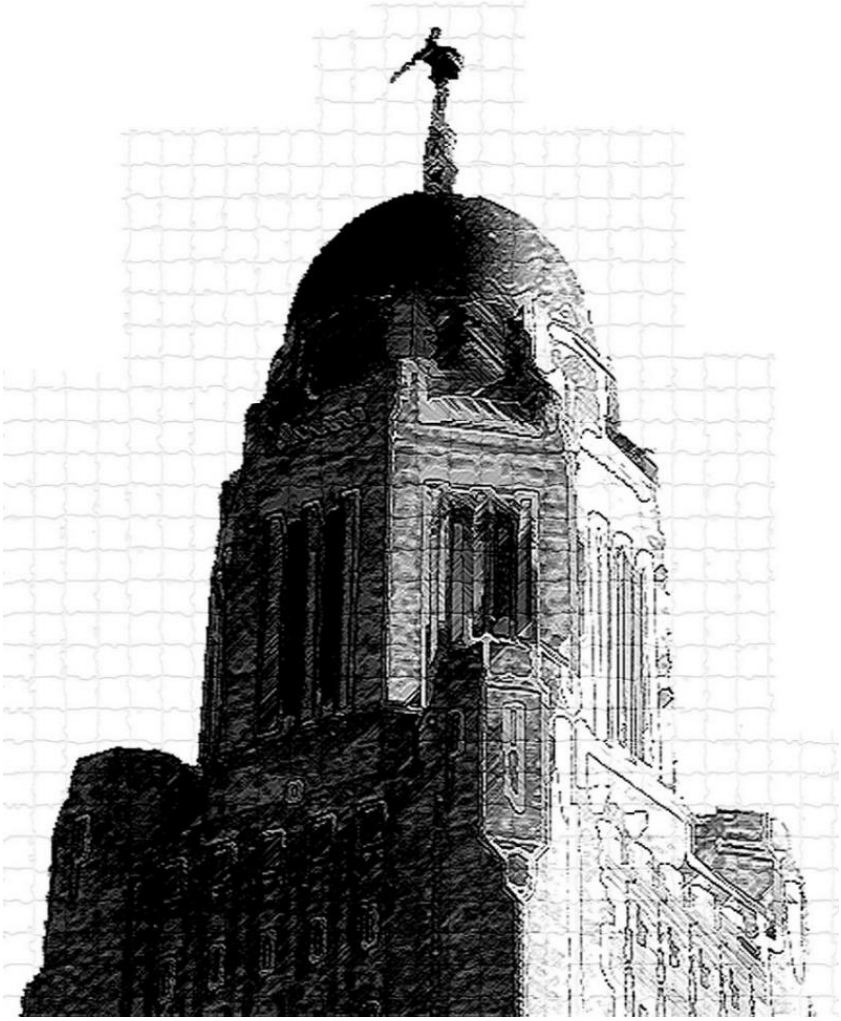
2021-2022
Annual Report

Juvenile Room Confinement in Nebraska



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Office of Inspector General of Nebraska Child Welfare

Providing oversight and accountability for the
Nebraska child welfare and juvenile justice systems.

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Executive Summary

In 2016, Nebraska adopted a definition of juvenile room confinement as well as documentation and reporting requirements designed to, "provide increased accountability and oversight regarding the use of room confinement for juveniles in a juvenile facility." Certain juvenile facilities in Nebraska are required to document the use of juvenile room confinement and report certain data to the Legislature each quarter. The Office of the Inspector General of Nebraska Child Welfare (OIG) is required to review the juvenile room confinement data reported by facilities to assess the use of room confinement in each facility and prepare an annual report of the OIG's findings, including any changes in policy or practice that might lead to a decrease in the use of juvenile room confinement.

The last two years the OIG has evaluated the use of juvenile room confinement in comparison to best practices, namely that juvenile room confinement (1) be used as a last resort, (2) is time-limited, (3) recognizes the potential physical and psychiatric consequences, (4) ensures the youth is closely monitored, and (5) allows youth access to their belongings. It is important to note that the OIG's assessment of juvenile room confinement in Nebraska relies on the data as submitted by the facilities. The OIG does not verify the accuracy of that information. In addition, this year, the OIG did not review the facility data for duplication, errors, and other inconsistencies as the office has done in the past. This work is not statutorily mandated, diverts the OIG's limited resources from other statutorily required duties, and is ultimately the responsibility of the facilities.

This last fiscal year there was an overall decrease in total hours Nebraska facilities have used juvenile room confinement, although the number of incidents of confinement remained steady. In addition, four Nebraska facilities reported ending 95% to 100% of all confinement incidents within 24 hours. The Youth Rehabilitation Center in Kearney made notable progress as that facility reports resolving 95% of all confinements within 24 hours, compared to 2016-2017 when only 34% of confinements were completed within 24 hours.

However, challenges remain. Facilities are still using room confinement to manage difficult behavior. Youth are still occasionally confined due to mental health concerns or attempted suicide or are exhibiting mental health concerns while in confinement.

In addition, as described in more detail in this report, challenges with the data and reporting remain. Those entities with jurisdiction over the facilities, such as the Jail Standards Board, have not provided the

facilities with a clear interpretation of the statute or provided practices and protocols that would standardize how juvenile room confinement is used and how the data is collected. Nor are they enforcing the reporting requirements. This year, for the first time, none of the facilities in the jurisdiction of the Nebraska Department of Corrections reported any incidents of room confinement. It is not clear if this means no youth were confined during the fiscal year or whether the confinement was not reported.

To meet the stated Legislative goal of reducing room confinement, the OIG would continue to direct the Legislature to the recommendations in previous reports[1], in addition to the following recommendations offered this year:

1. **Require that facilities report all incidents of room confinement.** Currently, facilities only report confinement if a juvenile is confined for over an hour, cumulatively, in a 24-hour period. Reporting all incidents of room confinement will provide the OIG and the Legislature with a more accurate and complete understanding of the use of juvenile room confinement in Nebraska.
2. **Require facilities to provide an annual summary for the reporting year of key data points.** Requiring facilities to review their own data and provide and annual summary of key data points will provide the facilities with the opportunity to correct that data and provide more accurate information to the Legislature. More importantly, requiring the facilities to compile these key data points will encourage facilities to shift away from simply compiling information for the purpose of submission and move towards utilizing the data for the purpose of understanding the use of juvenile room confinement in the facility and, ideally, reducing the use of confinement.
3. **Require facilities required to report Juvenile Room Confinement to submit a quarterly statement of fact when there has been no incidents of juvenile room confinement within the facility.**

[1] See Appendix A.

Juvenile Room Confinement in Nebraska

In Nebraska, juvenile room confinement is defined as, "[. . .] the involuntary restriction of a juvenile placed alone in a cell, alone in a room, or alone in another area, including a juvenile's own room, except during normal sleeping hours, whether or not such cell, room, or other area is subject to video or other electronic monitoring."[2]

In general, juvenile room confinement has been used as a means to control or respond to youth behavior in situations where youth pose a safety threat to themselves or others, in situations where youth have violated facility rules, or both. Room confinement is often used to assist general facility operations and to protect the safety of youth, staff, and the facility as a whole. A variety of forms of room confinement have been developed and have evolved over time. Regulations, policies, and practices on when, how, and why juvenile room confinement is used differ among types of facilities and specific interventions.

The challenge is that the methods of maintaining the safety and security of the facility, staff, and other youth must be informed by the research which shows there can be harmful impacts when children are involuntarily placed alone. These impacts can include an increased risk of self-harm and of exacerbating mental illness, especially for children who have been victims of abuse or prior trauma. For youth in the justice system, room confinement has been linked with an increased risk to re-offend.[3]

Indeed, after 40 years of accumulated research, some of which is cited in past appendices of the Juvenile Room Confinement Annual Reports, no research supports the use of juvenile room confinement. The practice is considered to be traumatic and have little therapeutic value outside of limited medical settings. As guidelines and best practices are continually updated and supported by additional research and data, recommended use of juvenile room confinement will become increasingly constrained. Legislation at the Federal level has limited its use based on this research.

It is important to note that juvenile room confinement is not prohibited in Nebraska. However, its use must also be balanced with the potential psychological and physical harm it can cause to the individual

[2] Neb. Rev. Stat. §83-4,125 (4).

[3] Council of Juvenile Correctional Administrators. (2015). "Council of Juvenile Correctional Administrators Toolkit: Reducing the Use of Isolation [Toolkit]."

youth. As a result, Nebraska law places certain parameters and conditions around the use of juvenile room confinement, detailed later in this report.

In addition, Nebraska law also requires regular reporting on the use of room confinement. The intent of the legislation, as noted by the bill's introducer, was to cast a wide net in capturing information on youth being involuntarily placed alone, "In light of the fact that the oversight of the placement of juveniles falls under different jurisdictional umbrellas, including county and state facilities, I believe it is especially important that the Legislature has access to the full array of data from all applicable sources." [4]

As part of that effort at transparency, the OIG is charged with reviewing all the required juvenile room confinement data collected by facilities pursuant to statute to assess the use of room confinement. Additionally, the OIG must submit an annual report of findings to the Legislature, including any policies and practices that "may lead to decreased use of such confinement."[5] As part of the review requirement, the OIG has met with facility administrators over the years to discuss actions, efforts, and procedure related to the issue, and made requests for data clarification, when needed, from individual facilities. The assessment of juvenile room confinement data by the OIG has not included requesting internal documentation for the purpose of validation, unannounced onsite inspections, or interviews with front line facility staff or juveniles placed at the facilities for the purpose of collecting anecdotal information.

As currently prescribed by statute, the OIG oversight of data is based only on data independently submitted by facilities. As noted several times in previous reports, there is no standard interpretation of the statute – what counts as room confinement and what needs to be documented. It differs from facility to facility and occasionally within an individual facility. It is the duty of the Crime Commission Jail Standards Board of the Nebraska Commission on Law Enforcement and Criminal Justice, the Nebraska Department of Correctional Services, and the Department of Health and Human Services (both the Office of Juvenile Services and the Division of Public Health) to create consistent interpretations, standards, and practices, as well as to enforce the law's requirements, in the facilities under their jurisdiction.[6] The OIG does not, cannot, and is not required to verify the juvenile room confinement data provided by the

[4] "Transcript: Judiciary Committee – January 20, 2016."
http://www.nebraskalegislature.gov/FloorDocs/104/PDF/Transcripts/Judiciary/2016-01-20.pdf
[5] Neb. Rev. Stat. §83-4,134.01(2)(d).
[6] The OIG would note that the YRTCs have moved towards more consistent reporting standards across the YRTC system.

facilities. As a result, it is not possible for the OIG to reach general conclusions about the use of room confinement across different facilities. The OIG can compare each facility to itself and to prior years in that facility. As a result, the OIG's review can only result in a general understanding of how often room confinement is used, the length of time for incidents of confinement, and the reasons for confinement.

Overview

The definition of room confinement within Nebraska statute is broad. As noted above, it includes any time a youth is involuntarily placed alone in a cell, room, or another area, including their own room. This description can apply to a range of practices that facilities label as: rest periods, cooling off periods, time outs, seclusion, room restriction, restrictive housing, segregation, disciplinary confinement, investigative safekeeping, protective custody, medical quarantine, modified operations, alternative placement, and lockdown for the purpose of head count, shift change, staff training, or facility emergencies. What all of these practices have in common is youth being physically separated from the general population and placed alone, resulting in social isolation.

The statutory definition does not contain qualifiers based on the intent or the purpose for the use of juvenile room confinement. The behavior or emotional state of the youth is not considered as a factor in whether or not the incident qualifies as room confinement. Compliance with being placed in juvenile room confinement is not an allowable substitute for free will. If a youth complies with the separation, having no other choice in the matter, this is not participating of their own free will.

For example, a youth given no other options due to facility policy, practice, or scheduling, who is sitting calmly, alone, in a room, unable to leave the room during shift change, staff breaks, or staff training, is considered to be in room confinement – the youth is involuntarily placed alone.

