

DHHS Youth Facilities Five-Year Strategic Operations Plan Update



December 15, 2021

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NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Executive Summary

DHHS is very pleased with the amount of quality work that has been completed over the last 90 days since the first quarterly report out on the progress toward completion of the DHHS 5 year Strategic Operations Plan. The progress on the reduction of assaultive behaviors, reductions in confinement and even the reductions in peer to peer behaviors reflects a positive trend in continued quality improvement on a wide variety of performance indicators.

The amount of involvement in the Kearney community by YRTC youth has been nothing short of transformative. Participation in events such as volunteering to set up chairs for the city's Veteran's Day celebration, building a float for the colleges Blue and Gold parade, helping out at the Salvation Army, etc. in the community has been enjoyed by community members as well as the youth. This participation demonstrates a form of restorative justice and normalization for the youths, paving the way for appropriate behaviors upon their return to their home communities.

And finally, the two recent exceeds standards markings that were received during the PREA audit are inspirational. Our surveyor stated that only one other time in her 15 years of surveying facilities, did she grant an "Exceeds Standards" ranking. Truly all of these combined efforts reflect a new day for Nebraska's juvenile facilities.

Please accept this document as an end-of-year update to the 5-year operation plan for all of the Department of Health and Human Services (DHHS) Youth Facilities as required by Neb. Rev. Stat. 43-427. The original DHHS Youth Facilities Five-Year Strategic Operations Plan was published on March 9, 2021. This report includes the following updates:

- (1) Census information
- (2) Engagement
- (3) Substantial changes planned before the next report
- (4) Statistics – Escapes, Assaults, Confinement
- (5) Five year plan Q2 progress update

There is a planning meeting scheduled for after the first of the year to "add back" an additional year to the plan so that it remains a perpetual five year planning tool.

