

# **DHHS Youth Facilities Five-Year Strategic Operations Plan Update**



**June 15, 2022**

Pete Ricketts  
Governor  
State of Nebraska

Dannette R. Smith  
Chief Executive Officer  
Dept. of Health & Human Services

**NEBRASKA**

Good Life. Great Mission.

---

**DEPT. OF HEALTH AND HUMAN SERVICES**

## Executive Summary

DHHS has completed significant work over the last 90 days since the third quarterly report on the DHHS 5 year Strategic Operations Plan. The progress on the reduction of assaultive behaviors, reductions in confinement, and reductions in peer-to-peer behaviors reflects a positive trend in continued quality improvement on a wide variety of performance indicators.

As the YRTC's transform to a primarily treatment model, emphasis has been placed on the various behavioral health programs and services offered at each of the facilities. YRTC clinical staff have engaged in training specific to the needs of our youth, to include trauma-informed and -responsive interventions and programming, as well as training specific to the healthy relationships curriculums we use. Clinical staff provide individual training for new and existing staff to strengthen the skills used during a crisis. Members of the clinical leadership and facility administrators at the YRTC's and Whitehall campus work collaboratively to ensure that the therapeutic interventions and programming in place meets the complex needs of the youth we serve.

Please accept this document as an update to the 5-year operation plan for all 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 (Community and Mental health/Behavioral Programs)
- (3) Substantial changes planned before the next report
- (4) Statistics – Escapes, Assaults, Confinement
- (5) Five year plan, Year 1 Q4 progress update