Similarly, a youth (being defiant and verbally aggressive) who is placed alone, in a room, unable to leave the room due to an act of violence against another youth or staff, is considered to be in room confinement; the youth is involuntarily placed alone.

The statutory definition also does not include the condition of time – an incident of confinement does not have to last a particular amount of time to meet the definition.

Based on Nebraska law, the articulated requisites of juvenile room confinement are —involuntarily and alone.

Data Collection

Nebraska Revised Statute §83-4,134 requires facilities to collect the following information when a juvenile has been confined for longer than one hour during a twenty-four-hour period:

- Written approval by a supervisor in the juvenile facility;
- The date of the occurrence;
- Demographic information including race, ethnicity, age, and gender of the juvenile;
- Reason for placement of the juvenile in room confinement;
- An explanation of why less restrictive means were unsuccessful;
- The ultimate duration of the placement in room confinement;
- Facility staffing levels at the time of confinement; and,
- Any incidents of self-harm or suicide committed by the juvenile while he or she was isolated.

Initially, the law only required facilities to collect this data if the incident of confinement lasted an hour or longer. However, in 2020, the juvenile room confinement statute was revised to require documentation and reporting any time the *total* confinement of a youth during a twenty-four-hour period exceeded an hour – meaning if a juvenile was confined for a half hour in three separate incidents during a twenty-four-hour period, those incidents must be taken cumulatively.

The statutory change fundamentally altered when a facility is required to start documenting the required information as incidents are accumulative.

Data Reporting

After collecting the required information, juvenile facilities are then mandated to submit a quarterly data report to the Legislature. The reports must redact all personal information, such as names, but provide individual, not aggregate, data. The reports must include the following data points for each individual incident of confinement:

- Length of time each juvenile was in room confinement;
- Demographic information including the race, ethnicity, age, and gender of each juvenile placed in room confinement;
- Facility staffing levels at the time of confinement; and,
- The reason each juvenile was placed in room confinement.

For each incident of juvenile room confinement lasting longer than four hours the report must also include reasons why attempts to return the juvenile to the general population of the juvenile facility were unsuccessful.

The OIG is then tasked with analyzing the reported data. However, the data facilities provide to the Legislature is submitted as a PDF. The PDF format does not allow the OIG to sort and analyze the data using a program such as Microsoft Excel. As a result, since 2016, the OIG has requested individual facilities provide data to the OIG in a spreadsheet format which facilitates data analysis.

Designated Juvenile Facilities

While the Nebraska juvenile room confinement definition is inherently broad and could apply to any number of practices within a range of facilities, the Nebraska juvenile room confinement documentation and reporting statutes only apply to a well-defined set of facilities that serve the juvenile population. These facilities specifically fall under the following four categories, comprising a current total of 29 facilities within the state:

- Juvenile detention facilities operated by a political subdivision (county government);
- Residential child-caring agencies acting as an out-of-home placement providing 24-hour care for four or more children and not a foster family home;
- Facilities operated by the Nebraska Department of Corrections that house youth under the age of majority; and,
- Youth Rehabilitation and Treatment Centers operated by the Nebraska Department of Health and Human Services' Office of Juvenile Services.

Juvenile Detention and Staff Secure Detention Facilities operated by individual counties are overseen by the Jail Standards Board of the Nebraska Commission on Law Enforcement and Criminal Justice (Jail Standards Board).

Residential Child-Caring Agencies, often inclusive of mental health and substance abuse treatment centers, are licensed by the Department of Health and Human Services Division of Public Health (Public Health).

Correctional facilities housing juveniles are administered by the Nebraska Department of Correctional Services (Department of Corrections).

Youth Rehabilitation and Treatment Centers (YRTCs) are administered by the Nebraska Department of Health and Human Services (DHHS) Office of Juvenile Services (OJS).

Table 1. Juvenile Facilities in Nebraska

Facility Type	Total Number
Juvenile Detention	4
Residential-Child Caring Agencies	19
Nebraska Department of Corrections Facilities Housing Juveniles	3
Youth Rehabilitation and Treatment Centers	3

Juvenile Detention Centers

There are currently four juvenile secure and staff secure detention facilities in Nebraska. These facilities primarily serve youth under 18 years old after initial arrests, youth who are sent to detention after probation violations, and youth awaiting placement while on probation.

Douglas County Youth Center (Douglas County) is a secure juvenile detention center in Douglas County. The facility has a total of 144 available beds.

Lancaster County Youth Services Center (Lancaster County) provides secure detention services for juveniles up to the age of 19 years of age. The facility has indicated a total of 60 beds, but consistently reports only 40 available beds are utilized.

Northeast Nebraska Juvenile Services Center in Madison County (Madison County) provides both staff secure and secure detention to juveniles 18 years of age and younger. The facility reports that it has a total of 34 available beds.

Patrick J. Thomas Juvenile Justice Center in Sarpy County (Sarpy County) is a staff-secure detention center located in Sarpy County. Sarpy County serves juveniles aged 13-18 years and is equipped with 30 beds.

Sarpy County does not have a facility designed for room confinement in the juvenile's sleeping area due to few youth having their own room. Instead, he or she is taken to the booking area, where they are physically observed by a staff member at all times.

Room Confinement at Detention Centers

The Jail Standards Board has the authority and responsibility to "develop standards for juvenile detention facilities and staff secure juvenile facilities, including, but not limited to, standards for physical facilities, care, programs, and disciplinary procedures, and to develop guidelines pertaining to the operation of such facilities."[7] In addition to creating standards, the Crime Commission is responsible for auditing facilities for compliance and providing technical assistance to facilities.

The standards for Juvenile Detention Facilities were last updated in 1992 and contain a number of provisions about juvenile room confinement. Under the Juvenile Detention Facilities Standards promulgated by the Jail Standards Board, there are at least nine different practices in the regulations that may meet Nebraska's definition of room confinement.[8] However, the terms are used inconsistently within regulations, and some are undefined.

Detention Standards allow for the use of "room restriction" for up to an hour for minor misbehavior and up to 24 hours for minor rule violations.[9] Room restriction is not defined by the standards. They also allow the use of disciplinary confinement for up to seven days for major rules violations.[10] Disciplinary confinement is not specifically defined in the standards, although disciplinary detention is.

Detention Standards require facilities have documentation "of juveniles placed in temporary confinement away from the general population."[11] The regulations also require that any juvenile placed in room confinement must be visually checked every 30 minutes, and staff must enter the confinement room at least once per shift to converse with the juvenile and assess their well-being.[12] Under the regulations, juveniles in room confinement "shall be afforded living conditions and access to basic programs and services approximating those available to the general resident population, subject to restrictions

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[7] Neb. Rev. Stat. §83-4,126(1) (c).
[8] Segregation, confinement, administrative segregation, disciplinary detention, protective custody, temporary confinement, room restriction, separate confinement, and disciplinary confinement
[9] 83 NAC 13-003 and 13-004.
[10] 83 NAC 13-005.
[11] 83-NAC 6-006.
[12] 83-NAC 13-007.02.

necessary to ensure the juvenile's safety or the security of the facility."[13] In general, Detention Standards allow most room confinement practices to be governed by written policies, procedures, and rules of conduct written by the individual facilities.[14]

Residential-Child Caring Agencies

At the time of this report there are 19 total Residential-Child Caring Agencies (RCCA) licensed by the DHHS Division of Public Health. The total number of such facilities varies from year to year and has been as high as 25. These facilities are primarily group homes and shelters, but can include psychiatric residential treatment facilities (PRTF), all of which serve youth in the child welfare and juvenile justice systems, in addition to youth who are privately-placed. For the most current list of facilities, including location, capacity and program description see Appendix D.

Room Confinement at Residential-Child Caring Agencies

DHHS Public Health regulations for RCCAs govern seclusion, a form of room confinement. By regulation, seclusion can only be used in emergencies and cannot be used as a form of punishment or discipline, for staff convenience, or as a substitute for care, and cannot be used by peers or untrained staff. Facilities that use seclusion must have detailed policies on its use. Of the facilities that voluntarily provided their policies to the OIG for review, most delineated time limits based on the context of the situation, or had outright bans on the use of seclusion or other forms of room confinement. Since the 2016-2017 fiscal year the OIG has received very few reports of confinement occurring within a RCCA. However, it should be noted that Public Health is responsible for alerting licensed facilities of their responsibility to report juvenile room confinement. The OIG does not monitor for newly licensed facilities for the purpose of requesting data or policy and procedure documents.

Nebraska Department of Correctional Services (NDCS)

NDCS or the Department of Corrections) operates facilities that house individuals convicted of crimes in Nebraska's criminal courts and sentenced to prison terms. While most of its inmates are 19 years of age (the age of majority in Nebraska) or older, some NDCS inmates are considered juveniles. These youth have been tried, convicted, and sentenced to prison terms in adult criminal court, rather than juvenile court

[13] 83 NAC12-001.
[14] 83-NAC13-001 and 13-002.

which handles the majority of cases against children. NDCS does not report incidents of confinement after a youth has reached their eighteenth birthday. This is different from all other facilities that report through the eighteenth year.

In the past, of the ten facilities, three have reported the utilization of juvenile room confinement with housed juveniles: Nebraska Correctional Youth Facility (NCYF) in Omaha, the Nebraska Diagnostic & Evaluation Center in Lincoln, and the Nebraska Correctional Center for Women (NCCW) in York.

The Reception and Treatment Center (RTC), formerly known as the Nebraska Diagnostic & Evaluation Center is a maximum custody facility that serves a number of functions, including diagnostic evaluations for the purpose of mental health assessment. RTC has historically reported the use of juvenile room confinement very infrequently and involving very few individuals. NCCW houses all female youth for NDCS. The facility usually only houses one or two female youth under 18 years of age each year. NCCW most often finds the use of juvenile room confinement is a result of physical plant issues in combination with the Prison Rape Elimination Act (PREA) which requires sight, sound, and physical separation between incarcerated juveniles (defined as those who are younger than 18 years of age) and incarcerated individuals 18 years and over.[15] Currently incarcerated individuals under the age of 18 have to be housed within in the Orientation Unit, thus requiring the youth to be alone in a cell anytime the area is being utilized for its intended purpose. NCYF is a facility that specifically houses male offenders who are aged 21 and under. NCYF is the most consistent reporter of juvenile room confinement data, both in terms of frequency of use and the greatest number of individual youth.

Room Confinement at NDCS

As of March 2020, under Nebraska law, any incarcerated individual who is aged 18 or younger is considered to be a member of a vulnerable population, and can no longer be placed in restrictive housing.[16] This new legislation has required significant changes to the use of restrictive housing for incarcerated individuals 18 years or younger.

NCYF successfully discontinued the use of restrictive housing with the last Longer-Term Restrictive Housing placement in December 2019 and the last Immediate Segregation placement in April 2020. The

[15] Prison Rape Elimination Act (PREA) National Standards, 28 C.F.R. § 115.14 (2012).
[16] Neb. Rev. Stat. §83-173.03(1).

facility also discontinued the use of Room Restriction as a disciplinary sanction in May 2020 in order to comply with state law.

Confinement incidents that extend past 24 hours are generally a result of "Security lay-in" placement. Security lay-in is used when an incarcerated individual is involved in an incident that needs to be evaluated due to a safety or security concern. The Warden or designee must approve the placement, and the youth is secured in their assigned cell with full access to their personal property. Security lay-in placements are reviewed every business day by executive staff to determine whether the juvenile should be removed from the status. Youth 17 years old or younger are allowed a minimum of four hours of out of cell time daily while on security lay-in. Out of cell time is meant to promote positive social interaction in a controlled environment and generally consists of out of cell time on the unit wing, but can also include programming involvement, attending school classes and meetings with other NCYF Intentional Peer Support Specialists (staff).

