tracking outcomes when youth are discharged from a YRTC, including an exit survey; key performance indicators to be included in the annual report required under this section; a requirement for trauma-informed training of staff; methods and procedures for investigations at the YRTC; and a grievance process for the youth at the YRTCs. I am also offering a technical amendment to clarify how the operations plan should be communicated to the Legislature and to clarify the timing of the annual reports mentioned in Section 1(3). AM2262 inserts language in Section, in subsection 1, to clarify that the department must submit the operations plan electronically to the Health and Human Services Committee of the



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Legislature by November 15, 2020. The, the amendment also clarifies that the annual reports referenced in Section 1(3) will be due each year on December 15th, beginning on 2021, in 2021. I appreciate the committee's consideration of the bill, and I would be happy to answer any questions.

**HOWARD:** Thank you.

**ARCH:** Seeing none, thank you.

**HOWARD:** All right. We'll invite our first proponent up for LB1141.

**PAYNE ACKERMAN:** Thank you, senators of the Health and Human Services Committee and Chairperson, Senator Sara Howard. My name is Payne Ackerman, spelled P-a-y-n-e A-c-k-e-r-m-a-n. I'm here to testify on LB1141. I'm a proponent for this bill because I believe that the work this committee and the state Legislature is doing this year, to turn around our youth rehabilitation treatment centers across Nebraska, is important work and it is very essential. Before I get into the nitty gritty as to why this bill is important, I feel that it is important to mention that I was placed at the YRTC in Kearney, Nebraska, in December of 2012, to approximately June of 2013, for a status offense for truancy. At the time I was placed at the YRTC, there was an obvious shortage of staff, little to no training on trauma-informed care, little to no security and safety for youth to prevent the verbal, physical, and emotional abuse and trauma that that had ensued all the while I was a youth on campus. And there was little to no grievance process nor a list of rights for me to follow by. A clear example is that, one night, it took me nearly getting stabbed by another youth, which was stopped because I decided that, for my security and safety, and numerous attempts of making staff aware, that I would run. It did make a difference, but it came at a cost of a three-month deferment, an asthma attack, and almost a felony escape. But the difference was made, after a thorough investigation, that ultimately placed me on protective custody status and led me to getting released back home. Though this is a negative example, I do want to mention that the education, religious rights, and that some of the staff had changed my world for the best. And I appreciate them for that, for a matter of fact, some of the staff I currently talk to today and are friends with. So I ask the Legislature and this community to focus on these four things, and I believe that these four things will ensure that we are doing right by the youth we place at the YRTC, for no other than treatment and rehabilitation. The first one is to ensure that the YRTC has adequate staffing; second, that a

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statement of rights for the juveniles is created that ensures our youth have a right to privacy, security, and safety, and that parents' and guardians' rights are being followed and that they are informed of them, though Senator Hunt's bill, LB941, might create more rights for the youth; three, that a requirement for trauma-informed care training is provided to all levels of staff; and fourth, that a grievance process is put in place for the youth to grieve any violations and YRTC policies, and to ensure their rights are not being violated. This last part is very important to me, as most people know, who know me would say, I preach and advocate accountability and oversight. So I pray that this testimony is a step towards making Nebraska a great place for our future and current youth to thrive and succeed. Thanks very much. And I'm open to any questions that the committee might want to ask of me.

**HOWARD:** Thank you, Mr. Ackerman. Are there questions? Senator Cavanaugh.

**CAVANAUGH:** Thank you, Mr. Ackerman. Thank you so much for sharing more of your story with us and your thoughtful consideration of what we should be ensuring that we have in here. I just want to reiterate how helpful it is to have your voice here at the table.

**PAYNE ACKERMAN:** Thank you.

**CAVANAUGH:** And I appreciate your four points.

**PAYNE ACKERMAN:** You're welcome.

**HOWARD:** Senator Murman.

**MURMAN:** Yeah, thanks again for coming in to testify. I, myself, am a proponent of religious freedom, and I noticed you mentioned, in your testimony, religious rights and, and that some of the staff have changed me. Would you like to expand on that?

**PAYNE ACKERMAN:** When I was growing up, when I was age 14, I actually became a Christian and gave my life to Christ. When I was in the YRTC, a pastor by the name of Pastor Robinson [PHONETIC]-- and I don't know if I'm saying his name right, maybe it's Robertson [PHONETIC]-- was just somebody that I hung around a lot and really tried to come close with, just because of the fact that I am a Christian and I believe that through God-- you know, God can get you through anything. And when I was there, I was scared. I mean, I don't, I don't even know how

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to even describe it. But Pastor Robinson [PHONETIC] got me through that time in my life where I didn't even know if I was going to make it out of there. For me, the YRTC was kind of like-- I don't know, I have never been to state prison, but I can only imagine-- scary. And so when I was there, you know, he helped me to trust on God, lean on God. And with his help, and another teacher by the name of Lisa Irwin, they helped me get through there. And today, I am an advocate on social justice issues like juvenile justice. And what was your other question?

**MURMAN:** I think you covered it.

**PAYNE ACKERMAN:** Oh, and I was going to say I am actually going to school to be a pastor. So-- and I'm also going to get my degree in government public policy and maybe be a senator like you guys some day. That, that's just a goal. So--

**MURMAN:** I really appreciate your--

**PAYNE ACKERMAN:** Yeah.

**MURMAN:** --expanding on that. Thanks.

**PAYNE ACKERMAN:** Thank you.

**HOWARD:** That's wonderful. You'd be a great senator.

**PAYNE ACKERMAN:** Thank you.

**HOWARD:** All right. Thank you for your testimony.

**PAYNE ACKERMAN:** I appreciate it.

**HOWARD:** Our next proponent testifier for LB1141?

**RICH WERGIN:** Good afternoon, Senator Howard and members of the committee. My name is Rich Wergin, R-i-c-h W-e-r-g-i-n. I'm an organizational specialist for the Nebraska State Education Association, and I'm here to represent our 28,000 members, including 29 YRTC members that I assist. NSEA is in support of LB1141. I attended the legislative hearings in Geneva and Kearney, as well as a joint hearing of the Judiciary and HS, HHS Committees in December, in this very room. Many of our YRTC teachers wanted to attend today's hearing, but were unable to join me due to their teaching schedules. So I will share information from the many hours of conversations I've

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had with our members about the issues facing the YRTC's. I also will share with you letters-- they're included with my testimony passed out-- of those many teachers who are working through the educational plan created for the female students at the Kearney facility. Implementation of this plan began, began on January 6, 2020. The instructional staff at the Kearney YRTC are adamant and clear on their support for three items contained in LB1141. There is: an urgent need for the separation of male and female youth; a clear and complete communication between management and staff, with a pathway for a staff voice in the decision-making process; and the hiring of adequate numbers of trained staff, which equates to safety for all those involved. In separation of male and female students, using the facilities plan for returning the female students to Geneva as a primary focus of their message, research shows the success rates for girls with female-only facilities are much higher than in coed programs. Research done within our own YRTC system has demonstrated notable levels of success for both the male and female students when they are in separate facilities. Well-trained staff at a female-only facility are more effective when addressing students working through mental health concerns, substance abuse issues, and being exposed to environments of advanced levels of trauma and exposure to violence and aggression. Programs specific to these behaviors are directed at reducing the likelihood of continuing the justice system in adults, and improve public safety in the long term. Our educators have found the Kearney setting falls short of providing the necessary requirements for both male and female student populations. When adequate staffing is limited, the number of incidents of aggressive behavior towards students and staff are-- have increased, demonstrating that safety has been compromised. The student-- or the current model for behavior stabilization requires extra classroom space for staff to work on student behaviors which impede learning. In the current arrangement, there are no extra classroom spaces. Many of our educators see the separation of male and female students, as outlined in LB1141, as crucial. Communication between management and staff has been limited to nonexistent since the transition that brought the female students to Kearney YRTC facility. The proposed five-year plan must include the input of staff and the, at the facility level of each level. That management is not listening to staff on the front line is indefensible. Because the facility staff is ultimately responsible for implementing an educational plan for both male and female students, their skills and expertise would provide input that's vital in identifying strengths and challenges that exist. Adequate numbers of trained staff should be included in all phases of

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the educational plan. The hiring and maintaining of properly trained staff has not met or kept up with the need. Staff shortages cause safety issues. In addition, there are limited opportunities for the staff in the YPS, YSS to meet and plan their developmental behavior plans for students displaying disruptive behaviors. One avenue is to provide additional time, would be to include all staff in the reprogramming of students needing assistance. We'd like to suggest an amendment to the five-year plan that emphasizes the importance of communication with the facility staff, including teachers. Staff have repeatedly stated that adequate staffing must be a key component of any emergency plan. Thank you for your work on behalf of the young men and women involved in the youth rehabilitation treatment centers in both Geneva and Kearney. I'm prepared to answer questions you may have.

**HOWARD:** Thank you, Mr. Wergin. Are there questions? Senator Cavanaugh.

**CAVANAUGH:** Thank you, Chairwoman Howard. Thank you--

**RICH WERGIN:** Hi.

**CAVANAUGH:** --for being here. Now, you stated that the implementation of a new plan began on January 6.

**RICH WERGIN:** Um-hum.

**CAVANAUGH:** Are these letters from teachers in response to how it's been since January 6?

**RICH WERGIN:** It's been since January 6, yes.

**CAVANAUGH:** OK. So since you are here on behalf of the NSEA,--

**RICH WERGIN:** Yeah.

**CAVANAUGH:** --some of these sound like they are contract violations, perhaps, or violations of the NSEA as a union. And these are union members. So how, I-- how can we help, I guess, is making--

**RICH WERGIN:** We, we continue to work with each of our members as they have questions that they bring forward. And we also appreciate the opportunity to work with DHHS and the members of the Nebraska Department of Education, in helping the plan work for the benefit of

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our students. So we look into each one of their, their concerns, and, and we hold it up against what the SCATA contract allows.

**CAVANAUGH:** OK. The second letter here attached, from Brenda Lobner,--

**RICH WERGIN:** Yeah.

**CAVANAUGH:** --has quite a few concerning issues outlined, that I just appreciate these being brought to our attention as-- thank you, just thank you.