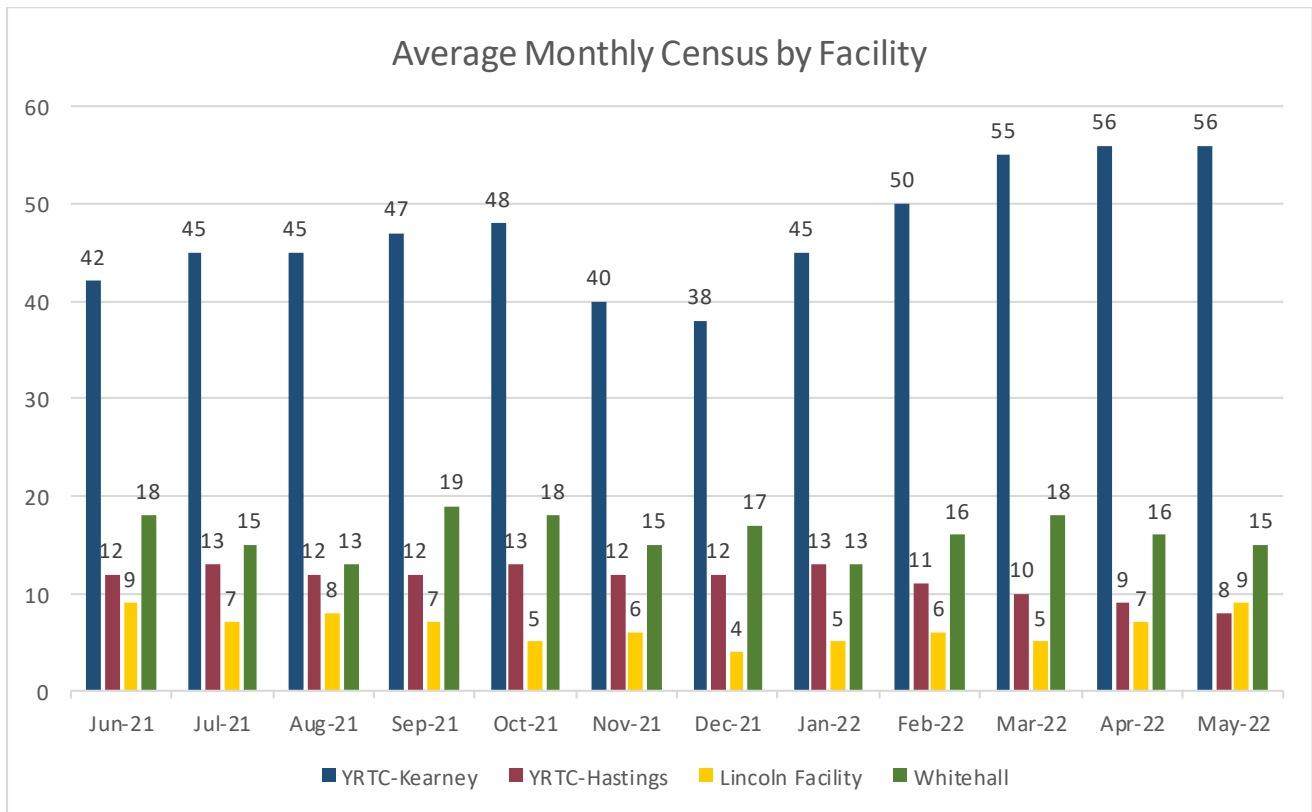
## I. Census Information

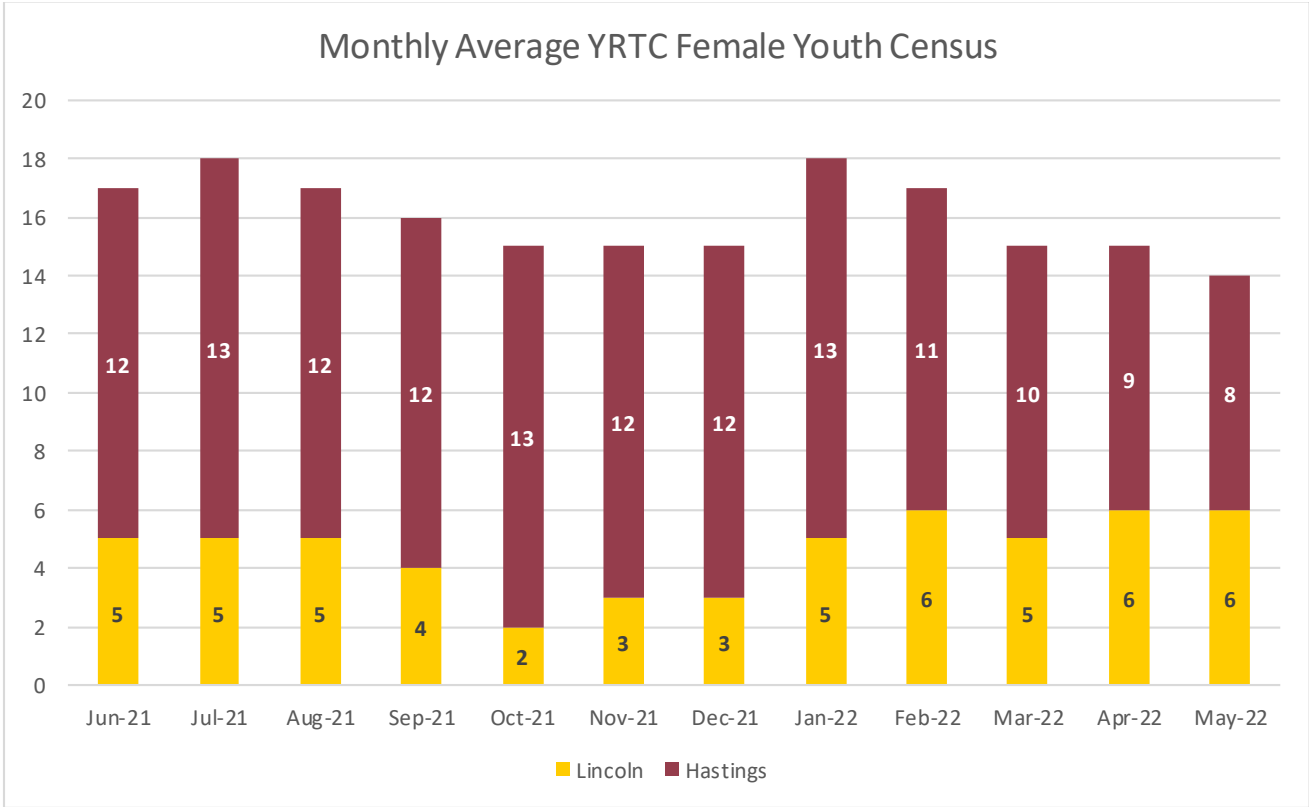
The YRTC-Kearney campus currently serves male youth ranging in age from 14 to 18 years. Youth have been court-ordered to Kearney after having been determined to have exhausted all lower level, community-based service options.

