

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

October 1, 2023

Ms. Jennifer Carter  
Inspector General of Nebraska Child Welfare  
Nebraska Legislature  
1225 L Street  
Lincoln, NE 68508

Subject: YRTC Grievances Report

Dear Ms. Carter:

Neb. Rev. Stat. § 83-105 requires the Youth Rehabilitation and Treatment Centers (YRTC) to submit a quarterly report regarding the number of youth grievances filed, a categorization of the issues to which the grievance relates, the process for addressing such grievances and any actions or changes made because of such grievances.

Below, please find the numbers for youth grievances submitted for each of the YRTCs for the period of June 16, 2023, to September 15, 2023. This report is due for your review on the first day of the month following the conclusion of each quarter and given the time that is allotted for the resolution of a grievance, the numbers reflected below will contain the numbers up until the 15th of the last month of the quarter. The remaining data for the latter half of the month will be reflected in the next quarterly report.

Annually, O.M. 116.1 is attached to this report for a reference regarding Youth's Rights and the grievance process. Youth are informed on how to file a grievance upon their arrival at the respective facilities through the Youth Handbook.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark LaBourchardiere".

Mark LaBourchardiere  
Administrator, Office of Juvenile Services

Attachment

# Office of Juvenile Services

## YRTC Grievances Report

October 1, 2023

Neb. Rev. Stat. § 83-105

# Number and Categorization of Grievances for June 16, 2022 – September 15, 2023

## YRTC – KEARNEY

### Summary of Grievances

This quarter in Kearney there were a total of 26 grievances. Compliance collected 23 grievances for the fourth quarter determined to be resolved and were addressed through mediation with the youth’s treatment team or through process improvement as recommended by Compliance.

Month/Year	# Substantiated	# Unfounded	# Resolved	Total # of Grievances
June 16, 2022	0	*	9	10-15
July 2023	*	*	10	12-17
August 2023	0	0	*	*
September 15, 2023	0	0	0	0

\* All values between 1-5 are masked to protect privacy. See Appendix A.

### Grievance Types

Category	June 16 <sup>th</sup>	July	August	Sept. 15 <sup>th</sup>	Total
Physical Facility	*	*	*	0	7
Accounting/Business Office	*	0	0	0	*
Disciplinary Procedure	*	0	0	0	*
Programming	*	0	0	0	*
Professional Care	*	*	*	0	*
Food	*	*	0	0	*
Verbal Abuse Staff to Youth	0	*	0	0	*
Daily Routine	0	*	0	0	*
Sexual Harassment	0	*	0	0	*
Phone	0	0	*	0	*
Showers	0	0	*	0	*

\* All values between 1-5 are masked to protect privacy. See Appendix A.

## YRTC – HASTINGS

### Summary of Grievances

This quarter at YRTC-Hastings there were a total of 26 grievances submitted. Of those grievances, there were 25 resolved through mediation with the youth’s treatment team or through process improvement as recommended by Compliance.

Month/Year	# Substantiated	# Unfounded	# Resolved	Total # of Grievances
June 16, 2023	0	0	*	*
July 2023	0	*	10	11-15
August 2023	0	0	9	9
September 15, 2023	0	0	*	*

\* All values between 1-5 are masked to protect privacy. See Appendix A.

### Grievance Types

Category	June 16 <sup>th</sup>	July	August	Sept. 15 <sup>th</sup>	Total
Medical Services	0	*	*	0	2-10
Sexual Touching	0	*	0	0	*
Disciplinary Procedure	0	0	*	*	2-10
Daily Routine	0	*	*	*	3-15
Professional Care	*	*	*	0	8
Physical Abuse (Staff to Youth)	0	0	*	0	*
Programming	0	*	0	0	*
Case Management	*	0	0	0	*

\* All values between 1-5 are masked to protect privacy. See Appendix A.

## YRTC – LINCOLN

### Summary of Grievances:

This quarter at YRTC-Lincoln there was a total of 33 grievances. A total of 29 grievances were resolved through mediation with the youth’s treatment team or through process improvement as recommended by Compliance.

Month/Year	# Substantiated	# Unfounded	# Resolved	Total # of Grievances
June 16, 2022	0	0	7	7
July 2023	*	*	13	15-21
August 2023	*	0	6	7-11
September 15, 2023	0	0	*	*

\* All values between 1-5 are masked to protect privacy. See Appendix A.

### Grievance Types

Grievance Types	June 16 <sup>th</sup>	July	August	Sept. 15 <sup>th</sup>	Total
Disciplinary Procedure	*	6	*	*	14
Professional Care	*	*	*	*	9
Verbal Abuse Youth to Youth	0	*	0	0	*
Sexual Harassment	0	0	0	*	*

\* All values between 1-5 are masked to protect privacy. See Appendix A.