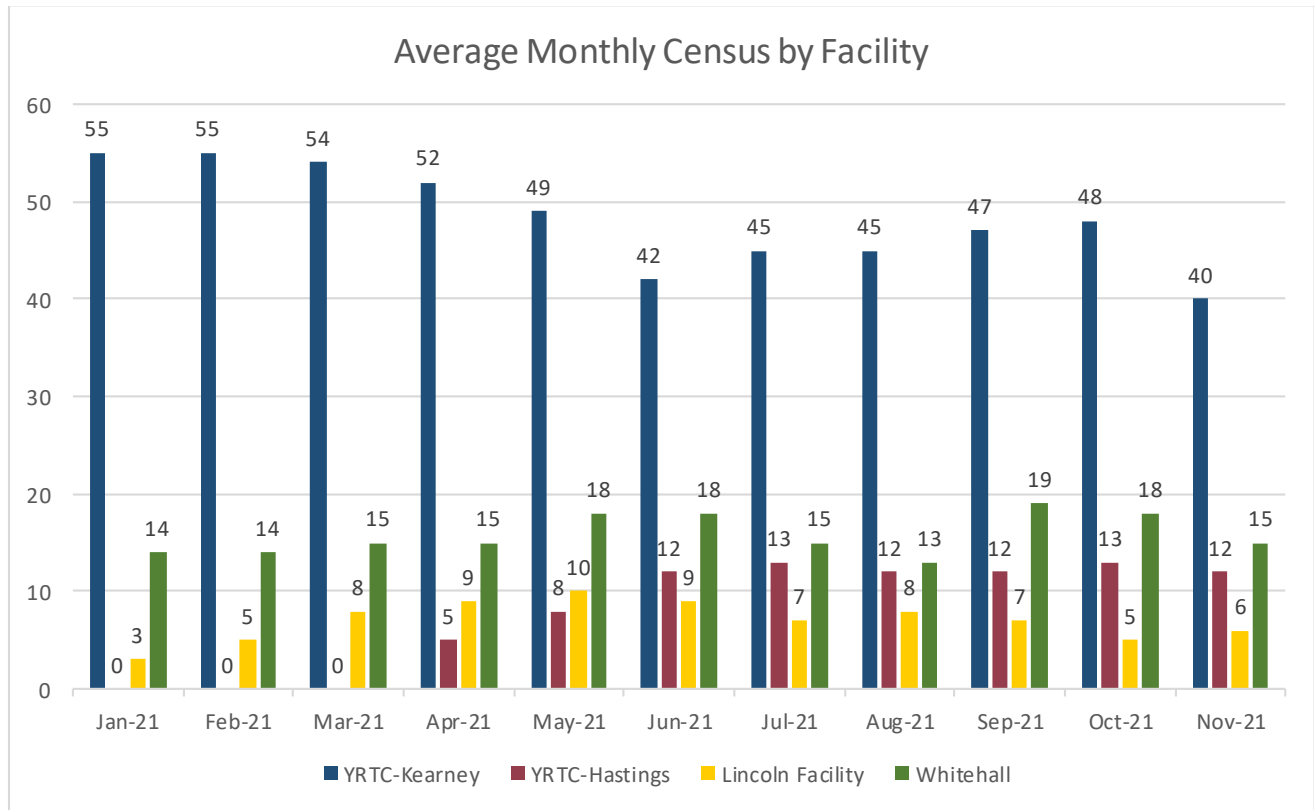
I. Census Information

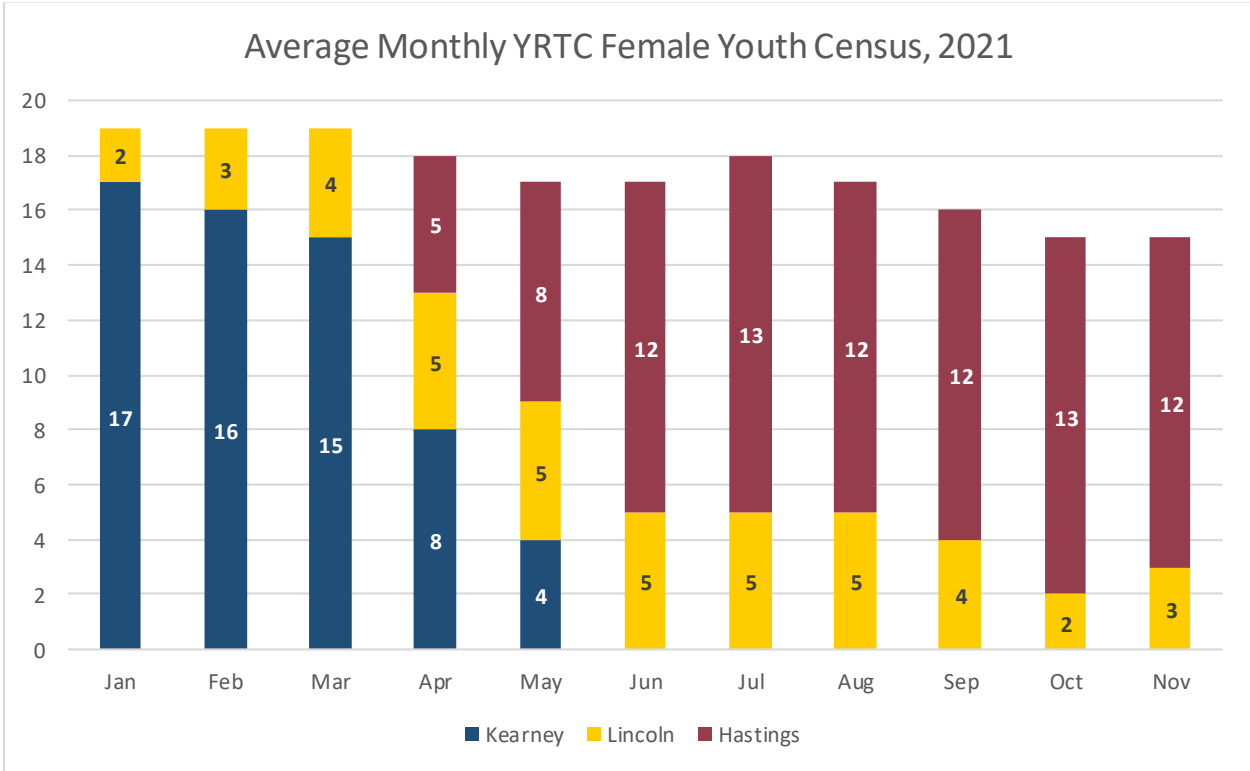
Listed below are graphs that reflect the total average monthly census by facility and the average monthly census specifically for the facilities that house female youth. The YRTC-Kearney currently serves only male youth ranging in age from 14 to 18 years. Youth have been court-ordered to Kearney after having been determined to have exhausted all lower level, community-based service options.

