

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

December 31, 2022

Patrick O'Donnell, Clerk
Nebraska Legislature
State Capitol Room 2028
Lincoln, NE 68509

Dear Mr. O'Donnell:

Neb. Rev. Stat. § 83-102 requires the Office of Juvenile Services, Youth Rehabilitation and Treatment Centers Hastings, Kearney and Lincoln shall electronically submit an annual report of its activities for the preceeding fiscal year. The annual report shall include, but not limited to, the following information.

- Data on the population served, including, but not limited to, admissions, average daily census, average length of stay, race and ethnicity;
- An overview of programming and services; and
- An overview of any facility issues or facility improvements

I am submitting this report to fulfill the above requirements.

Sincerely,

A handwritten signature in black ink, consisting of a stylized 'M' followed by a horizontal line.

Mark LaBouchardiere
Office of Juvenile Services Administrator
Nebraska Department of Health and Human Services

Helping People Live Better Lives

Office of Juvenile Services

YRTC Activities for the Previous Fiscal Year

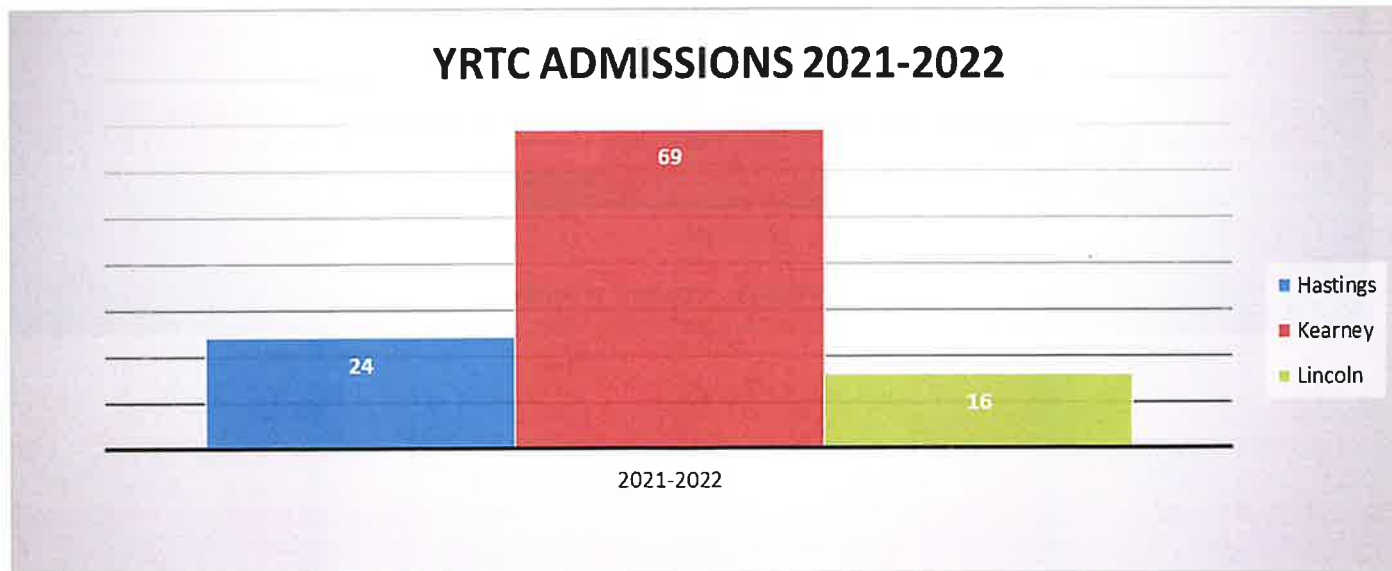
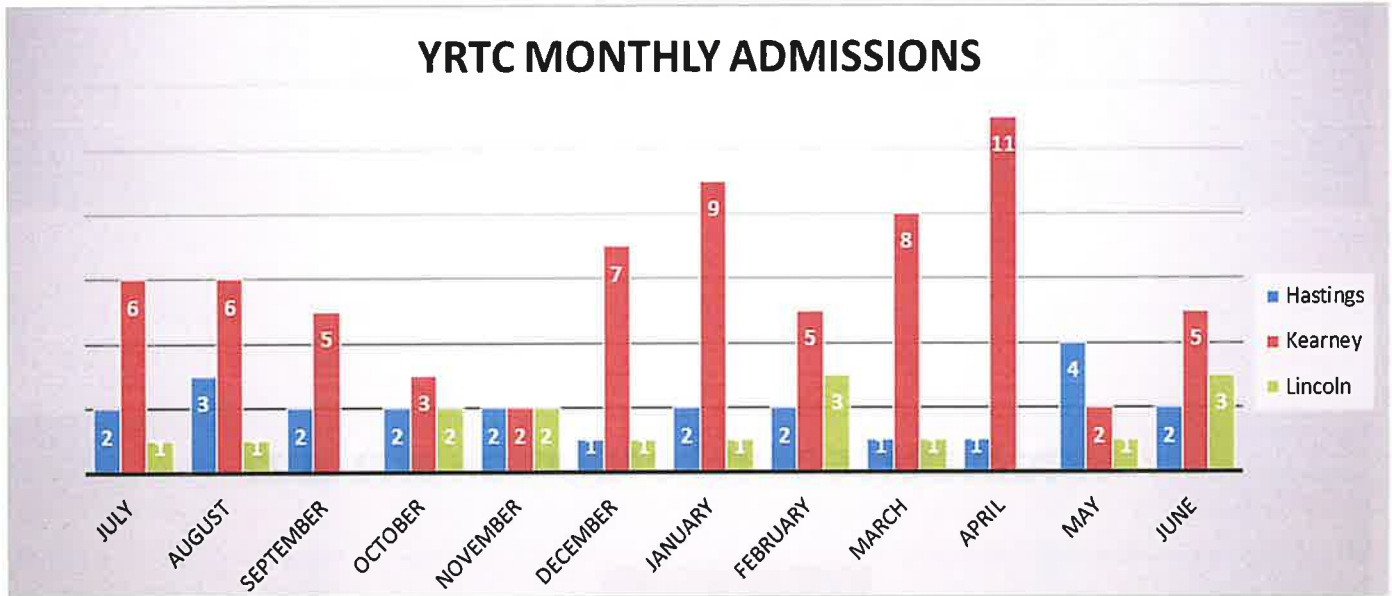
July 15, 2022

Neb. Rev. Stat. § 83-102

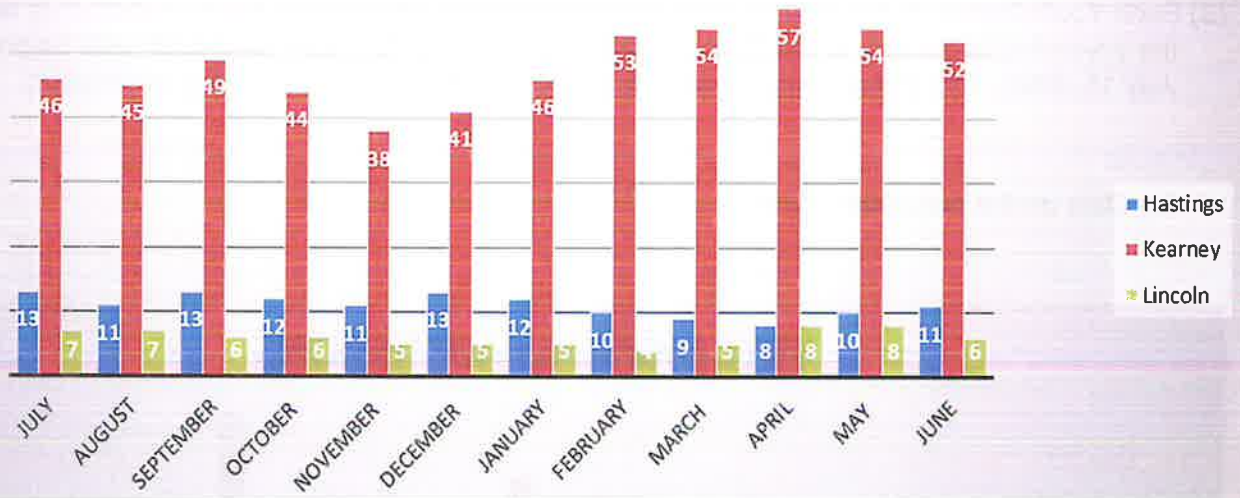
Nebraska State Statute LB § 83-102

(3) Each Youth Rehabilitation and Treatment Center shall electronically submit a report of its activities for the preceding fiscal year to the Clerk of Legislature on or before July 15 of each year beginning on July 15, 2021. The annual report shall include, but not limited to the following information:

