

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



**December 15, 2022**

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Governor  
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**DEPT. OF HEALTH AND HUMAN SERVICES**

## Executive Summary

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

As the YRTC's transform to a primarily treatment model, immense emphasis has been made on the various mental health and behavioral programs that are being offered at each of the facilities. YRTC clinical staff have continued to expand their skill set by engaging 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 both new staff and existing staff to strengthen the skills used by those staff directly intervening with use during a crisis. Members of the clinical leadership and facility administrators at the YRTCs and Whitehall 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 of the Department of Health and Human Services (DHHS) Youth Facilities as required by Neb. Rev. Stat. 43-427. The original DHHS Youth Facilities Five-Year Strategic Operations Plan was published on March 9, 2021. This report includes the following updates:

- (1) Census information
- (2) Engagement (Community and Mental health/Behavioral Programs)
- (3) Substantial changes planned before the next report
- (4) Statistics – Escapes, Assaults, Confinement
- (5) Five year plan progress update

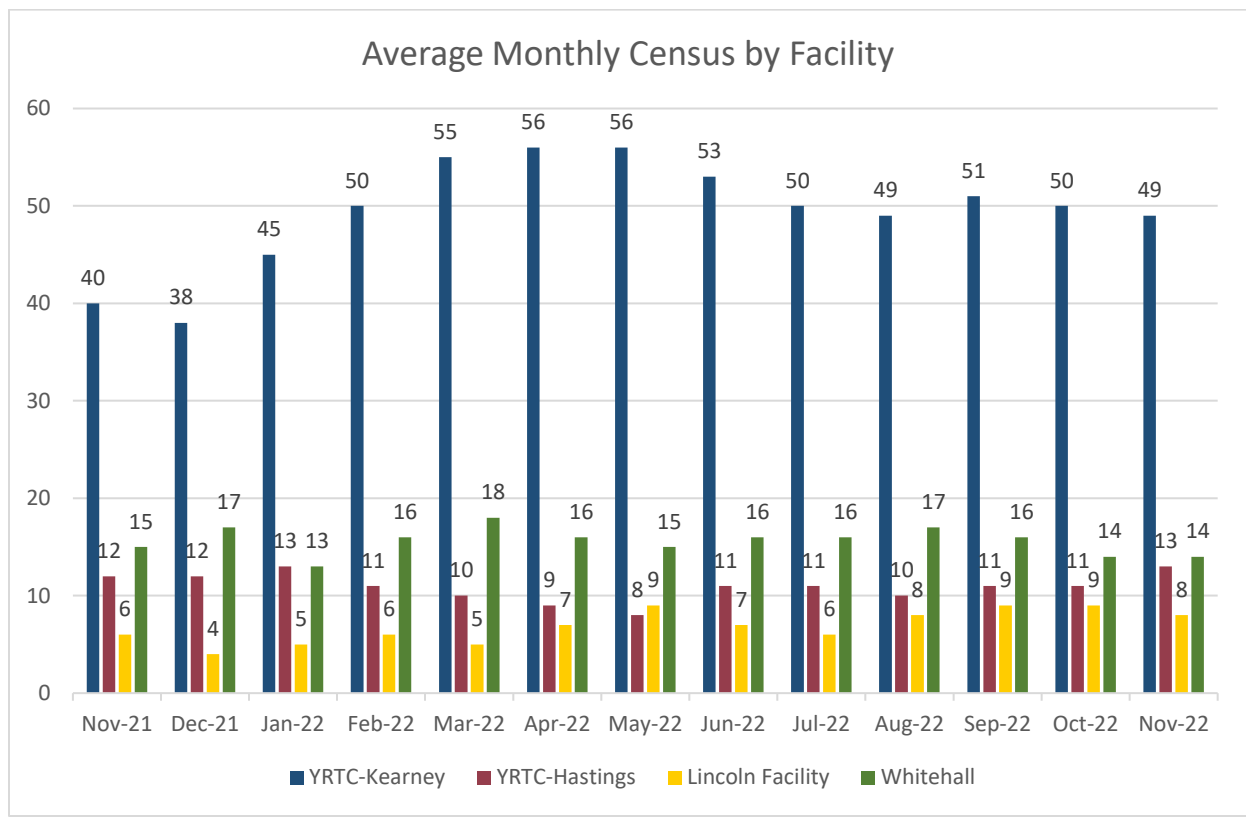
## I. Census Information

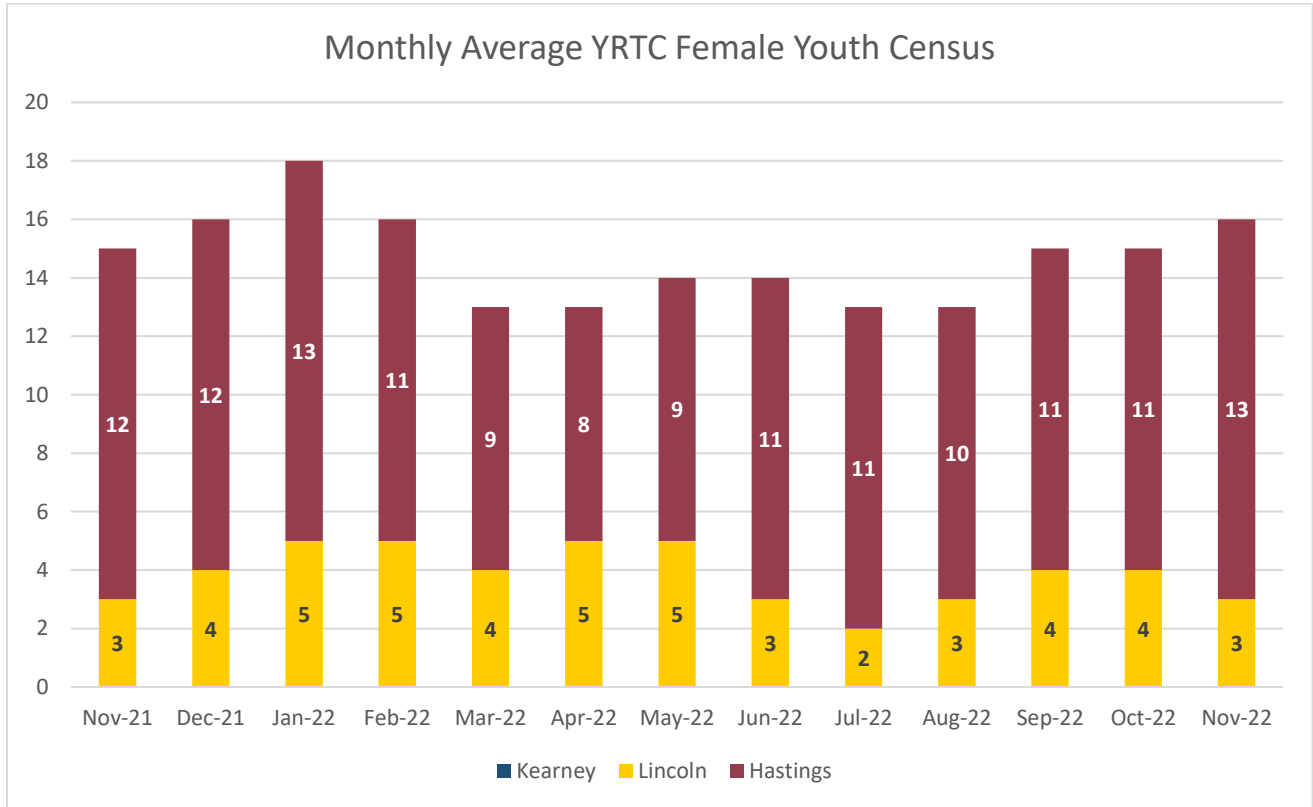
The YRTC-Kearney currently serves male youth ranging in age from 14 to 18 years. Youth have been court-ordered to Kearney after having been determined to have exhausted all lower level, community-based service options.