The YRTC-Hastings campus 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 campus 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

### YRTC-Hastings:

Youth at YRTC-Hastings were engaged in community service projects and community activities. During March, community service projects included assisting with landscaping work at the Bigfoot Museum, helping at Catholic Social Services, assisting with Sunday School at First United Methodist Church, and setting up a community fundraiser for Youth For Christ at the City Auditorium. In April and May, the youth continued to assist with the Sunday school program. Several youth delivered letters to the Pony Express Riders as part of Mental Health Awareness Month.

### YRTC-Kearney:

YRTC-Kearney has continued to engage in community service projects and community engagement activities. In April, YRTC-Kearney hosted a Career Day. Mike Donahue, Executive Director of Valued Up was the guest speaker. Businesses from across the region came to the campus to speak to the youth about the opportunities available to them. Youth from YRTC-Hastings and Whitehall were allowed to attend the event as well.

YRTC-Kearney Bryant unit volunteered at the local YMCA building. Youth showed teamwork and listening skills to deep clean the building from top to bottom. Bryant unit also helped a non-profit organization called “Brave Hearts” which is an equine-assisted therapy program by cleaning up debris from the

property. Lincoln unit youth helped the Buffalo County Fairgrounds set up for a spring craft show. Creighton unit youth helped the Trails and Rails Museum prepare for the increase of summer business.

In May, youth assisted in cleaning up the grounds at the Trails and Rails and Rowe Sanctuary. Bryant youth cleaned the Children's Museum, as the Museum prepares for the summer.

**Whitehall:**

Whitehall continues to have their Substance Use program youth attend weekly community NA meetings. The leader of the NA group is currently working with Whitehall to have the youth attend other community events that the group sponsors. Whitehall has requested membership to the local YMCA as an incentive for youth and to better connect with the community.

**Mental and Behavioral Health Programs Engagement**

- **Adolescent Community Reinforcement Approach (ACRA)**, utilized by YRTC-Kearney mental health therapists, is an evidence-based treatment approach with positive research findings, which works within the framework and structure of the facility. ACRA is a skills-based approach to treating substance use disorders by increasing family, social and educational reinforcements that support recovery from substance abuse. ACRA involves three types of sessions including individual sessions with the youth, individual sessions with the parent or caregiver and joint sessions with the youth and caregiver. ACRA is utilized in more than 270 organizations across the country and is on U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices.
- **Moral Reconnection Therapy (MRT)** is an additional treatment component incorporated into the YRTC-Kearney, YRTC-Hastings and the YRTC-Lincoln Facilities. MRT was granted "Promising Practice Status" by the SAMHSA Center for Substance Abuse Treatment in 2015. Treatment is delivered in an open group format, meaning youth can be assigned to the group at any time. MRT is a cognitive behavioral program and seeks to decrease recidivism by increasing moral reasoning
- **Aggression Replacement Training (ART)**, utilized at YRTC-Kearney. This program has been shown to reduce recidivism in an adolescent population. ART is a 10-week cognitive behavioral treatment protocol that addresses three interrelated components; Social Skills Training, Anger Control Training, and Moral Reasoning. Each component focuses on a specific prosocial behavioral strategy that is learned through repetitive exposure to the material.
- **Applied Behavioral Analysis (ABA)**, utilized at YRTC-Lincoln. ABA programming includes the evaluation of the youth by a Board Certified Behavioral Analyst who develops an individualized Behavioral Support Plan based on the youth's strengths and areas of need. The youth is provided hourly feedback and rating on the goals related to their individual target behaviors, receiving hourly incentive points, which the youth can use to "purchase" desired items, snacks or activities.
- **Trauma Affect Regulation: Guide for Education & Therapy (TARGET)**, implemented at both the YRTC-Hastings and the YRTC-Lincoln facilities. The TARGET© model is endorsed by the U.S. Office of Juvenile Justice and Delinquency Prevention. TARGET© is a psychosocial intervention that provides education about the impact of complex traumatic stress on the brain's stress response