**RICH WERGIN:** Well, thank you for your question, Senator.

**HOWARD:** Mr. Wergin,--

**RICH WERGIN:** Yeah.

**HOWARD:** So I just want to be clear. The letters that you shared with us, so they're recent, because one of the quotes and it says: The current school atmosphere borders on chaos as a result of the abrupt addition of the female juvenile offenders in August 2019. I feel it's crucial to enact a separation of the female and male juvenile offender populations. So that's recent? That's not a letter from August, that's from January?

**RICH WERGIN:** No, I requested if those who could not be here today to testify, if they were going to share information with your committee, that they prepare a letter on, on our behalf. So--

**HOWARD:** OK.

**RICH WERGIN:** So they are recent.

**HOWARD:** So these are all recent?

**RICH WERGIN:** Yeah.

**HOWARD:** OK. Senator Cavanaugh.

**CAVANAUGH:** Sorry, I'm just trying to get through this as quickly as possible. So page 2, for the committee members of-- Brenda Lobner's, one of the bullets-- one, two, three, four-- it says school scheduling changing to be like regular high school hours-- unsafe; youth are mixed. They loiter in the halls and they talk negatively. They plan negatively. And then the constant chaos is right above that, but also above or below that. And above that is, doors being locked, fire

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hazards, and windows being covered. So, again, just reiterating this is now; this is real time.

**RICH WERGIN:** Yes, yes.

**CAVANAUGH:** If I were to drive there now, this is what I would see

**RICH WERGIN:** You may observe those types of items. I know it's common for the facility to cover windows where-- there's passing times where, between the males and females, so that they're not distracted by that movement. That's one of the items that has come up on several conversations.

**CAVANAUGH:** It's not clear in this particular comment. It says youth are mixed in the halls. Does that-- boys and girls are in the halls at the same time together changing classes?

**RICH WERGIN:** I believe the facility staff have made every effort to not let that happen, not allow the females and males to be moving at the same time in the hallway. But there are times when it may have occurred.

**CAVANAUGH:** OK. Thank you.

**RICH WERGIN:** Thank you for your question.

**HOWARD:** Any other questions? Seeing none, thank you for your testimony today.

**RICH WERGIN:** Thank you.

**HOWARD:** Our next proponent testifier for LB1141? Good afternoon.

**BRIAN HALSTEAD:** Good afternoon, Senator Howard and members in the Health and Human Services Committee. For the record, my name is Brian, B-r-i-a-n, Halstead, H-a-l-s-t-e-a-d. I'm the deputy commissioner of education for the Nebraska Department of Education. I'm appearing here on behalf of the commissioner of education to let the committee know the department has been, is continuing, and will be willing to work with anyone on a long-term plan for the YRTC's. If you have any questions, I'd be more than happy to answer them.

**HOWARD:** Thank you. Are there questions? Senator Cavanaugh.

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**CAVANAUGH:** Thank you. Thank you for being here, Mr. Halstead. I know you don't have a copy of these letters in front of you, but you just heard some of what we're hearing here. Could you share your reaction to this from the Department of Education's standpoint?

**BRIAN HALSTEAD:** You know, Senator, I'm trained as a lawyer. I've also done trial work. So it is always best if people have the direct conversations. I'm not going to try to--

**CAVANAUGH:** That's OK.

**BRIAN HALSTEAD:** --listen to a letter. Obviously,--

**CAVANAUGH:** I'll ask you--

**BRIAN HALSTEAD:** --there are items that we've been working with, with the staff of DHHS, since last summer all the way up until right now, on all these issues. So we're going to continue to work and try to address the educational needs. We don't know everything about the YRTCs and all these issues there.

**CAVANAUGH:** Thank you. I appreciate that.

**HOWARD:** All right. Any other-- oh, Senator Walz.

**WALZ:** Thank you. Thanks for coming today. We hardly ever get to see you. You said that you've been working for a little while, at DHHS, on a plan. Can you share any of-- like has there been any movement on the plan, any progression, any--?

**BRIAN HALSTEAD:** There was conversation, emails. I believe they have delivered their correction plan that's required to the Department of Education. It most likely will be an item on the March State Board of Education meeting, as to how they're planning on addressing the educational needs of students for the rest of the current school year. We are continuing to have dialog with them on the future school years and what an education component would contain. I did not have access to the document that was submitted, nor am I privy to all the details of that at the moment. But it clearly is a matter that will be dealt with by the state board and the department to ensure that the children there are getting the quality education they deserve.

**WALZ:** OK. thank you.



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**HOWARD:** Senator Murman.

**MURMAN:** Thanks for coming in, Mr. Halstead. If I understand it correctly, the schools at the YRTC's have been administrated by the Department of Health and Human Services. Do you, from what you know now, anticipate that that might change?

**BRIAN HALSTEAD:** Currently, the law has-- that you've enacted-- the YRTC's are part of the Department of Health and Human Services. So until the law changes, that's who we're going to continue working with in that whole endeavor. We've had conversations with the staff of DHHS about addressing all the educational needs at both Kearney and Geneva, and this transition that's been going on with some students, I'm not sure whether there are students now or will be here in Lincoln, but our focus is on ensuring the children get the education. As I said, we're not the experts on the physical environment in which they live or get all their programming. We're focused on just meeting the educational needs of the children who are there, so [INAUDIBLE].

**MURMAN:** Thank you.

**BRIAN HALSTEAD:** Sure.

**HOWARD:** OK. Any other-- oh, Senator Cavanaugh.

**CAVANAUGH:** Sorry, one more question.

**HOWARD:** No, that's OK.

**CAVANAUGH:** Does NDE certain, currently support the education of youth that are in the county detention, youth detention centers such as Lancaster and Douglas?

**BRIAN HALSTEAD:** So currently, I believe the detention centers that you're referring to, they are what are known as interim programs, schools that operate under the Department of Education's Rule 18. Those are interim placements for children. They are not a "fully-staffed school" like an accredited school or the special purpose school, that, currently, both YRTC's are under our Rule 10.

**CAVANAUGH:** Thank you.

**BRIAN HALSTEAD:** Sure.

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**HOWARD:** Any other questions? Seeing none, thank you for your testimony today.

**BRIAN HALSTEAD:** Thank you.

**HOWARD:** Our next proponent testifier?. Seeing none, is there anyone wishing to testify in opposition? Good afternoon.

**DANNETTE R. SMITH:** Good afternoon. Good afternoon, Chairman Howard and members of the Health and Human Services Committee. My name is Dannette R. Smith, D-a-n-n-e-t-t-e, middle initial R, last name, Smith, S-m-i-t-h. I am the chief executive officer for the Department of Health and Human Services, DHHS. I am here to testify in opposition to LB1141. This bill requires DHHS to develop a five-year YRTC operational plan. This legislation is unnecessary because DHHS has a YRTC current business plan that will be updated annually. This business plan is an immediate and interim document that guides current operations and the development of a three-to-five year strategic plan. The department is in the process of developing a future state plan, which will focus on long-term strategies in improving programming, treatment, and services across the continuum. The YRTC annual business plan provides a holistic direction for the YRTC system. The annual business plan is an operational portfolio that has incorporated a majority of the items outlined in LB1141, including an operational chart staffing matrix, business goals and performance matrix, and financial plan with operating and capital budgets, a stakeholder and an operational implementation plan to include stakeholder engagement and educational offerings. Additionally, the business plan has thoroughly articulated specifics for each campus within the YRTC system, including: an overview, description, and purpose of each campus; operational capacity, admission and discharge criteria; staffing plan; organizational charts; and facility planning and utilization. The future state planning ensures coordination and continuity with juvenile probation. It will be our guiding document for the next three to five years, with strategies for improving care across the system. We are conducting this strategic planning with key stakeholders, including juvenile probation, community providers, community leaders, and advocate representatives. DHS has death, has designated a future state planning committee. The first meeting scheduled for this year will be tomorrow, February 6, 2020. The committee includes a diverse group of stakeholders from all three branches of government, and advocacy organizations, and child welfare providers. The future state Planning Committee will be instrumental in

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providing input and guidance as we move forward in designing services, developing programming, enhancing, coordinating-- coordination across the continuum of care for Nebraska's youth. The strategic plan will also include engaging a consultant group, which will undertake the comprehensive analysis of the YRTC's, as well as a system-of-care approach for youth in Nebraska. Thank you for your continued support. I'm available to answer any questions you may have.

**HOWARD:** Thank you. And before we get started, I just want to personally thank you for changing the time of the meeting tomorrow. While senators aren't able to attend, it means that our staffs will be able to, which is really wonderful.

**DANNETTE R. SMITH:** OK.

**HOWARD:** So we sent that out to the committee. All right. Are there questions? Senator Cavanaugh.

**CAVANAUGH:** Thank you. Chairman Howard. Thank you, CEO Smith, for being here. Could you explain to us-- so you said that your plan has incorporated elements of this into it. What do we have in here that is not in your plan?

**DANNETTE R. SMITH:** Well, we want to have the flexibility to be able to develop the plan. The department has already started the planning process. There's many things that we agree with. There was some language, I think, that was taken out of it. But we want to have the flexibility to be able to develop the plan. We've already started that plan and didn't feel as though it needed to be in legislation because we're already beginning that work. And many of the components that are in the bill we agreed to, we think we need to do. And so we're moving forward.

**CAVANAUGH:** Are there, are there any components that you don't agree are necessary?

**DANNETTE R. SMITH:** Not that I can think of at this time

**CAVANAUGH:** OK, 'cause this, this says "shall be made but is not limited to," so this doesn't limit you to just what's in here. It doesn't limit. The department still has flexibility. These are just items that we would like to see in the plan. And it also, though it is a five-year plan, at the end, it does say an annual report, an update which, to me, implies that we're giving you the authority to make

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changes to it throughout that five years, so it's not a stagnant plan. So it sounds very similar to what you are hoping for, to do. I guess I just, I'm just, I guess, a little confused as to where the hiccup is for the department in moving, us moving forward with this.

**DANNETTE R. SMITH:** Again, Senator Cavanaugh, we have already begun the process. We don't really feel that it needs to be in legislation. As I've said multiple times, the planning process, the business plan that we started out with, was an interim plan to get us started. We're going to use that plan to move us forward. We're taking on the responsibility of being thorough and being planful. And we just don't think that it needs to be in statute; that's all.