Youth Rehabilitation and Treatment Centers

During Fiscal Year 21-22, OJS operated three YRTCs in Hastings, Kearney, and Lincoln. Each facility serves youth in the juvenile justice system, ages 14 through 18. Every youth at the YRTC is committed there by a court that determines that the youth has already "exhausted all levels of probation supervision and options for community-based services."[17] The YRTC-Hastings campus serves female youth only, and has 24 available beds. The YRTC-Kearney campus serves male youth only with 171 available beds, while the YTRC-Lincoln facility serves a co-ed population with 20 available beds.

Room Confinement at the YRTCs

DHHS rules and regulations, as outlined in Nebraska Administrative Code, authorize the use of room confinement either for reasons of safety and security or as a disciplinary sanction if the youth has violated a facility rule. Regulations distinguish between two different kinds of room confinement — room restriction, which is considered a cooling off period and can last up to an hour, and disciplinary segregation which can last for up to 5 days.[18]

[17] Neb. Rev. Stat. §43-286.
[18] 401 NAC 7-007. http://www.sos.ne.gov/rules-and regs/regsearch/Rules/Health_and_Human_Services_System/Title-401/Chapter-7.pdf.

While DHHS rules and regulations authorize the use of room confinement as a disciplinary sanction, the Youth Rehabilitation & Treatment Center Operational Memorandum Governing Juvenile Conduct document (OM-302.1.6b) clearly states that YRTC facility policy does not allow for the use of juvenile room confinement for the purposes of punishment or discipline, due to staffing shortages, for staff convenience, or for the purpose of staff retaliation. YRTC administration has indicated to the OIG that the YRTCs adhere to the more facility specific OM-302.1.6b despite the broader application available to them through Nebraska Administrative Code.

Statutory Limits on the Use of Room Confinement in Nebraska

While juvenile room confinement is not prohibited, it is limited in its use in certain facilities, specifically: juvenile detention facilities, both secure and staff secure; facilities operated by the Department of Corrections that house youth under the age of majority; and, YRTCs operated by the DHHS.

In 2020, Nebraska Revised Statute §83-4,134.02 was updated so that these facilities are now required to adhere to the following practices when using juvenile room confinement.

First, a juvenile shall not be placed in room confinement for any of the following reasons:

- As a punishment or a disciplinary sanction;
- As a response to a staffing shortage; or
- As retaliation against the juvenile by staff.

Second, youth placed in any of the above facilities may only be held in room confinement according to the following conditions:

- A juvenile shall not be placed in room confinement unless all other less-restrictive alternatives have been exhausted and the juvenile poses an immediate and substantial risk of harm to self or others.
- A juvenile shall not be held in room confinement longer than the minimum time required to eliminate the substantial and immediate risk of harm to self or others and shall be released from room confinement as soon as the substantial and immediate risk of harm to self or others is resolved;
- A juvenile shall only be held in room confinement for a period that does not compromise or harm the mental or physical health of the juvenile; and
- Any juvenile placed in room confinement shall be released immediately upon regaining sufficient control so as to no longer engage in behavior that threatens substantial and immediate risk of harm to self or others.

Third, requirements for the standard of care provided to youth in confinement have also been implemented into the law and include:

- All rooms used for room confinement shall have adequate and operating lighting, heating and cooling, and ventilation for the comfort of the juvenile. Rooms shall be clean and resistant to suicide and self-harm. Juveniles in room confinement shall have access to drinking water, toilet facilities, hygiene supplies, and reading materials approved by a licensed mental health professional.
- Juveniles in room confinement shall have the same access as provided to juveniles in the general population of the facility to meals, contact with parents or legal guardians, legal assistance, and access to educational programming.
- Juveniles in room confinement shall have access to appropriate medical and mental health services. Mental health staff shall promptly provide mental health services as needed.
- Juveniles in room confinement shall be continuously monitored by staff of the facility. Continuous monitoring may be accomplished through regular in-person visits to the confined juvenile which may also be supplemented by electronic video monitoring.

The use of consecutive periods of room confinement to avoid the intent and purpose of the section is prohibited.

Oversight

As the OIG has noted in other reports, the documentation and reporting requirements provide transparency and oversight of the use of juvenile room confinement. But, a mechanism for enforcing the requirements of the juvenile room confinement law is lacking or, where available, not utilized.

Statutorily, Public Health and the Jails Standards Board have been given oversight of RCCAs and juvenile detention centers. They possess the ability to initiate disciplinary action if the facilities they oversee fail to comply with juvenile room confinement reporting requirements.[19] Despite their oversight authority, their involvement in juvenile room confinement oversight has been peripheral. With the change in the

[19] Neb. Rev. Stat. §83-4,134.01 (e).

law in 2020 which creates limitation on and requirements for the use of juvenile room confinement, there is a greater need for oversight and enforcement by Public Health and the Jail Standards Board.

Juvenile correctional facilities and YRTCs who are administered by the Department of Corrections and OJS, respectively, have no external, independent body with the authority to enforce the reporting requirements as there is with the Jail Standards Board and Public Health. The Department of Corrections and OJS are expected internally to ensure the facilities they administer are complying with juvenile room confinement reporting requirements, as well as adhering to statutorily mandated practices.

There is an expectation that facilities adhere to the juvenile room confinement laws. However, there are no clear guidelines for how the departments tasked with oversight should monitor compliance with statutorily mandated practices relating to juvenile room confinement within these facilities.

The OIG provides a measure of oversight through data analysis. It is important to note that the OIG gathers and reports data that is generally more quantitative, relying on the discretion of the facility to provide contextual information on room confinement to help the Legislature monitor its use. As noted earlier, the assessment of juvenile room confinement data by the OIG has not included a review of facilities' internal documentation for the purpose of validation, unannounced onsite inspections, or interviews with juveniles placed at the facilities for the purpose of collecting anecdotal information. As currently prescribed by statute, the OIG's analysis is based on the data as it is submitted by facilities.

When the data submitted to the Legislature is not verified, the data itself is less reliable. As noted in prior OIG reports, the interpretation and application of the juvenile room confinement laws are inconsistent between facilities and sometimes within facilities. This leads to a wide variety of reporting practices which can then result in skewed data including the potential for under or over representation of the use of the practice based on an individual facility's interpretation of the law. For example, a facility that develops a program where the youth agrees to enter an alternative placement program that otherwise would qualify as room confinement (separated from the general population and alone), may not report that isolation of the youth because the isolation was not involuntary – the youth agreed to be segregated. However, there is no oversight authority verifying that there is nothing coercive about the alternative placement program and whether confinements through that program are truly voluntary. As the OIG has recommended several times, there is a need for consistent interpretation and application of that law as well as a means of verifying how facilities are using the practice for oversight efforts to be truly accurate and effective. This should be done by those agencies with specific oversight over the facilities.

OIG Analysis of Nebraska Facilities
Juvenile Room Confinement & Best Practices

Many professional and accrediting organizations in the field of juvenile justice, mental health, and education have developed standards and best practice policies to govern the use of room confinement. Five of those significant standards are reflected in Nebraska's juvenile room confinement statutes. According to Nebraska Revised Statute §83-4,134.01 and §83-4,134.02, juvenile room confinement should be (1) used as a last resort, (2) time limited, (3) recognize the potential physical and psychological harm, (4) closely monitored, and (5) provide youth with access to their own belongings.

The following section analyzes the data reported by facilities through the lens of best practices to glean implementation within Nebraska facilities. The analysis incorporates data submitted by seven juvenile facilities and the five generally accepted best practices present in Nebraska statute.

Again, the data reporting in Nebraska is not standardized, nor can the data be externally verified by the OIG. What follows should be considered a broad analysis of how reporting Nebraska facilities performed in regards to utilizing best practices during the fiscal year based on the totality of the data.

Of the five best practices contained within in this section, two of these practices – close monitoring and access to personal belongings – cannot be assessed by the OIG based on the data as it is currently required to be submitted. The data facilities report to the Legislature and OIG does not provide relevant information necessary for analysis of these practices.

1. Juvenile Room Confinement Should Be Used as a Last Resort

Room confinement should be used only in cases of threats to the safety of the individual or other residents and when other less intrusive interventions have failed. Room confinement should not be used for:

- Punishment;
- Retaliation by staff; or,
- A matter of administrative convenience.

Best practice would dictate that the use of juvenile room confinement is appropriate only in situations where a youth's behavior poses an imminent danger of serious physical harm to self or others, and should be discontinued as soon as the imminent danger of harm has dissipated.

Facilities are required to report the reason for the confinement and have the discretion to categorize a situation as they see fit. The OIG relies on the reasons reported by the facilities for its analysis and assumes the veracity and appropriateness of the reasons states – that a safety threat was truly a safety threat. As noted, the OIG is unable to verify if juvenile room confinement incidents are only occurring in the cases of imminent danger, or if less intrusive measures have been attempted.

Based on reported data, it would appear that facilities are using juvenile room confinement for safety and security issues a majority of the time (see Table 2).[20] Of the 1,793 total incidents of confinement reported for the fiscal year, safety and security accounted for a total of 1,162 incidents (65%). This is a 14% increase from last fiscal year.

The OIG reviewed all reported data concerning reasons for confinement and found few incidents that were reported as related to punishment or disciplinary action. Incidents of confinement associated with administrative convenience (i.e. shift change), however, continue to be prevalent in at least one detention center. Lancaster County has historically reported utilizing room confinement to accommodate staffing needs such as shift change. These periods are generally brief and only requires reporting when the period the youth is confined due to shift change is part of additional confinement periods for the youth during a 24-hour period that together total more than an hour. For example a youth is put into room confinement for 20 minutes during shift change and then later is put back into room confinement for 40 minutes due to behavior that is considered dangerous to other youth. Because the youth was in room confinement for a total of an hour during the 24-hour period the 20 minute confinement during shift change must be reported. For any other youth who were put into room confinement during shift change and who did not accumulate further confinement that totaled or exceeded one hour in the 24-hour period, the 20 minute confinement during shift change would not be reported. To simplify – all youth are put into room confinement during shift change, but that period of confinement is not reported for all youth.

[20] When comparing data found in Table 2, it should be noted that while County Detention Centers and YRTCs often serve some of the same youth, their purpose and function are not the same and therefore comparisons between the reasons for confinement should be made with caution.

Table 2. Youth Detention Centers Reasons for Confinement FY 21-22

Douglas Co. Infraction Reasons	Total
Fighting	117
Assault, Attempted Assault	81
Intimidating or Threatening Behavior	8
Destruction of Property	6
Escape, Attempted Escape	4
Disobeying a Direct Order	4
Aiding and Abetting	3
Possession of Contraband	2
Harassing Others	2
Possession of Escape Paraphernalia	1
Terrorist Threats	1
Unauthorized Possession of Facility Prescribed Medication	1
Gang Activity	1
Stealing	1

Lancaster Co. Infraction Reasons	Total
Admin – Staffing	404
Danger to Other Youth	313
Admin Emergency - Weather	167
In Danger due to Other Youth	136
Danger to Staff	80

Madison Co. Infraction Reasons	Total
In Danger due to Other Youth	12
Danger to Other Youth	13

Sarpy Co. Infraction Reasons	Total
Danger to Other Youth	36

Table 3. YRTC Reasons for Confinement FY 21-22

YRTC-Kearney Infraction Reasons	Total
Danger to Other Youth	180
Danger to Staff	47
Admin: Sight/Sound Separation	34
Escape Risk	7
Danger to Self	6
Admin: Staffing	2
In Danger due to Other Youth	1

YRTC-Lincoln Infraction Reasons	Total
Danger to Other Youth	49
Danger to Staff	22
Danger to Self	11
Escape Risk	1
In Danger due to Other Youth	1
Staff Initiated Cool-off	1
No reported reason	2

YRTC-Hastings Infraction Reasons	Total
Danger to Staff	18
Danger to Others	15
Escape Risk	4
Danger to Self	2

2. Juvenile Room Confinement Should Be Time-limited

Room confinement is a behavioral control measure which may pose medical and psychological danger that increases as the segregation is prolonged. With that in mind, it is recommended that youth should be released from room confinement as soon as they are safely able. Specifically, standards recommend that room confinement of youth should not last longer than 24 hours.[21] It is generally accepted that most incidents of room confinement can be limited in duration; the use of segregation for a day or more is considered unnecessary in all but a very few cases.[22]

Data for Fiscal Year 21-22 indicated facilities seem to be making progress in time-limiting incidents of room confinement (See Table 3). When comparing the total number of incidents and the total number of hours between Fiscal Year 20-21 and Fiscal Year 21-22 the total number of incidents has stayed relatively the same (1,778 incidents in FY 20-21 compared to 1,793 incidents in FY 21-22), while the total hours has dropped from 40,537 total hours in Fiscal Year 20-21 to 27,780 total hours in Fiscal Year 21-22. In addition to the overall decrease in total hours Nebraska facilities have used juvenile room confinement, two Nebraska facilities reported ending 95% or more of all confinement incidents within 24 hours, and two are ending 100% of incidents within 24 hours. Notable is the progress made by YRTC-Kearney, completing only 34% of confinements within 24 hours in 2016-2017 and now resolving 95% of all confinements within 24-hours.