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

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

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





## II. Engagement

### Community engagement

#### YRTC-Hastings:

Youth at YRTC-Hastings were engaged in community service projects and community activities. Several youths volunteered to set up the annual The Youth for Christ banquet. At the Bigfoot Museum they assisted with landscaping. Prairie Loft was assisted with a concert setup. The Catholic Social Services had a meal for the community and the youth helped with meal preparation. Several youths went to the First United Methodist to assist with Sunday School check In and attended church services; Hewitt Acres- a pet care facility was assisted in care of animals and painted buildings. Wellspring Pregnancy and Health Center was assisted with helping to paint buildings.

#### YRTC-Kearney:

The YRTC-Kearney has continued to engage in community service projects and community engagement activities. Three youth attended the Nebraska Juvenile Justice Association conference, attending Youth Day events. The Bryant unit volunteered at the Children’s Museum assisting them with several projects getting the facility ready for summer activities. Creighton unit helped a non-profit organization called “Brave Hearts” which is an equine-assisted therapy program by cleaning up debris from the property.

A Walk to Stamp out Hunger was held on campus. Youth went to staff across campus to get pledges of food items for each mile the youth walked. Over 1800 items were donated by the staff. The food was sorted and loaded by the Bryant unit and taken to the Jubilee Center Food Bank. Washington Unit were a part of a group of youth and several staff that assisted the Nebraska Vets home with the Vietnam Wall Project that was brought to Kearney. They went to the Vets home and assisted with setting up the wall and the additional displays that were part of the exhibit. The youth and staff went back after the exhibit was over and assisted in taking it down and loading back on the trucks to be taken to its next destination. The Law Enforcement Appreciation picnic was held in September. The Graduates assisted with setting up and tearing down the picnic. They also stayed and ate a meal with several of the officers as well as was the welcoming committee for the event introducing themselves to each officer and shaking their hands.

#### **Whitehall:**

Whitehall continues to have their Substance Use program 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 to gain membership to the local YMCA as an incentive for youth and to better connect with the community.

#### **Mental health and Behavioral Programs engagement**

- **Individual and Family Therapy**, at all YRTC facilities, a youth is comprehensively evaluated by a licensed mental health practitioner when they arrive on campus. They assess for any behavioral health, substance use, or specialized treatment needs such as for Youth who Sexually Harm. Clinical recommendations are made and a referral to an ongoing therapist is made as is warranted. Each youth will have an individualized treatment plan developed to their specific areas of need, which may include individual therapy and/or family therapy. Group therapy services are provided through the different programs described below.
- **Adolescent Community Reinforcement Approach (A-CRA)**, utilized by YRTC-Kearney mental health therapists, A-CRA is a skills-based approach to treating substance use disorders by increasing family, social and educational reinforcements that support recovery from substance abuse. A-CRA 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 has been implemented in more than 470 organizations across the country and in several other countries. The National Institute of Justice evaluated the research on this program, giving it an evidence-based program rating of “promising”, this rating has been retained during subsequent evaluations.
- **Moral Reconciliation Therapy (MRT)** is an additional treatment component incorporated into the YRTC-Kearney, YRTC-Hastings, and the YRTC-Lincoln programming. MRT is delivered in an open group format, meaning youth can be assigned to the group at any time. MRT is a Cognitive Behavioral Therapy (CBT) based program designed to address antisocial behavior with adolescents in residential programs, with an overarching goal to reduce recidivism and increase prosocial behaviors.
- **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 each 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 female gender specific program has been incorporated into the YRTC-Hasting's 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.
- **Love Notes**, utilized at the YRTC-Lincoln, is an evidence-based program which focuses on 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, paying particular attention romantic relationships. Love Notes programming is delivered through group discussion, PowerPoints, workbooks, exercises, role-play, and creative activities within 13 sessions. Love Notes groups are facilitated by clinical staff members who have received special training on this curriculum.
- **Dialectical Behavioral Therapy (DBT)** is a type of cognitive therapy that is evidence-based and is 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 which is used to address distress associated with past traumatic experiences. The mental health departments at YRTC-Kearney and YRTC-Hastings have one or more clinicians who are fully trained in EMDR interventions and are incorporating this into their ongoing therapeutic services for youth are determined to be appropriate for this type of intervention.