**CAVANAUGH:** So the business plan that we were given in November, that said "draft" on it, is the current plan that you're--

**DANNETTE R. SMITH:** That's the plan that we've been using.

**CAVANAUGH:** And there's no changes to that plan?

**DANNETTE R. SMITH:** No, just some minor modifications.

**CAVANAUGH:** OK. Thank you.

**HOWARD:** Any other questions? All right. Seeing none, thank you for your testimony today.

**DANNETTE R. SMITH:** Thank you.

**HOWARD:** Our next opponent testifier for LB1141? Seeing none, is there anyone wishing to testify in a neutral capacity? Seeing none, Senator Arch waives closing, and this will close the hearing for LB1141. Oh, and we have a letter. Thank you-- teamwork. OK. We have one proponent letter from Marcia Blum at the National Association of Social Workers, Nebraska Chapter. And this will open the hearing for LB1142, the Health and Human Services Committee bill to require, provide for emergency plans at the youth rehabilitation and treatment centers. This bill will be presented by Senator Murman on behalf of the committee. And I believe we did get an amendment back, from Drafters, for the bill. Welcome, Senator Murman.

**MURMAN:** Thank you. Chairman Howard. Good afternoon, Chairman Howard and members of the Health and Human Services Committee. My name is Senator Dave Murman, M-u-r-- or D-a-v-e M-u-r-m-a-n, and I represent District 38 of seven counties in south-central Nebraska. Today, I'm

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pleased to introduce to you the third in a series of bills brought by this committee to begin to address the issues facing the youth rehabilitation and treatment centers. LB1142 requires the Department of Health and Human Services to create an emergency plan for each of the YRTCs, defines what an emergency is for purposes of the plan, and would allow for the temporary placement of juveniles at a detention facility in the event that the YRT, YRTC had to be evacuated. As noted already this afternoon, in August 2019, a crisis arose at the YRTC in Geneva. DHHS believes the situation required several girls to be moved off of Geneva's campus for the safety of those girls and others. However, there was no existing emergency plan in place that DHHS CEO Smith could follow to provide guidance on what alternative placement might be used to house the girls and what notice needed to be given to the courts, the families, or the juveniles. This made a difficult situation even more challenging. For example, on Monday, August 12, 2019, after the crisis at YRTC-Geneva arose, four girls were moved from YRTC-Geneva to the Lancaster County Youth Services Center, the juvenile detention facility in Lincoln. Three days later, on a motion by the Lancaster County Attorney's Office, the juvenile court ordered the girls to be removed from the Youth Services Center in Lincoln and returned to YRTC-Geneva. That evening the girls were transported to Geneva and then immediately on to YRTC-Kearney. The County Attorney's motion argued, and the juvenile court agreed, that the girls had been placed by the juvenile court, specifically, at YRTC-Geneva, and there had been no court order placing the girls at the Lancaster County Youth Services Center. In addition, Nebraska Revised Statute 43-251.01(5)(b)(iii) states that, "A juvenile may not be placed into detention:-- "(B) To punish, treat or rehabilitate such juvenile;" or (E). Due to a lack of more appropriate facilities." LB1142 addresses these changes by: 1) defining an emergency; 2) requiring DHHS to have a plan in the event of an emergency; 3) requiring notice to various parties, including the courts, the juveniles themselves, and their families in the event that an, an emergency plan is implemented; and 4) providing an exception to Section 43-251.01 so that detention facilities may be used as a temporary placement for juveniles in the event of an emergency. First, under Section 3 of LB1142, Section 43-403 is amended, amended to add a definite, a definition of emergency. Emergency is defined as a situation including fire, flood, tornado, natural disaster, or damage to the facilities that render such facilities uninhabitable. Emergency does not include inadequate staffing. Second, Section 4 of LB1142 creates a new language that would allow the Office of Juvenile Services to place a juvenile at a detention facility, in the event of an emergency, for a period of time

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not to exceed seven days. This provision is also added as a cross-- cross reference in 43-251.01(5)(b)(iii) in Section 1. To be clear, the DHHS Committee recognizes the thoughtful and deliberate work of past Legislatures to limit the placement of juveniles in detention facilities. LB1142 has carefully limited the exception to seven days and to the event, and to the event of an emergency, so that the purpose and goal of the existing law is not frustrated. Section 4 also creates a notice requirement if an emergency plan is implemented. Throughout our hearings and conversations with people affected by the crisis at YRTC-Geneva, we heard that some families, and even some of the girls, did not receive notice that they were being moved and why. In addition, as evidenced by the difficulty in placing some girls at the Lancaster County Juvenile Detention Facility, the juvenile courts were not properly noticed or involved in the placement changes. Section 4 would require notice to a variety of relevant parties, including: the staff at the YRTCs; the juveniles themselves; the families and legal guardians of the youth; the state court administrator; the juvenile courts with juris-- jurisdiction over the juveniles; the Chair of the HHS Committee, the Ombudsman; and the Inspector General of Child Welfare. Notice must be given 24 hours prior to implementing the emergency plan, if possible, and within 24 hours after implementation of the plan. Section 5 of LB1142 requires DHHS to develop an emergency plan for YRTC-Geneva, YRTC-Kearney, and any other facility being used as a YRTC. The emergency plan must: identify and designate alternative placement facilities for the placement of juveniles, in the event a YRTC must be evacuated; identify barriers to implementation of an effective emergency plan, including necessary administrative or legislative changes; include procedures for providing reliable, effective, and timely notice that an emergency plan is being implemented to various parties, including staff, the juveniles, the families and legal guardians of the juveniles, the courts, the D8-- the DHHS Committee, the Ombudsman and the Office of the Inspector General for Child Welfare. The notice must include the methods and schedules for implementing the emergency plan. The plan must be developed by Aug-- October 15, 2020. LB1142 includes an emergency clause. I am also offering an amendment to LB1142 for the committee's consideration. The committee heard from the Buffalo County Sheriff's Department, which is the sheriff's department covering the YRTC in Kearney, where all the youth, boys and girls, are currently placed. That office raised some important points and concerns with LB1142, which the amendment addresses. We also heard from other stakeholders who wanted to clarify the detent-- that detention facilities would not be the first choice for the department when

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looking at temporary placements during an emergency. First, the sheriff's, the sheriff's office noted that adult facilities are not allowed to house juveniles except in certain circumstances. Therefore, the amendment will clarify the language to allow for the placement of juveniles in a detention facility in the event of an emergency, only if allowable by law. The department will also clarify that such juveniles may be placed at a detention, at a juvenile detention facility in the event of an emergency. Second, the point was also raised that the facilities being used as an emergency placement should have to agree to the placement of the youth. The amendment will require that the facility agree to be an alternative temporary placement for youth in the event of an emergency. Third, a concern was raised about what entity would be responsible for the cost of the temporary emergency placement, and how that might be clarified. The amendment requires that, as part of the identification of an alternative placement under the emergency plan, DHHS must reach an agreement regarding cost reimbursement with the facility that is to be designated as the alternative emergency placement. Finally, the amendment will also clarify that the department should only use a detention facility as a temporary placement in an emergency when all other options have been exhausted. Between the historic flooding and the unexpected crisis at the YRTC, 2019 was a devastating reminder that emergencies arise, and we need to be as prepared for them as we can be. LB1142 will help the department and each YRTC facility be better prepared in the event of an emergency, and that in turn-- and that, in turn, will help not only the staff of those facilities, but the youth and families the YRTCs serve. I appreciate your consideration of LB1142.

**HOWARD:** Thank you. Senator Murman. We'll now invite our first proponent testifier for LLB-- LB1142. Seeing none, is there anyone wishing to testify in opposition to LB1142? Is there anyone wishing to testify in a neutral capacity to LB1142? Good afternoon.

**MARK LaBOUCHARDIERE:** Hello, Senator. Good afternoon, Senator Howard and members of the Health and Human Services Committee. My name is Mark LaBouchardiere; that's M-a-r-k L-a-B-o-u-c-h-a-r-d-i-e-r-e. And I'm the director of facilities within the Department of Health and Human Services. I'm here to testify in the neutral capacity. Thank you for the opportunity to provide comments regarding LB1142 and the department's endeavors to create a continuum of care for youth committed to the DHHS Office of Juvenile Services. DHHS has developed a YRTC annual business plan and is conducting ongoing strategic

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planning with key stakeholders. Part of these ongoing efforts will be emergency plans for every YRTC facility. In developing these plans, it is important to recognize that emergency situations can arise out of conditions other than physical damage to facilities. We ask the committee to reconsider whether conditions, such as staffing shortages, constitute an emergency. We agree wholeheartedly that youth should not be detained indefinitely while the agency is responding to emergency situations. However, there may be instances in which seven days would not be sufficient to implement a plan for catastrophic events. DHHS has announced the establishment of a Lincoln facility for youth rehabilitation treatment services in space leased from Lancaster County. What-- with this facility, DHHS has put into place capabilities to address the security and programmatic needs of a high-risk, high-acuity population. With these expanded capabilities, DHHS has flexibility in addressing the diverse needs of its residents' population. The working relationship between DHHS and Lancaster County also provides an avenue to contract for additional space as a contingency. DHHS has authority to contract with other facilities to provide services for our youth. DHHS sees the benefit in having additional authority to place youth in detention in emergency situations. However, if the intent of the bill is to prevent DHHS from leasing space in the Lancaster County facility, to operate an ongoing program, the agency would not be able to remain neutral regarding LB1142. The Office of Juvenile Services has historically provided YRTC treatment and rehabilitation services in secure facilities, and needs to be able to continue to do so. Thank you for the opportunity to testify, and I'd be happy to take any questions.

**HOWARD:** Thank you. Do you want to-- before we get to questions, do you want to explain this handout that you handed out to us? This is the

**MARK LaBOUCHARDIERE:** That's--

**HOWARD:** --operational memorandum on physical intervention and use of mechanical restraints.

**MARK LaBOUCHARDIERE:** That's wrong. You shouldn't have got that. That was LB1145.

**HOWARD:** For a different one. We'll save it--

**MARK LaBOUCHARDIERE:** OK. All right.



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**HOWARD:** --for, for LB1145. How's that?

**MARK LaBOUCHARDIERE:** OK. Did you get the right testimony?

**HOWARD:** Yeah, we've got the right testimony.

**MARK LaBOUCHARDIERE:** All right, [INAUDIBLE].

**HOWARD:** For sure. OK. All right. Any questions? Senator Williams.

**WILLIAMS:** Thank you, Chairwoman Howard. And thank you. And I'm just going to call you Mark because, as many times as we've met, I still can't quite roll it off my tongue.