system, and strengths-based practical skills for re-setting the trauma-related alarms/survival reactions that occur in complex PTSD.

- **VOICES**, this gender specific program has been incorporated into the YRTC-Hastings facility, and is also being used with our female youth at the YRTC-Lincoln facility. VOICES is based on the realities of girls’ lives and the principles of gender responsivity; is grounded in theory, research and clinical experience. This program advocates a strengths based approach and uses a variety of therapeutic approaches including psychoeducational, cognitive-behavioral, mindfulness, body oriented and expressive arts. All activities are designed to be “trauma sensitive”, the VOICES participant’s journal utilizes a research based process called Interactive Journaling<sup>®</sup> which is listed on SAMHSA’s National Registry of Evidence Based Programs and Practices (NREPP).
- **Love Notes**, utilized at the YRTC-Lincoln, is an evidence-based program which focuses on building healthy relationships. The main goal of the program is to establish healthy relationship boundaries and to prevent unplanned pregnancy by providing teens with information to make wise relationship choices. This program teaches skills to be used in all relationships, but emphasizes romantic relationships. Love Notes programming is delivered through group discussion, PowerPoints, workbooks, exercises, role-play and creative activities over 13 sessions. Love Notes groups are facilitated by clinical staff members who have received special training in this curriculum.
- **Dialectical Behavioral Therapy (DBT)**, is a type of evidence-based cognitive therapy used to treat many conditions. Staff at all YRTC locations have gone through DBT training and are incorporating these skill sets into their individual, family and group therapy interventions.
- **Eye Movement Desensitization and Reprocessing (EMDR)**, is an evidence-based psychotherapy intervention used to address distress associated with past traumatic experiences. Staff at YRTC-Kearney and YRTC-Hastings include one or more mental health staff who are fully trained in EMDR interventions and are incorporating this into their ongoing therapeutic services for youth determined to be appropriate for this type of intervention.

**Program Availability By YRTC Location:**

YRTC Facility	ACRA	MRT	ART	ABA	TARGET	VOICES	Love Notes	DBT	EMDR
Kearney	X	X	X					X	X
Hastings		X			X	X		X	X
Lincoln		X		X	X	X	X	X	

### III. Substantial Changes

**March-May**

There were no substantial changes for the youth facilities during this time.