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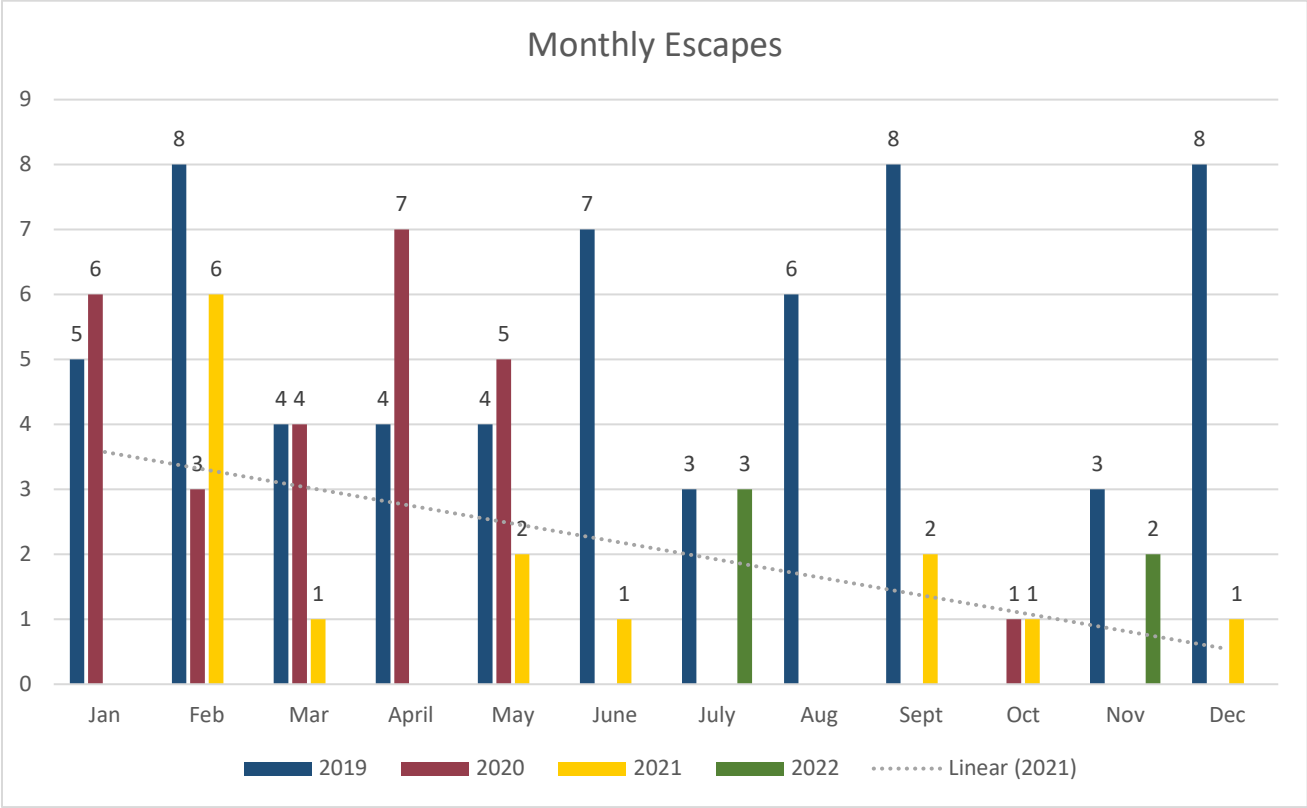
**Table showing program availability at each YRTC location:**

YRTC Facility	Individual & family therapy	A-CRA	MRT	ART	ABA	TARGET	VOICES	Love Notes	DBT	EMDR
Kearney	X	X	X	X					X	X
Hastings	X		X			X	X		X	X
Lincoln	X		X		X	X	X	X	X	

### **III. Substantial Changes**

On August 29, 2022, Scott English was hired as the DHHS School Superintendent. He oversees the educational program at the Youth Rehabilitation and Treatment Centers and Whitehall. YRTC-Kearney and YRTC-Hastings each have a Principal and YRTC-Lincoln and Whitehall share one Principal. These staff report directly to Mr. English and oversee the individual educational programs at each facility.