[21] The exception on time limits is the American Correctional Association which allows up to five days of disciplinary room confinement.

[22] National Commission on Correctional Health Care, Standards for Health Services in Juvenile Detention and Confinement Facilities, Standard Y-E-09 (2001), available at http://www.jdcap.org/SiteCollectionDocuments/Health%20Standards%20for%20Dention.pdf.

Table 3. Percentage of Incidents Ending within 24 hours [2016-2022]

	NDE NCYF	Douglas Co.	Lancaster Co.	Madison Co.	Sarpy Co.	YRTC-K	YRTC-L	YRTC-H
2016-2017	0%	21%	100%	100%	100%	34%	-	-
2017-2018	0%	24%	100%	100%	100%	59%	-	-
2018-2019	31%	34%	100%	100%	100%	28%	-	-
2019-2020	87%	35%	100%	100%	100%	77%	-	-
2020-2021	54%	32%	100%	91%	100%	88%	81%	-
2021-2022	-	25%	100%	96%	100%	95%	76%	64%

3. Juvenile Room Confinement Practices Should Recognize the Potential Physical and Psychiatric Consequences of Prolonged Confinement

Best practices strive to minimize the use of juvenile room confinement due to the potential consequences that include:

- Increased risk of self-harm and suicidal ideation;
- Greater anxiety, depression, sleep disturbances, paranoia, and aggression;
- Exacerbation of the on-set of pre-existing mental illness and trauma symptoms; and,
- Increased risk of cardiovascular related health problems.[23]

[23] Haney, C. (2001). The Psychological Impact of Incarceration on Post-prison Adjustment. In Prison to Home: The Effect of Incarceration and Reentry on Children, Families, and Communities. Retrieved from http://aspe.hhs.gov/basic-report/psychological-impact-incarceration on October 24, 2018.

Empirical knowledge has long substantiated the negative impact juvenile room confinement has on a youth's psychological, physical and social development, concluding that if it must be utilized it should only be used in conjunction with best practices.

Standards and best practice experts have been very clear in articulating that juvenile room confinement should not be used when a youth is potentially suicidal, stating self-harming youth require immediate trauma-informed intervention, not the social isolation associated with room confinement.

This element of best practice is especially concerning when considering the detriment juvenile room confinement contributes to youth with existing mental health conditions and significant trauma histories. As many as 70% of children in the U.S. juvenile justice system already suffer from diagnosable mental health conditions.[24] At least 75% of youth in the U.S. juvenile justice system have experienced traumatic victimization. More than 90% have reported adverse childhood experiences (ACEs) that include child abuse, violence, and/or serious illness. [25,26,27]

Any juvenile facility utilizing juvenile room confinement must recognize the potential psychiatric consequences of prolonged solitary confinement including depression, anxiety, and psychosis, and that, due to their developmental vulnerability, juveniles are at particular risk for such adverse reactions. [28,29]

Nebraska facilities are required to consider any physical or mental health clinical evaluation results when deciding to place a juvenile in room confinement or to continue room confinement, and report any incidents of self-harm or suicide committed by the juvenile while he or she was isolated. Detention centers, facilities operated by the Department of Corrections, and YRTCs are only allowed to hold a youth

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[24] National Ctr for Mental Health and Juvenile Justice, United States of America, Models for Change, & United States of America. (2013). *Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System*. http://cfc.ncmhjj.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf.

[25] Baglivio, M. T., Epps, N., Swartz, K., Sayedul Huq, M., Sheer, A., & Hardt, N. S. (2014). The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice, 3*(2).

[26] Clark, A. (2017). Juvenile Solitary Confinement as a Form of Child Abuse. *The Journal of the American Academy of Psychiatry and the Law 45*. p. 353.

[27] CJCA. (2017). *Trauma informed care in juvenile justice.* Retrieved from http://cjca.net/wp-content/uploads/2018/02/CJCA-Position-paper-TIC-002.pdf.

[28] American Academy of Child & Adolescent Psychiatry, Policy Statements: Solitary Confinement of Juvenile Offenders (April 2012), available at http://www.aacap.org/cs/root/policy_statements/solitary_confinement_of_juvenile_offenders.

[29] Juvenile Detention Alternatives Initiative, A Guide to Juvenile Detention Reform: Juvenile Detention Facility Assessment 2014 Update, available at http://www.aecf.org/m/resourcedoc/aecf-juveniledententionfaciltyassessment-2014.pdf.

in room confinement for a period that does not compromise or harm their mental or physical health. These facilities must also provide juveniles in room confinement access to appropriate medical and mental health services with mental health staff promptly providing mental health services as needed.

When the reason for the confinement is categorized as "Danger to self" those incidents are inclusive of experiencing mental health issues or displaying self-harming behaviors. The OIG's data review found few incidents of juvenile confinement that included a concern for a mental health crisis or incidents of self-harm or attempted suicide. While this does not appear to be a large scale problem, facilities continue to place youth experiencing a mental health crisis or displaying self-harming behaviors in confinement. In addition, facilities must report any time there is an incident of self-harm or attempted suicide while a youth is in confinement, even if the youth was not initially confined for reasons having to do with a mental health crisis or self-harm. The OIG reviews both types of data when accessing the frequency of juvenile room confinement incidents in conjunction with mental health or self-harm issues. Due to the serious nature of exacerbated mental health issues in conjunction with the practice of juvenile room confinement, the OIG will continue to closely monitor reported incidents of juvenile room confinement that are inclusive of youth experiencing a mental health crisis or youth displaying self-harming behaviors.

4. Youth in Juvenile Room Confinement Should Be Closely Monitored

Best practice calls for youth in room confinement to be checked on by staff frequently while in room confinement. It is also recommended that all instances of room confinement be recorded and reviewed through a quality assurance program at each facility. Additionally, best practice also suggests administrative approval should be sought to use room confinement in certain instances.[30]

Nebraska statute mandates that juveniles in room confinement be continuously monitored by staff of the facility. Continuous monitoring may be accomplished through regular in-person visits to the confined juvenile which may also be supplemented by electronic video monitoring, and confinement longer than one hour during a twenty-four-hour period requires written approval by a supervisor in the juvenile facility.

[30] Roush, (1996).

5. Youth in Juvenile Room Confinement Should Be Provided Access to Personal Belongings

Best practice recommends that youth have access to personal hygiene items, books, and programming while on room confinement status. Nebraska statute has specifically incorporated this best practice by requiring detention centers, facilities operated by the Department of Corrections, and YRTCs provide juveniles placed in room confinement access to the following:

- Confinement rooms with adequate and operating lighting, heating and cooling, and ventilation for the comfort of the juvenile, and rooms that are clean and resistant to suicide and self-harm;
- Access to drinking water, toilet facilities, hygiene supplies, and reading materials approved by a licensed mental health professional; and,
- The same access as provided to juveniles in the general population of the facility to meals, contact with parents or legal guardians, legal assistance, and access to educational programming.

The OIG is not able to verify compliance with these parameters based on statutorily required data submitted by individual facilities. However, Nebraska's statutory policy does reflect best practice.

Reducing the Use of Juvenile Room Confinement

Given the risks highlighted in research, numerous professional and accrediting organizations have developed standards and policies that are intended to govern and restrict the use of many different forms of room confinement and limit the harm it may cause.

Although organizational standards are in agreement on the need to limit the use of room confinement, success at doing so has been uneven across states and individual facilities. Those that have successfully reduced room confinement have had to implement significant and ongoing changes to facility culture, policy, and practice to find new and different ways to respond to youth behavior and safety concerns. Effective strategies used by other states and facilities are documented further in the body of the report.

A number of nationally recognized organizations with relevant areas of expertise have developed guidance for implementing practices aimed at reducing the use of room confinement in both mental health and correctional settings.

In general, successful efforts to reduce room confinement focus on changing facility culture by way of staff training and education initiatives, as well as changes in facility approaches to behavior management. Nationally there are examples of facilities implementing positive behavioral management techniques and therapeutic models to replace older models that were ineffective or heavily relied on room confinement.[31] A number of reports and case studies have also highlighted the benefit of outside technical assistance to help facilities reduce the use of room confinement.[32]

Those that have successfully reduced room confinement have had to implement significant and ongoing changes to facility culture, policy, and practice to find new and different ways to respond to youth behavior and safety concerns.

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[31] Delaney,K. R. (2006). Evidence Base for Practice: Reduction of Restraint and Seclusion Use during Child and Adolescent Psychiatric Inpatient Treatment. *Worldviews on Evidence-Based Nursing 3*(1).19–30.

[32] Council of Juvenile Correctional Administrators. "Council of Juvenile Correctional Administrators Toolkit: Reducing the Use of Isolation [Toolkit]." and, LeBel,. et. al. (2012).

The National Association of State Mental Health Program Directors (NASMHPD) developed Six Core Strategies for Reducing Seclusion and Restraint Use© and an accompanying planning tool.[33] The Council of Juvenile Correctional Administrators (CJCA) has also developed a toolkit with steps facilities can take to reduce juvenile room confinement.[34]

Table 4. Strategies to Reduce Juvenile Room Confinement

NASMHPD Six Core Strategies	CJCA Five Steps to Reduce Isolation
1. Leadership towards organizational change; 2. Use of data to inform practice; 3. Workforce development; 4. Use of prevention tools; 5. Inclusion of children & family in various roles within the organization; and, 6. Utilization of debriefing techniques.	1. Adopt a mission statement and philosophy that reflects rehabilitative goals; 2. Develop policies and procedures for use and monitoring of isolation; 3. Identify data to manage, monitor and be accountable for use of isolation; 4. Develop alternative behavior management options and responses; and, 5. Train and develop staff in agency mission, values, standards, goals, policies and procedures.

In 2016, the Center for Children's Law and Policy, the CJCA, the Center for Juvenile Justice Reform at Georgetown University, and the Justice Policy Institute initiated the Stop Solitary for Kids campaign with the goal of safely reducing and ultimately ending the practice of solitary confinement for young people, including practices alternately referred to as room confinement, isolation, separation, or seclusion.

Work was done with advocates, lawmakers, state and local government officials, state juvenile justice agency directors, superintendents of state and local juvenile facilities, parents, youth and community leaders resulting in the June 2019 release of *Not in Isolation: How to Reduce Room Confinement While*

[33] NASMHPD (2008). *Six Core Strategies for Reducing Seclusion and Restraint.* Available from www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf.
[34] Council of Juvenile Correctional Administrators. Council of Juvenile Administrators Toolkit: Reducing the Use of Isolation [Toolkit].

Increasing Safety in Youth Facilities.[35] The purpose of the publication was to provide a practical guide to developing plans to reduce room confinement. The authors noted that what administrators need is information on effective strategies to reduce confinement that include real world examples of how to implement the strategies into practice. The report illustrated that reliance on juvenile room confinement can be impacted. The document can be found in its entirety at: https://www.stopsolitaryforkids.org/not-in-isolation/.