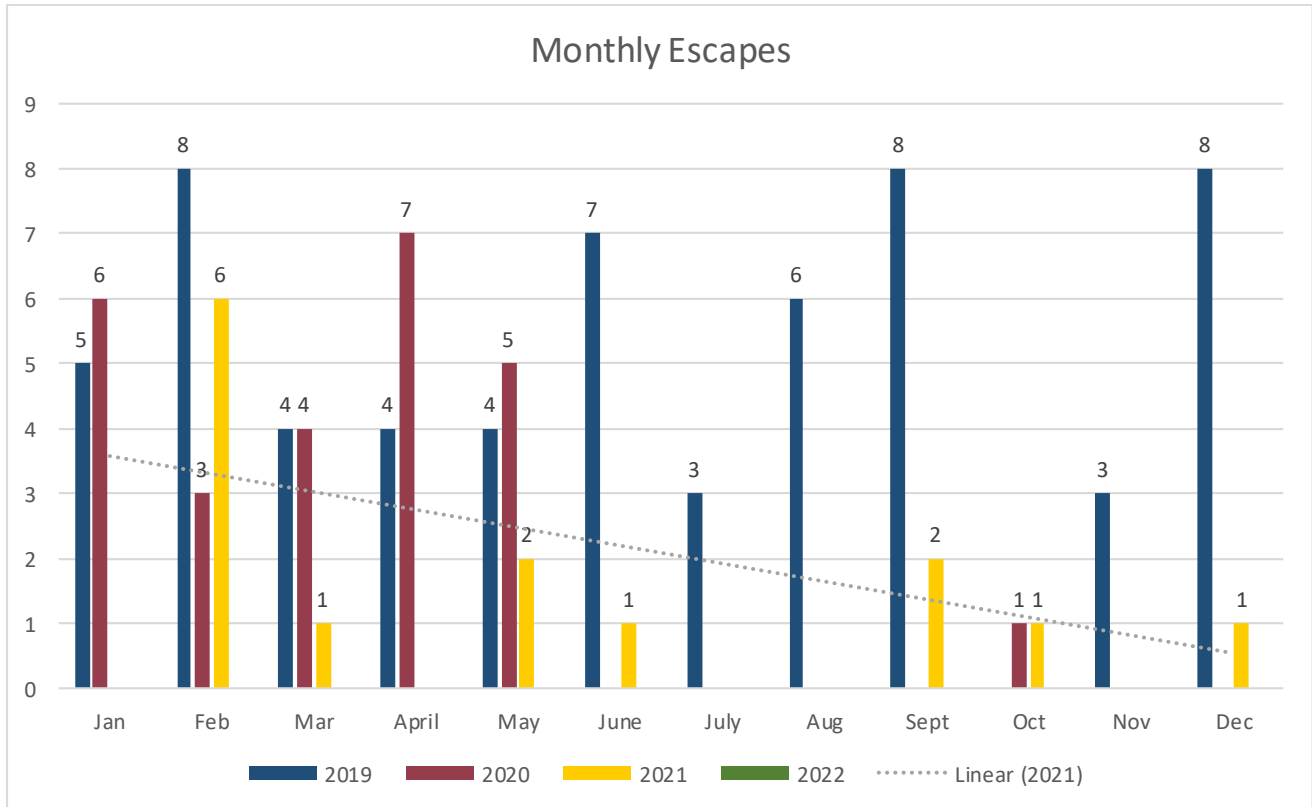
**What’s Next?**

DHHS met with stakeholders on May 25, 2022 to review the 5-year plan as well as collaborate on new initiatives moving forward. DHHS will continue to meet with stakeholders on a quarterly basis to review the plan and add new initiatives.

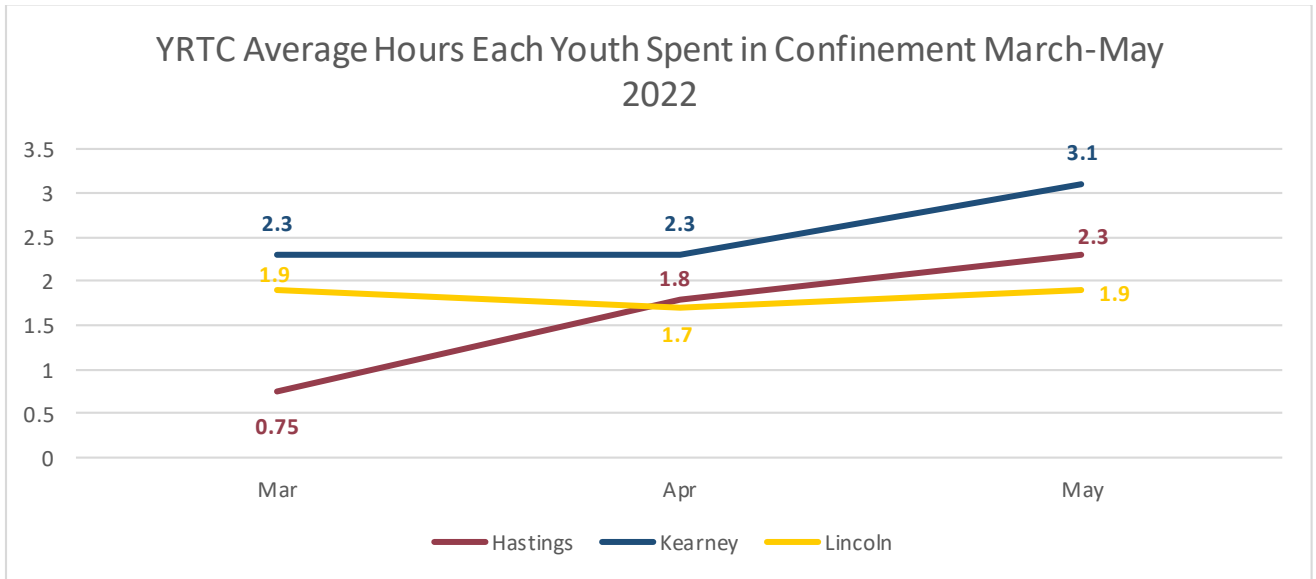
Funding for renovations to the YRTC-Kearney campus was appropriated in the budget bill passed this legislative session. DHHS is working with the Department of Administrative Services (DAS) to begin the RFP process to obtain a consultant for this project.