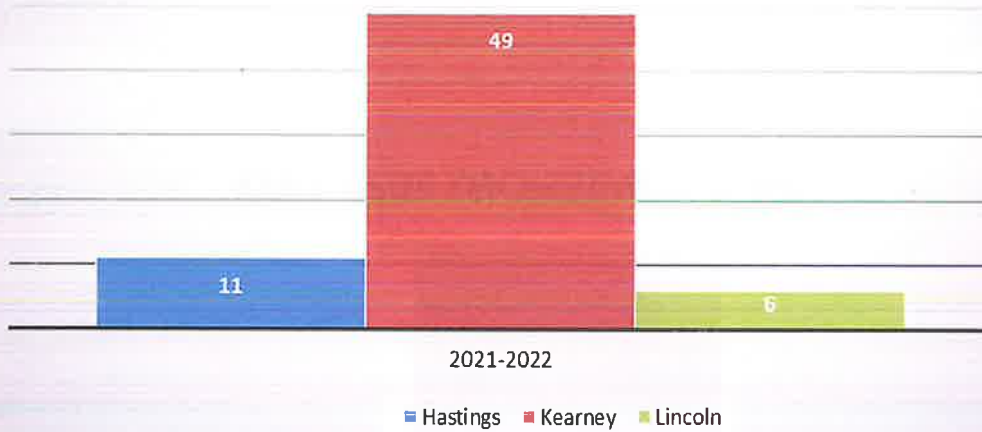
(a) Data on the population served:



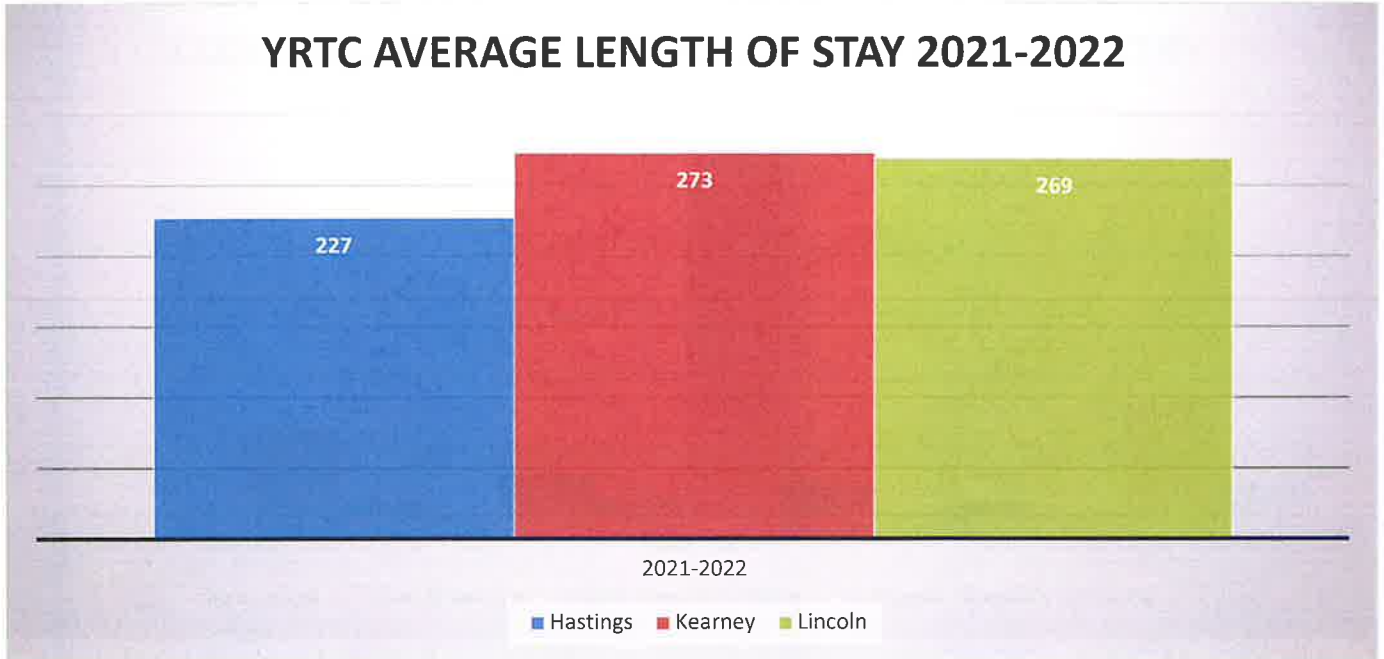
YRTC MONTHLY AVERAGE DAILY POPULATION



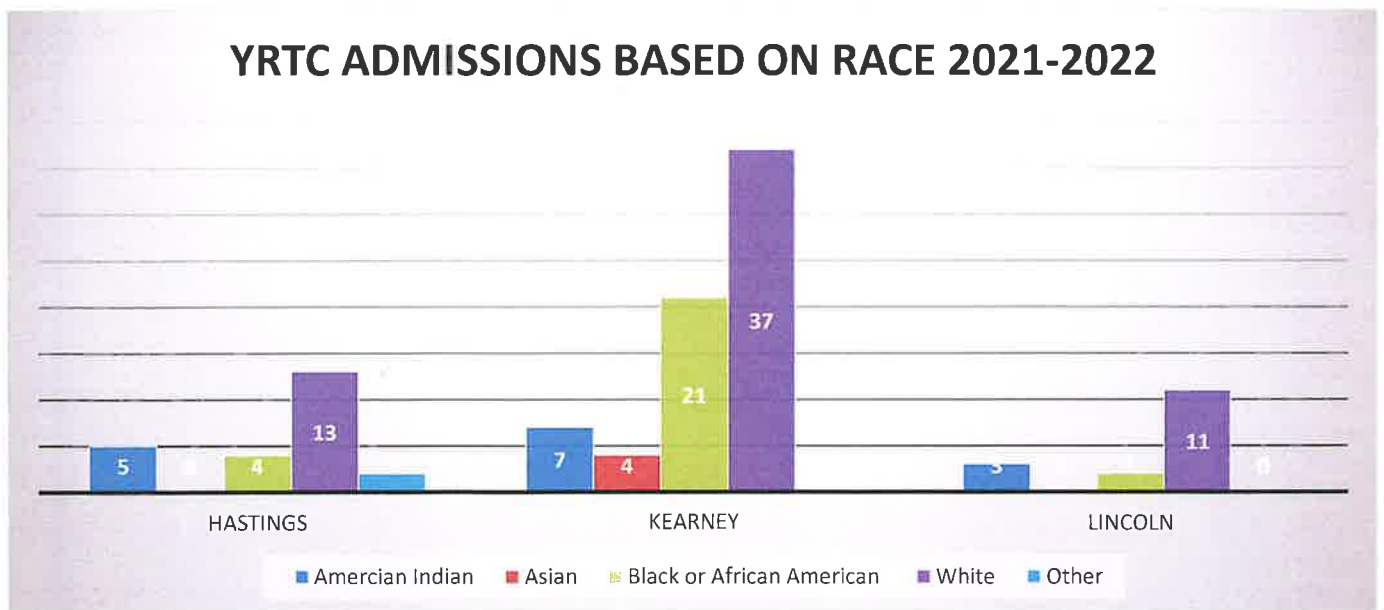
YRTC AVERAGE DAILY POPULATION 2021-2022



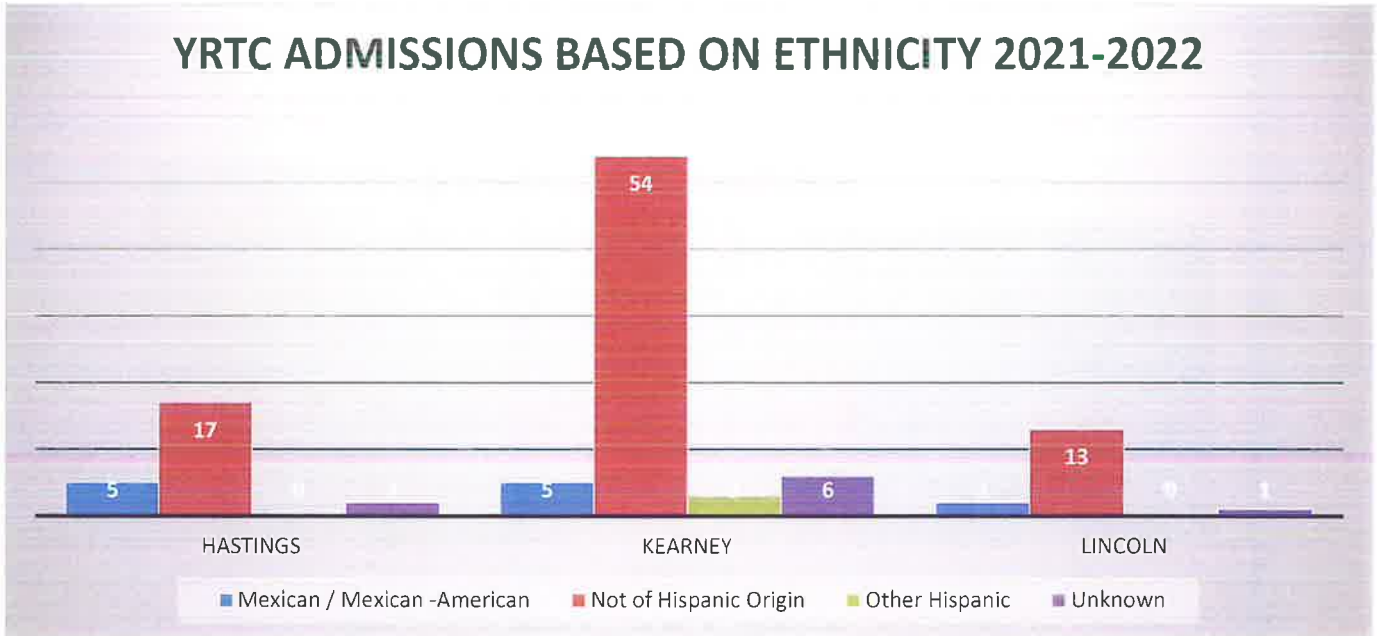
YRTC AVERAGE LENGTH OF STAY 2021-2022



YRTC ADMISSIONS BASED ON RACE 2021-2022



YRTC ADMISSIONS BASED ON ETHNICITY 2021-2022



(b) An overview of programming and services:

Hastings- YRTC

Philosophy

It is our vision that female juveniles leaving YRTC-H will have identified their issues, discovered their strengths, and accepted responsibility for making changes in their lives. It is our vision that juveniles leaving YRTC-H will have improved their knowledge and skill in developing healthy and appropriate relationships with their peers, family members, community members, and authority figures; will have developed an understanding of a healthy lifestyle and have taken steps to achieve this; will have developed skills in identifying and examining their life issues and concerns and how they have affected their choices; will have achieved at their academic ability and identified future academic or vocational goals; will have gained knowledge and understanding of physical and emotional effects of the abusive use of alcohol and other drugs; and will have developed skills to reconnect with their communities. They will feel empowered as juveniles to rejoin and engage full in society as individuals, partners, and community members. They will realize they have been involved in a program that has responded to them in a sensitive, humane, and just manner.

The mission of the YRTC-H is to create hope for juveniles to stay motivated to achieve their full potential by providing a safe and secure environment, programming, therapy, education/vocation, case management, and life skills which empower them to succeed. To accomplish this, YRTC-H will provide individual plans and diverse programming that responds to each juvenile's unique needs.

Programming

Daily Schedules

Youth follow a set daily schedule to provide routine, consistency, and direction. (See Appendix A)

Youth accomplish reentry back into the community by working through four stages. With each stage youth are challenged to work on facility expectations, appropriate behaviors, and complete assignments which engage them in critical thinking. The four stages are detailed below:

Stage Advancement System for Youth
(Expectations for Readiness – Observable Benchmarks)

I. Orientation – Adjusting Stage

1. Youth must be able to show honest effort towards following staff instructions and direction
2. Youth must consistently make efforts to create and support safety (no hurting at all levels, language, actions)
3. Youth must attend and participate in all group meetings, discussions, and activities as directed by staff
4. Youth must attend school and meet classroom expectations; and support a positive learning environment for themselves & others
5. Youth will learn what it means to be a group member and basic program expectations
6. Youth will work with their staff to create individualized treatment goals
7. Youth must show a willingness to learn to be open, cooperative, respectful, considerate, kind
8. Goal is to get to know the group and staff; looking for what they have in common with others
9. Youth must maintain appropriate dress code requirements per program activity as instructed by staff

10. Youth will complete program assignments & begin work on creating their “treatment portfolio” which their case manager maintains throughout their commitment.
Expectations include:
- a. Learn each group members name and identify 1-2 strength & one helpful characteristic about each
 - b. Learn expectations of the program, stage advancement system, circle-ups, group meetings, etc.
 - c. Understand what it means to be safe (at all levels) and present how it applies to yourself & others
 - d. Complete daily written self-assessment of progress in the program in your personal journal for review
 - e. “Why am I here” presentation to (group) including treatment goals identified by your CST/MDT team
 - f. Education – know credits earned, credits needed, credit recovery, current grades, and grade level
 - g. Health – know what medications are taken, dosage, side effects, identify general health needs (eye exams, dental, diet restrictions, physical activities limitations, etc.)
 - h. Community – get to know group members and staff (names, interests, hobbies, strength-based characteristics), also learn unit basic expectations, norms, and standards, etc.
 - i. Work – complete unit chores, identify work ethic skills, talents, performance, and quality
 - j. Relationship – participate in all interpersonal skills development activities, group builders, group meetings, circle-ups, check-ins, supporting positive morale and positive well-being (no put downs)
 - k. Creativity – journal writing daily
 - l. The above expectations are included in the following assignments: Boundaries, Coping Skill, Emotion Regulation, Expectations, Fact or Opinion, Letter to Self, My Strengths and Qualities, Self-Reflection, Understanding Safety, and Why Am I Here.
11. Appropriately advocate for stage advancement with staff members.

II. Self-Awareness – Exploration Stage

1. Youth must consistently follow all staff directives whether they agree or not; when youth do not agree with something—they must learn how to make suggestions not complaints. Staff have the final decision but will incorporate all reasonable suggestions or give explanations as to why some suggestions cannot be done at this time. Youth will be encouraged to practice “radical acceptance” and program compliance.
2. Youth will learn skills that will assist to communicate in a helpful manner (without aggression or hostility) i.e., DBT skills, “I Statements,” MRT skills, and others
3. Talk about frustrations without acting them out or being disruptive to self and others in program
4. Demonstrate respect and acceptance of others; don’t laugh at, ridicule or put-down others or have “fun/play” at the expense of someone’s feelings (no hurting behaviors at any level—physical, verbal, nonverbal, psychological).
5. Work on accepting feedback without negative disposition; even though you will not always agree with it, look for the “kernel of truth” and try to see it from the other person’s point of view.
6. Accept responsibilities for “own” feelings and reactions to others
7. Show consistent efforts in school, focus on your personal growth and academic progress (not whether you like school or not); support a positive learning environment for everyone to benefit from the educational experience offered

8. Recognize change is difficult, not impossible; show a willingness to “continue-on” in your treatment process even when discouraged; don’t give up
9. Complete all treatment assignments and present to staff team or group as directed by staff team
Expectations include:
 - a. Learn and practice using “I Statements” when expressing concerns and feelings
 - b. Explore personal/family history to help identify behavioral patterns, triggers, perceptions, and belief systems that contributed to the choices you make
 - c. Learn Beliefs and Philosophies – common ground
 - d. Identify typical situations and/or moods that have led to a loss of self-control, as well as physical cues and trigger actions that are warning signals
 - e. Identify harmful interactions with your family/support system and begin to think about a plan or ways to improve those relationships
 - f. Learn “3 States of Mind,” of DBT concepts, Reasonable Mind, Emotional Mind, Wise Mind
 - g. The above expectations are included in the following assignments: Anger Iceberg, Cognitive Distortions, Cognitive Model Packet, Control-Worries, Countering Negative Thoughts, Exploring Values, I Statements, If You Only Knew, Magic Wand, My Roots Poem, My Timeline, Perspective, Relationship Conflict Resolution, Self-Esteem Reflection, Self-Reflection Assignment, Viscous Cycle, and Worry Coping Cards.
10. Appropriately advocate for stage advancement with staff members.

III. Integration – Application Stage

1. Take ownership for your actions and the choices you make and initiate corrective actions when needed
2. Show that you are learning new skills by applying them in challenging situations and your daily interactions
3. Begin to practice the skills taught to help you manage those situations and/or moods that formerly led to a loss of self-control
4. Begin to recognize and understand harmful patterns of behavior and how they affect others
5. Demonstrate a more responsible way that you cope with change, disappointments, failure, or mistakes
6. Demonstrate a willingness to be helpful to all group members; understand your positive actions are the most important way to help your group
7. Serve as a role model and positive example in dealing with your own feelings and disappointments you may encounter
8. Help group members meet their program expectations and responsibilities by taking initiative in various tasks as a leader or volunteer
9. Point out positive group goals and solutions to challenging issues that impact the group
10. Whenever “safety” becomes an issue in the group, be willing to put aside your own needs for those who are in distress by supporting staff in their attempt to address those safety concerns by being supportive and not a distraction or taking the focus away from the matters at hand
11. Work on improving family relationships and use facility visits, family therapy sessions, phone call, etc. as opportunities to share and test out what you have learned about yourself in the program and any successes or challenges you face
12. Be prepared to discuss what you have learned and achieved in your program stay and connect it to your transition to your community and movement toward your goals
13. Complete all treatment assignments and present to staff team or group as directed by staff team

- a. The following assignments encompass and compliment the above stage expectations: 5 Years From Now, Amends Letter, Challenging Negative Thoughts, Coping Skills Presentation, Expressing Anger, Forgiveness Letter, Forgiveness Packet, Forgiveness Quotes, Letter Home, and My Strengths and Qualities.