Even with decades of research, national standards, organizational best practices, and legislative action, the task of implementation and changing facility culture falls to the individual facilities. Doing so requires commitment to the process, which can be complex and multifaceted, with a clearly articulated plan. The process can be time-consuming, staff-intensive, and bring to surface uncomfortable situations and difficult decisions. These changes can also have financial implications beyond what is currently available to facilities. However, in light of the risks and ill effects to youth, staff, and facility safety in general, the required commitment, resources and time are worth the investment.

Over the course of the past six years the OIG has spoken to facility administrators about the challenges facilities face in reducing the use of juvenile room confinement. In general the OIG has learned that in the opinion of administrators, the biggest challenges to reducing use is youth with significant mental health needs, gang affiliation both in and out of the facility, and youth whose length of stay was so long they were no longer invested in making progress. Additionally it was noted that the youth most frequently confined are often deemed the "toughest cases" in that those youth were perceived to pose the greatest challenge to the system and least likely to have adapted to the institutionalized setting.

The OIG recognizes that reducing reliance on juvenile room confinement is not an easily obtained goal, nor is it accomplished in isolation. The OIG has previously made several recommendations concerning the need for strategic planning by facilities and the utilization of supportive technical assistance from outside agencies.

[35] Jennifer Lutz, Mark Soler, and Jeremy Kittredge, Not In Isolation: How to Reduce Room Confinement While Increasing Safety in Youth Facilities (Washington, DC: Center for Children's Law and Policy and the Justice Policy Institute, May 2019).

Nebraska Facilities Juvenile Room Confinement Data

This annual report examines juvenile room confinement in Nebraska between July 1, 2021 and June 30, 2022 (Fiscal Year 21-22). The OIG received room confinement data indicating the occurrence of confinement for reasons other than medical necessity, such as COVID-19 from seven individual facilities:

3 – YRTCs administered by OJS; and

4 - Juvenile Detention Centers including both Secure Detention Facilities and Staff Secure Detention Facilities operated by entities of county government.

In relationship to reporting juvenile room confinement both to the OIG and to the Nebraska Legislature as required by statute the following notations were made in preparation for this report:

1. For the first time since juvenile room confinement reporting requirements went into effect, none of the facilities under the jurisdiction of the Department of Corrections reported any incidents of juvenile room confinement. NDCS also did not submit quarterly juvenile room confinement reports to the Legislature. The OIG is unaware if this is due to zero qualifying incidents occurring within NDCS facilities or if it is due to other reasons— if a facility has not had any qualifying incidents of juvenile room confinement during a quarter, they are not expected to provide a report to the Legislature or the OIG for that quarter. It is presumed based on this expectation that no NDCS facility utilized juvenile room confinement during the Fiscal Year 21-22, even though this seems highly unlikely based on the reported 106 incidents totaling over 13,ooo hours reported for Fiscal Year 2020-2021.

2. Lancaster County Youth Services Center (Lancaster County) reported incidents of juvenile room confinement to the Nebraska Legislature as required by statue for only one of four quarters in Fiscal Year 2021-2022. In contrast, the facility reported to the OIG incidents of juvenile room confinement occurring within the facility during all four quarters of the fiscal year.

3. Beginning with FY 21-22, the OIG no longer reviews facility data for duplication, errors, and other inconsistencies. This work is not statutorily mandated and diverts the OIG's limited resources from other statutorily required duties. As a result, the information presented in this report is based on

the data as submitted, with one exception. When substantial issues with the submitted data were discovered individual facilities were given a brief period of time to make corrections and resubmit data prior to analysis. Using the data exactly as it was submitted, the OIG calculated the following data points to facilitate the analysis required to produce this report.

a. Total Incidents/Total Youth/Total Hours;
b. Total Incidents/Total Youth/ Total Hours related to medical quarantine;
c. Median Duration of Room Confinement;
d. Percent of Room Confinement Incidents Ending in Eight Hours or Less;
e. Percent of Room Confinement Incidents Ending in 24 Hours or Less; and,
f. Longest Incident.

COVID-19 and Juvenile Room Confinement

Table 5. Reported Confinement due to Medical

Facility	Number of Incidents	Total Time (hh:mm)	Total Individual Youth
Lancaster Co. Detention	1984	25279:00	172
Sarpy Co. Detention	4	280:53	4
YRTC-Lincoln	12	260:07	4
YRTC-Hastings	94	2127:07	25
YRTC-Kearney	123	8295:22	71
Whitehall PRTF[36]	18	1357:27	17
Totals	2235	37599:56	293

The OIG anticipated continued reports of juvenile room confinement due to medical quarantine during the fiscal year. Facilities adhering to the CDC recommendations may have quarantined youth displaying symptoms pending the results of a COVID-19 test, or been isolating youth who tested positive for the virus. Depending on the facility's sickbed policies this quarantine and isolation could have represented an involuntary confinement, alone, lasting longer than one hour, thereby meeting the definition of juvenile room confinement and triggering the reporting requirement. As was reported in the 2018-2019 Juvenile Room Confinement Report, facilities employ a variety of practices related to sickbed and medical quarantine, similarly facilities are also approaching COVID-19 with a variety of practices. While some facilities are testing and quarantining based on the onset of symptoms, others are using quarantine as a preventive measure when a youth first arrives at the facility. As a result, the OIG cannot determine if some facilities simply did not report any incidents of medical quarantine due to the virus, or because there truly was no need for a medical quarantine during that time or if the absence of medical

[36] Whitehall reported incidents of juvenile room confinement due to COVID-19 quarantine only; there were no incidents within the facility related to safety and security issues, thus the facility will not appear in other areas of this report.

quarantine was the result of the facility's own sickbed policies and the facility's interpretation of the law as not requiring such reporting.

Fiscal Year 21-22 date indicated a 76% drop in confinement due to medical quarantine from last year. For this fiscal year a total of 2,235 incidents of medical related confinement resulted in about 12,321 hours of confinement for 293 individual youth.

Performance Based Standards – Facility Data Comparison

Performance Based Standards (PbS), is a program developed by the Council of Juvenile Correctional Administrators (CJCA) to improve conditions of confinement. PbS set national standards that established the highest expectations for facility conditions, services and measures of practice related to the use of juvenile room confinement.[37] PbS suggests facilities monitor four outcome measures as a means of monitoring progress towards the reduction of juvenile room confinement practices: the total number of incidents, median duration of incidents, percent of cases terminated in four hours or less, and percent of cases terminated in eight hours or less. Below is a comparison of the data from Nebraska facilities including collected PbS recommended data points (see chart 7). For the purpose of comparison, data begins with the fiscal year 2016-2017 and continues through the current fiscal year. Total hours have been rounded at the half hour, thus any time less than 30 minutes was rounded down and any time over 30 minutes was rounded up. Median Duration times have been left as calculated to show the time in hours and minutes. As noted earlier, the OIG does not have data for FY 21-22 from the Nebraska Correctional Youth Facility; however, previously submitted data has been included.

Taking into consideration what is known about the use of juvenile room confinement that it is considered to be traumatic and have little therapeutic value, primarily used as a means of controlling youth behavior for a variety of reasons including, but not limited to, assuring facility safety and security and that reliance on the practice can be reduced with intentionality (intention and design) — it is a practice that facilities should be consistently working to limiting to only the most serious of cases.

A comparison of the historical PbS related data between Fiscal Year 2016-2017 and Fiscal Year 2021-2022 (see Tables 7 and 8) reveals that data is fairly fluid from year to year for a variety of reasons, including but not limited to the COVID-19 Pandemic, rising and falling populations within the facilities, generally

[37] Reducing Isolation and Room Confinement. Performance-based Standards Learning Institute, Inc. (2012).

increasing lengths of stays, and changes in administration or reporting practices. However, within most Nebraska facilities the general state of juvenile room confinement use appears to be improving. This is not to say that there are not areas indicating need for continued progress which most likely could be obtained by an improved focus on intention and design.

YRTCs

The ability of facilities to reduce reliance on juvenile room confinement is most evident in the progress attained by YRTC-Kearney. YRTC administration has indicated that the reduction of reliance on the practice has been a deliberate act by the YRTC system. Staff have attended national conferences aimed at reducing the use of juvenile room confinement, experts have been brought into the system to consult on internal practice and policy related to juvenile room confinement, and an internal quality control mechanism has been implemented to provide data and anecdotal information to facility administration, all with the explicit goal of reducing the extent to which the YRTC system relies on juvenile room confinement. Based on the data submitted by the three YRTC facilities, it would appear that the effort has been most successful on the Kearney campus. The level of reported success by YRTC-Kearney has not been evidenced at either the Lincoln campus or the Hastings campus.

Juvenile Detention Centers

Of the four juvenile detention centers in Nebraska, two (Madison County and Sarpy County) have consistently reported a measured use of juvenile room confinement over the past six years, demonstrating a reduction in both total incidents and total hours since 2016, while also reporting a consistent end to all incidents within eight hours, often succeeding at ending 100% of all incidents by the eight hour mark. Both of these facilities have demonstrated a consistent six year pattern of improvement by decreasing the frequency, duration and intensity of juvenile room confinement incidents overall. Douglas County has also reported some improvement, but not with the level of consistency obtained by Madison and Sarpy Counties. The majority of progress at Douglass County has occurred in the past three years, and the facility continues to report ending very few incidents within eight hours. While the facility has reported a reduction in the frequency of confinement, they continue to illustrate a practice of allowing youth to remain confined for longer periods of time. The OIG noted that Douglas County is reporting that only 25% of confinement incidents were resolved within 24 hours during Fiscal Year 2021-2022 – a similar percentage to what the facility reported six years ago in Fiscal Year 2016-2017. Douglas County continues to utilize juvenile room confinement for much longer periods than any of its counterparts. Lancaster County is utilizing juvenile room confinement more often than they reported six years ago but is still

reporting most of the incidents are relatively short in duration. While utilizing juvenile room confinement more often but for less time is considered progress, this is off-set by the Lancaster County trend indicating the facility is confining substantially more youth, thus the volume of the increase is concerning, as is the fact that fewer incidents are resolving within the eight hour time period.

Nebraska Department of Corrections

As previously noted, of the ten Department of Corrections facilities, only three have historically reported juvenile room confinement data and of those three only the NCYF has reported each year. It is not unusual for the other two reporting facilities, RTC located in Lincoln and NCCW located in York to have few if any incidents of juvenile room confinement during a fiscal year. The OIG was unable to analyze the use of juvenile room confinement at any of the NDC facilities for Fiscal Year 2021-2022 as the department did not provide data for the time period. It is unknown to the OIG if this is due to the absence of incidents or just the absence of reporting. NCYF data was included in some historical data charts, however they were not included in any analytical charts related to the current state of juvenile room confinement use for Fiscal Year 2021-2022.

Table 7. FY 16-17 to FY 21-22 Data Comparison

Facility	FY 16-17	FY 21-22	Change
YRTC-K			
Total Incidents	839	277	67% decrease in total incidents
Total Hours	41290	2359	94% decrease in total confinement hours
% of Incidents resolved by 8 hrs.	6%	75%	Increased number of incidents resolved by 8 hrs.
Madison County			
Total Incidents	130	25	81 % decrease in total incidents
Total Hours	386	103	73% decrease in total confinement hours
% of Incidents resolved by 8 hrs.	95%	96%	Increased number of incidents resolved by 8 hrs.
Sarpy County			
Total Incidents	57	36	37% decrease in total incidents
Total Hours	177	78	56% decrease in total confinement hours
% of Incidents resolved by 8 hrs.	98%	100%	Increased number of incidents resolved by 8 hrs.
Douglas County			
Total Incidents	403	232	42% decrease in total incidents
Total Hours	28535	18849	34% decrease in total confinement hours
% of Incidents resolved by 8 hrs.	6%	14%	Increased number of incidents resolved by 8 hrs.
Lancaster County			
Total Incidents	473	1097	132% increase in total incidents
Total Hours	1110	3238	192 % increase in total confinement hours
% of Incidents resolved by 8 hrs.	99%	87%	Decreased number of incidents resolved by 8 hrs.