The YRTC-Hastings currently serves female youth ranging in age from 14 to 18 years. Youth have been court-ordered to Hastings after having been determined to have exhausted all lower level, community-based service options.

The Lincoln Facility serves both male and female youth ranging in age from 14 to 18 years. Youth are separated by gender into different secure housing pods. Youth have been transferred from either the Kearney or the Hastings YRTC campuses after it has been determined that their behavioral/mental health needs represent a higher acuity and risk and they would be better treated with the programming and higher level of supervision offered in the Lincoln Facility.

Whitehall serves male youth ranging in age from 14 to 18 years. Whitehall is licensed as a Psychiatric Residential Treatment Facility (PRTF). There are two separate 24/7 residential treatment programs on campus – the substance use disorder program and the juveniles who sexually harm program. Youth referred for treatment in the Whitehall programs have failed to benefit from less restrictive interventions.





II. Engagement

Community Service

The YRTC-Kearney campus has been able to re-engage in community service projects and community engagement activities. The boys at YRTC-Kearney have volunteered with the Salvation Army, assisted with the Alzheimer's Walk, and helped at the University of Nebraska-Kearney (UNK) Blue and Gold day. At the UNK homecoming parade, youth and staff built a float that won first place in the non-profit float category.

In July, YRTC-Hastings hosted guest speakers on campus to discuss programs and job opportunities. Speakers included Well Springs Pregnancy Center, Horizon Recovery Center, a local cosmetologist, a local teacher, and a speaker from the Creation Institution Association. Two youth began Certified Nursing Assistant (CNA) classes at Central Community College in Hastings.

Family engagement

Staff from the DHHS youth facilities will be attending a training on Families Thrive in December 2021. This is an evidence-based program that actively supports learning and collaboration to address the specific needs of children, youth, and families impacted by trauma. Families Thrive also supports agencies and organizations to build more trauma-informed workplaces through building capacity to promote safety, healing, and resilience for staff, programs/organizations, and the children and families they serve.

III. Substantial Changes

September - November

LB380: YRTC-Kearney needs analysis – CWP Architects submitted a final report to DHHS in November 2021. The [final report](#) was submitted to the Health and Human Services Committee on November 22, 2021.

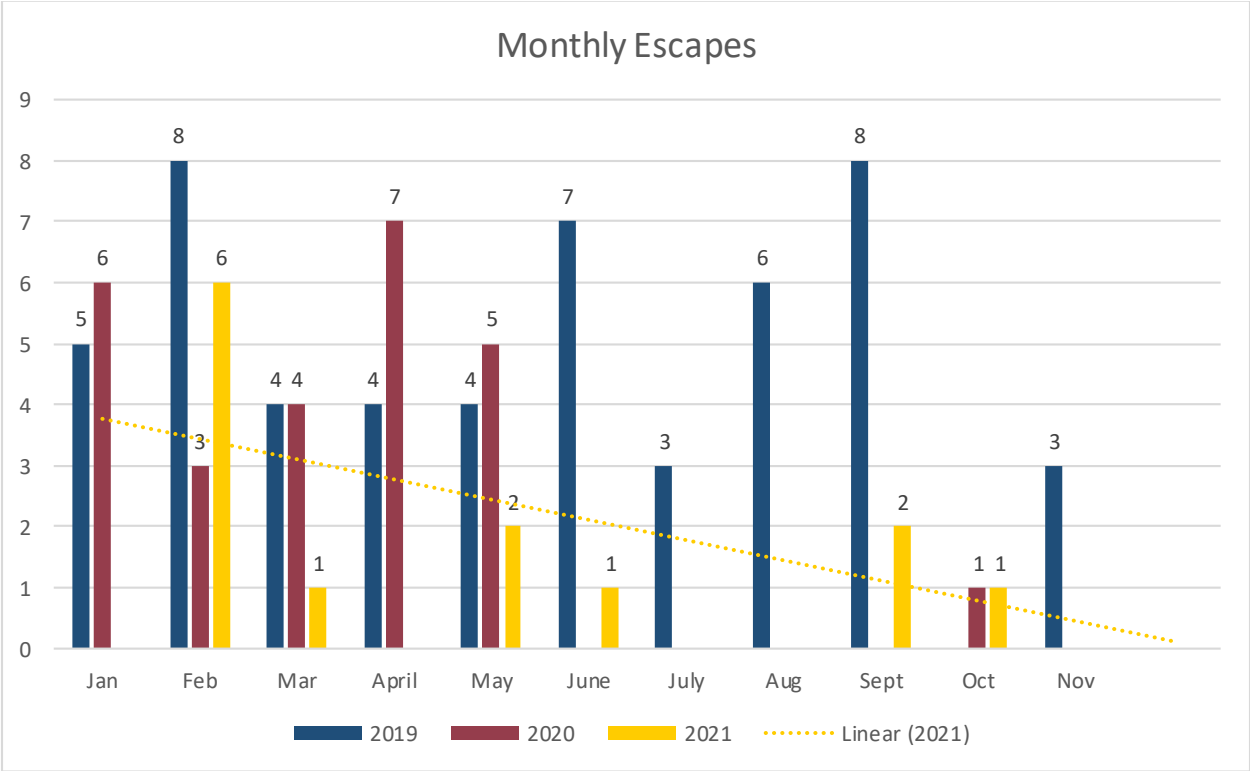
LB 428: Needs assessment and cost analysis of an inpatient adolescent psychiatric unit at LRC – Altus Architectural Studios and Chinn Planning submitted reports. The [final reports](#) were submitted to the Health and Human Services Committee on November 22, 2021.