11. Appropriately advocate for stage advancement with staff members.

IV. Transition – Reintegration Stage

1. Consistently lead and teach others—give back what you have learned to remaining group members
 2. Assist in all group sessions, group meetings and activities
 3. Discuss challenges, fears and anxiety about returning home openly and honestly with your group, treatment team, and outside teams. Reflect on transferable skills obtained at YRTC and how they can be used at home.
 4. Talk about what led to your facility placement and how your actions affected your victim(s) and others
 5. Identify destructive patterns of thought and behaviors, and how your perceptions have shaped your actions in the past and discuss new skills or ways of thinking that can help you in similar or challenging situations in the future
 6. Be prepared to discuss what you've learned and achieved in your program stay and connect it to your transition to your community and movement toward your goals
 7. Work with staff and your team to prepare your Relapse Prevention Plan
 8. Work with your team to finalize placement plan, review items including education/vocation, employment opportunities, etc.
 9. Make plans with your Case Manager and Unit team for a dinner and celebration with your group.
 10. Complete all treatment assignments and present to staff team or group as directed by staff team
 - a. The following assignments encompass and compliment the above stage expectations: Anger Stop Signs, De-catastrophizing, Give Back, Good Friend, Looking Back, Mental Health Maintenance Plan, Passive, Aggressive, and Assertive Communication, Relapse Prevention Plan, Values Clarification, and Wise Mind.
12. Be an active voice in planning your Celebration of Completion Dinner and Group Closure.

60 Day Notice/Release

The youth are notified of the stage advancement or 60-day notice when their Case Manager/Program Manager has verified that they have completed all stage work, violation assignments, and have a signed copy of the Program Change Form from the Program Manager.

Once the team has decided that the youth has earned their 60 days to be sent out, documentation is immediately started. General direction has been to complete the 60-day paperwork within 4 business days. Emails regarding asking for the below statements from external sources are sent with expectations of when the facility need the statements returned. Requests are made to ensure statements and signatures are returned to the facility within 2-3 business days. Once all documentation is assembled, this packet is given to the Program Manager within 14 days of advancement to Stage 4.

A 60 Day Notice Checklist is completed by the youth's Case Manager.

The youth will be given a Relapse Prevention Plan immediately after they advanced to Stage 4. This must be completed by the youth and returned to the Case Manager completed in its entirety. The youth's Case Manger will review it to ensure the quality of the answers.

The youth's most current Plan of Care, Progress Letter, School Transcript, and Program Change Form will be attached. All documentation will be gathered by the Case Manager and given to the Program Manager. The Program Manager will view entire 60 Day Notice packet and pass on to the Facility Administrator for final approval. Once the 60-day notice has been sent out by our facility and we receive a court date that information will be relayed to the youth.

Individualized Plans

Safety Precautions: Youth are placed on Safety Precautions when there is a concern of self-harm. A youth may be placed on Precautions by any staff, however, can only be taken off Precautions by a therapist.

Plan For Success: Youth are placed on a plan for success when they are no longer in need of Safety Precautions, however, still struggle with triggers to self-harm. **Expectation Plans:** Youth may be placed on an individual expectations plan if a youth begins to struggle with basic expectations when on a Stage 2, 3, or 4. **Reintegration Plans:** Youth who continue to be a safety/security risk will be placed on a Reintegration Plan where the youth will have more one-on-one staff engagement, work on assignments that focus critical thinking and change behavior. The youth is slowly integrated back into the group. **Travel Plans:** Youth are placed on travel plans immediately following classification to a living unit to support the youth in reducing the risk or trigger to elope. This plan is reevaluated to determine continued risk or whether the travel plan is lifted.

Incentives/Positive Reinforcement

Incentives: Incentives are available for juveniles as an effort to encourage positive and appropriate behaviors. All incentives are approved by the Facility Administrator/designee. **Star Dollars:** Staff will fill out a "Star Dollars" report form when a staff member wishes to recognize a juvenile for good behavior or an accomplishment. The Unit Managers will review and issue a reward the juvenile can redeem. Juveniles may also earn a variety of privileges because of their good behaviors and advancement in the program.

Behavior Violations

Minor Violations: Youth may receive a Minor Violation when minor behaviors need to be addressed further than redirection. Staff will fill out a Minor Violation Report. (See Appendix). A staff member will discuss the report with the youth and the desired behavior to be achieved, issue a learning consequence, and the youth and staff will sign. **Major Violations:** Youth receive Major Violations for behaviors that threaten the safety/security of the staff and/or youth or threaten to disrupt the maintenance, order, and/or stability of the facility. Major Violations are forwarded through the Disciplinary Process.

Group Therapy

Voices: This 28-week curriculum addresses the unique needs of adolescent girls and young women. It encourages them to seek and celebrate their "true selves" by providing a safe space, encouragement, structure, and the support they need to embrace their journeys and self-discovery. **TARGET (Trauma Affect Regulation Guide for Education and Therapy):** Strengths-based approach to education and therapy for survivors of physical, sexual, psychological, and emotional trauma. The theoretical basis is developmental trauma, emotion regulation, cognitive-behavioral. The seven skills introduced in groups are Focus, Recognize triggers, Emotion self-check, Evaluate thoughts, Define goals, Options, and Make contribution (FREEDOM). The key components of treatment are Engagement, Emotion Regulation, Trauma Processing, Relational Repair.

Moral Reconciliation Therapy: Youth advance through 12 phases in the Moral Reconciliation Therapy Handbook. This group focuses on decreasing the likelihood of someone returning to abusing substances or alcohol. It teaches people in the criminal justice system with substance use disorders to focus on the moral aspects of their illness, and the social consequences that may be associated with using drugs or alcohol.

Alcoholics Anonymous: An international mutual aid fellowship dedicated to abstinence-based recovery for abuse of alcohol through a 12-step program. Narcotics Anonymous: A fellowship dedicated to those with substance use disorders and the problems with substance use through 12 step programs. Mindfulness Substance Use Therapy: a group-based curriculum incorporating mindfulness, self-awareness, and substance-abuse treatment strategies for use with adolescents dealing with substance use. Mindfulness-based approaches for substance abuse treatment, in part, attempt to decrease the impact of negative affect, which is thought to serve as a trigger for substance use. Improving distress tolerance is an important aspect of mindfulness-based substance abuse treatment. The evidence-based, how-to format provides a curriculum for professionals to implement either partially, by picking and choosing sections that seem relevant, or in full over a number of weeks (12 sessions total). Each session comes equipped with clear session agendas, example scripts and talking points, what-if scenarios that address common forms of resistance, and optional handouts for each session. Sections cover the major principles of working with adolescents—relationship building, working with resistance, and more—along with a full curriculum.

Individual/Family Therapy

Individual Therapy: Therapists meet the girls where they are at and explore different areas that they are wanting to improve on as well as helping challenge their thought process. Some of the treatment models/types of therapy offered for individual therapy are Eye Movement Desensitization & Reprocessing, Dialectical Behavioral Therapy (DBT), and Cognitive Behavioral Therapy. The different types of goals the youth have focused on while in individual therapy include improving their distress tolerance to high stress situations which might lead to incidents of self-harm, improving interpersonal effectiveness skills with others, reprocessing trauma and understanding how trauma effects their thoughts and reactions. Other goals include identifying their thinking errors, learning how to work through heavy emotions, and anger management skills.

Family Therapy: In family therapy the most common goal focused on is communication. This is from how the youth interacts with their family and vice versa. We help families identify different areas that need to be improved as well as help them understand why clear consistent communication is important. They also learn how to address their barriers to effective communication. Another common area that is addressed is helping parents and their child identify when there is a need not being met before it escalates to the point of maladaptive behaviors (running away, self-harm, yelling, arguments, power struggles, etc.). The closer a youth gets to discharge, we then begin working on setting clear expectations, rules, and consequences for when the youth is discharge, providing a safe space for the youth and care givers to discuss any disagreements.

Team Meetings

Clinical Team Meetings: The youth facility team, which includes the Facility Administrator, Program Manager, Unit Managers, Case Managers, Therapists, Medical Department, APRN, Child and Adolescent Psychiatrist, and Principal discuss each youth and how they are progressing in their programming, school, and medication management. Family Team Meetings: The youth, facility team, and youth's community support team, which include Probation, Attorneys, Guardian Ad-litmus, Child

Family Services worker, and parents/guardians, meet monthly to discuss the youth progress in their programming, goals, school, medications, and reentry plan.

