

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

April 1, 2025

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

Subject: YRTC Grievances Report

Dear Ms. Carter:

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

Sincerely,

A handwritten signature in blue ink that reads "Alyssa L. Bish".

Alyssa Bish, Ph.D.
Director, Division of Children and Family Services

Attachment

Division of Children and Family Services: Office of Juvenile Services

YRTC Grievances Report

April 2025

Neb. Rev. Stat. § 83-105

Grievance Process

Youth placed at any of the Youth Rehabilitation and Treatment Centers (YRTCs) can file a grievance by filling out the Youth Grievance Forms located in each living unit. Youth can complete the form and place it in a secured drop box in their unit that is only accessible by the Department of Health and Human Services (DHHS) Compliance Team.

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

Grievances are categorized upon completion as either substantiated, unfounded, or resolved. A substantiated grievance is defined as having sufficient information to determine that the basis of the youth's grievance is accurate. A determination of unfounded is defined as either the basis of the youth's grievance being false or a lack of sufficient evidence to determine whether the incident occurred. The facility's internal Compliance Team handles grievances about a youth's rights, as defined in the DHHS Office of Juvenile Services (OJS) Standard Operating Procedure (SOP) on Youth Rights.

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

Actions or Changes as a Result of Grievances

Grievances can be considered resolved if the grievances are followed up by the proper administrative review. The grievances received this quarter mainly consisted of Staff Actions. Any response that a youth did not agree with was directly forwarded to the Facility Administrator for review and action. In addition to a resolved grievance, DHHS Compliance can also recommend policy or practice changes across the facilities.

Number and Categorization of Grievances

Grievances below are for the YRTC's from December 16, 2024, through March 15, 2025.

YRTC - HASTINGS

Summary of Grievances

This quarter in Hastings, eight grievances were submitted by the youth. Of the eight grievances collected, seven were determined to be resolved, and one was determined to be unfounded. Substantiated and resolved grievances are addressed through mediation with the youth's treatment team, or process improvement within the facility as recommended by DHHS Compliance.

Month/Year	# Substantiated	# Unfounded	# Resolved	Total Grievances
December 16, 2024	0	0	*	1-5
January 2025	0	*	*	2-10
February 2025	0	0	0	0
March 15, 2025	0	0	*	1-5

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

Grievance Types

Category	December	January	February	March	Total Grievances
Accounting/Business Office	0	0	0	0	0
Barber/Grooming	0	0	0	0	0
Bullying/Retaliation	0	0	0	0	0
Canteen	0	0	0	0	0
Case Management	0	0	0	0	0
Confinement Procedure	0	0	0	0	0
Counsel/Court Access	0	0	0	0	0
Daily Routine	0	0	0	0	0
Disciplinary Procedures	*	*	0	0	2-10
Food	0	0	0	0	0
Grievance Procedure	0	0	0	0	0
Housing Assignments	0	0	0	0	0

Category	December	January	February	March	Total Grievances
Issued Clothing	0	*	0	0	1-5
Library	0	0	0	0	0
Mail	0	0	0	0	0
Medical Services	0	0	0	0	0
Mental Health	0	0	0	0	0
Mutual Fighting/Assault	0	0	0	0	0
Personal Hygiene	0	0	0	0	0
Phone	0	0	0	0	0
Physical Abuse Staff to Youth	0	0	0	0	0
Physical Abuse Youth to Youth	0	0	0	0	0
Physical Facility	0	0	0	0	0
Possession/Contraband	0	0	0	0	0
Professional Care	0	0	0	0	0
Programming	0	0	0	0	0
Property Damage	0	0	0	0	0
Recreation	0	0	0	0	0
Religious Beliefs	0	0	0	0	0
School/Education	0	0	0	0	0
Showers	0	0	0	0	0
Staff Actions	0	*	0	*	2-10
Staff to Youth Sexual Abuse	0	0	0	0	0
Staff to Youth Sexual Harassment	0	0	0	0	0
Staff to Youth Sexual Touching	0	0	0	0	0
Staff to Youth Voyeurism	0	0	0	0	0
Verbal Abuse Staff to Youth	0	0	0	0	0
Verbal Abuse Youth to Youth	0	0	0	0	0
Visiting	0	0	0	0	0
Youth Actions	0	0	0	*	1-5
Youth Searches	0	0	0	0	0

Category	December	January	February	March	Total Grievances
Youth to Youth Sexual Abuse	0	0	0	0	0
Youth to Youth Sexual Harassment	0	0	0	0	0
Youth to Youth Sexual Touching	0	0	0	0	0

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

YRTC – KEARNEY

Summary of Grievances

This quarter in Kearney, 93 grievances were submitted by the youth. Of the 93 grievances collected, 84 were determined to be resolved, and nine were determined to be unfounded. Substantiated and resolved grievances are addressed through mediation with the youth’s treatment team, or process improvement within the facility as recommended by DHHS Compliance.