What's next?

The DHHS youth facilities sent staff to initial training for Dialectical Behavior Therapy (DBT). DBT is a type of cognitive behavioral therapy that is evidence-based and can be used to treat many conditions. Skills training for DBT will occur in December 2021.

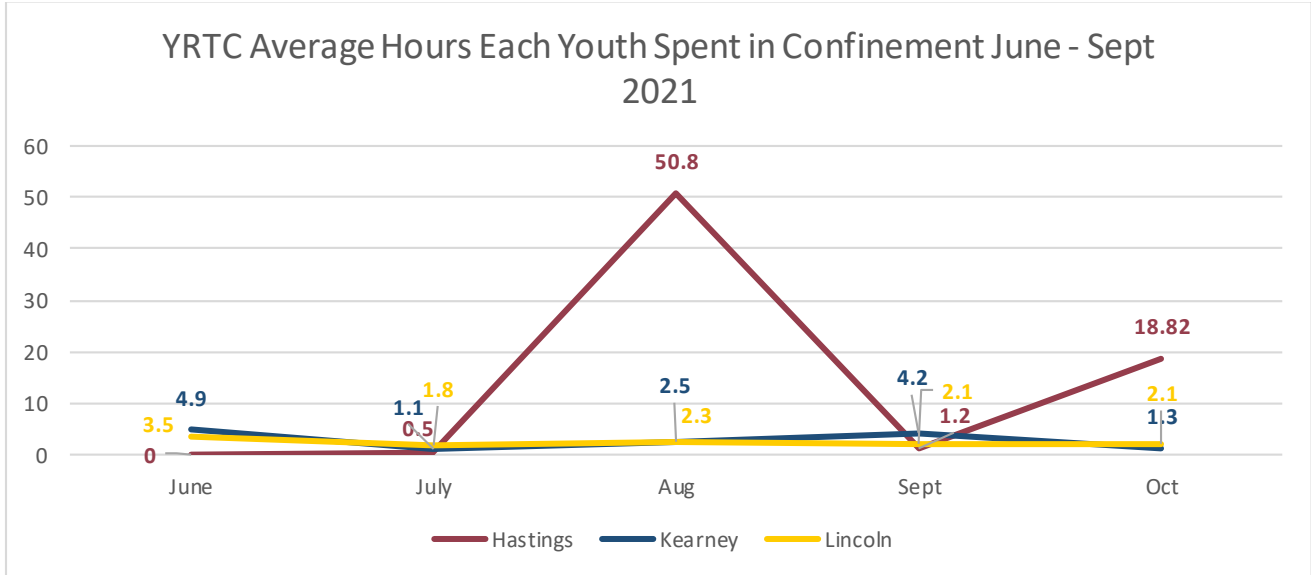
DHHS continues to conduct the quarterly stakeholder meeting with external and internal partners. During the November meeting, members recommended a longer block of time to meet and discuss the strategic recommendations. DHHS will hold its next stakeholder meeting in early 2022 to review the 5-year plan as well as collaborate on new initiatives to be incorporated into the plan moving forward.