Table 8. Historical Data by Fiscal Year

NCYF	16-17	17-18	18-19	19-20	20-21	21-22
Total Incidents	93	34	482	377	106	No Data
Total Hours	24262	22560	33340	17296	13059	for
% ended within 8 hrs.	0%	0%	83%	84%	45%	FY 21-22
Median Duration*		240:00	2:30	3:00	17:30	Submitted

YRTC-Kearney	16-17	17-18	18-19	19-20*	20-21	21-22
Total Incidents	839	1099	956	2597	351	277
Total Hours	41290	32702	20334	47739	2846	2359
% ended within 8 hrs.	6%	16%	31%	54%	70%	75%
Median Duration*		20:45	15:30	7:30	3:45	2:30

YRTC-Lincoln	20-21	21-22
Total Incidents	98	87
Total Hours	1400	1847
% ended within 8 hrs.	68%	52%
Median Duration*	3:30	7:05

YRTC-Hastings	21-22
Total Incidents	39
Total Hours	1305
% ended within 8 hrs.	49%
Median Duration	11:27

Douglas Co.	16-17	17-18	18-19	19-20	20-21	21-22
Total Incidents	403	392	463	494	263	232
Total Hours	28535	25753	27666	27381	21095	18849
% ended within 8 hrs.	6%	0%	14%	13%	12%	14%
Median Duration*		57:30	45:45	43:30	64:00	72:46

Lancaster Co.	16-17	17-18	18-19	19-20	20-21	21-22
Total Incidents	473	276	130	234	887	1097
Total Hours	1110	538	328	507	1543	3238
% ended within 8 hrs.	99%	99%	99%	99%	98%	87%
Median Duration*		1:45	2:00	1:45	1:00	1:00

Madison Co.	16-17	17-18	18-19	19-20	20-21	21-22
Total Incidents	130	84	78	21	43	25
Total Hours	386	175	167	28	339	103
% ended within 8 hrs.	95%	98%	96%	100%	86%	100%
Median Duration*		1:30	1:30	1:15	2:00	2:11

Sarpy Co.	16-17	17-18	18-19	19-20	20-21	21-22
Total Incidents	57	75	114	53	29	36
Total Hours	177	228	370	176	85	78
% ended within 8 hrs.	98%	100%	97%	96%	100%	100%
Median Duration*		3:15	3:00	3:00	2:30	1:49

*Median Duration reports the number which is the middle value of a data set, meaning ½ of the incidents were less than the reported number and ½ of the incidents were greater than the reported number. Note that median duration data was not collected in FY 16-17.

Recommendations Fiscal Year 2021-2022

Based on the experience the OIG has gained analyzing juvenile room confinement data for the past six years, the OIG recommends the Nebraska Legislature make the following statutory changes to improve the data reporting process and provide a more accurate understanding of the use of juvenile room confinement.

1. Require that facilities report all incidents of room confinement.

Currently, facilities should be *documenting* all incidents of room confinement but are only required to *report* incidents lasting over an hour – either a single incident lasting over one hour for an individual youth or multiple incidents that together add up to an hour for an individual youth in a 24 hour period. Reporting all incidents of room confinement will provide the OIG and the Legislature with a more accurate and complete understanding of the use of juvenile room confinement in Nebraska.

2. Require facilities to provide an annual summary for the reporting year of key data points.

As noted earlier in this report and in previous reports, the data submitted by facilities often contains errors, duplications, and missing information. It appears from the data submitted that the facilities are focused on compiling the data but are not necessarily analyzing or even reviewing the data prior to reporting it to the Legislature. Requiring facilities to review their own data and provide an annual summary of key data points should have several helpful results.

First, the review should alert the facility to any errors within its data and provide an opportunity for the facilities to correct that data and provide more accurate information to the Legislature. In prior years, the OIG has spent a significant amount of staff time combing through the data to identify and correct errors in order to pull out basic but key data points. Those data points are necessary for the OIG to complete its actual mandated duty to analyze the use of juvenile room confinement. However, having the OIG review and correct data that should be accurate when initially reported is not an efficient use of the OIG's limited resources.

Second, and more importantly, requiring the facilities to compile these key data points will encourage facilities to shift away from simply compiling information for the purpose of submission and move towards utilizing the data for the purpose of understanding the use of juvenile room confinement in the facility and, ideally, reducing the use of confinement. While the OIG has always worked with the facilities and

shares our data findings with the facilities prior to finalizing our report, this would provide another mechanism to ensure the data points are being verified by the facilities. The OIG would, of course, continue to review the data provided for consistency. But more of the OIG's time could be focused on analyzing and understanding the challenges facilities face related to confinement, as well as the policies and procedures that are working, in order to make better recommendations as our office is required to do.

3. **Require facilities required to report juvenile room confinement to submit a quarterly statement of fact when there has been no incidents of juvenile room confinement within the facility.**

Currently facilities are only required to report when there have been incidents of juvenile room confinement lasting or accumulating to one hour or more during a 24-hour period, as a result the majority of facilities never submit a juvenile room confinement report. By requiring facilities to provide a quarterly statement when there is no confinement data to report speculation as to whether the facility has just failed to report confinement data or truly had no incidents occur is eliminated and creates a written record attesting to the fact that the facility did not have any incidents of confinement for the reporting period.

Appendices

Appendix A: Recommendations — 2017-2020

The OIG's annual report on the use of juvenile room confinement must contain identified changes which may lead to a reduction of reliance on room confinement in Nebraska.[38] The following section accounts for all recommendations made by the OIG and published in Annual Nebraska Juvenile Room Confinement Reports.

(2020) Examine oversight and enforcement mechanisms for juvenile room confinement reporting.

As noted in the findings, Neb. Rev. Stat. 83-4,134.01 provides an avenue for Public Health and the Jail Standards Board to enforce the reporting requirements under that same section. While facilities under the jurisdiction of the Jail Standards Board and Public Health have generally complied with reporting requirements, the two agencies responsible for oversight have been minimally involved in reporting oversight, including disregarding the OIG recommendation to proactively incorporate relevant statutes into their own regulations. OJS and the Department of Corrections do not have those same tools for enforcement in the law. There is no administrative avenue for enforcement since these facilities are not licensed by another state entity. While these facilities may work to comply with the law, there is no consequence for non-compliance except perhaps that it may be reflected in the OIG's reporting, assuming the information reported is accurate.

However, greater oversight and enforcement by all four entities with authority over the facilities that use juvenile room confinement – Public Health, Jail Standards Board, the Department of Corrections, and OJS – would be extremely helpful. Requiring greater oversight by these main agencies could provide some consistency in reporting by clarifying and standardizing the definition of juvenile room confinement across the facilities under those agencies' jurisdiction; by creating standard procedures for recording room confinement; by verifying the room confinement data reported by those facilities; and by creating a consistent and coordinated reporting format. Creating an enforcement mechanism for OJS and the Department of Corrections to ensure reporting would also be helpful.

(2020) Examine juvenile room confinement enforcement mechanisms for provisions within Legislative Bill 230.

[38] Neb. Rev. Stat. §83-4,134.01 (d).

The passage of LB 230 implements juvenile room confinement practice requirements, creating a greater need for quality oversight and enforcement for facilities. If the long-term goal is to reduce the use of room confinement, the research previously noted shows that a fundamental shift in culture and practice is required. It is important, then, to understand how these new standards of the use of juvenile room confinement are being implemented. At the moment the law does not specify any oversight or enforcement mechanisms to ensure the correct and consistent implementation of those standards. The Legislature might consider ways to create independent oversight and enforcement of the standards implemented in LB 230.

(2020) Require facilities to create formal facility juvenile room confinement reduction plans to be submitted to the Legislature and monitored through the Jail Standards Board, Public Health, Office of Juvenile Services, Department of Corrections, and the OIG.

As has been noted in the prior three annual juvenile room confinement reports, research has long established that a change within the facility culture is necessary to reduce the use of room confinement and the change in culture is best achieved through the implementation of a comprehensive plan. As the 2019 publication, *Not In Isolation: How to Reduce Room Confinement While Increasing Safety in Youth Facilities* demonstrates, such plans have been created and implemented successfully reducing reliance on juvenile room confinement practices. Nebraska facilities that allow for juvenile room confinement, or similar practices would benefit from a formal plan to incorporate best practices, including programming, training, implementation strategies, and the internal monitoring of data to inform change.

As stated in the 2018-2019 Annual Juvenile Room Confinement in Nebraska Report, if not mandated, any further changes by facilities to reduce reliance on the practice will be unlikely. If the Legislature's goal is to significantly reduce the use of room confinement, it may be necessary and helpful to require comprehensive plans by the facilities to reduce the use.

(2019) Extension of the Crime Commission and Department of Health and Human Services-Division of Public Health responsibilities related to juvenile room confinement to include, at a minimum, on-site verification and standardized data collection and content.

The OIG recommends all DHHS, and Crime Commission administrative language be revised to conform to Neb. Rev. Stat. §83-4,125 and Neb. Rev. Stat. §83-4,134.01. There are at least 16 different definitions of confinement language in the Nebraska Administrative Code, as well as other language in facility and agency polices. These expressions range from "time out" and "seclusion" to "solitary confinement." See Appendix B.

The current role of DHHS and the Crime Commission is limited to verifying that documentation is collected and submitted to the legislature as set out in statute. Increased involvement is needed to verify the manner in which juvenile room confinement is used in the facility and the accuracy of the data collection and content.

(2019) The OIG recommends that legislation be passed that requires the following:

- All facilities adhere to best practices to reduce reliance on juvenile room confinement.
- Room confinement should only be used as a last resort, be time-limited, and be closely monitored. Facilities will make changes if they are legislatively required to do so. If not mandated, any further changes on its reliance will be unlikely.
- Clarification of current legislative provisions related to juvenile room confinement.
- Specific language is recommended to clearly define the meanings of "facility" and "agency," with explicit guidance on which organizations are required to report, and which are exempt. For example, Psychiatric Residential Treatment Facilities such as Immanuel/CHI and Boys Town do not report the use of juvenile room confinement. Whether they should do so is a legislative decision.

Legislation should include specific determinations of what constitutes voluntary confinements, in contrast to involuntary confinements. Clear definitions should also include what constitutes sickbed and other medical quarantines.

(2018) For the reduction with the goal of eliminating juvenile room confinement, facilities should:

1. **Revise facility policies to reflect best practice:** Room confinement should only be used as a last resort, be time-limited, and be closely monitored. Facility policies should be gradually modified to reflect these best practices. Some facility policies on juvenile room confinement are not in line with best practices or national recommendations. Policy change without the development of appropriate alternatives at facilities may not effectively and safely reduce room confinement. Nonetheless, as part of wider strategies to reduce room confinement, revisions to policy to reflect best practices is essential.
2. **Focus on workforce development:** Facilities should ensure that each is staffed appropriately, administrative efficiencies are sought, and the facility's workforce is well-trained and supported in alternatives to room confinement. Many strategies that have been shown to successfully reduce room confinement have been linked to staff-intensive positive behavioral intervention and

therapeutic programs.[39] In order to reduce room confinement, facility staff must have the support and training to implement alternatives to room confinement. Furthermore, staffing issues (shortages, training, shift changes, etc.) were directly related to room confinement incidents at Nebraska facilities. Facilities should ensure juvenile room confinement is not being used to accommodate administrative tasks such as headcount and training, in the effort to reduce unnecessary room confinement.