**MARK LaBOUCHARDIERE:** You and many others, Senator.

**WILLIAMS:** One of the concerns that continues to cross my mind with this whole thing, outside of what has happened this last year is the potential of some type of nat, natural disaster. And you talk about contracting with, with Lancaster County, and I understand that. If we were looking for a place to put everyone, you know, assuming a tornado or something like that, is there available space that you feel you can contract for, in advance, with current facilities--

**MARK LaBOUCHARDIERE:** So it's--

**WILLIAMS:** --for 100 youth or whatever that number might be?

**MARK LaBOUCHARDIERE:** So this is being said because right now we're in the process of looking at emergency contingency plans. Last year, when we had a lot of that flooding, at our, at-- one of the facilities I oversee is Norfolk Regional Center-- we had-- we were worried that place might get flooded, and we're looking at where we could move them. At that time, we had space, potentially, at our LRC facility, but, for a certain amount of time we'd have to double bunk and make it possible, just to make sure that our patients were safe. In the same manner, right now, that's what we're looking at-- looking at Kearney because everyone is at Kearney, where the plan at one time was to move kids from a Kearney to a Geneva facility. And now at least we'd have another option of Lincoln, to be able to move it, in case of an emergency. So that-- this would actually-- this bill actually helps us in terms of using it for emergency services for a detention center, because there are juvenile detention centers across Nebraska, which we could potentially use as other contingency mechanisms, as well.

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**WILLIAMS:** That was certainly a portion of the intent why this bill is being introduced.

**MARK LaBOUCHARDIERE:** Yes,--

**WILLIAMS:** Thank you.

**MARK LaBOUCHARDIERE:** --and we fully, fully agree with that.

**HOWARD:** It is-- just piggybacking off of that, do you have emergency plans in place for Beatrice, and LRC, and those types of facilities?

**MARK LaBOUCHARDIERE:** We do.

**HOWARD:** Well, I suppose LRC is a Joint Commission, so you have to have something there.

**MARK LaBOUCHARDIERE:** We do it for all, we do it for all our facilities.

**HOWARD:** OK.

**MARK LaBOUCHARDIERE:** And so we have to. We'd, we'd have to-- that said, the key word is "emergency," and we cannot just take these kids. If it's an earthquake, we have to move them somewhere at that point, and so we do have to-- we would have to move them to another facility which could manage it at the point, so.

**HOWARD:** And do you have an emergency plan in place right now?

**MARK LaBOUCHARDIERE:** Yes, that's what-- and we're currently working on that, especially we're getting Lincoln on board, as well. That's what we're working on, to see, between that piece and the YRTC system, what that would look like, and which would be-- what would be most effective.

**HOWARD:** Thank you. Any other questions? Oh, Senator Cavanaugh.

**CAVANAUGH:** Thank you for being here. What's the difference between an-- from the department's perspective, from us requiring, the Legislature requiring an emergency plan and the Legislature requiring just a plan, so LB1141 versus LB1142?

**MARK LaBOUCHARDIERE:** So to me, if you ask me, it's an-- an emergency plan is something which, as the bill lists, it talks about fire,

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flood, like an earthquake, if you had a situation like that. That's like a catastrophic event.

**CAVANAUGH:** Sor-- sorry. I mean, what is the difference of us requiring-- why are you neutral, first requiring one plan and opposed to us requiring another plan?

**MARK LaBOUCHARDIERE:** This plan over here specifically speaks about emergency plans. Sowe're neutral on the emergency plans, in terms of being able to give them, give them the flexibility to use, like Senator Williams says, a detention facility. So this was specific to just that emergency piece of it, that--

**CAVANAUGH:** OK.

**MARK LaBOUCHARDIERE:** LB1141 talked about an overall plan.

**CAVANAUGH:** Right.

**MARK LaBOUCHARDIERE:** So--

**CAVANAUGH:** But both are requiring DHHS to create and implement a plan.

**MARK LaBOUCHARDIERE:** True. This, this would be-- this is more focused on the emergency piece of it.

**CAVANAUGH:** OK.

**MARK LaBOUCHARDIERE:** So--

**CAVANAUGH:** I guess what I'm saying is CEO Smith said that LB1141 was unnecessary because you're already working on a business plan, and you're neutral to LB1142 because you already are working on an emergency plan. And I'm confused as to why you would be neutral on one and opposed to the other. Why not be opposed to both or be neutral on both? But I probably should ask CEO Smith that question.

**MARK LaBOUCHARDIERE:** Um-hum.

**CAVANAUGH:** So thank you.

**HOWARD:** All right. Any other questions? Seeing none, nice to see you again.

**MARK LaBOUCHARDIERE:** Thank you, Senator.

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**HOWARD:** Our next neutral testifier for LB1142? Good afternoon.

**SHAWN EATHERTON:** Good afternoon. Senator, committee, Shawn Eatherton, Buffalo County Attorney, S-h-a-w-n E-a-t-h-e-r-t-o-n. And to be honest, I was somewhat not very safe. I was reading this on the way down here because the amendment was this, late this morning. I just got a hard copy. And so really, I'm saying it myself, and I'm speaking on behalf of myself and the Sheriff of Buffalo County, we're for the bill, but, but there's just the, the concern that the language in the amendment, I think I would ask that you take a look at cleaning it up, because it really kind of looks like the, the ability to make sure that the agreements are in place prior to, and the ability for the, the, the facilities that are mentioned in the last section, the abilities for them to have to consent doesn't necessarily-- it doesn't seem to be there in the way the language is, with-- when it leads with notwithstanding, everything in that, in that section. So I would just ask that you at least take a look at that. I've been the County Attorney for-- this is my fifth term. And I love the YRTC. LaBouchardiere-- and I think I can say it after all, all these, all these years-- and I appreciate everything that, that the Legislature is trying to do. I appreciate HHS. I love the people at the YRTC. My wife was a teacher, was in the school out there for many years, until three years ago. So I think my, my-- I believe in the system, but I, but I know it's also-- it's tough. I don't know, I read all 630--some pages of the report. I mean, these, the, the-- but I also think I have, about every year, it seems like I've done that every year for 15 years so-- or read something like it. So I think-- I know you have big, big issues, but I would just ask to take a look, clean up that language, because if all this, if you brought 20 18-year-olds, I could-- the, the law is not going to allow the 17s, but if you brought 20 18-year-olds to the Buffalo County Jail and dropped them off under this, and we weren't planned for it, we didn't have any way to, to deal with it, well, we just, we can't handle that. And, and I can't imagine how, in one of the other facilities, how, how Fillmore County, if you took 20 people to their jails. So I would just ask that the, the language, those things be, be required to be set up ahead of time, as with the other facilities that are mentioned earlier in the, in the original statute,--

**HOWARD:** So--

**SHAWN EATHERTON:** --the original bill.

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**HOWARD:** Are you open for questions?

**SHAWN EATHERTON:** Sure.

**HOWARD:** So while I have you here then, can you detail for me where exactly we need to modify the language?

**SHAWN EATHERTON:** OK.

**HOWARD:** We met with the sheriff and so we did some changes there. And so we want to make sure that this aligns with what you need us to do.

**SHAWN EATHERTON:** Yes. And, and the sheriff and I, we were talking, actually, right before I, before I came in. [INAUDIBLE]-- yeah, I just-- I'm concerned when it, when it, when it leads with-- and again, I, I-- not very safely, I was reading this as I was driving. It said, you know, notwithstanding Section 43, the new Section 43-251.01-- so notwithstanding that, which is in spite of forget it, wipe it out-- in the event of an emergency, and only after everything else have been, have been exhausted, OJS may provide placement, not to exceed seven days, in a jail, if allowed by law, or a juvenile detention facility, as such terms are defined in 83-4,125. The way that leads with notwithstanding everything in 2251-- or 43-251.01, the requirements of the agreements ahead of time, the, the, the pay req-- the, the requirements of coming up with the, the, the amount of compensation, they don't count just the way it's written. So I would just ask that it be cleaned up. Otherwise in theory, I, I, I think it's, it's a good idea.

**HOWARD:** So the language that you're looking at is just the allowance language to allow them to place there?

**SHAWN EATHERTON:** The, the Section 6.

**HOWARD:** Yeah. So that's, that's our, that's our, that's our exceptional language, and so--

**SHAWN EATHERTON:** Exactly.

**HOWARD:** Can you help me see where it shows that you, you get paid and there has to be a contract?

**SHAWN EATHERTON:** Well that-- earlier in--

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**HOWARD:** It's in, it's in here.

**SHAWN EATHERTON:** -in 43, at the beginning of 251, it talks about identifying locations and, and coming up with-- well, I mean, the senator mentioned it when he introduced it, but basically that they have to get these facilities consented and have-- well, I thought it said have agreements in place, but I could be wrong-- at least consent to the, to the, to having them come. All right?

**HOWARD:** Um-hum.

**SHAWN EATHERTON:** That--.but that's in, that's in 43.251.01. If you read just Section 6, it's saying, well, you know, forgetting about everything in 43.251, if we get an emergency, this will happen. So I just want, want to, want to make sure that it's incorporated, that that would be incorporated with either a juvenile facility, which isn't my issue, or a jail if we're just going to drop them off because everything else fell apart.

**HOWARD:** Right. No, thank you. We really appreciate your feedback on that, and we definitely want to make sure that we address your concerns. Are there other questions? Seeing none, we will circle back with you on some of this, these language changes.

**SHAWN EATHERTON:** Thank you.

**HOWARD:** Thank you.

**SHAWN EATHERTON:** Thank you for your time

**HOWARD:** All right. Anyone else wishing to testify in a neutral capacity? Good afternoon.

**ELAINE MENZEL:** Chair Howard and members of the Health and Human Services Committee-- had to think which committee I was in front of, excuse me. My name is Elaine Menzel. For the record, it's E-l-a-i-n-e M-e-n-z-e-l, and I'm here today on behalf of the Nebraska Association of County Officials. And we are here in a neutral capacity. We would share the concerns of the, the County Attorney that spoke to you and the County Sheriff, and just wanted to let you know, we appreciate your legal counsel working with us. And it's my perspective that I think we can easily work towards coming to a resolution that will be amenable to everyone. So that's essentially my comments at this time. If anybody has any questions, I'd be glad to attempt to answer them.

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**HOWARD:** Thank you. Are there questions? Seeing none, thank you for your testimony today.