IV. Statistics



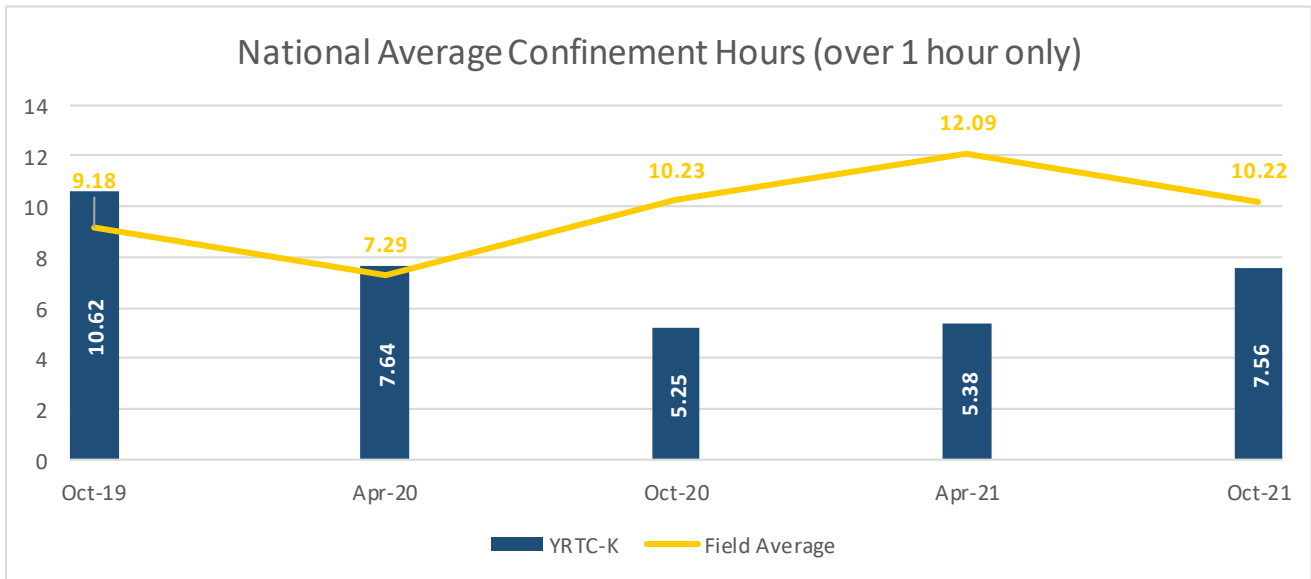
This graph shows total number of escapes from the Youth Rehabilitation and Treatment Centers from January 2019 to the present. This is information from YRTC-Kearney, YRTC-Geneva, and YRTC-Hastings. In June 2020, a fence was built around YRTC-Kearney, resulting in a drop in escapes. To date, there is no fence built around YRTC-Hastings. Since the girls moved to this location, there has been only one instance of an escape (October 2021).

From 2019 to 2020 escapes dropped 57%. Currently from 2020 to 2021 escapes have dropped 54%.