3. **Create a Juvenile Room Confinement Reduction Plan and include technical assistance and oversight:** National research and information suggests facilities that have reduced juvenile room confinement successfully, have done so by implementing a variety of different strategies, tailored for their specific circumstances. Many facilities have benefitted from technical assistance and oversight from outside entities in creating and implementing plans to reduce juvenile room confinement. Each juvenile facility that uses room confinement should have a plan to reduce its use. To the extent possible, these facilities should receive assistance from state regulators and others experts in developing, implementing, and monitoring plans to reduce the use of room confinement.
4. **Publicly report information on the use of room confinement, including seclusion:** Facilities that use any form of room confinement for children and youth in their care should report such. Many facilities over the past year did report room confinement numbers on a quarterly basis, but several did not. Without full and complete reporting, a comprehensive review of juvenile room confinement in Nebraska cannot be undertaken. Transparent public reporting about the use of room confinement, including seclusion, can only help monitor and reduce its use.

(2018) Agency based recommendations include the following:

The **Nebraska Department of Correctional Services (NDCS)** runs the prisons and sets forth rules and regulations for the prison system in dealing with inmates under 19 years of age. NDCS should take steps to: Provide Additional Details in NDCS Rules and Regulations on Restrictive Housing as it Relates to Best Practices and Youth Under 19: NDCS has already initiated the process of developing a plan to reduce the use of restrictive housing across all of their correctional facilities. So far, however, the promulgated regulations and other changes apply generally to the correctional system and not specifically to issues

[39] *Id.*

related to juvenile inmates. There are no formal policies or strategies to reduce the use and duration of room confinement of juveniles across the correctional system.

Specifically Adopt Time Limits for Inmates in Restrictive Housing Under the Age of 19: NDCS rules and regulations do not adequately address room confinement limits for inmates under 19 years old. Rules and regulations should be changed to implement time limits.

Conduct a study on youth who spend particularly long periods of time in room confinement: Further study is needed to examine the youth who spend long periods of time in longer-term restrictive housing to determine what resources are needed to allow them to integrate into general population.

The **Office of Juvenile Services (OJS)**, under the Department of Health and Human Services Division of Children and Family Services, oversees the Youth Rehabilitation and Treatment Centers. OJS should take steps to:

Develop and Implement a Strategic Plan to Reduce Room Confinement: OJS should ensure that both YRTCs develop and implement concrete plans to reduce the use and length of time youth spend in room confinement over the next 12 months.

Change OJS Rules and Regulations to Align with Best Practices: Though internal operating memos are updated, current rules and regulations authorize the use of room confinement either for reasons of safety and security or as a disciplinary sanction if the youth has violated a facility rule. Best practices do not contemplate the use of room confinement for disciplinary purposes. Formal rules and regulations should be updated to reflect current best practices.

The **Nebraska Jail Standards Board**, housed at the Nebraska Commission on Law Enforcement and Criminal Justice, develops standards, or rules and regulations, for the operation of juvenile detention facilities. Steps should be taken to:

Clarify definitions of different forms of room confinement within Juvenile Detention Jail Standards: Current Juvenile Detention Jail Standards use a variety of terms that could be considered "room confinement". Some of these are defined and others are not (e.g. – room restriction). Some terms appear to be applied inconsistently – for example disciplinary confinement and disciplinary detention. It would be helpful to update Jail Standards to ensure all terms are defined and that requirements for each form of room confinement are appropriately specified.

Update Jail Standards to reflect room confinement reporting requirements: In light of requirements on room confinement documentation and reporting, incorporating specific documentation and reporting requirements and integrating them with current definitions in standards should be completed as required by law.

Update Jail Standards to eliminate the use of room confinement for disciplinary purposes: All detention and staff secure facilities in Nebraska reported no longer using room confinement for disciplinary purposes. Jail standards should be updated to recognize this current best practice and revise other standards as necessary to be consistent with this practice.

The **Department of Health and Human Services, Division of Public Health** licenses all mental health centers, health care facilities, residential child-caring agencies, and substance abuse treatment centers. The Division of Public Health should take steps to:

Update licensing rules and regulations to reflect juvenile room confinement reporting requirements: In light of requirements on room confinement documentation and reporting, incorporating specific documentation and reporting requirements and integrating them with current definitions in rules and regulations should be completed.

(2017) Recommendation

> **Clarification on what practices constitute room confinement** would help make clear what practices need to be reported as juvenile room confinement. Currently, some Mental Health Centers do not consider their practice of seclusion to be a form of room confinement and are not reporting on its use. This should be resolved through statutory change.
>
> **Clarification on which facilities should report** would help ensure there is a comprehensive understanding of room confinement among public and private agencies across the state and would help ensure uniform reporting. Currently, "juvenile facilities" include residential child-caring agencies: facilities that are not foster family homes and provide 24-hour care to four or more children under age 19. The OIG included only those facilities specifically licensed as residential child-caring agencies in its notices and reviews. However, there are facilities provide 24-hour care to four or more children under age 19 includes that are not licensed as a residential child-caring agencies. This would include those entities operating under other licensing requirements –hospitals with behavioral health units serving children under the age of 19, like Richard H. Young Hospital Behavioral Health Adolescent Unit and the Bryan Medical Center's

mental health inpatient hospitalization program, for example, among other mental health centers and inpatient programs. It could also include county jails.

Whether the desire is to include or exclude these facilities from future reporting, statutory clarifications will help future OIG reports and analysis of the practice of room confinement in Nebraska.

Creation of a Reporting Enforcement Mechanism for Facilities: The current requirement that facilities report to the Legislature has no enforcement mechanism. From July 2016 through June 2017, a number of facilities did not report full information on their use of room confinement to the Legislature. Most of the facilities that failed to fully report are privately-administered.

Nebraska's current law on juvenile room confinement reporting should be revised to create an enforcement mechanism, especially for the numerous privately or locally-administered facilities over which the Legislature has no direct enforcement authority. Most of these facilities are either licensed through the Nebraska Department of Health and Human Services (DHHS) Division of Public Health or regulated by the Jail Standards of the Crime Commission. One approach of reporting enforcement would be to include room confinement reporting, already law in Nebraska, in current public health licensing requirements or juvenile detention standards. Then room confinement reporting could be enforced and verified by DHHS and the Crime Commission.

Appendix B: Current Residential Child-Caring Agencies in Nebraska

Roster as of 10/14/22

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health

Roster of Licensed
Roster of Residential-Child Caring Agencies
Licensed In Nebraska

Residential Child-Caring Agency: Person, Partnership, Limited Liability Company, or Corporation that provides care for four or more children and that is not a foster family home as defined in section 71-1901.

This roster:

- Is a listing of all Licensed Residential Child-Caring Agencies in the State of Nebraska
- Includes Residential Child Caring Agencies:
    - Approved to provide emergency shelter care
    - Approved to provide group home care
    - Approved to provide PRTF/RTC care
- Is organized by zip code starting with Nebraska's lowest zip code - 68002
- The licensed programs are in alphabetical order within each zip code.
- Is updated monthly

The roster contains the following information:

- Name of licensed Agency
- Name of owner/Licensee
- Address and phone number of licensed Agency
- Phone number of licensed Agency
- License number
- License capacity, gender, and ages of children served of each licensed Agency

To check if any disciplinary action has been taken against a Residential Child-Caring Agency or Child Caring Agency, go to: https://dhhs.ne.gov/licensure/Pages/Disciplinary-Actions-Against-Health-Care-Professionals-and-Child-Care-Providers.aspx

If you have questions, please call:
1-800-600-1289 (toll free in NE) or 402-471-9211 (in Lincoln) or FAX 402-471-7763

Nebraska Department of Health and Human Services
Division of Public Health
Licensure Unit
Office of Children's Services licensing
Child Welfare Licensing

RESIDENTIAL CHILD CARING & CHILD CARING AGENCIES ROSTER

ZIP CODE
PROVIDER NAME LICENSE NUMBER
LICENSEE NAME **LICENSE TYPE** **COUNTY**
PHONE NUMBER EFFECTIVE DATE **ADDRESS**

Residential Child-Caring Agency

68010 **Douglas**

Father Flanagan's Boys' Home
Father Flanagan's Boys' Home
(402) 498-3090
RCCA015
Residential Child-Caring A
08/23/2014
13603 Flanagan Blvd
Boys Town NE 68010
Capacity: 617
Gender: Both
Ages from: 7 YRS Ages to: 19 YRS

68025 **Dodge**

Masonic - Eastern Star Home for Children
Masonic - Eastern Star Home for Children
(402) 721-1185
RCCA007
Residential Child-Caring A
02/10/2014
2415 N Main St
Fremont NE 68025
Capacity: 44
Gender: BOTH
Ages from: 9 YRS Ages to: 19 YRS

68071 **Thurston**

Winnebago Youth Facility
WINNEBAGO TRIBE OF NEBRASKA
(402) 878-3100
RCCA040
Residential Child-Caring A
06/21/2015
PO BOX 687
Winnebago NE 68071
Capacity: 12
Gender: BOTH
Ages from: 0 YRS Ages to: 19 YRS

68104 **Douglas**

Omaha Home for Boys
Omaha Home for Boys
(402) 457-7000
RCCA024
Residential Child-Caring A
12/17/2014
4343 N 52 St
Omaha NE 68104
Capacity: 16
Gender: MALE
Ages from: 12 Ages to: 18

Omaha Home for Boys - Shelter/Crisis Stabilization Unit
The Omaha Home for Boys
(402) 457-7800
RCCA047
Residential Child-Caring A
05/19/2020
4343 North 52nd Street
Omaha NE 68104

68111 **Douglas**

The Blueprint Initiative, LLC
The Blueprint Initiative LLC/Hughes, Michael
(531) 466-8383
RCCA048
Residential Child-Caring A
07/06/2021
3701 Saratoga St
Omaha NE 68111
Capacity: 6
Gender: Male
Ages from: 12 Ages to: 19

68112 **Douglas**

Rite of Passage, Inc.- Uta Halee Academy
Rite of Passage, Inc.
(303) 588-7304
RCCA002
Residential Child-Caring A
10/22/2015
10625 Calhoun Road
Omaha NE 68112
Capacity: 66
Gender: FEMALE
Ages from: 13 YEARS Ages to: 19 YEARS

68122 **Douglas**

Care-RIE
Chrystol Spraling/ReColla Rimmer
(402) 609-0780
RCCA049
Residential Child-Caring A
04/25/2022
8020 Howell Street
Omaha NE 68122
Capacity: 6
Gender: Both
Ages from: 5 Ages to: 19

68132 **Douglas**

Child Saving Institute, Inc.
Child Saving Institute, Inc.
(402) 553-6000
RCCA020
Residential Child-Caring A
09/28/2014
4545 Dodge St
Omaha NE 68132
Capacity: 12
Gender: BOTH
Ages from: 0 YRS Ages to: 18 YRS

68152 **Douglas**

NOVA Treatment Community, Inc.
NOVA Treatment Community, Inc.
(402) 455-8303
RCCA033
Residential Child-Caring A
03/11/2015
8502 Mormon Bridge Road
Omaha NE 68152
Capacity: 27
Gender: BOTH
Ages from: 13 YEARS Ages to: 18 YEARS

68361 **Fillmore**

Heartland Boys Home LLC
Heartland Boys Home LLC
(402) 759-4334
RCCA006
Residential Child-Caring A
02/10/2014
914 P Road
P.O. Box 423
Geneva NE 68361
Capacity: 20
Gender: MALE
Ages from: 10 YRS Ages to: 19 YRS

68502 **Lancaster**

Women In Community Service Inc.
Women In Community Service Inc.
(402) 477-5256
RCCA042
Residential Child-Caring A
07/13/2015
1935 D Street
Lincoln NE 68502
Capacity: 11
Gender: FEMALE
Ages from: 12 YRS Ages to: 19 YRS