Professional Staffing's: When a youth continues to struggle, the youth's facility team and community support team will schedule meetings to further discuss the youth and present diverse views on how we can support the youth in progressing in programming further.

Prosocial Activities

Recreation: Includes, but is not limited to, flag football, ultimate football, volleyball, basketball, soccer, kickball, whiffle ball, dodge ball, four square, nine square, ultimate Frisbee, weight room circuits, indoor and outdoor free play, and off campus swimming. Leisure Activities: Includes, but is not limited to, baking, arts/crafts, manicures, pedicures, word puzzles, puzzles, crocheting, drawing, scrapbooking, creating vision boards, creating future life stories, scratch art, diamond art, painting, clay sculpting, water play (slip n slide, water launches, water balloons, sprinklers), walks, and guitar lessons. Religious Services/Activities: On campus- church services, bible study, confessions, rosary. Off campus- Celebrate Recovery. Community Service/Volunteer Opportunities: Youth For Christ- helped with banquet setup; Bigfoot Museum- assisted with landscaping; Prairie Loft - assisted with concert setup; Catholic Social Services - helped with meal preparation; First United Methodist - assisted with Sunday School check In and attended church services; Hewitt Acres- assisted in care of animals and painted buildings; and Wellspring Pregnancy and Health Center- helped paint buildings.

Education

YRTC-Hastings has been renovated and restructured in order to house our female students and is a state accredited school. It offers female youth in grades 9-12 an opportunity to earn high school credits that transfer back to their home school. Students are expected to attend school 1080 hours during the full school year. Students at West Hastings High School use a blended approach to earn credits that includes direct instruction with a teacher as well as the use of Apex Learning, a computer program that allows each student to progress at her own level and at her own rate. Youth also have the opportunity to prepare for college by taking select college courses while residing at YRTC-Hastings. Students are also afforded the opportunity to prepare for their GED. Each youth's educational needs are assessed to provide the appropriate track for them. The school offers:

- Core Academic classes
- Guidance Counseling for college and career interests
- MAP Testing
- ACCUPLACER Testing
- ACT Testing
- CTE course offerings
- Physical Education
- Access to Vocational Rehabilitation/Department of Labor services
- Media and Technology Areas
- GED classes/preparation within a regular classroom setting after meeting eligibility requirements
- APEX Credit Recovery

During the 2019-2020 school year one female youth graduated. During the 2020-2021 school year three female youth that graduated and one that earned her GED.

Graduate Program

Youth who have earned their diploma or GED participate in the graduate program during regular school hours. Youth work to develop independent living skills, seek employment opportunities, complete job interviews, may enroll in online college courses, and may complete specialized certificates at Central Community College in Hastings. The youth follow a daily graduate curriculum.

Community Involvement

Community Service/Volunteer Opportunities: Youth For Christ- helped with banquet setup; Bigfoot Museum- assisted with landscaping; Prairie Loft - assisted with concert setup; Catholic Social Services - helped with meal preparation; First United Methodist - assisted with Sunday School check In and attended church services; Hewitt Acres- assisted in care of animals and painted buildings; and Wellspring Pregnancy and Health Center- helped paint buildings. Community Advisory Board: Individuals from the Hastings community and surrounding areas (currently seven members) that meet at least quarterly to help foster a relationship between the facility and the community and are advocates for youth concerns

Family Involvement

YRTC-H provides liberal visitation, mail, and phone contact so that juveniles can maintain and strengthen family and community ties. Upon admission, a juvenile will be asked to fill out a Youth Calling System Registration Form, which will designate to whom they would like to place phone calls. Phone calls may be made to immediate family members. Additional family members or interested parties (aunts, uncles, potential foster parents, etc.) may be approved at the discretion of the Facility Administration after a recommendation from a juvenile's treatment team. A juvenile will be allowed to make a total of 120 minutes in phone calls per month using the Automated Juvenile Calling System, provided they are not in room confinement. If a juvenile is unable to contact her family using the Juvenile Calling System, arrangement may be made through her case manager to contact her family via the telephone, at the discretion of the Facility Administrator or Unit Manager. A parent/guardian wanting to leave a message for a juvenile may call the YRTC-H Front Office Receptionist. The Front Office Receptionist will forward the message to the juvenile's living unit, administration, or case manager who will ensure the juvenile receives the message. A juvenile may receive visits from family members, legal guardians, or those individuals who have received administrative approval. Visiting hours are from 8:00am to 4:30pm on Saturdays and Sundays. Visits are limited to once per week. On-campus visits may last three hours, off-campus visits may last four hours. With Facility Administrator approval, visitors may attend on-campus church services with their child on Sunday. This period will not count as visiting hours. On a case-by-case basis special visitation arrangements can be made if parents cannot come during regular visiting hours. Such arrangements must be made in advance and have administrative approval. All on-campus visits will occur in the visiting area in the Administration Building visiting area.

Nebraska (Youth) Engagement System

The Nebraska (Youth) Engagement System helps the youth to start looking within themselves to recognize the thinking, behaviors that they need to work on. It is a four-stage program that consists of the following stages.

Stage: 1 Orientation (Adjusting to being here)

Stage: 2 Self-Awareness (Recognizing what thinking and behaviors they need to work on)
Stage: 3 Integration (Application start applying the skills they learn from the following Moral Reconation, Voices, Trauma Affect Regulation Guide for Education and Therapy (TARGET) Mindfulness Substance Use group therapy, AA and NA.
Stage: 4 Transition (Reintegration, going on furloughs, setting up services to return home)
Staff engagement is key the youth need to see that staff has their best interest in mind and this starts with the youth knowing that in order for youth to thrive and succeed we understand that youth need patience, guidance, direction, structure, understanding adults that care, boundaries and recognition to name a few areas we will work alongside of them. We teach/expect Safety, Respect, Cooperation and Commitment from all youth on campus. We are striving to build positive mentoring relationships with the youth so that they will make good choices out of respect for the relationship with staff and value that mentoring relationship. They do it because it is the right thing to do because there is value and benefit it doing the right thing which is the internalized change we are wanting from our youth. Each week a multidisciplinary team of living unit staff, teachers and mental health staff collaboratively discuss each youth's progress and offer constructive feedback for youth in order to help them progress through the Stages of the program and further build the skills needed to be successful after their release.

YRTC-Kearney

Philosophy

The mission of the YRTCs and Interim Program School is to create meaningful relationships in a safe and non-judgmental environment that will inspire and empower our youth to value education, develop a strong work ethic, and take pride in themselves.

Vision: Cultivating change, fostering knowledge, transforming futures

Core Values: Safety, Respect, Commitment, Cooperation

Motto: Believe in Your Strengths

Programming

YRTC-K works to help male youth live better lives through effective services affording them the opportunity to become law-abiding and productive citizens. This is accomplished through four stages the youth work through. In addition, based on the youth's individual needs, their YRTC-K program may include: substance use disorder education, individual counseling, family counseling, academic education, psychiatric/psychological counseling, chemical dependency treatment, trauma counseling, problem resolution, and transitioning to the community. The four stages are detailed below:

Stage 1

Once youth have completed the seven days of orientation in Stage 1, they are then assigned to a living unit. During this stage of their treatment, they will work with their assigned treatment team to develop their Individualized Case Plan. They will work on improving any behavior problems and will start to attend daily meetings that consist of ART, MRT, Peer Help Meetings, Group Building, and Feedback meetings. Youth are expected to attend and participated in each meeting. Youth can petition to the treatment team for Stage 2 advancement once they:

- Learn and demonstrate their understanding of the rights and responsibilities
- Listen, learn, and demonstrate how to follow the basis expectations
- Complete the variety of tasks related to orientation of the facility and programs (Recreation, Medical, Dental, Education, Mental Health, Food Service, and Programming.)

Stage 2

In Stage 2, youth will learn about thinking traps and character traits in ART meetings, peer help meetings, and through behaviors demonstrated in daily living. The youth will make choices that do not involve dishonesty or manipulation. Youth on Stage 2 find that their negative thinking is challenged by peers and staff more assertively and may find it stressful. It is possible for youth to become more upset on this stage and return to old ways of thinking and prior defense mechanisms for brief times. However, the expectation is that youth work through these instances and issues, think about things differently, and continue to learn about the issues in their lives. Youth can petition to the treatment team for Stage 3 advancement once they:

- Learn and demonstrate reasonable, emotional, and wise mind thinking/behavior concepts
- Learn and demonstrate the application of skills learned in meetings
- Are open to receiving feedback, even when it might be difficult to hear
- Demonstrate the ability to provide feedback to peers
- Demonstrate the ability to be accountable for their behavior, and start to understand how their actions affect others

Stage 3

In Stage 3, youth will be continuing to work on major issues in their life including family relationships, dealing with the bad things that happen in life, how they have victimized other people, and how they may have been victimized. On this stage they will also work on special concerns such as chemical abuse and other specific issues that influence or interfere with positive thinking and decision-making. The direction of treatment changes on this stage from behavioral focus to developing a new life direction in the community. This includes: Finding employment; re-establishing connections in the community; placement planning; development of support systems, mentors, and leisure time activities in the community; making amends for some of the destructive actions in the past; and, learning a more in-depth sense of community. Youth can petition to the treatment team for Stage 4 advancement once they:

- Demonstrate the ability to apply all the skills that they have learned, and co-lead meetings with facilitators
- Demonstrate the understanding to speak about their physical, mental, and emotional health
- Create and finalize plans for a “community” service project
- Teach the rights and responsibilities to new youth in their group
- Facilitate check-ins without prompts from the treatment team
- Create and facilitate a personalized presentation/journey of their life (dramatized plan, PowerPoint, poetry, video/pictures, etc.)