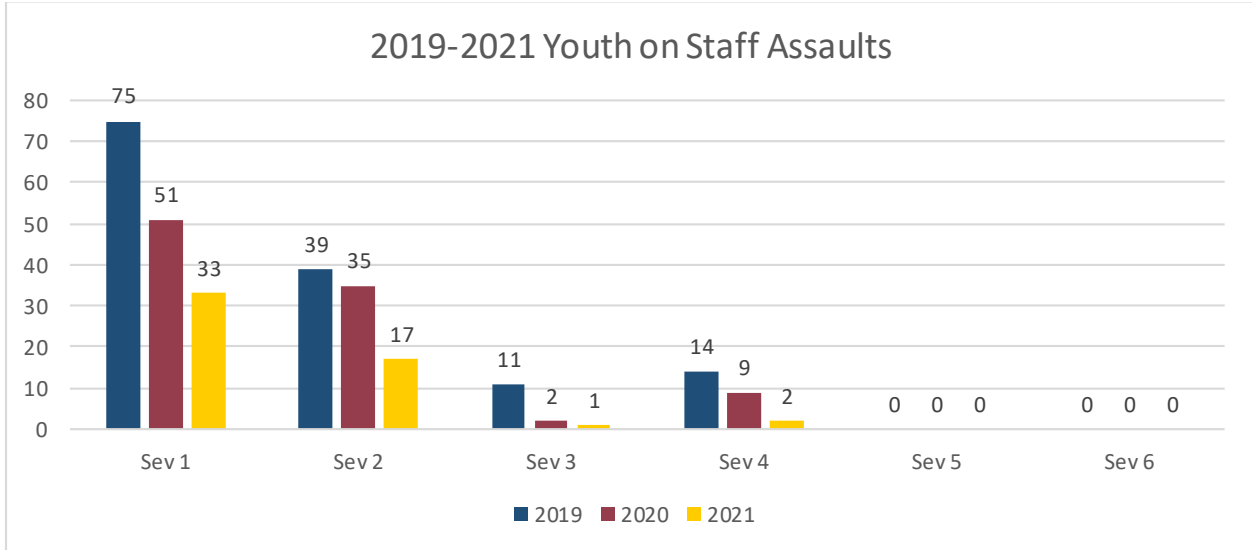


This graph shows the average hours each youth spent in confinement. It includes all confinement, under one hour and over one hour.

During August of 2021, YRTC-Hastings had an incident in which youth broke windows and damaged property. Three youth were involved. As a result, there was more confinement during this month than normal.



This graph includes information provided by Performance-based Standards (PbS). PbS is a voluntary continuous improvement program that provides national standards for facility operations. This graph shows YRTC-Kearney average confinement data along with the national field averages of confinement hours. Averages include only instances of confinement over one hour; confinement less than one hour is not reflected in this graph.



Assault, as defined by the Health and Human Services Manual 401 NAC 6-004.05, is action “on another person which causes pain or bodily injury, threatened assault, fighting with another person resulting in serious bodily injury, or sexual assault.” This includes aggravated assault and fighting.

The DHHS youth facilities rate assaults utilizing an Injury Severity Rating Scale. For clarification purposes, a push to a staff member would fall into the Severity 1 category.

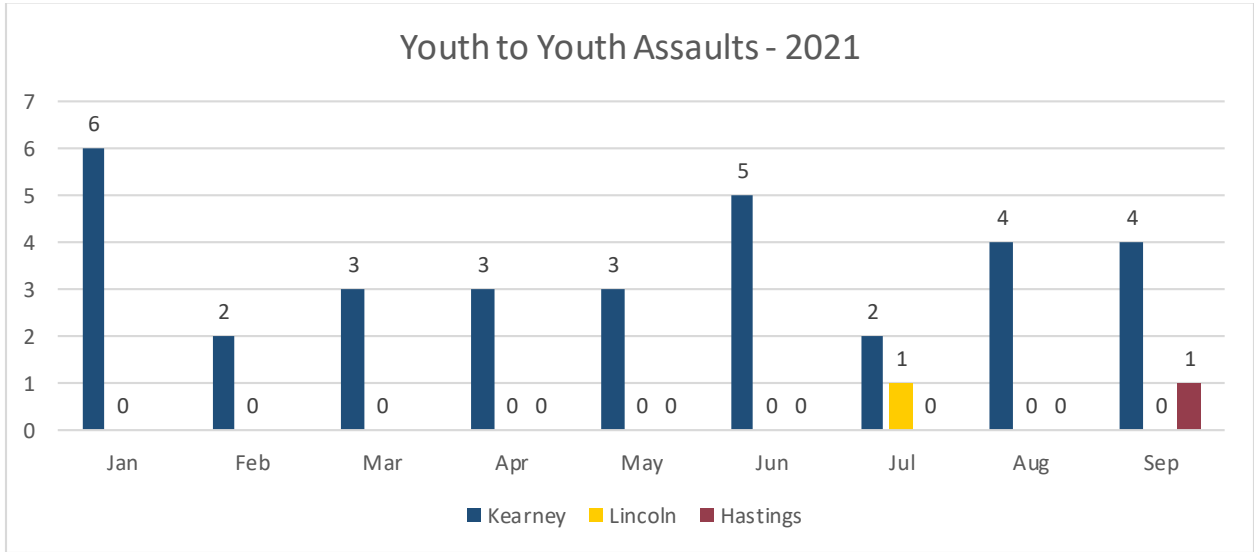
RATING	DEFINITION
#1	No visible injury or pain
#2	Injury or pain requiring first aid treatment only
#3	Injury or pain requiring on-campus medical treatment beyond first aid
#4	Injury or pain requiring assessment/treatment as an outpatient off-campus
#5	Injury or pain requiring assessment/treatment as an inpatient off-campus
#6	Injury resulting in death

From 2020 to 2021 total youth on staff assaults have decreased by an average of 35%.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
-18%	-14%	63%	20%	-80%	-60%	-86%	-83%	-56%