On June 1, 2022, Dr. Matt Wittry began serving as Chief Clinical Officer of the DHHS youth facilities. Dr. Janine Fromm will be retiring in July 2022 and Dr. Wittry will be taking over the duties of that position as they relate to the DHHS youth facilities. The medical and clinical staff from juvenile services program will report to Dr. Wittry.

**IV. Statistics**

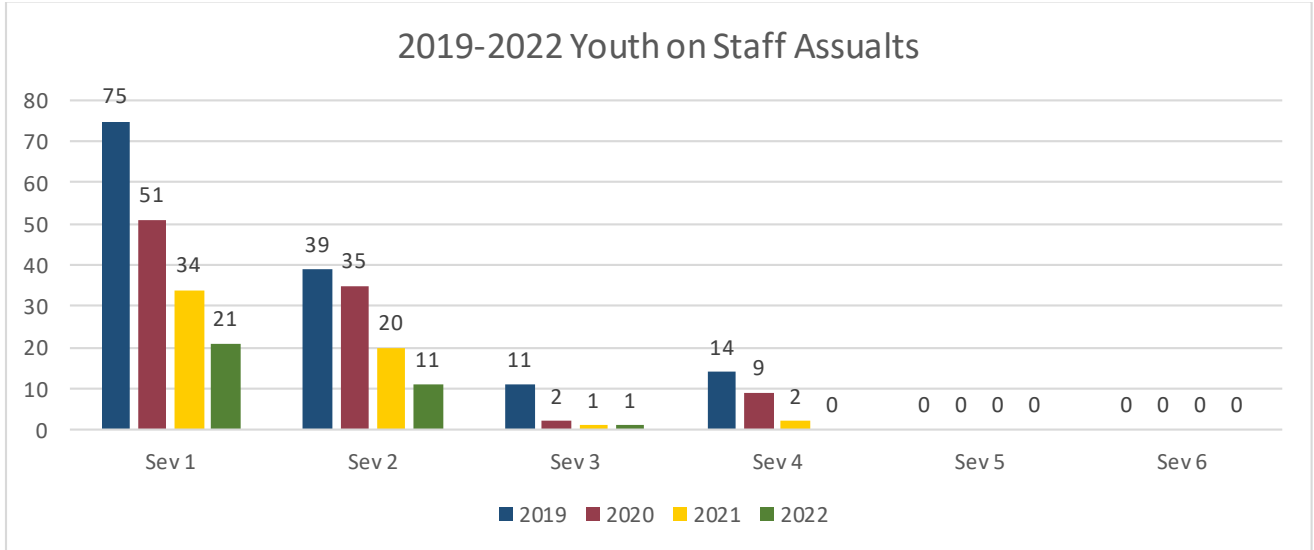


This graph shows the total number of escapes from the YRTCs from January 2019 to the present. This is information from YRTC-Kearney, YRTC-Geneva (until it closed), and YRTC-Hastings. In June 2020, a fence was built around YRTC-Kearney, resulting in a drop in escapes. To date, there is no fence built around YRTC-Hastings. Since the girls moved to this location, there has been only one instance of an escape (October 2021). **There have been no escapes thus far in 2022 from either facility.** From 2019 to 2020 escapes dropped 57%. From 2020 to 2021 escapes dropped 46% overall.



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



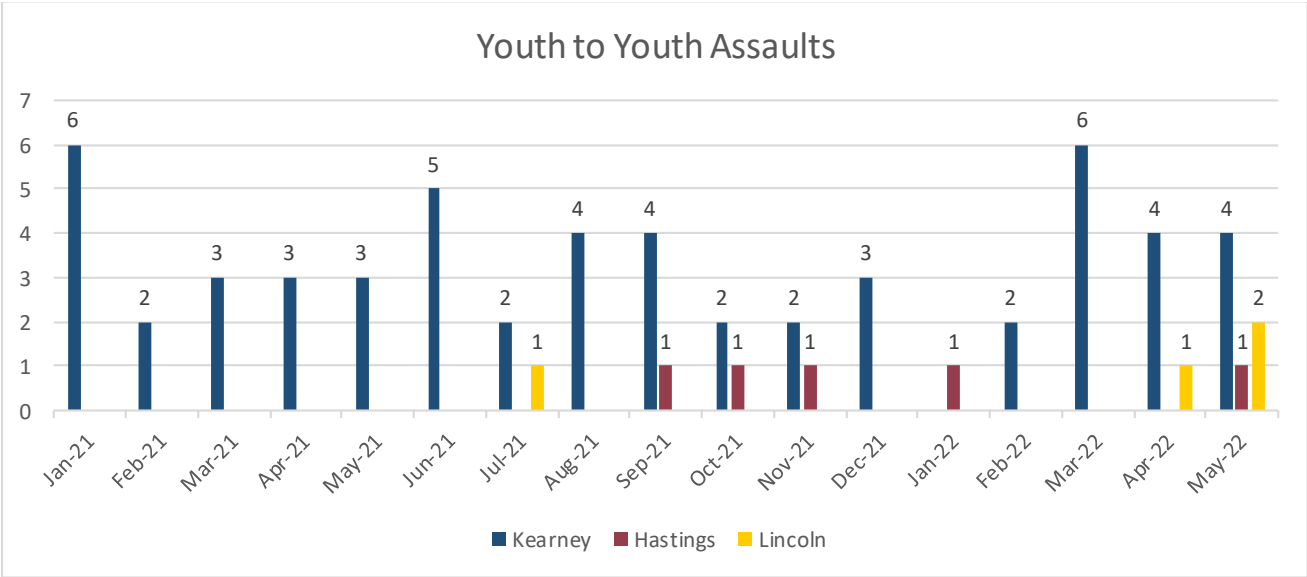


Assault, as defined by the Health and Human Services Manual 401 NAC 6-004.05, is action “on another person which causes pain or bodily injury, threatened assault, fighting with another person resulting in serious bodily injury, or sexual assault.” This includes aggravated assault and fighting. For clarification purposes, even a push to a staff member would fall into the Severity 1 category.

The DHHS youth facilities rate assaults utilizing an Injury Severity Rating Scale.