Stage 4

In Stage 4, youths consistently demonstrate the skills and teachings that they have learned. Youths are expected to maintain the physical, mental, and emotional changes and demonstrate they can deal with difficult situations. In addition, they are expected to give back to the community in a number of ways including assisting to help others resolve problems they experience by learning new ways of thinking and acting, role modeling the character traits and being a leader for change within the peer group. Youth are expected to avoid acting in ways that hurt others and demonstrate completion of their treatment program before going to their re-entry hearing.

Family Involvement

Youth will be able to make debit calls on the Youth Phone System. Youth may place calls to contacts approved by their Youth Case Manager and their treatment team on the youth phone system. The phone calls each month will be provided by the YRTC-Kearney and will be added to the youth phone account during one of the first five business days of each month. They will be given 180 minutes per month, which is equivalent to 45 minutes per week. Upon the youth’s arrival to YRTC-K, he will be allowed a free phone call to parents/guardians to let them know he is at YRTC-K and is safe. Youth may write letters to whomever they choose, however staff have the right to determine if the correspondence is harmful to their positive development. Youth are not allowed to correspond by mail or phone with former youth of the facility or their families. The program will provide stamps for two letters per week. One of these stamps must be used to write their parent(s) or guardian(s). Also, YRTC-K will provide stamps for any legal correspondence they may have. Visits are an important part of the youth’s YRTC-K programming and are encouraged throughout their stay. Visits are intended to allow youth and their family to communicate effectively and discuss their YRTC-K progress and their plans when released from YRTC-K. The youth will not be able to have a visit until they have been in orientation for 72 hours. YRTC-K currently offers three different ways for visitation. WebEx visits, on campus visits, and when the youth is approved for off campus visits. Youth are only allowed one visit per week. All visitors must be pre-approved and on the visitation form to be able to participate. Special visits for family emergencies, funerals, or weddings are permitted with the approval of the Facility Administrator.

Education

YRTC-Kearney, a state-accredited interim school, offers male youth in grades 9-12 an opportunity to earn high school credits that transfer back to their home school. Students at YRTC-Kearney use a blended approach to earn credits that includes direct instruction with a teacher as well as the use of Apex Learning, a computer program that allows each student to progress at his own level and at his own rate. Students are expected to attend school 1080 hours during the full school year. Youth also have the opportunity to prepare for college by taking select college courses while residing at YRTC-Kearney. Students are also afforded the opportunity to prepare for their GED. Each youth's educational needs are assessed to provide the appropriate track for them. YRTC-Kearney provides individual and family therapy while students are enrolled. The school offers:

- Core Academic Classes
- Guidance Counseling for college and career interests
- MAP Testing
- ACCUPLACER Testing
- ACT Testing
- Family/Life Skills
- Art
- Physical Education/Health
- Access to Vocational Rehabilitation/Department of Labor services
- Media and Technology Areas
- GED classes/preparation within a regular classroom setting
- APEX Credit Recovery
- Transition Services

The school focuses on courses that are required areas for graduation in Nebraska. Youth have the opportunity to earn their high school diploma while at the YRTC. YRTC-Kearney offers summer school. Each class meets the required number of hours to equal a full semester of regular schoolwork. Youth are in school year-round for a total of 1091 hours. During 2021 seven youth have graduated from West Kearney and three youth have earned their GEDs.

Evidence-Based Programming

YRTC-Kearney mental health therapists utilize Adolescent Community Reinforcement Approach (ACRA), 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 session with the youth, individual sessions with the parent or caregiver and joint sessions with the youth and care giver. ACRA is utilized in more than 270 organizations across the country and is on U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-Based Programs and Practices. Moral Reconciliation Therapy (MRT) is an additional treatment component incorporated into the YRTC-Kearney, YRTC-Hastings and the Lincoln Facility. 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), is utilized at YRTC-Kearney. This program has been shown to reduce recidivism in an adolescent population. ART is a 10-week cognitive behavioral protocol that addresses three interrelated components: Social Skills Training, Anger Control Training, and Moral Reasoning. Each component focuses on a specific prosocial behavior strategy that is learned through repetitive exposure to the material.

Nebraska (Youth) Engagement System

The Nebraska (Youth) Engagement System helps the youth to start looking within themselves to recognize the thinking, behaviors that they need to work on. It is a four-stage program that consists of the following stages.

Stage: 1 Orientation (Adjusting to being here)

Stage: 2 Self-Awareness (Recognizing what thinking and behaviors they need to work on)

Stage: 3 Integration (Application start applying the skills they learn from the following Moral Reconciliation: Teaches Moral Reasoning/Decision Making, Aggression Replacement Training: (Teaches Social Skills, Anger Control, and Traps and Traits), Adolescent Community Reinforcement Approach.

Stage: 4 Transition (Reintegration, going on furloughs, setting up services to return home)

Staff engagement is key the youth need to see that staff has their best interest in mind and this starts with the youth knowing that in order for youth to thrive and succeed we understand that youth need patience, guidance, direction, structure, understanding adults that care, boundaries and recognition to name a few areas we will work alongside of them. We teach/expect Safety, Respect, Cooperation and Commitment from all youth on campus. We are striving to build positive mentoring relationships with the youth so that they will make good choices out of respect for the relationship with staff and value that mentoring relationship. They do it because it is the right thing to do because there is value and benefit in doing the right thing which is the internalized change we are wanting from our youth.

Each week a multidisciplinary team of living unit staff, teachers and mental health staff collaboratively discuss each youth's progress and offer constructive feedback for youth in order to help them progress through the Stages of the program and further build the skills needed to be successful after release.

Mental Health Services

The YRTC-K offers services for Chemical Dependency issues, individual and family therapy, and Mental Health concerns. Their need for Mental Health Department Services are assessed upon admission and throughout their stay. Mental Health Department staff, including therapists, and substance abuse counselors, conduct assessments and provide recommendations based upon their needs. Mental Health therapists are available after normal working hours utilizing an on call system.

Medical

The YRTC-K medical personnel include two full-time Registered Nurses (RN's), and a RN Nursing Supervisor (BHA). The medical team provides on-site medical services 5 days a week with 24 hours on call coverage. Upon arrival at the facility an intake Health Screening is performed by health-trained staff and reviewed by a qualified health-care professional. A member of the nursing team completes a Comprehensive Nursing Appraisal within the first seven days of a juvenile arriving at the facility. The contractual dentist examines juveniles on campus within 14 days of admission, and as needed based on individual treatment plan. Juveniles will also have dental cleanings on site every six months. All juveniles receive a physical examination by the contractual MD, one of three Family Practice Associates doctors, within the first 14 days of arrival at the facility. If a juvenile has a chronic medical diagnosis it is addressed on-campus with routine assessment and specific treatment plans. Specialty referrals are ordered as indicated by contractual physicians based on individual need. The contractual optometrist provides juveniles with eye exams as needed and on an annual basis. Ongoing routine visits or non-emergent illnesses and injuries are seen by one of our primary care providers on a weekly basis, during a recurrent scheduled clinic, facilitated by the medical team. Specialty appointments are scheduled on a referral basis, which may include orthopedic care, complicated dental procedures, physical therapy and diagnostic procedures. We also offer comprehensive mental health services, with an adolescent psychologist, provided by Boystown Hospital, through recurrent telehealth appointments. All juveniles may initiate requests for health services on a day-to-day basis through the use of a Health Call Form. Should a juvenile need medical care for urgent or emergency situations when a doctor is not on campus, treatment is provided off-campus by the primary care provider First Medical Care or the local emergency room at Kearney Regional Medical Center (KRMC). Twenty-four-hour emergency medical, dental, and mental health services are available for each juvenile. Juvenile's medical histories and information are requested through a questionnaire sent to each juvenile's parents/guardians by mail. The Medical Department welcomes these forms back from the parents and/or guardians, so that nursing staff may become aware of any past, current, or ongoing health problems that the juvenile may not have reported during the Nursing Health Appraisal. Juveniles' immunization records are reviewed to ensure they are up to date on immunizations, per regulations. It is also a goal of the Medical Department to have juveniles up to date on both required and non-required vaccinations, such as vaccines for the Human Papilloma Virus, Hepatitis A, Influenza, Covid 19 and Meningitis. The Vaccines for Children (VFC) program, through the State of Nebraska, is utilized for youth without private insurance. All immunization records are entered and/or updated in the Nebraska State Immunization Information Systems (NESIIS) to promote continuity of care. Comprehensive health care services start the moment the juvenile arrives at the facility and are provided throughout their stay by licensed nurses and other health care providers. Upon discharge from the facility, a comprehensive Transfer/Discharge Summary is completed on each juvenile to include items such as current medication list, medical and mental health diagnoses, dates of last medical, dental, and vision exams, and any scheduled medical follow-up needs. This information is also entered into the Nebraska Family Online Client User System (NFOCUS). All processes and procedures are to ensure continuity of medical care for the juveniles YRTC-K s.