Month/Year	# Substantiated	# Unfounded	# Resolved	Total Grievances
December 16, 2024	0	*	16	17-21
January 2025	0	*	31	32-37
February 2025	0	*	14	15-19
March 15, 2025	0	*	23	24-29

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

Grievance Types

Category	December	January	February	March	Total Grievances
Accounting/Business Office	0	0	0	0	0
Barber/Grooming	0	0	0	0	0
Bullying/Retaliation	0	*	0	0	1-5
Canteen	0	0	0	0	0
Case Management	0	0	0	*	1-5
Confinement Procedure	*	0	0	0	1-5
Counsel/Court Access	0	0	0	0	0
Daily Routine	*	*	*	0	3-15

Category	December	January	February	March	Total Grievances
Disciplinary Procedures	*	*	*	*	4-20
Food	0	6	0	*	7-12
Grievance Procedure	0	0	0	0	0
Housing Assignments	0	0	0	0	0
Issued Clothing	0	0	0	0	0
Library	0	0	0	0	0
Mail	0	0	0	0	0
Medical Services	0	*	0	0	1-5
Mental Health	0	0	0	0	0
Mutual Fighting/Assault	0	0	0	0	0
Personal Hygiene	*	0	0	*	2-10
Phone	0	0	0	0	0
Physical Abuse Staff to Youth	0	*	0	0	1-5
Physical Abuse Youth to Youth	0	0	0	0	0
Physical Facility	*	0	*	*	3-15
Possession/Contraband	0	0	0	0	0
Professional Care	*	*	*	0	3-15
Programming	0	*	0	0	1-5
Property Damage	0	0	0	0	0
Recreation	*	0	0	0	1-5
Religious Beliefs	*	0	0	*	2-10
School/Education	0	0	0	0	0
Showers	0	0	0	0	0
Staff Actions	*	9	7	11	28-33
Staff to Youth Sexual Abuse	0	0	0	0	0
Staff to Youth Sexual Harassment	0	0	0	0	0
Staff to Youth Sexual Touching	0	0	0	0	0
Staff to Youth Voyeurism	0	0	0	0	0
Verbal Abuse Staff to Youth	0	0	0	*	1-5

Category	December	January	February	March	Total Grievances
Verbal Abuse Youth to Youth	*	*	0	0	2-10
Visiting	0	0	0	0	0
Youth Actions	*	*	*	*	4-20
Youth Searches	0	0	0	0	0
Youth to Youth Sexual Abuse	0	0	0	0	0
Youth to Youth Sexual Harassment	*	0	0	*	2-10
Youth to Youth Sexual Touching	0	0	*	0	1-5

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

YRTC – LINCOLN

Summary of Grievances

This quarter in Lincoln, 19 grievances were submitted by the youth. Of the 19 grievances collected, 18 were determined to be resolved, and one was determined to be unfounded. Substantiated and resolved grievances are addressed through mediation with the youth’s treatment team, or process improvement within the facility as recommended by DHHS Compliance.

Month/Year	# Substantiated	# Unfounded	# Resolved	Total Grievances
December 16, 2024	0	0	6	6
January 2025	0	0	*	1-5
February 2025	0	0	7	7
March 15, 2025	0	*	*	2-10

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

Grievance Types

Category	December	January	February	March	Total Grievances
Accounting/Business Office	0	0	0	0	0
Barber/Grooming	0	0	0	0	0
Bullying/Retaliation	0	0	0	0	0
Canteen	0	0	0	0	0

Category	December	January	February	March	Total Grievances
Case Management	0	0	0	0	0
Confinement Procedure	0	0	0	0	0
Counsel/Court Access	0	0	0	0	0
Daily Routine	0	0	0	0	0
Disciplinary Procedures	6	*	*	0	8-16
Food	0	0	*	0	1-5
Grievance Procedure	0	0	0	0	0
Housing Assignments	0	0	0	0	0
Issued Clothing	0	0	0	0	0
Library	0	0	0	0	0
Mail	0	0	0	0	0
Medical Services	0	0	0	0	0
Mental Health	0	0	0	0	0
Mutual Fighting/Assault	0	0	0	0	0
Personal Hygiene	0	0	0	0	0
Phone	0	0	0	0	0
Physical Abuse Staff to Youth	0	0	0	0	0
Physical Abuse Youth to Youth	0	0	0	0	0
Physical Facility	0	0	0	0	0
Possession/Contraband	0	0	0	0	0
Professional Care	0	*	0	0	1-5
Programming	0	0	0	0	0
Property Damage	0	0	0	0	0
Recreation	0	0	0	0	0
Religious Beliefs	0	0	0	0	0
School/Education	0	0	0	0	0
Showers	0	0	0	0	0
Staff Actions	0	*	*	*	3-15
Staff to Youth Sexual Abuse	0	0	0	0	0

Category	December	January	February	March	Total Grievances
Staff to Youth Sexual Harassment	0	0	0	0	0
Staff to Youth Sexual Touching	0	0	0	0	0
Staff to Youth Voyeurism	0	0	0	0	0
Verbal Abuse Staff to Youth	0	0	0	0	0
Verbal Abuse Youth to Youth	0	0	0	0	0
Visiting	0	0	0	0	0
Youth Actions	0	0	0	0	0
Youth Searches	0	0	0	0	0
Youth to Youth Sexual Abuse	0	0	0	0	0
Youth to Youth Sexual Harassment	0	0	0	0	0
Youth to Youth Sexual Touching	0	0	0	0	0

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APPENDIX A

Report De-identification Standard

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

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

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

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

For these reports, the information being released (1) relates to the last quarter, (2) relates to a population that is between the ages of 14-18 years, (3) relates to a population served in three specific facilities in Nebraska, and (4) relates to incidences experienced by the population that may have occurred between one and five times during the period. The probability of identifying the individuals involved in the incidents being reported is high when using other publicly available information in combination with the information released. As such, the release of the actual number would allow for the re-identification of the individuals when the instance is between one and five. However, knowing that there were more than zero is still meaningful when interpreting this information. Masking those counts between one and five offers privacy protection for those children who were involved, while still releasing a level of meaning about those specific occurrences in the report population.