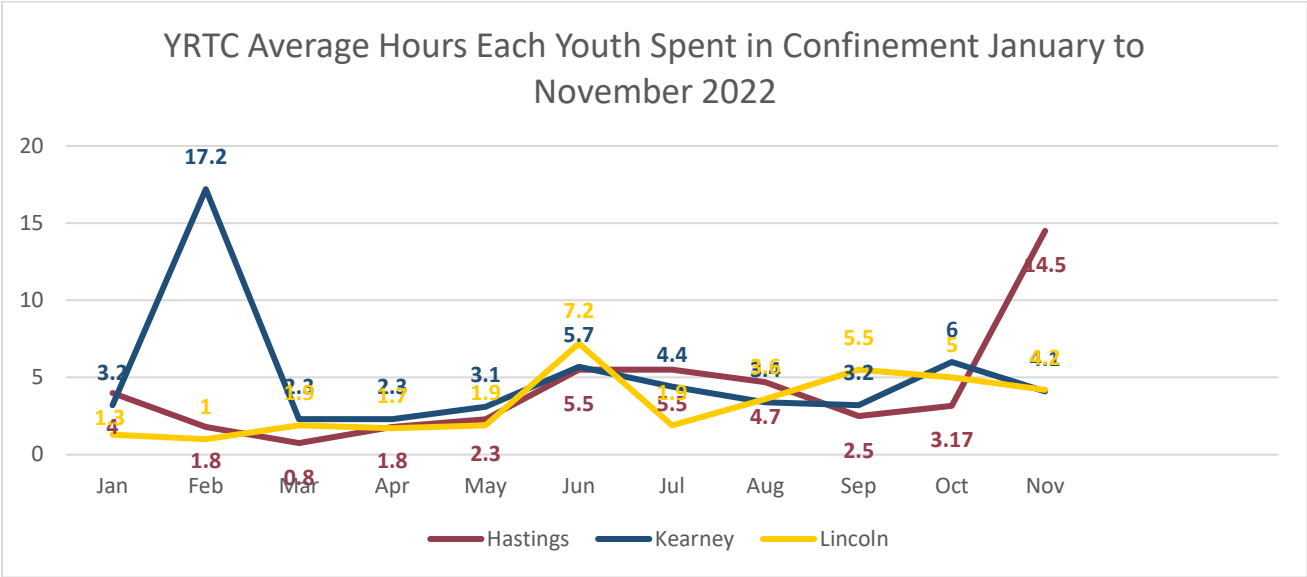
**IV. Statistics**



This graph shows total number of escapes from the Youth Rehabilitation and Treatment Centers from January 2019 to the present. This is information from YRTC-Kearney, YRTC-Geneva, and YRTC-Hastings. In June 2020, a fence was built around YRTC-Kearney, resulting in a drop in escapes. To date, there is no fence built around YRTC-Hastings. Since the female juveniles were moved to this location, there has been only one instance of an escape (October 2021). There have been five escapes at YRTC – Kearney thus far in 2022.