**ELAINE MENZEL:** Thank you.

**HOWARD:** Our next neutral testifier?

**JULIET SUMMERS:** Good afternoon again. Chairman Howard and members of the committee, my name is Juliet Summers, J-u-l-i-e-t S-u-m-m-e-r-s. I'm here on behalf of Voices for Children. I don't have written testimony for you because we were not planning to weigh in on this one today. However, in light of some things I heard in the preceding testimony, regarding the amendment, I guess I wanted to put our interest in this matter on the record for you, after all. So we're very concerned about any potential conflation of youth rehabilitation and treatment with the use of detention. We were staying out because this, the bill, as initially drafted, was very carefully limited. If the scope of time for possible emergency placement in detention is, is being extended, we just want to register interest in that and would be wanting to monitor and weigh in, regarding how that would coincide with other sections of code requiring, for instance, court notification and a review hearing for a youth committed to YRTC remaining in detention longer than 14 days, as well as I think I heard jail read before, so we would be very concerned about youth committed to our juvenile justice system, to youth rehabilitation and treatment spending any significant length of time in an adult jail facility. So I just wanted to put that on the record for you, and be happy to answer any questions.

**HOWARD:** Thank you, Ms. Summers. Are there questions? I just want to read a section of the, of the amendment to you to make sure that it sounds the same to you and I. So the Department of Health and Human Services shall ensure that the administrator of each temporary placement facility, described in an emergency plan required under Section 4 of this act, consents to the temporary placement of the juveniles placed in such facility, pursuant to the emergency plan and prior to the inclusion in an emergency plan as a temporary placement facility. The department and the administrator of the temporary placement will agree on a cost reimbursement. So that sounds to you like consent of the, of the facility administrator and a cost basis. Does that sound right?

**JULIET SUMMERS:** I hate to weigh in without having-- looking at it in front of me. I'm--someone said something earlier about being too

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lawyerly to respond when they haven't seen it or interrogated it for themselves, and I feel similarly. So I'd be happy to take a look at it and answer that question later.

**HOWARD:** Yes. We will share the amendment with you. Thank you.

**JULIET SUMMERS:** Thank you. I appreciate it.

**HOWARD:** All right. Seeing no other questions, thank you for your testimony today. Our next neutral testifier? Seeing none, Senator Murman waives closing-- yes, he does. All right. And this will close the hearing for-- and for LB1142, except there are letters, one letter in opposition from Laura Opfer, from the Nebraska Children's Commission. All right. This closes the hearing for LB1142 and opens the hearing for LB1143. This bill will be presented by Senator Walz. It's the Health and Human Services bill, Committee bill to provide duties for the Department of Health and Human Services, with respect to establishment of an inpatient adolescent psychiatric unit. Welcome, Senator Walz.

**WALZ:** Good afternoon, Chairwoman Howard and members of the Health and Human Services Committee. My name is Senator Lynne Walz, L-y-n-n-e W-a-l-z, and I represent District 15, which is all of Dodge County. I'm here before you today to introduce the fourth in a series of bills brought by this committee to begin to address the issues facing the youth rehabilitation and treatment centers, or YRTC's. LB1143 requires the Department of Health and Human Services to contract for the completion of a needs assessment and a cost analysis for the establishment of an inpatient adolescent psychiatric unit at the Lincoln Regional Center. A common theme the committee heard, through testimony at the hearings on YRTC's, and covered in conversations with staff and in conversations with the department, was that some of the youth being served at the YRTC's have serious mental health issues, and the YRTC's are not equipped to handle a youth's severe mental illness. In addition, it is difficult to create programming at the YRTC's that can address both behavioral problems of some youth and the serious mental health issues of others. Indeed, last year, the juvenile court judges committed a few youth to Lincoln Regional Center, despite the lack of an adolescent unit, because there was no other appropriate placement, including the YRTC's. These commitments were upheld by the Nebraska Supreme Court and in the interest of, in-- oh boy-- in the interest of Giovanni P. I had asked you about that before. The committee's fact finding these last six months has highlighted the significant gaps in the continuum of care for the youth in Nebraska,



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including the lack of an inpatient adolescent psychiatric unit. As a result, the HHS committee felt it was appropriate to explore the need for, and the cost of, reopening an inpatient adolescent psychiatric unit at the Lincoln Regional Center, which had such a limit in the past. LB1143 does just that. It requires DHS [SIC] to contract with an outside consultant with expertise in cost and needs analysis of healthcare facilities within 60 days after the effective date of this act. LB1143 also requires DHHS to come, to submit a report electronically to the HHS committee on or before October 15, 2020, which shall include: a needs assessment, including the number of adolescents expected to use such an inpatient psychiatric facility; the cost of opening an existing facility at the Lincoln Regional Center for use as an inpatient psychiatric unit; the cost of necessary construction upgrades or repairs if a facility at the Lincoln Regional Center was reopened; the annual operating cost of an inpatient adolescent psychiatric unit, including any federal funds available; and the cost savings realized by moving adolescents from out-of-state institutions back to Nebraska for treatment at an, at an inpatient adolescent psychiatric unit. Adolescent is defined in LB1143 as a juvenile who, who could be placed at a youth rehabilitation and treatment center under Sections 43-251.01 and 43-286. LB1143 includes an emergency clause. This study will provide critical information as the Legislature and department continue to find ways to improve Nebraska's YRTPs and the juvenile justice system, to best serve youth in the state's care. I appreciate your consideration of LB1143.

**HOWARD:** Thank you, Senator Walz. We'll now invite our first proponent testifier for LB1143.

**WILLIAM REAY:** Good afternoon, members of the committee.

**HOWARD:** Good afternoon.

**WILLIAM REAY:** My name is Dr. Bill Reay-- William Reay, W-i-l-l-i-a-m, Reay, R-e-a-y. I'm the president and chief executive of Omni Inventive Care, a multiservice behavioral healthcare organization in Omaha, Nebraska. I've been the president of Omni since 1993, and have been providing and leading behavioral health organizations in Nebraska since the mid '80s, and have provided direct care to some of the most troubled and troubling adolescents continuously, since Bob Kerrey was Governor; that's a while ago. It is because of that experience that I support conducting a needs assessment and cost analysis on the feasibility of having an inpatient psychiatric unit within the Lincoln Regional Center. The reason I believe this effort is worthy of the

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time and money is the result of the experience, my experience treating some of the most serious multicomorbid adolescents. For decades, the existing commercial, nongovernmental inpatient hospitals within Nebraska continuously refused to provide inpatient crisis stabilization services for a small, but very visible and often lethal-behaving adolescents. The rationales for refusals are many and varied, from statement that these juveniles are untreatable, or they engage in levels of extremely assaultive behavior and, therefore, cannot be treated within the business and treatment model of that hospital. Consequently, there are a few, but identifiable, adolescents that require treatment that is atypical and called upon infrequently. For example, example, over the past 12-18 months, a handful of adolescent young men were court ordered to Lincoln Regional Center for psychiatric treatment. In all but one youth, I was involved in those cases and either provided live or affidavit testimony in support of those juveniles going to the LRC. In two of the cases, the Nebraska Foster Care Review Board requested that I travel to Detroit Behavioral Institute, an out-of-state facility used by Nebraska. The purpose of that visit was to evaluate the appropriateness of that setting for two Nebraska youth. Those youth were placed at the Detroit Behavioral Institute by PromiseShip and HHS pursuant to an order from the Douglas County Juvenile Court. Both youth, while being served at this facility, received frequent physical injuries from other juvenile inmates. One youth received serious internal injuries resulting from a very serious assault. Both youth were episodically noncompliant with their psychoactive medication treatment and demonstrated serious, life-threatening assaultive behaviors. In both cases, they were not receiving any recognizable treatment for their mental health conditions and were traumatized by the very facility that was to treat them. The facility had a level system that the youth were to progressively navigate. However, the program was not, in any meaningful way, accommodating for either use, mental health or cognitive level functioning. It merely offered a behavioral management program designed to maintain control of a large number of youth who reside within the walls of this prison-like facility. Two other youth, who historically bounced from foster home to inpatient hospitals in Nebraska, came to the point in their lives that no hospital, group home, shelter, foster home would serve them, due to their exceptionally violent and assaultive behavior. The common characteristics of all these youth, included ages 16-18, included lower cognitive functioning and, in two cases, developmentally disabled, suffered from very serious multiple mental health illnesses, and were noncompliant with their psychoactive medication therapy.

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Each, each youth was capable of inflicting serious physical damage upon others, and in all but one case, all had engaged in years of assaultive activities, including the use of weapons. In other words, these youth had history with every commercial inpatient hospital, most discharged from these hospitals due to medication noncompliance and serious assault, both to patients and caregiving professionals. Consequently, these psychiatric hospitals refuse to serve them upon repeated presentation. I remained involved in the care of most of the juveniles while they were at LRC and, upon discharge, accepted them into the community. These youth are doing well and continue to improve in their management of their mental illness symptoms and adaptations to the challenges of life. In other words, the state of Nebraska stepped up out of necessity and provided precisely what was necessary at the time. The-- was the LRC an optimal setting for the youth? Optimal, arguably not. The state argued that to the point, with the Nebraska Supreme Court, in the interest of Giovonni, when they appealed the order placing juveniles there. These youth present very complex clinical profiles, and simply examining the costs associated between providing care in an out-of-state facility and LRC misses the point. Out-of-state facilities are not the same, and the facilities I visited and observed were not providing the professional care that the youth received at LRC. Furthermore, the care that they received prior to LRC was inadequate, substandard, and, in two cases, abused, abusive and neglectful. If, if L, LB1143 survives this process and becomes law, the analysis will be distilled to one overarching question: How much are these youth worth? Is it worth building a professional work force necessary to serve this unique group of youth? It is worth putting money into an infrastructure, both in terms of physical plant and human capital, to adequately serve these very challenging and vulnerable citizens. There has been a slow, degrading or deferred maintenance of mental health services in Nebraska that has occurred over many years. These youth represent just a [INAUDIBLE] canary in a coal mine. Thank you for entertaining my presentation, and I will answer any questions you may have.

**HOWARD:** Thank you, Mr. Reay. Are there questions? Senator Arch.

**ARCH:** Thank you. Dr. Reay, you obviously have a lot of experience with this population that, that is going, not cared for in the state right now. What, what do you see in the, in the primary diagnoses that, that we're working with, with, with these youth?