## Process for Addressing Grievances

Grievances are categorized upon completion as either substantiated, unfounded, or resolved. A substantiated grievance is defined as having sufficient information to determine that the basis of the youth's grievance is accurate. A determination of unfounded is defined as either the basis of the youth's grievance being false, or there is a lack of sufficient evidence to determine whether the incident occurred. Grievances about a youth's rights as defined in Operational Memorandum (O.M.) 116.1 are handled directly by the facility's internal Compliance Team.

Grievances noted as resolved are about issues that are not defined in O.M. 116.1. These types of grievances could be, for example, a youth disputing their progress in programming, a disagreement with another youth, or a youth requesting not to be served a particular food item due to personal preference. These grievances are resolved through the youth's treatment team and the process of mediation. Youth are encouraged to write a grievance on any issue that they feel they cannot resolve on their own.

Each grievance is reviewed by the Compliance Team and assigned to the appropriate party to address. Should the grievance be about any verbal, physical, or sexual abuse of the youth, the situation is handled by the Compliance Team and reported promptly to the Nebraska DHHS Hotline and the Nebraska State Patrol for proper investigation of any abuse or criminal act. Youth have several different ways to report abuse, which include the grievance process, a verbal report to staff, or a phone call to the Nebraska DHHS Hotline that the youth can access without the assistance of staff.

## Actions or Changes as a Result of Grievances

Grievances can be considered resolved if the grievances were followed up by the proper administrative review. The resolution process utilized this quarter mainly consisted of communicating appropriate expectations and progressive discipline for the issuance of unjust violations, inappropriate comments, reinstatement of wrongfully deducted incentives, and daily schedule enforcement. Any response that a youth did not agree with was directly forwarded to the Facility Administrator for review and action.

In addition to a resolved grievance, Compliance can also recommend changes across the facilities. Recommendations for the last quarter include:

- Appropriate progressive discipline for the submitting youth. Progressive discipline ranges from the youth speaking with their assigned therapist for behavioral management, up to receiving a violation for False Reporting.
- Issue a Major Violation and be placed on an assigned one-to-one staff monitoring, behavioral plan until PREA concerns for behavioral incidents were mitigated.
- Administrative review for possible correction or facility improvement.

- Expired or perished condiments received corrective action to dispose of the items immediately upon notification without further complaint.
- Issue a violation and restrict access to the location of the event.
- Accept the addendum and updated the original sanction which ultimately resulted in the report being dropped from the youth's record.
- Allow the substitution of grievance in place of an official appeal, thus resulting in moving forward with the appropriate process for review and consideration to update the initial sanction.

# APPENDIX A

## Report De-identification Standard

The Department of Health and Human Services (DHHS) is a fully covered entity under the Health Insurance Portability and Accountability Act (HIPAA). Covered entities are prohibited from the release of protected health information. As a fully covered entity, all DHHS data that is individually identifiable is protected health information, subject to HIPAA protection. Information that has been de-identified is not protected health information and can be lawfully released. HIPAA allows for two methods of de-identification, safe harbor or expert statistical analysis. De-identification under safe harbor requires the removal of 18 identifiers. When data cannot be de-identified under safe harbor, the data must be reviewed by a statistical expert to determine that it has been sufficiently de-identified.


Currently, DHHS has two roles that serve as statistical experts. The Chief Data Strategist and the Deputy Data Strategist. When assessing a report to determine if the information has been sufficiently de-identified, DHHS uses a probability calculation that considers the following factors:

- Data source and the associated nuances
- Demographic characteristics, which include age, gender, race, ethnicity, and language spoken
- Geographic location for both the service received and residence of the person receiving services
- Time period of the report, if the time period of the report is shorter than a year such as quarterly this increases the probability of identification

In addition to an overarching HIPAA requirement, DHHS is subject to numerous statutory requirements which protect the identity and personal information of the youth served by DHHS. For example, Neb. Rev. Stat. § 28-725 and 28-726 require records related to child abuse and neglect reports and investigations to be confidential. Neb. Rev. Stat. § 43-2,108 governs the confidentiality of juvenile court and probation records. This statute specifically identifies records provided to the juvenile court by agencies and institutions as confidential record information. The same de-identification standards apply to meet the confidentiality requirement of the above-referenced statutes and the HIPAA de-identification statutes.

For these particular reports, the information being released (1) relates to the last quarter, (2) relates to a population that is between the ages of 14-18 years, (3) relates to a population served in three specific facilities in Nebraska and (4) relates to incidences experienced by the population that may have occurred between 1 and 5 times during the period. The probability of identifying the individuals involved in the incidents being reported is high when using other publicly available information in combination with the information released. As such, the release of the actual number would allow for re-identification of the individuals when the instance is





between 1-5. However, knowing that there were more than 0 is still meaningful when interpreting this information. Masking those counts between 1 and 5 offer privacy protection of those children who were involved, while still releasing a level of meaning about those specific occurrences in the report population.