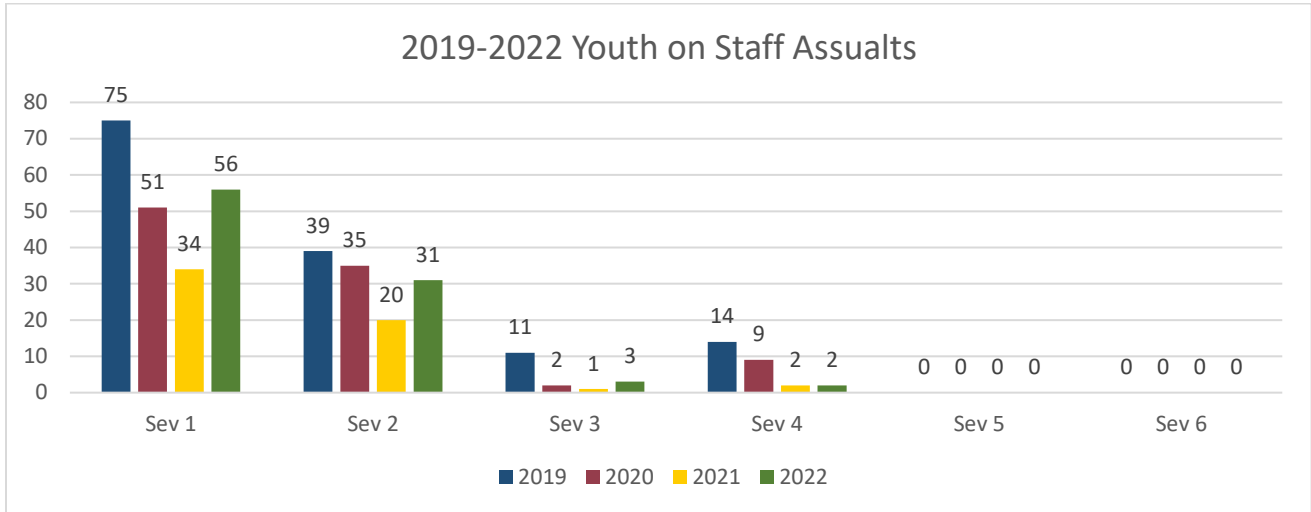
From 2019 to 2022 escapes have dropped 90%.





This graph shows the average hours each youth spent in confinement for 2022. It includes all confinement, under one hour and over one hour. All confinement data is tracked in hours and minutes.

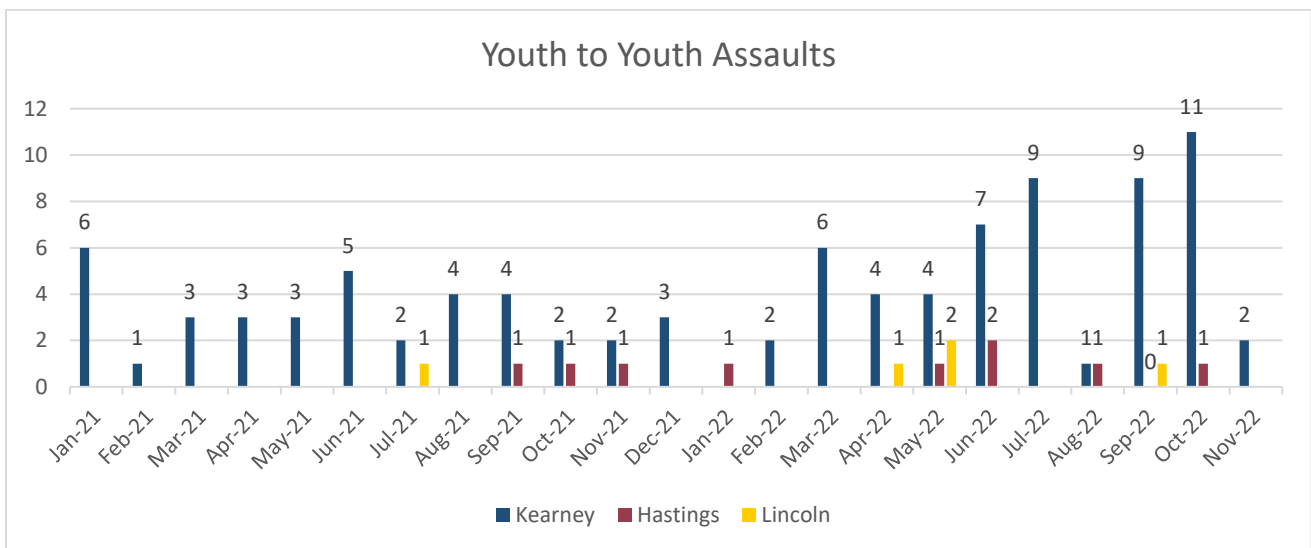
The average confinement for YRTC- Hastings is 4.2 hours, YRTC- Kearney 4.9 hours, and YRTC-Lincoln 3.2 hours.