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**WILLIAM REAY:** That's a great question. And all of these youth that you're referring to, are I'm referring to, they have lower IQs, lower functioning ability. They not, they may not be recognized through the DD clearinghouse, right? But they have lower functioning capabilities. Mood disorders-- each and every one of them had at least a mood disorder, some for, some have traumatic brain disorders or injuries, so they're a very complex group.

**ARCH:** Um-hum.

**WILLIAM REAY:** And that's part of the problem.

**ARCH:** Thank you.

**WILLIAM REAY:** You're welcome.

**HOWARD:** Any other questions? Seeing none, thank you for your testimony today. Our next proponent for LB1143?

**ANNETTE DUBAS:** Good afternoon, Senator Howard and members of the HHS Committee. My name is Annette Dubas, A-n-n-e-t-t-e D-u-b-a-s. I'm the executive director for the Nebraska Association of Behavioral Health Organizations, otherwise known as NABHO. We are a statewide organization advocating for the behavioral health providers, hospitals, regional behavioral health authorities, and consumers. Our mission is to build strong alliances that will ensure behavioral health services, including mental health and substance use disorder services, are accessible to everyone in our state. We support LB1143, and NABHO wants to thank Senator Howard and the committee for your commitment to resolving these very serious issues facing our youth who really are in need of mental health or substance use disorder treatment. NABHO's membership represents many types of providers and provider organizations, and we bring a wealth of understanding about the complexities of mental illness and substance use disorder treatment. We have members who specialize in caring for adolescents, both inside and outside of the juvenile justice system. It's important that this needs assessment identifies the population of youth that you want to treat and serve, the appropriate location, and array of services for such a facility. My testimony is, is rather short because I just want to offer NABHO's knowledge and experience of our members in any way, as you continue to move forward in addressing this very, very important issue. And so please call on us if there's anything we

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can do. I'll attempt to answer any questions you may have, but this certainly isn't my area of expertise.

**HOWARD:** Thank you. Are there questions? Seeing none, thank you for your testimony today. Our next proponent testifier for LB1143? Good afternoon.

**KATHERINE BASS:** Good afternoon, Chairperson Howard and members of the Health and Human Services Committee. My name is Dr. Katherine Bass, K-a-t-h-e-r-i-n-e B-a-s-s. I'm the research director for the Foster Care Review Office, and I'm here to provide testimony in support of LB1143. The FCRO is an independent agency responsible for the oversight of children in out-of-home care, as defined by Nebraska statutes. By providing for a needs assessment and cost analysis study on an inpatient adolescent psychiatric unit, 11-- LB1143 takes the first step towards addressing a significant service gap in the state for children with serious mental health needs. Currently, there are no in-state resources that provide needed inpatient adolescent, adolescent psychiatric services with a no-reject, no-eject model. Seven youth have been placed at the Lincoln Regional Center, via court order, since November 2018. Of those, six have been reviewed by the FCRO during the time period that includes placement at, and discharge from, LRC. Now, typically when I'm here or when anyone from the FCRO is here, we give you a lot of numbers. But given that we have such a small population, I'm going to speak more in generalities today. The youth who have been placed at LRC have more time in out-of-home care than most children in foster care, have more placement changes than most children in foster care, and all but one has been placed out of state at some point. There are certain needs that these children have that LRC was able to meet, that other facilities have not been able to meet: managing highly aggressive or violent behavior without dismissal from the program; medication stabilization and compliance; excellent evaluations that appropriately differentiate mental health diagnoses from cognitive functioning; and good wraparound and coordination around facility exit. With medication stabilization and a clearer picture of diagnoses, behaviors, and capabilities, local review boards and FCRO, staff noted progress where none had existed before. While our reviews indicate progress when youth were placed at the LRC, it is important to stress that the Lincoln Regional Center is an adult facility and there is a need for specific programming for adolescents. It is also critical that any state-run adolescent psychiatric unit is only utilized for a very specific population with very high mental health needs. The population of youth who would benefit from an

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adolescent psychiatric unit is only a small fraction of the approximately 4,000 children in out-of-home care, on any given day in Nebraska. But their needs are the highest and cannot be properly met within our current system. Thank you to the HHS Committee for introducing LB1143, and I will be happy to answer any questions.

**HOWARD:** Thank you. Are there questions? Senator Arch.

**ARCH:** Thank you. Thank you for coming and testifying today. And I-- the question that I have is in your third paragraph, it mentions seven youth have been placed at the LRC--

**KATHERINE BASS:** Um-hum.

**ARCH:** --since November 2018. Would you know if there are additional youth being placed out of state, that have this, that have this need, as well?

**KATHERINE BASS:** That would be difficult for me to identify from a data point. I don't know that I would be able to pick out who they are from the data that we have. I do know, anecdotally, that there are other youth who we said are similar to this group.

**ARCH:** Right.

**KATHERINE BASS:** As far as whether or not they're out of state, I'm not sure

**ARCH:** Because before November 2018, the Lincoln Regional Center was not accepting adolescents, and it was--

**KATHERINE BASS:** No.

**ARCH:** --it was a--

**KATHERINE BASS:** It was not.

**ARCH:** It was a situation where something was needed at that time--

**KATHERINE BASS:** Yeah.

**ARCH:** --and it was opened.

**KATHERINE BASS:** Yes.

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**ARCH:** A unit was opened or--

**KATHERINE BASS:** Yes.

**ARCH:** --it was adults were removed and adolescents were put in the unit.

**KATHERINE BASS:** That's correct.

**ARCH:** OK. Thank you.

**HOWARD:** Other questions? Seeing none, thank you for your testimony today.

**KATHERINE BASS:** Thank you.

**HOWARD:** Our next proponent testifier for LB1143? Seeing none, is there anyone wishing to testify in opposition to LB1143? Seeing none, is there anyone wishing to testify in a neutral capacity to LB1143? Seeing none, Senator, Senator Walz waives closing. And this will close the hearing for LB1143. And there are letters, two proponent letters: Marcia-- William Reay from Omni Inventive Care; and Marcia Blum, the National Association of Social Workers, Nebraska Chapter. And this will open the hearing for LB1145, the Health and Human Services Committee's bill to require the Department of Health and Human Services to develop and implement policies regarding the use of mechanical restraints and transportation of juveniles. This bill will be presented, on behalf of the committee, by Senator Cavanaugh. Welcome, Senator Cavanaugh.

**CAVANAUGH:** Thank you, Chairwoman Howard and members of the Health and Human Services Committee. My name is Senator Machaela Cavanaugh, M-a-c-h-a-e-l-a C-a-v-a-n-a-u-g-h. I represent District 6 in Omaha, and I am here to introduce the fifth in a series of bills brought by this committee to address the issues facing the youth rehabilitation and treatment centers, or YRTCs. LB1145 requires the Department of Health and Human Services to develop and implement policies regarding the use of mechanical restraint and the transport, transportation of youth. In August, about four days after the girls had been moved from Geneva to Kearney YRTC, I visited them in Kearney with Chairwoman Howard, Senator Lowe, and at that time, IG-- or Attorney General-- Inspector General Rogers, who is now Ombudsman Rogers. One of the first things the young women told me was about how they were moved from Geneva to Kearney. Thankfully, the Legislature passed LB690 last

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session, which prohibits the "shackling" of a pregnant woman-- it's also known as a five-point restraint-- unless a clear and present danger exists. As a result, the only two youth not shackled during transport were a young woman with epilepsy and a, and a pregnant, pregnant youth. I mention this because, without the Legislature taking action to protect pregnant women, this teen would have suffered any number of medical complications, in addition to the trauma of being restrained while pregnant, purely to be moved from one home to another. And I would add that, if you want more information about mechanical restraint in pregnancy, I can provide that research to the committee. I did not include it in my remarks today. The Department of Health and Human Services should only use mechanical restraints on youth at the YRTC when it's absolutely necessary. This bill is an opportunity for the Legislature and this committee to do our due diligence and oversight to ensure there is no abuse of this method of restraint. Section 2(1) of LB1145 requires DHHS to "develop and implement a policy regarding the use of mechanical restraint, including shackling." The policy must specify the circumstances under which mechanical restraint may be used and the reason for using mechanical restraints in those instances. The policy must be publicly available-- page 2, lines 6-11. Mechanical restraint is defined in the bill as "any physical or mechanical device, material, or equipment attached or adjacent to the juvenile's body that cannot be removed easily and that restricts freedom of movement or normal access to such juvenile's own body"-- Section 2(2)-- Section 2(2), lines 12-16. I've no idea if I'm reading that correctly on how to locate it, but I have confidence in everyone's abilities. Similarly, Section 3 requires DHHS to develop and implement a policy regarding the transport of juveniles to, from, and between the YRTCs. The policy should include: "the means of transportation; staffing for transport; and when and if notice will be given to the juvenile, the court, the parent or guardian, and other relevant parties, prior to transport"-- page 2, lines 17-23. The transportation policy particularly-- seems particularly important and timely in light of the YRTC business plan which will re, which will require-- and what we heard today does current, it's their current policy-- does require youth, particularly girls, to move multiple times between three different YRTCs. I appreciate the committee's consideration of this bill.

**HOWARD:** Thank you, Senator Cavanaugh. All right. We'll invite our first proponent for LB1145. Seeing none, is there anyone wishing to testify in opposition to LB1145? Welcome back.



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**MARK LaBOUCHARDIERE:** Thank you, Senator. Good afternoon, Senator Howard and members of the Health and Human Services Committee. My name is Mark LaBouchardiere, M-a-r-k L-a-B-o-u-c-h-a-r-d-i-e-r-e. I'm the director of facilities for the Department of Health and Human Services. I'm here to testify in opposition to LB1145, which will require the, the Department of Health and Human Services to develop and implement a restraint policy and a youth rehabilitation treatment center transportation policy. DHHS opposes this bill because it requires policies that are already developed and implemented within the YRTC system. This bill will also, will require DHHS to specify the circumstances under which mechanical restraints will be utilized and make policy available to the public. DHHS has been transparent in policy sharing upon request. We understand the need to use mechanical restraints for safety purposes, and our existing policy is that restraint devices are never used for purposes of punishment. Finally, LB1145 will require a transportation policy, with communication to the juvenile court and parents and guardians, among others, before transport is made. DHHS transports juveniles, on a regular basis, to and from the YRTC, for a variety of reasons, including court and routine medical appointments. Their safety and the safety of others during transport is of utmost importance. The YRTC already has a transportation policy in place that requires communication to parents, and details different requirements to promote safe and secure transportation. DHHS continues to be transparent in sharing our policies on the use of mechanical restraints and securely transporting juveniles. Copies of both policies are attached to this testimony. Thank you for allowing me to testify, and I'd be happy to answer any questions.