685022154 **Lancaster**

RESIDENTIAL CHILD CARING & CHILD CARING AGENCIES ROSTER

ZIP CODE / PROVIDER NAME / LICENSEE NAME / PHONE NUMBER	LICENSE NUMBER / LICENSE TYPE / EFFECTIVE DATE	COUNTY / ADDRESS	
HopeSpoke Lincoln and Lancaster County Child Guidance Center, Inc. (402) 475-7666	RCCA034 Residential Child-Caring A 06/30/2014	904 Sumner Street Lincoln NE 68502-2154	Capacity: 12 Gender: MALE Ages from: 12 YRS Ages to: 18 YRS
68506		**Lancaster**	
Cedars Youth Services - Emergency Shelter Cedars Youth Services Inc. (402) 434-5437	RCCA017 Residential Child-Caring A 09/21/2015	6601 Pioneers Blvd Ste 1 Lincoln NE 68506	Capacity: 20 Gender: Both Ages from: 0 YRS Ages to: 19 YRS
68509		**Lancaster**	
Lincoln Regional Center Whitehall Program Nebraska Department of Health and Human Services, State of Nebrasl (402) 471-6969	RCCA022 Residential Child-Caring A 09/11/2014	5845 Huntington Ave. Lincoln NE 68509	Capacity: 24 Gender: MALE Ages from: 13 YRS Ages to: 19 YRS
68701		**Madison**	
Norfolk Group Home Norfolk Group Home, Inc. (402) 379-0295	RCCA005 Residential Child-Caring A 02/01/2014	201 N 12 St Norfolk NE 68701	Capacity: 12 Gender: Female Ages from: 7 YRS Ages to: 19 YRS
691030655		**Lincoln**	
Nebraska Youth Center Nebraska Youth Center (308) 534-4164	RCCA019 Residential Child-Caring A 09/01/2014	2300 E. 2nd Street North Platte NE 69103-0655	Capacity: 12 Gender: Both Ages from: 12 YRS Ages to: 19 YRS
69356		**Scotts Bluff**	
Optimal Family Preservation Optimal Family Preservation, LLC (308) 633-3703	RCCA046 Residential Child-Caring A 01/11/2019	120105 County Road 33 Minatare NE 69356	Capacity: 12 Gender: BOTH Ages from: 0 Ages to: 18
69361		**Scotts Bluff**	
Panhandle Youth Shelter Community Action Partnership of Western Nebraska (308) 635-7777	RCCA025 Residential Child-Caring A 12/10/2014	2426 Broadway Scottsbluff NE 69361	Capacity: 14 Gender: BOTH Ages from: 0 Ages to: 19

Total Number of Programs: 19

Appendix C: Nebraska State Statutes

Neb. Rev. Stat. §83-4,125. Detention and juvenile facilities; terms, defined.

For purposes of sections 83-4,124 to 83-4,134.01:

(1) Criminal detention facility means any institution operated by a political subdivision or a combination of political subdivisions for the careful keeping or rehabilitative needs of adult or juvenile criminal offenders or those persons being detained while awaiting disposition of charges against them. Criminal detention facility does not include any institution operated by the Department of Correctional Services. Criminal detention facilities shall be classified as follows:

(a) Type I Facilities means criminal detention facilities used for the detention of persons for not more than twenty-four-hours, excluding nonjudicial days;

(b) Type II Facilities means criminal detention facilities used for the detention of persons for not more than ninety-six hours, excluding nonjudicial days; and

(c) Type III Facilities means criminal detention facilities used for the detention of persons beyond ninety-six hours;

(2) Juvenile detention facility means an institution operated by a political subdivision or political subdivisions for the secure detention and treatment of persons younger than eighteen years of age, including persons under the jurisdiction of a juvenile court, who are serving a sentence pursuant to a conviction in a county or district court or who are detained while waiting disposition of charges against them. Juvenile detention facility does not include any institution operated by the department;

(3) Juvenile facility means a residential child-caring agency as defined in section 71-1926, a juvenile detention facility or staff secure juvenile facility as defined in this section, a facility operated by the Department of Correctional Services that houses youth under the age of majority, or a youth rehabilitation and treatment center;

(4) Room confinement means the involuntary restriction of a juvenile placed alone in a cell, alone in a room, or alone in another area, including a juvenile's own room, except during normal sleeping hours, whether or not such cell, room, or other area is subject to video or other electronic monitoring; and

(5) Staff secure juvenile facility means a juvenile residential facility operated by a political subdivision (a) which does not include construction designed to physically restrict the movements and activities of juveniles who are in custody in the facility, (b) in which physical restriction of movement or activity of juveniles is provided solely through staff, (c) which may establish reasonable rules restricting ingress to and egress from the facility, and (d) in which the movements and activities of individual juvenile residents may, for treatment purposes, be restricted or subject to control through the use of intensive staff supervision. Staff secure juvenile facility does not include any institution operated by the department.

83-4,134.01. Juvenile facility; legislative intent; placement in room confinement; provisions applicable; report; Inspector General of Nebraska Child Welfare; duties; disciplinary action.

(1) It is the intent of the Legislature to establish a system of investigation and performance review in order to provide increased accountability and oversight regarding the use of room confinement for juveniles in a juvenile facility.

(2) The following shall apply regarding placement in room confinement of a juvenile in a juvenile facility:

(a) Room confinement of a juvenile for longer than one hour shall be documented and approved in writing by a supervisor in the juvenile facility. Documentation of the room confinement shall include the date of the occurrence; the race, ethnicity, age, and gender of the juvenile; the reason for placement of the juvenile in room confinement; an explanation of why less restrictive means were unsuccessful; the ultimate duration of the placement in room confinement; facility staffing levels at the time of confinement; and any incidents of self-harm or suicide committed by the juvenile while he or she was isolated;

(b) If any physical or mental health clinical evaluation was performed during the time the juvenile was in room confinement for longer than one hour, the results of such evaluation shall be considered in any decision to place a juvenile in room confinement or to continue room confinement;

(c) The juvenile facility shall submit a report quarterly to the Legislature on the juveniles placed in room confinement; the length of time each juvenile was in room confinement; the race, ethnicity, age, and gender of each juvenile placed in room confinement; facility staffing levels at the time of confinement; and the reason each juvenile was placed in room confinement. The report shall specifically address each instance of room confinement of a juvenile for more than four hours, including all reasons why attempts to return the juvenile to the general population of the juvenile facility were unsuccessful. The report shall also detail all corrective measures taken in response to noncompliance with this section. The report shall redact all personal identifying information but shall provide individual, not aggregate, data. The report shall be delivered electronically to the Legislature. The initial quarterly report shall be submitted within two weeks after the quarter ending on September 30, 2016. Subsequent reports shall be submitted for the ensuing quarters within two weeks after the end of each quarter;

(d) The Inspector General of Nebraska Child Welfare shall review all data collected pursuant to this section in order to assess the use of room confinement for juveniles in each juvenile facility and prepare an annual report of his or her findings, including, but not limited to, identifying changes in policy and practice which may lead to decreased use of such confinement as well as model evidence-based criteria to be used to determine when a juvenile should be placed in room confinement. The report shall be delivered electronically to the Legislature on an annual basis; and

(e) Any juvenile facility which is not a residential child-caring agency which fails to comply with the requirements of this section is subject to disciplinary action as provided in section 83-4,134. Any juvenile facility which is a residential child-caring agency which fails to comply with the requirements of this section is subject to disciplinary action as provided in section 71-1940.

83-4,134.02. Placement of juvenile in room confinement; restrictions on placement; conditions; release; facility; duties; monitoring.

(1) This section applies to placement of a juvenile in room confinement in the following facilities: A juvenile detention facility, staff secure juvenile facility, facility operated by the Department of Correctional Services, or youth rehabilitation and treatment center operated by the Department of Health and Human Services.

(2) A juvenile shall not be placed in room confinement for any of the following reasons:

(a) As a punishment or a disciplinary sanction;

(b) As a response to a staffing shortage; or

(c) As retaliation against the juvenile by staff.

(3) A juvenile shall not be placed in room confinement unless all other less-restrictive alternatives have been exhausted and the juvenile poses an immediate and substantial risk of harm to self or others.

(4) A juvenile may only be held in room confinement according to the following conditions:

(a) A juvenile shall not be held in room confinement longer than the minimum time required to eliminate the substantial and immediate risk of harm to self or others and shall be released from room confinement as soon as the substantial and immediate risk of harm to self or others is resolved; and

(b) A juvenile shall only be held in room confinement for a period that does not compromise or harm the mental or physical health of the juvenile.

(5) Any juvenile placed in room confinement shall be released immediately upon regaining sufficient control so as to no longer engage in behavior that threatens substantial and immediate risk of harm to self or others.

(6) Not later than one business day after the date on which a facility places a juvenile in room confinement, the facility shall provide notice of the placement in room confinement to the juvenile's parent or guardian and the attorney of record for the juvenile.

(7) All rooms used for room confinement shall have adequate and operating lighting, heating and cooling, and ventilation for the comfort of the juvenile. Rooms shall be clean and resistant to suicide and self-harm. Juveniles in room confinement shall have access to drinking water, toilet facilities, hygiene supplies, and reading materials approved by a licensed mental health professional.

(8) Juveniles in room confinement shall have the same access as provided to juveniles in the general population of the facility to meals, contact with parents or legal guardians, legal assistance, and access to educational programming.

(9) Juveniles in room confinement shall have access to appropriate medical and mental health services. Mental health staff shall promptly provide mental health services as needed.

(10) Juveniles in room confinement shall be continuously monitored by staff of the facility. Continuous monitoring may be accomplished through regular in-person visits to the confined juvenile which may also be supplemented by electronic video monitoring.

(11) The use of consecutive periods of room confinement to avoid the intent and purpose of this section is prohibited.

(12) Nothing in this section shall be construed to authorize or require the construction or erection of fencing or similar structures at any facility, nor the imposition of nonrehabilitative approaches to behavior management within any facility.

Appendix D: Report Process

In preparing this report, the OIG undertook a number of activities to assist facilities with understanding reporting requirements and accurately reporting room confinement use. The OIG took steps to assure the interpretation of reported data was consistent, taking into consideration each facility's unique physical building and youth population.

Data Reported

The OIG analyzed the use of room confinement by facility type to provide context around factors that influence the use of room confinement. These factors include the differences in facility function, type of population served, and specific policies and standards.

In order to analyze the use of room confinement at each type of juvenile facility, the OIG reviewed available data and when possible, calculated statistical measures as a means of ascertaining a descriptive analysis of the use of juvenile room confinement in all reporting facilities.

The following measures were calculated at facilities that reported any instances of room confinement in the fiscal year:

- Total Incidents/Total Youth/Total Hours: The total number of room confinement incidents and the associated total confinement hours, and the number of individual youth confined for both standard utilization and medical or COVID-19 quarantine.
- Median Duration of Room Confinement: The median duration statistic represents the midpoint of incidents based on the length of time. In general it represents the middle point in the data with half the incidents below the median and half above. The OIG made the decision to report this number instead of the average duration statistic because the average can be distorted by a few incidents of low or high duration. The median is more robust and reflects more accurately the central tendency of room confinement duration.
- Percentage of Room Confinement Incidents Ending in Four Hours or Less: Of the total incidents of room confinement, the number that ended in four hours or less.
- Percent of Room Confinement Incidents Ending in Eight Hours or Less: Of the total incidents of room confinement, the number that ended in eight hours or less.

- Percent of Room Confinement Incidents Ending in 24 Hours or Less: Of the total incidents of room confinement, the number that ended in 24 hours or less.
- Longest Incident: The incident of room confinement that represents the longest duration.

Data Collection and Review

Each year, the OIG spends hundreds of hours compiling this report. Before drafting this report, the OIG requests data, and policy/procedure updates made by each facility from July 1, 2021 through June 30, 2022.

Administrators are provided with an opportunity to discuss efforts made towards reducing the use of room confinement by their facility that may not have been reflected in policy and procedure documents.

The OIG reviewed the following material for this report:

- Quarterly facility room confinement reports submitted to the Legislature and/or to the OIG covering July 1, 2021 through June 30, 2022;
- Federal and state regulations that govern juvenile facilities' use of room confinement;
- Individual facilities' written policies and procedures for utilizing different forms of room confinement; and,
- Academic research and available reports on the history, impact and appropriate use of juvenile room confinement, and effective methods for reducing its use.

This report covers thousands of incidents of room confinements. This office made all calculations using Excel functions.

Appendix E: References

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