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.

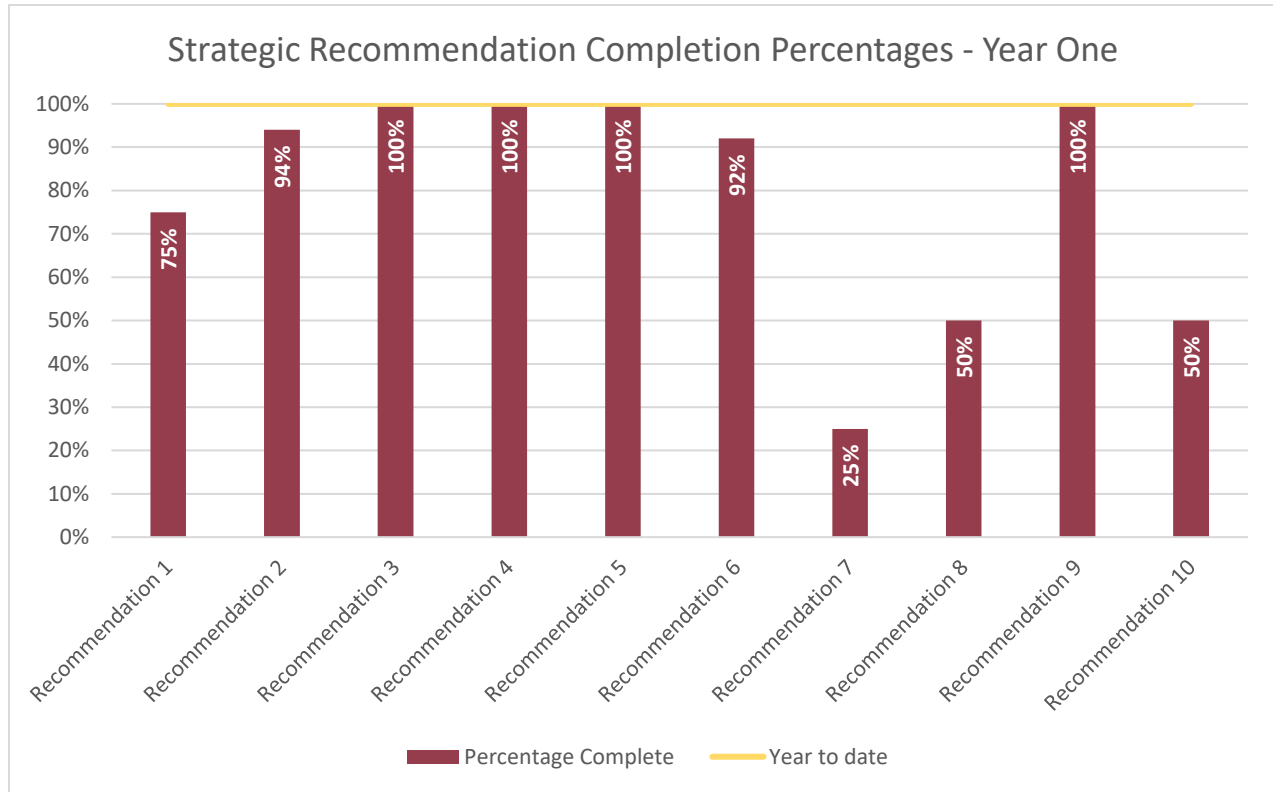
The DHHS youth facilities rate assaults utilizing an Injury Severity Rating Scale.

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



## 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.

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. (75% completed)

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

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

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

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

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

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

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

Strategy 2.5 – Work with business partners and DHHS fiscal services to secure necessary funding for the project improvements. (90% completed)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Strategy 8.1 – Review the existing accreditation and licensure requirements with Stakeholder Group. (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.**

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

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

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

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

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