**HOWARD:** Thank you, Mr. LaBouchardiere. We only have the copy of the mechanical restraints one. You said that both policies are attached to the testimony.

**MARK LaBOUCHARDIERE:** There should be both.

**HOWARD:** Was there meant to be a second policy included? We only have mechanical restraints.

**WILLIAMS:** There it is.

**HOWARD:** There it is. OK. OK. And then this one says that it's for Kearney, but is it meant to apply to all of the YRTCs?

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**MARK LaBOUCHARDIERE:** Yes.

**HOWARD:** OK. Then when was this last updated-- for mechanical restraints, 'cause that's the one that we have right now?

**MARK LaBOUCHARDIERE:** Mechanical restraints was last updated in, I believe, 2017.

**HOWARD:** And so what's the red lettering on it?

**MARK LaBOUCHARDIERE:** So the red lettering is-- a part of the statute is that we are compliant with the ACA standards. So that's what identifies the ACA standards. When they come and do their accreditation for us, from the audits, that's what they look for in part of our policies.

**HOWARD:** Questions? Senator Arch.

**ARCH:** Thank you. Thank you for coming in. And this is the first time I've seen this, so I just have a, I just have a couple questions to begin. It, it uses two, it uses two terms here. One is physical intervention. One is mechanical restraint.

**MARK LaBOUCHARDIERE:** Um-hum.

**ARCH:** So is, is physical intervention physical restraint?

**MARK LaBOUCHARDIERE:** Yes.

**ARCH:** So you, so is-- are there, so are there varying degrees? I guess my question is, are there varying degrees of physical intervention or is that, indeed, physical restraint? In other words, you are, you are physically restraining the youth. This isn't a matter of separating. It's not a matter of-- I mean, physical intervention can sometimes be understood as a matter of getting between two people that are beginning to shove or whatever. But--

**MARK LaBOUCHARDIERE:** So it depends on the intensity of what the youth behavior is. So let's just say, how about there would be a few kids get in a fight, and you're able to go to a kid and do what's called a touch prompt and say: back off. That's technically a physical intervention because we are touching a kid.

**ARCH:** Right.

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**MARK LaBOUCHARDIERE:** So if a kid decides to back off and, let's just say, walk away, it stops there. But if a kid decides to continue to escalate further and wants to continue to engage in an assault, then the staff would have to place them in a-- it's called a physical restraint technique. It's by the Handle With Care, where we would have to physically restrain them so they can be kept safe from themselves or the other juvenile.

**ARCH:** So you--

**MARK LaBOUCHARDIERE:** And--

**ARCH:** --train all staff to physical restraint?

**MARK LaBOUCHARDIERE:** Yes.

**ARCH:** All staff, direct care staff?

**MARK LaBOUCHARDIERE:** We train all our staff, regardless if you're a teacher, if you're a maintenance staff, if you're an admin staff. And we use a program called Handle With Care. Handle With Care is something that is used, actually right now, in all our facilities , including LRC. But it's also a program that is used in, well, I'd say, about 25 different states right now, in state facilities, for not only juveniles, but for adults also. It's also used in residential centers, so it's used widely as evidence-based restraint technique.

**ARCH:** So is this policy-- it, is this-- this policy is the only policy that you have, for all your facilities, on physical intervention restraint, physical restraint and mechanical restraint.

**MARK LaBOUCHARDIERE:** This is specific to the YRTC's--

**ARCH:** Right.

**MARK LaBOUCHARDIERE:** --because they fall under the ACA piece. Like LRC or NRC, they fall under the Joint Commission piece of standards for hospitals. So it's a different element, so it'd be a different policy.

**ARCH:** Having just seen it, does this, does this also address training?

**MARK LaBOUCHARDIERE:** No, this does not address the training piece. This addresses just the-- what is physical interventions, when can it

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be used, under what circumstances, and it talks about that policy. It doesn't go into the whole training piece.

**ARCH:** OK. Follow-up question, then, on mechanical restraint. Who has the authority to order a mechanical restraint?

**MARK LaBOUCHARDIERE:** The youth security supervisor. So our direct care staff at the YRTC's do not carry handcuffs or restraints. It's only our youth security supervisors who carry restraints.

**ARCH:** Do your direct care staff have the ability to direct security to put a child or a youth into mechanical restraint?

**MARK LaBOUCHARDIERE:** No.

**ARCH:** So it's the decision of the security staff.

**MARK LaBOUCHARDIERE:** Supervisor.

**ARCH:** The supervisor of the security staff. Is that, is that a, is that a process of obtaining that, that order? I'll call it an order. But, but is, is that a process or how does that work, practically?

**MARK LaBOUCHARDIERE:** So generally, if you have, let's say, a situation in the unit, every staff has a radio with a man-down button, or an emergency button. So they would call for assistance. That's when the security supervisor arrives on scene. It's at that point where they are a part of that engagement.

**ARCH:** And the decision is made by the, by the supervisor for a mechanical restraint. And, I would assume, for removal of mechanical restraint, as well?

**MARK LaBOUCHARDIERE:** It's all-- yes. So the only-- like I said, the only people who even have those, let's say handcuffs or restraints, is the supervisors. So they come and see-- they are the ones who can apply it, and they'll be the ones who can remove it.

**ARCH:** And those would be it-- sometimes mechanical restraints would be handcuffs. Sometimes it would be including shackling, as well?

**MARK LaBOUCHARDIERE:** Did you say shackling? The only things that we use--

**ARCH:** Ankles, ankles.

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**MARK LaBOUCHARDIERE:** Yes, leg restraints?

**ARCH:** Leg restraints. OK. All right.

**MARK LaBOUCHARDIERE:** Generally, though, when we have a situation at the facility, whether it's a fight or it's some disturbance, we generally just use the, the hand restraints. We don't use leg restraints, normally, unless a kid who's so-- we got some kids who are there who was 18, who are way bigger than even me. They can hurt some people. And sometimes they just don't want to move and they will just lay flat. And we would have to try to pick them up and-- I mean, [INAUDIBLE] at other facilities, too, and we have to then take our next step to try to get them into a safe area.

**ARCH:** And does your, does your transport policy also apply to transporting within the facility, for instance, to room confinement? Or is the transport policy just for external, for moving to another facility?

**MARK LaBOUCHARDIERE:** It's-- the secure transport policy is for actual transport in a vehicle.

**ARCH:** OK. Thank you.

**MARK LaBOUCHARDIERE:** You're welcome.

**HOWARD:** Other question? I have a few. What's the longest time that a youth has been left in their restraints at a YRTC?

**MARK LaBOUCHARDIERE:** I've been there for about-- a little over four years. I want to say, about three years ago, it was about-- a little over an hour. I believe there was one kid who was actively coming after staff.

**HOWARD:** OK. And not counting-- so you're not thinking of transportation.

**MARK LaBOUCHARDIERE:** No. I'm talking about in a, after a--let's say we had an assault or something, where they were going after the staff. They were in their room. So when you're in a room and you-- if you ever-- once we, once we restrain a kid-- let's say they take him to Dickson, to the confinement area, and the kid-- 9 times, 9.9 times out of 10, they, they calm down, and they-- we at least take the restraints off them because they are in a room. But sometimes they will fight us to take the restraints off. So until we are, we, they

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are, are able to gain control of themselves, the restraints will be on so we can safely remove them. Whenever the kid is in restraints in a room, they are under one-on-one supervision throughout, till those restraints can be removed. So they're not left in the room by themselves with the, with restraints.

**HOWARD:** But then, when they are, when they're transported, they could be in restraints for longer than that.

**MARK LaBOUCHARDIERE:** Yes.

**HOWARD:** OK. And--

**MARK LaBOUCHARDIERE:** So even with the-- so the difference is that, normally during a transportation, they also-- there's a waist belt that goes around them so their hands are front, so it's more comfortable for them versus trying to be in the back with the hands. So when we do have a transport, we do, depending on the youth or if they have an escape history or aggression, that all plays into account, as well. So the situation you mentioned yesterday, when we had two kids who had eloped and they came back, they wore the restraints, and they were able to get out of it and assault the contract driver-- not the DHHS driver but the contract driver-- and overtake him and steal his vehicle. So that's-- there's reasons why we, we have to keep them in restraints while during a transport. So even the, the-- what you mentioned earlier, I think, in the testimony when you were talking about the girls from Geneva when they moved to Kearney, yes, they were all in restraints except for the pregnant girls who-- that was already our policy before any changes by the Legislature about-- that's an ACA standard about how you don't restrain pregnant youth. But from those-- if you remember those four girls who we had moved and we talked about moving to Lancaster a couple of days before that, or the few days, when they came back, they were breaking out windows in the vehicle, and they were trying to escape from there. So moving especially three or four girls [INAUDIBLE] we saw then, now try and move 25 girls. And if we had none of them in restraints, I think any facility, I think, if we do not have safety measures in place, and if we had 25 kids that took off or overtook a driver, it would be a bad situation. And so to keep the public safe, to keep our staff safe, and all the youth safe, we have to put them in restraints during a transport of that magnitude.

**HOWARD:** Do these policies apply to contractors?

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**MARK LaBOUCHARDIERE:** No, they do not. Midwest Contract is who we contract with for our transporting services. The courts use them, Probation uses them, as well. So--

**HOWARD:** Because I noticed your policy requires two individuals and it sounds like the situation in York, that was one driver?

**MARK LaBOUCHARDIERE:** That's, that's something that we're investigating right now to see what we can do. That's something that's the same basis for, like I said, Probation and courts, as well. They require the same amount. In our transport, so when it's DHHS staff, we require two, so--

**HOWARD:** And then when a youth is placed in restraints, do they know how to get out of their restraints or what behaviors they need to achieve or what they need to achieve to get out of them?

**MARK LaBOUCHARDIERE:** Are you talking like a Houdini, like they can get out of the restraints? Are you talking about--

**HOWARD:** No, like you're in restraints. Here are our expectations of you. This is what you need to do to get out of the restraints.