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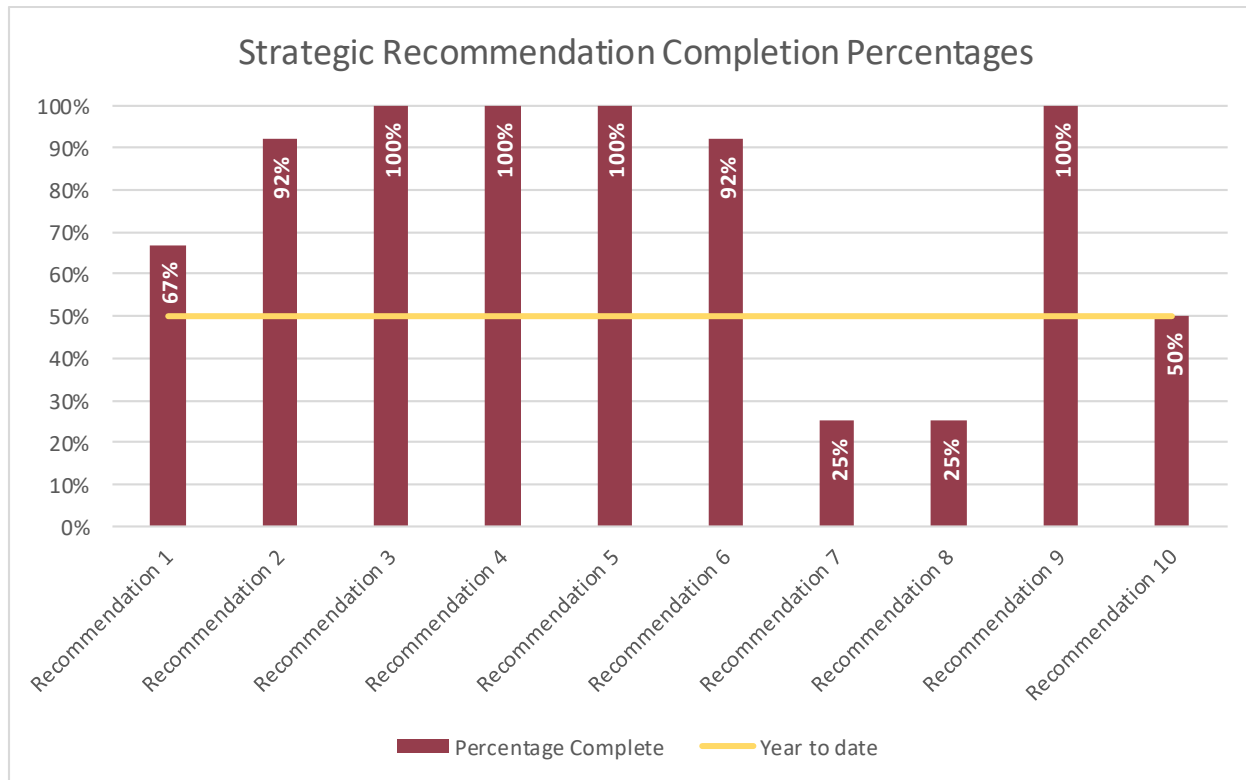
From 2020 to 2021 total youth on youth assaults have decreased by an average of 52%.



Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
-79%	-92%	-63%	-63%	-77%	-29%	-71%	0%	0%

VII. Five Year Plan Q2 Progress Update Graph

Ten recommendations were outlined in the initial DHHS Youth Facilities 5-Year Strategic Operations Plan document. The graph below indicates the percentage complete for Year 1. December 2021 marks the half way point through the first year.



Recommendation #1: Leverage the continuum of services offered by DHHS to provide comprehensive and individualized treatment plans for each youth admitted to DHHS facilities.

Strategy 1.1 – Formalize definitions and processes to highlight the continuum of care available for each youth admitted to one of the DHHS Youth Facilities. (50% completed)

Strategy 1.2 – Leverage the existing stakeholder group to review existing programming plans and make necessary changes. (100% completed)

Strategy 1.3 – Evaluate the effectiveness of the continuum of care and the array of services on an annual basis. (50% completed)

Recommendation #2: Determine the appropriate facility plan to provide a continuum of treatment services available to each youth admitted to the youth facilities.