Philosophy

At the Lincoln Facility, we work to ensuring each youth we support is provided specialized and individualized treatment by utilizing scientific techniques and applying empirical approaches based upon the principles of Applied Behavioral Analysis. Our focus is to change behavior of social significance and provide stabilization while teaching skills that generalize to the community for a successful transition into community-based services. The Lincoln Facility is committed to a comprehensive treatment process including the valuable participation and input from families and external personal and professional supports for the youth.

Admission Guidance and Considerations

Diagnosed mental health disorder(s) characterized by clinically significant disturbance in cognition, emotion regulation, and/or behavior. The specific mental disorder(s) are primary contributors to current level of dysfunction. The mental health disorder(s) include, but are not limited to the following:

- Neurodevelopmental Disorders*
 - Intellectual Disability*
 - Autism Spectrum Disorder*
 - Attention-Deficit/Hyperactivity Disorder*
- Psychotic Disorders*
 - Schizophrenia*
 - Schizoaffective Disorder*
- Bipolar Disorders*
- Depressive Disorders*
 - Major Depressive Disorder*
 - Disruptive mood dysregulation disorder*
- Anxiety Disorders*
 - Trauma and Stressor Related Disorders*
 - Reactive Attachment Disorder*
- Disruptive, Impulse-Control, and Conduct Disorders*
 - Oppositional Defiant Disorder*
 - Intermittent Explosive Disorder*
 - Conduct Disorder*

Youth demonstrates one or more of the following:

Youth is not progressing and/or engaging in Kearney YRTC program, despite multiple attempts to address lack of progress with changes in treatment planning.

Youth is not responding to current mental health treatment, despite multiple attempts to address mental health needs within context of Kearney YRTC program capabilities.

Treatment teams find reasonable expectation for youth to respond to intensive mental health treatment and behavioral interventions, despite inadequate response to current or past interventions.

Treatment teams find reasonable expectation for youth to benefit from environmental or programmatic changes, such as decreased stimuli or more intensive or individualized interventions.

Treatment Model - Applied Behavior Analysis

Applied Behavior Analysis (ABA): is a scientific, evidence-based practice that applies empirical approaches and techniques of respondent and operant conditioning (learning) to change behavior of social significance. Through the Functional Behavior Assessment (FBA) process, many techniques are used such as the systematic observation of youth which is one of the cornerstones of these techniques; this allows for the behavior analyst to form a hypothesis regarding the purpose the behavior serves for the youth. Analysis of the ABCs (Antecedent, Behavior, Consequence) in play with that particular youth, and build a Behavior Support Plan (BSP). The BSPs are developed to make systematic, but gradual changes in the consequences of behaviors that are designed to encourage socially positive behaviors and discourage socially detrimental behaviors.

Assessment Phase: Upon admission to YRTC-Lincoln, a 30-day baseline is implemented to identify their target behaviors: Self-Injurious Behavior, Property Destruction, Verbal Aggression, Physical Aggression, Elopement, Refusal and Inappropriate Sexual Behavior. The 30-day duration is preferred as it allows for the youth to get adjusted to their new environment, rules, expectations etc. At the end of 30 days (less than 30 days depending on the frequency/severity of behavior) the Board-Certified Behavior Analyst (BCBA) Clinical Supervisor will analyze the data that was collected each day during the hourly intervals and create behavior goals for a progressive decrease in each target behaviors. During the first 30 days, the BCBA Clinical Supervisor will also begin the process of completing a Functional Behavior Assessment (FBA) where historical information (i.e. mental health, behavior, placement, schooling, therapy, other treatments. etc.) is reviewed. Once the baseline phase is complete, the BCBA Clinical Supervisor will continue with the FBA to include interviewing staff including the completion of behavior assessments specific to the youth and their target behaviors. The interviews and assessments assist the BCBA Clinical Supervisor to identify the function of the target behavior or what is maintaining (reinforcing) the behavior, thus increasing the likelihood that the behavior continues. The identified function will include one or more of the following: Attention, Escape, Tangible, and Sensory. Baseline data is then analyzed, and individualized behavior goals and objectives are created to reflect a duration/frequency based progressive reduction schedule for each target behavior of concern.

Behavior Goals: Goals identified based off the analysis of the baseline phase will indicate the first set of behavior goals (in addition to therapy goals, replacement behavior goals; coping skills, on-task and pro-social). When graduated, this will assist in determining if the clinical team finds that the youth has met requirements to move forward with issuing the youth their 60-day notice (i.e. youth will be released within the next 60-days). Once the youth graduate their first set of goals and receives their 60-day notice, a second set of goals will be put in place to reflect the 60-day duration. All goals are monitored each day and behavior trends are discussed with the youth on a frequency basis. In the event that the youth does not graduate their goals through the 60-day duration, the clinical team will hold a meeting to discuss further action such as extending their 60-day or withdrawing their 60-day.

Individualized Intervention: After the assessment process is completed, the BCBA Clinical Supervisor then creates individualized Behavior Support Programs (BSP) based off the youth's individual needs. The BSP provides antecedent interventions (strategies staff utilize to make it less likely a behavior will start), functionally equivalent interventions (staff responses to target behaviors) and functionally equivalent replacement behaviors that are individualized and based on FBA results. Functionally equivalent means that the interventions and replacement behaviors will provide the youth access to the same reinforcement the youths want/need in the absence of the target behavior(s). Essentially, through ABA programming, the youth learn that they can get what they are seeking (Attention, Escape, Tangible and/or Sensory) without having to engage in a target behavior to get it.

Behavior Safety Plans: Prior to admission, a behavior safety plan is identified and created which focuses on specific safeguards for the youth in reference to their severe behaviors (i.e. inappropriate sexual behavior, assaultive behavior as well as other severe behaviors) to ensure the safety and security of youth, staff and the facility.

Staffing: YRTC-Lincoln has a 1:4 staffing ratio, however 1:1 staffing is utilized frequently to provide the youth with 1:1 supports that assist in meeting the youths individualized treatment needs.

Data Collection: Data is collected using 1-hour intervals during all 24-hours of each day. The data collection method used at YRTC-L is partial interval recording for the Replacement Behaviors (i.e. Pro-Social Behavior, Coping Skills and On-Task Behavior); did the behavior occur at all during the interval. Target behavior data is collected using frequency/count per interval; how many behavior episodes occurred during that interval.

Reinforcement/Token Economy: A Token Economy is a system of contingency management based on the systematic reinforcement of target behaviors; the frequency of desired behavior can be reinforced, and the frequency of unwanted behavior can be reduced. Furthermore, it is based on the principles of operant conditioning and behavioral economics used within the practice of Applied Behavior Analysis. The youth have the opportunity to earn points each hour of each day based on identified tasks listed on their Daily Points Sheet (i.e., medication, hygiene, room maintenance, chore completion, and therapy sessions. Furthermore, the youth have the opportunity to earn points each hour for the absence of target behaviors. They also have the opportunity to earn points for engaging in Replacement Behaviors (Coping skills, Pro-Social and On-Task behavior). Each evening the youth have the opportunity to either save their points or exchange their points for preferred item(s) on the incentive menu that they specifically preferred and based on their accumulated points.

Consequences: If a youth earns a Minor/Major violation (i.e., engages in target behavior(s), assaultive behavior, refuses direct orders, facility/policy violation etc.), there are progressive consequences identified using response cost (i.e., loss of points and/or loss of point exchange/incentive purchase) which may also include the loss of other privileges.

Family Team Meetings: Each youth has a family team meeting each month (some youths have them bi-weekly), the BCBA Clinical Supervisor creates a behavior report utilizing data analysis and graphs to give a live update on the youth's engagements in target behaviors, replacement behaviors, sleep patterns, medication changes and any other behavioral updates necessary specific to that youth. This report is sent to the youth's external team and reviewed with the youth and their team at the family team meeting. This allows for all parties to see the progress the youth has made as all well as any significant changes that may have contributed to the changes in behavior.