**MARK LaBOUCHARDIERE:** Yes. The whole time they're in restraints, you have a staff who is talking to them and trying to get them calmed down so we can get those restraints off them. So that's a situation not for a transport I'm talking, but in a, in a facility situation. So-- because they cannot leave the kid if he is in restraints. So they have to be there continuously with them.

**HOWARD:** Other questions? Senator Walz.

**WALZ:** Quick question. Thanks for coming today. Under physical intervention report package, there's a section in there talk, talking about the written statement from a juvenile who was subjected to physical intervention or documentation of juvenile's refusal, and then, "a. The juvenile involved will be assisted in contacting the Hotline should he feel the force used was excessive." Can you talk a little bit about that? And then I'm also interested in-- do you keep a record, a tracking of how many times a, a juvenile or a, a juvenile called that hotline? Is there a record of the number of times?

**MARK LaBOUCHARDIERE:** All right. So to answer the first part of your question is, anytime a juvenile does go through a physical intervention, there is a form that we give them, which they have-- are

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asked to fill out if they feel it went well or did not go well. What could be different? So there is that, and that's tracked with every incident reported. The other piece on that is, if they feel as though there was, let's say, an extra use of force or something they did not feel was right, they also get afforded the option we call the hotline. The records for the assaults or the calls, you could probably get that from the hotline. We don't keep track of those because those are confidential calls. We don't stick around the juvenile when they make that call. We give them the privacy to be able to say what they want--

**WALZ:** Hmm.

**MARK LaBOUCHARDIERE:** --during those calls.

**WALZ:** After a juvenile makes a call to the hotline, how is that followed up on? I mean--

**MARK LaBOUCHARDIERE:** So, so it depends on-- it goes to the hotline folks, and then they determine, based upon what the level of intensity is, what they will-- when, how-- when and how they will follow up. If it's like a kid who's bleeding, if it's a more emergent need,--

**WALZ:** Um-hum.

**MARK LaBOUCHARDIERE:** --then they'd probably come on faster than that.

**WALZ:** OK.

**MARK LaBOUCHARDIERE:** And the facility has also, through DHHS, has created something called FIT team, which is a facility investigatory team. So that's comprised of no facility staff, per se, but it's more like legal investigations who come in there. They, they use facility staff, too, sometimes in their investigation to come, also, have a second look, as well, into what a situation could have been.

**WALZ:** OK. All right.

**MARK LaBOUCHARDIERE:** We all--

**WALZ:** Thank you.

**MARK LaBOUCHARDIERE:** All the youth, also-- a part from it says your hotline, but every youth has posted in the units the Ombudsman's number. So they call the Ombudsman's as well, under the public



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counsel, under-- with Julia and Jerall. So they have that avenue, as well, to call. And that was in Kearney and Geneva.

**WALZ:** OK.

**HOWARD:** Senator Williams.

**WILLIAMS:** Thank you. Mr. LaBouchardiere [LAUGHTER].

**MARK LaBOUCHARDIERE:** Close.

**WILLIAMS:** My, my question is, is there anything that we are asking of you in LB1145 that you feel you are not providing already, with the two policies that you have handed out to us?

**MARK LaBOUCHARDIERE:** I don't believe so, Senator. The only thing-- a little bit of clarification on it-- I think there might be an emphasis on making sure we let parents know when they're with a-- a youth is being transported in restraints. And sometimes that could be a security issue because, since I've been here, we've had issues where we allowed a parent to know where a medical appointment was, and they came and tried to help the kid escape. And it caused our staff some disarray when the parents showed up with a few of their friends and tried to take the kid away. So it's-- that's why our policy talks about it depends on the situation, when we notify parents. Like if we'd be taking a kid to court, we'd let them know. But if they're going to a medical appointment, we might not let them know just because of safety purposes.

**WILLIAMS:** So, so the requirements, then, of LB1145 are not necessarily adding extra burden to you or anything.

**MARK LaBOUCHARDIERE:** No, Senator.

**WILLIAMS:** So if we passed this, you could check that box and say: Thank you, DHHS, we've met your requirements. You get a gold star.

**MARK LaBOUCHARDIERE:** Yes, Senator.

**WILLIAMS:** I'm not expecting an answer. Thank you.

**HOWARD:** All right. Any other questions? Senator Arch.

**ARCH:** Thank you. Mr. LaBouchardiere,--

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**MARK LaBOUCHARDIERE:** Ah, Senator Arch, you got it.

**ARCH:** Thank you very much.

**WILLIAMS:** You did better than I did.

**ARCH:** It's a test. You, you discussed the hotline. Where, where is the hotline, organizationally, within DHHS?

**MARK LaBOUCHARDIERE:** It falls under the Divisional of CFS-- sorry, Child and Family Services.

**ARCH:** And so it reports to the director of Child Family Services? Is that how it would--

**MARK LaBOUCHARDIERE:** Ultimately, yes.

**ARCH:** Ultimately. OK. All right. Thank you very much.

**MARK LaBOUCHARDIERE:** You're welcome.

**HOWARD:** Just to go back to the drivers, does Midwest Transport, they background check their drivers for you?

**MARK LaBOUCHARDIERE:** Yes.

**HOWARD:** OK.

**MARK LaBOUCHARDIERE:** That's part of the contract for their-- to go through NCIC check--

**HOWARD:** OK.

**MARK LaBOUCHARDIERE:** --and a child registry check[--

**HOWARD:** OK.

**MARK LaBOUCHARDIERE:** --child abuse registry check.

**HOWARD:** So that, so it, so it's that they, they meet sort of background check requirements for you, but they don't have to me your, your operational memo.

**MARK LaBOUCHARDIERE:** We, we are following suit with the same thing, of what the courts use for transport and Probation uses for transport. That's the same language behind that. That's something that we're

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looking into right now to see if we have to up that. This could have happened, to be quite honest, to a kid who was being transported by Probation or the courts. We've had kids here in the last couple years who, when they were transferred from court, from Probation or from-- because, of course, they have escaped, too. It's, it's happened over time. It's not some, something surprising, but those things do happen, so--

**HOWARD:** All right. Any final questions? Seeing none, thank you for your testimony today.

**MARK LaBOUCHARDIERE:** Thank you.

**HOWARD:** Our next opponent testifier?

**WALZ:** Shoot-- sorry.

**HOWARD:** Seeing none, is there anyone wishing to testify in a neutral capacity to LB1145?

**JULIET SUMMERS:** Good afternoon. Chairman Howard, members of the committee, my name is Juliet Summers, J-u-l-i-e-t S-u-m-m-e-r-s. I'm here on behalf of Voices for Children in Nebraska, to testify in a neutral capacity regarding LB1145. We all benefit from the juvenile justice system, structured to ensure youth receive meaningful rehabilitative services and can grow into healthy adults. Youth in our juvenile system, even those who end up committed to YRTC's, are still that; they're youth. They're not hardened criminals. Their futures are not set in stone. And every policy choice we make, every small decision on how we structure what their treatment and care look like, add up to determine what our system tells them about who they are, where they belong, and what they deserve in life. Our state's youth are still developing, and even the toughest among them need the right therapeutic response, at the right time, to meet their needs and overcome challenges. To this end, Voices for Children broadly supports having an articulated policy for the use of mechanical restraints and shackling, but we are testifying neutrally today because we want to strongly encourage the Legislature to put greater prescriptive parameters into statute, about where and when youth in our state-run treatment centers may, or may not, be shackled and chained like prisoners. To be frank, based on recent history, we are concerned with how an unspecified policy, regarding use of restraints, could develop without legislative input into what that policy ought to include. This summer, members of this committee saw the treatment girls were

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receiving and how a room confinement was being used at Geneva. Last spring, in the wake of a number of successful escapes, the administration at Kearney began using what we had heard was round-the-clock shackling of boys who were considered a flight risk. It's not clear how that designation was applied or whether youth had opportunity to protest it through a grievance process. Regardless, our Inspector General for Child Welfare did report about it in their annual solitary confinement or room confinement reporting to the Legislature, And I quote, "The use of physical, mechanical and chemical restraints is permitted by designated staff at the youth facilities when deemed appropriate under YRTC policies, however, this practice"-- referring to the use of shackling instead of room confinement-- "could be understood as a contradiction to a March 2017 YRTC Administrative Memo, which states: Juveniles are not subjected to corporal or unusual punishment, humiliation, disease, property damage, mental or personal abuse or harassment, personal injury, or punitive interference with the daily functions of living, such as eating and sleeping. Shackling is permitted in the YRTCs. However, research indicates that shackling is traumatic to both juveniles and facility staff; witnessing shackling may induce secondary trauma in both populations.." We have also heard cautionary tales from other states where, after juvenile room confinement was legislatively or administratively eliminated, instead of accessing technical assistance to build up strengths-based preventive behavioral systems to keep youth engaged, some facilities turned to all day shackling or mechanical restraint of young inmates in chained desks. In light of what has already happened here in Nebraska and what has happened elsewhere, Voices for Children would strongly encourage this committee and the Legislature to advance LB1145, but in doing so, to adopt more prescriptive language, based on best practices for youth treatment facilities, governing when youth may, or may not, be put in mechanical restraints, such as-- and when I use the term shackling here in my testimony, I mean mechanical restraint, not specifically like chains, so such as 24-hour, around-the-clock shackling shall not be used and doing it in shorter periods, but short consecutive periods is not an acceptable way to get around that. Shackling shall not be used for administrative purposes, for instance, in the case of shack, staff shortages. Shackling shall not be used to avoid statutory limitations on the use of room confinement. Shackling shall not be used during medical emergencies, including labor and delivery. It does sound like some of that has already been addressed by policy. But this is, these are some things we would really like to see in statute. Thank you again to Chairwoman Howard and all the members of this committee, for

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all the time and work you've dedicated to watching out for our state's vulnerable youth, this year and always, and the efforts you've made to put forward your set of recommendations. I'd be happy to answer any questions.

**HOWARD:** Thank you. Are there questions? Seeing none, thank you for your testimony today.

**JULIET SUMMERS:** Thank you.

**HOWARD:** Our next neutral testifier for LB1145? Seeing none, Senator Cavanaugh waives closing. And this will close the hearing. Oh. And there's a letter, in support, from Kris Whisenhunt, the National Association of Social Workers, Nebraska Chapter. No letters in opposition, no neutral letters. This will close the hearing for LB1145, and close our hearings for the day. Thank you.