Strategy 2.1 – Discontinue use of YRTC-Geneva. (100% completed)

Strategy 2.2 – Establish YRTC-Hastings for the female youth population. (100% completed)

Strategy 2.3 – Perform a thorough assessment of each youth facility and prioritize them based on improvement needs. (75% completed)

Strategy 2.4 – Perform a Return on Investment (ROI) analysis on each facility’s proposed improvements. (100% completed)

Strategy 2.5 – Work with business partners and DHHS fiscal services to secure necessary funding for the project improvements. (80% completed)

Strategy 2.6 – Update the disaster recovery plan for each facility. (90% completed)

Strategy 2.7 – Complete a feasibility analysis for an in-patient facility in Lincoln. (100% completed)

Recommendation #3: Advocate for a more acuity-based staffing model based on the treatment and programming needs of the youth.

Strategy 3.1 – Assess the staffing ratios at each facility. (100% completed)

Strategy 3.2 – Prioritize the hiring to achieve appropriate staffing levels. (100% completed)

Strategy 3.3 – Align flexible staffing strategy with available funding. (100% completed)

Recommendation #4: Advocate for legislative change that will allow DHHS to determine the proper program within their continuum of care to address the needs of the youth.

Strategy 4.1 – Hold a meeting with key stakeholders to address the concerns about allowing DHHS to have the autonomy to match a youth to their needed treatment facility immediately. (100% completed)

Strategy 4.2 – Determine if an agreed upon solution by all stakeholders can be reached. (100% completed)

Strategy 4.3 – Pending the outcome of Strategy 4.2, determine next steps for pursuing the legislative change. (100% completed)

Recommendation #5: Engage the Nebraska Department of Education in the transformation of the YRTC facilities.

Strategy 5.1 – Review the curriculum assessment results. (100% completed)

Strategy 5.2 – Review the educational technology assessment results. (100% completed)

Strategy 5.3 – Formalize an action plan to resolve the curriculum gaps. (100% completed)

Strategy 5.4 – Formalize an action plan to resolve the educational technology gaps. (100% completed)

Strategy 5.5 – Formalize agreed upon education key performance indicators. (100% completed)

Recommendation #6: Engage the Nebraska Judicial Branch in the transformation of the YRTC facilities.

Strategy 6.1 – Collaborate with Nebraska State Probation at all levels to identify the components of the partnership that are working. (100% completed)

Strategy 6.2 – Collaborate with Nebraska State Probation at all levels to identify potential improvements in the partnership. (100% completed)

Strategy 6.3 – Collaborate with the Nebraska Court System to identify the components of the partnership that are working. (100% completed)

Strategy 6.4 – Collaborate with the Nebraska Court System to identify potential improvements in the partnership. (100% completed)

Strategy 6.5 – Collaborate with the Nebraska Judicial Branch to determine the metrics and information that will be continually shared between DHHS and the Nebraska Judicial Branch. (100% completed)

Strategy 6.6 – Collaborate with Nebraska State Probation to obtain data regarding the outcomes on multiple key metrics for youth who have completed services at DHHS youth facilities. (50% completed)

Recommendation #7: Engage the families of the youth in their treatment.

Strategy 7.1 – Hold focus groups with youth facility stakeholders to identify more opportunities to engage families. (0% completed)

Strategy 7.2 – Hold focus groups with youth and families to determine how best to engage families with the treatment of youth. (0% completed)

Strategy 7.3 - Develop an action plan to enhance family engagement in the treatment of youth. (75% completed)

Recommendation #8: Evaluate alternative accreditation/licensure options for YRTC facilities.

Strategy 8.1 – Review the existing accreditation and licensure requirements with Stakeholder Group. (0% completed)

Strategy 8.2 – Identify the benefits and limitations to pursuing alternative licensure or accreditation. (50% completed)

Recommendation #9: Continue the Stakeholder Group meetings to provide updates.

Strategy 9.1 - Determine the appropriate structure of the group. (100% completed)

Strategy 9.2 - Identify the key performance indicators that will be reviewed in the meetings. (100% completed)

Recommendation #10: Evaluate the current co-curricular and co-treatment programming that is offered in conjunction with the education, treatment, and rehabilitation programming.

Strategy 10.1 – Select an area of overlap or integration between the team members for feedback and “How are we doing” discussion at each of the quarterly meetings. (100% completed)

Strategy 10.2 – Perform a cost analysis on each facility’s proposed programming changes. (0% completed)