Treatment Integrity: The BCBA Clinical Supervisor and the Behavior Support Specialist (BSS) work closely together to conduct treatment integrity checks which focus on staff's adherence to correctly and ethically implementing programming and carrying it out as recommended.

Discharge: When the youth earn their 60-day notice, the BCBA Clinical Supervisor will contact the youth's external team and/or guardian and provide them with the youths individualized Behavior Support Plan and/or Antecedent Interventions which will provide support to the youth and guardian upon transition back to the community.

Group Therapy and Psychoeducation

Coping Skills Group: Youth learn how to identify emotions, triggers, and current coping strategies relevant to them. This group is used to build on healthy coping strategies while challenging unhealthy coping strategies.

Mindfulness Group: Youth learn a variety of mindfulness techniques ranging from grounding to meditation. This group is aimed at teaching youth to find various ways to ground the youth into the here and now.

Moral Reconciliation Therapy: Youth advance through phases in the Moral Reconciliation Therapy Handbook for youth. This group focuses on decreasing the likelihood of someone returning to abusing substances or alcohol. It teaches people in the criminal justice system with substance use disorders to focus on the moral aspects of their illness, and the social consequences that may be associated with using drugs or alcohol. **TARGET (Trauma Affect Regulation Guide for Education and Therapy):** Strengths-based approach to education and therapy for survivors of physical, sexual, psychological, and emotional trauma. The theoretical basis is developmental trauma, emotion regulation, cognitive-behavioral. The seven skills introduced in groups

are **F**ocus, **R**ecognize triggers, **E**motion self-check, **E**valuate thoughts, **D**efine goals, **O**ptions, and **M**ake contribution (FREEDOM).

The key components of treatment are Engagement, Emotion Regulation, Trauma Processing, Relational Repair. The ten-week curriculum can be offered to youth ten years old and older.

Anger Management/How to Control your anger: Youth will work on regulating their anger and finding more positive self-image thoughts.

Week Wrap up and Weekend Preparation: Youth will be asked to recap the good and not-so-good of their week. What did they learn over the week? What coping skills did they use? Did they work? Youth will be asked what their weekend is going to consist of (i.e. what are they excited for, how can they plan for a good week, etc.). Behaviors, including Minor and Major violations can also be addressed during this time.

Love Notes 3.0 Classic: Structured group curriculum for youth to address relationship issues. The primary goal is to help youth identify aspects of health and unhealthy relationships, develop a sense of their own boundaries and expectations about relationships and prevent unwanted pregnancies and relationship violence. Love Notes teaches skills to be used in all relationships but emphasizes romantic relationships. Planning for behavior in regard to physical intimacy and relationships. Empowers youth to slow down and think through courses of action and consequences. Learn about chemical & hormonal reactions to anger, stress & sexual attraction. The curriculum material is delivered through group discussions, PowerPoints, workbooks, exercises, role-play and creative activities. The Love Notes curriculum is 13 sessions.

Family Involvement

While at the Lincoln Facility, we strive to keep youth as connected as possible to their guardians and families. The intent for stabilization and behavior modification is tied closely to those caring for the youth at discharge. Parents are encouraged to have weekly visits, at minimum, engage in family therapy, and attend Family Team Meetings. All visits, both personal and professional are scheduled on an individual basis to ensure the youth are provided adequate time with their support system. In addition to visits, youth are encouraged to call parents once or twice a day and write letters if they choose. The youth receive mail from their families and are allowed to have pictures of their approved family and friends in their possession. On special occasions (holidays, birthdays, graduation, and other various celebrations) youth are given more opportunities to visit with their families. The clinical team at the Lincoln Facility works diligently to include parents in treatment goals and updates. During family therapy and Family Team Meetings, we strongly encourage parents to engage in developing goals for the family, identify strengths, and discuss changes that need to occur for a successful transition to the community. The Lincoln Facility opened in February 2020 and was quickly impacted by COVID-19 and the restrictions necessary to keep our youth and staff healthy. It is our long-term goal to have youth and their families spend more time in-person developing and strengthening skills that will generalize to the community. This could include, but not limited to supervised visits or outings, and furloughs approved by the Facility Administrator.

Education

The Lincoln Facility education program is an extension of West Kearney High School. When youth transition from YRTC-Kearney to the Lincoln Facility, educators from both facilities correspond to develop a schedule for education delivery for each youth. The Lincoln Facility currently has teachers endorsed in English, Social Studies, Physical Education, Special Education, and a Media Specialist. A plan is in place to hire a teacher endorsed in Mathematics. The delivery of education is a combination of direct instruction by teachers and individualized work on-line with the APEX learning system for core and elective subjects. Teachers are in direct contact monitoring the progress of the students during all education delivery Youth

have access to the library center shared with the Lancaster County Youth Services Center. The Media Specialist works with other educators to ensure access to the library during the school days. The Lincoln Facility recently started collaborating with Vocational Rehabilitation of Nebraska Department of Education to help provide services for the youth. During the summer weeks, educators offer opportunities for credit recovery. For the future, educators plan to offer core academic offerings in combination with selected enrichment courses. Although we have not had a youth graduate from the Lincoln Facility education program, we look forward to offering post-secondary opportunities when applicable. When youth prepare to return to the community, our Special Education teacher works with our Director of Student Services at YRTC-Kearney to prepare a transition plan for the youth to acclimate back into their school district.

Successful Program Completion

Orientation: Learning the ABA programming, initial meetings with clinicians, review of facility rules, inventory property, school schedule established, psychiatric review, etc.

Applied Behavior Analysis: The youth complete the Assessment Phase for 30 days to establish baseline behaviors. Behavior goals are created based on data from the first 30 days. Typically, youth are provided three to four weeks' worth of goals to achieve in order to receive their final set of behavior goals. Once goals are achieved, aligning youth with a 60 Day Notice, the youth receive a final set of goals and expectations for their final 60 days at the facility. If these goals are not achieved, the clinical team discusses whether to extend or rescind the 60 Day Notice. When youth approach discharge, the Board-Certified Behavior Analyst Supervisor reaches out to the discharge location (home, foster home, group home) to review the Behavior Support Plan and interventions.

Therapy: Youth are expected to attend a minimum of one individual session, one family session, and daily group therapy sessions during their stay. If deemed necessary by the clinical team, youth may participate in more therapy sessions depending on their individual needs. In the final 60 days of treatment, family therapy focuses specifically on the plan for a successful re-entry to the community. If these expectations are not achieved, the clinical team discusses whether to extend or rescind the 60 Day Notice. Mental Health therapists are available after normal working hours utilizing an on call system.

Case Plan: Youth contribute to development and goals in the Case Plan to be completed while at the Lincoln Facility. Case Plans consist of specific assignments, program participation, Moral Reconciliation Therapy, etc. The Program Coordinator is responsible for Case Plan updates for court and entries into NFOCUS for documentation. If these expectations are not achieved, the clinical team discusses whether to extend or rescind the 60 Day Notice.

Psychiatric Care: Youth are expected to meet with the Psychiatrist on a regular basis. Youth meet with the psychiatrist at least one time per week and more often if necessary. Findings from regular and ongoing psychiatric assessments and follow-ups, used in conjunction with programming data, clinical team impressions, and collateral information, allow for well-informed working psychiatric diagnoses. From this framework, evidenced-based treatment modalities, such as prescribing psychotropic medications or implementation of specific therapy techniques, can then be applied. Our psychiatrist is available on an on-call basis to manage crisis and to receive updates. The psychiatrist also attends all clinical meetings, probation case staffing, and Family Team Meetings and juvenile court as needed.

Discharge: Youth are discharged from the Lincoln Facility on a date set during the re-entry hearing in juvenile court. At the time of discharge, youth receive a 30-day supply of medications and a medical/clinical update for future appointment needs. Youth review property inventory, incentive items earned, and personal documents/artwork to ensure all of their belongings are provided to them at discharge.

(c) An overview of any facility issues or facility improvements.

YRTC Hastings:

- I. Demolition of Buildings 3, 4, and 7, with the start of demolition of the old power plant.
- II. Four fire doors installed in chapel per fire marshal request.

Kearney:

- I. Shower floor resurfacing of Lincoln and Washington.
- II. Tuckpointed and exterior coated the Maintenance building.
- III. Sprinkler system was installed in vocational and updated the control panel at the same time.
- IV. Four delayed egress doors installed in the vocational building.
- V. Emergency roof replacement on part of the Bryant/Creighton building.
- VI. Infill of openings in school entrance wall.

Lincoln:

YRTC-L is a leased facility from Lancaster County and all facility issues or improvements are addressed by Lancaster County.