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

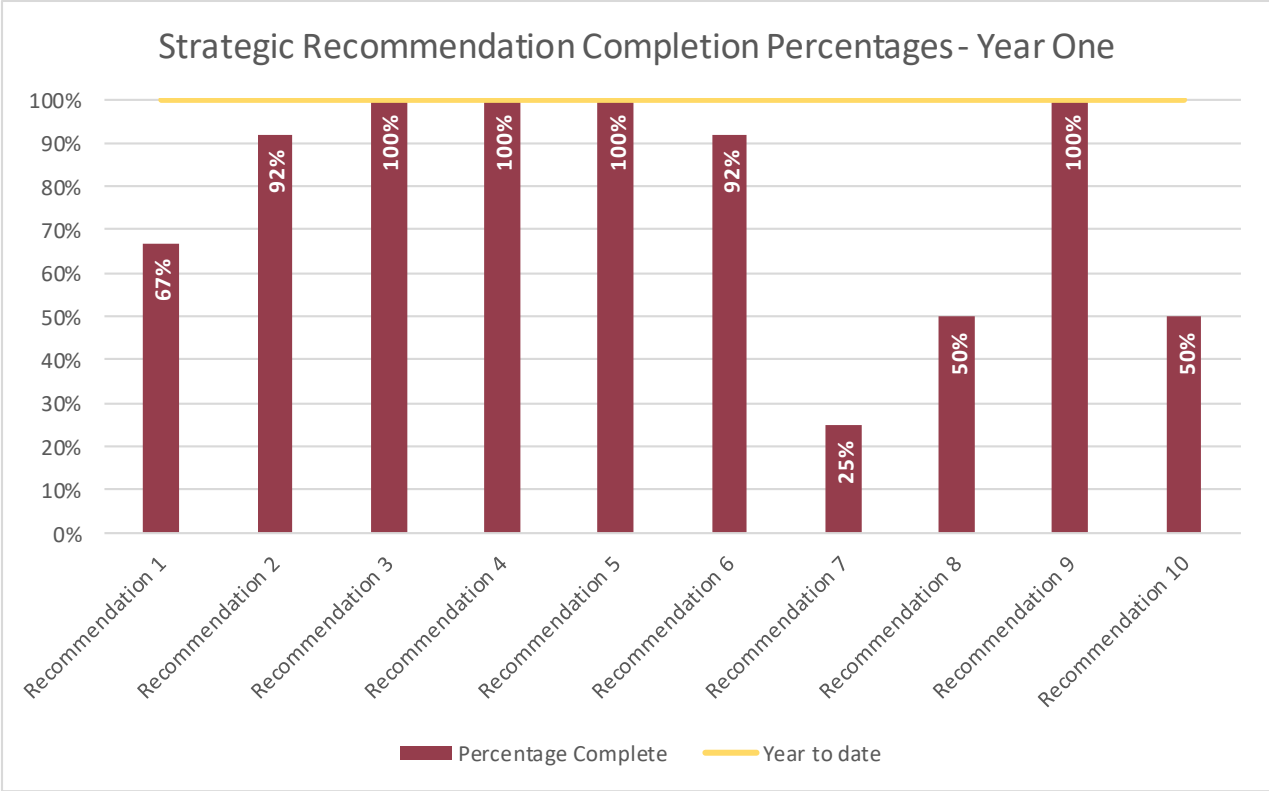
From 2020 to 2021, total youth on staff assaults decreased by an average of 41%.



From 2020 to 2021 total youth on youth assaults have decreased by an average of 60%.

### VII. Five Year Plan Q3 Progress Update Graph

With the help of stakeholders, there were 10 recommendations outlined in the initial DHHS Youth Facilities 5-Year Strategic Operations Plan document. The graph below indicates the percentage complete for Year 1. July 2022 marks the end point of the first year.



\*Recommendation 7 has been delayed by the Covid-19 pandemic. We are anticipating progress in Q4.

#### Recommendation #1: Leverage the continuum of services offered by DHHS to provide comprehensive and individualized treatment plans for each youth admitted to DHHS facilities. (67% Complete)

- 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. (92% Complete)**

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. (100% Complete)**

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. (100% Complete)**

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. (100% Complete)

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. (92% Complete)

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. (25% Complete)

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. (50% Complete)**

Strategy 8.1 – Review the existing accreditation and licensure requirements with Stakeholder Group. (50% 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. (100% Complete)**

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. (50% Complete)**

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)