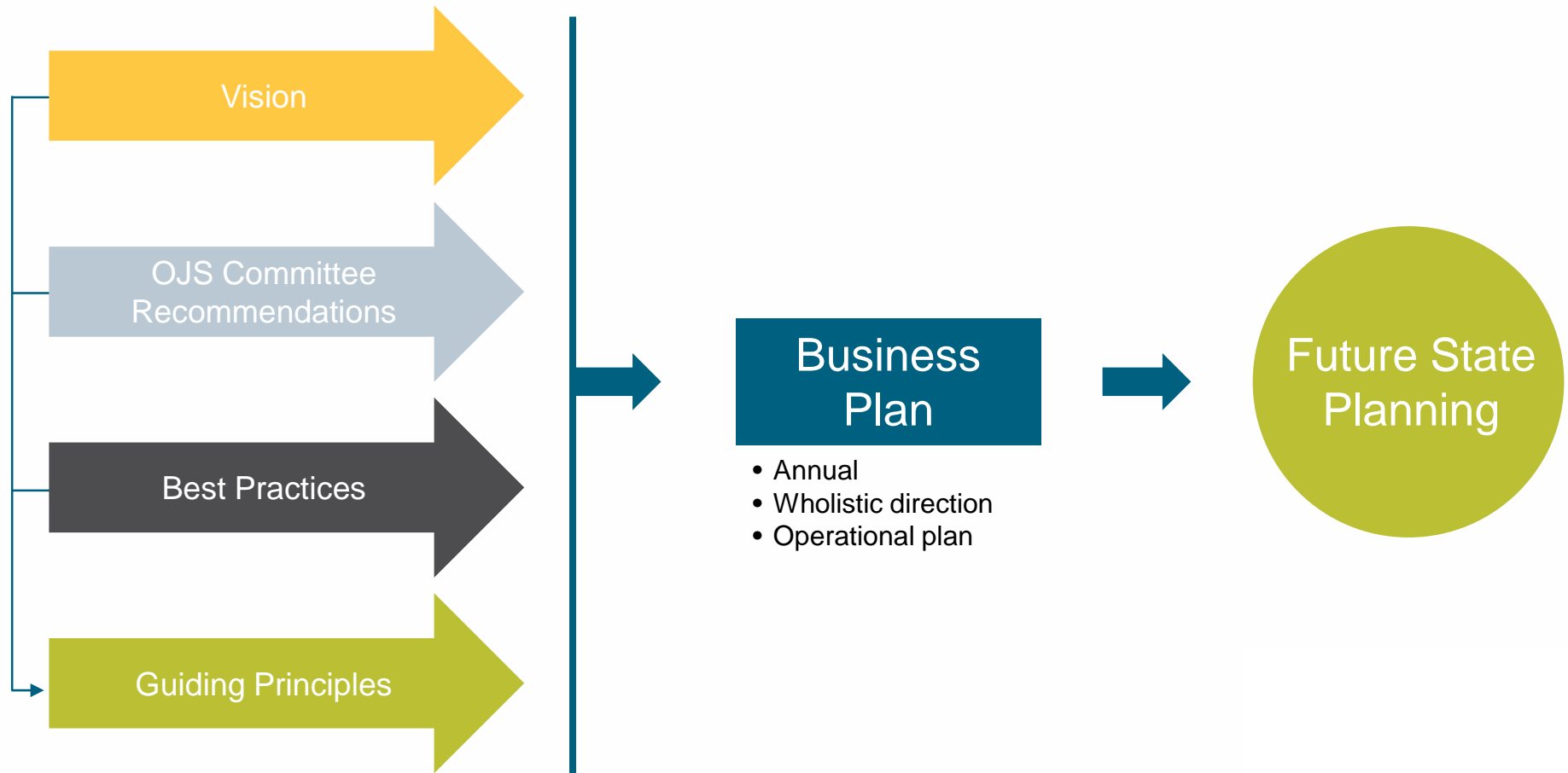
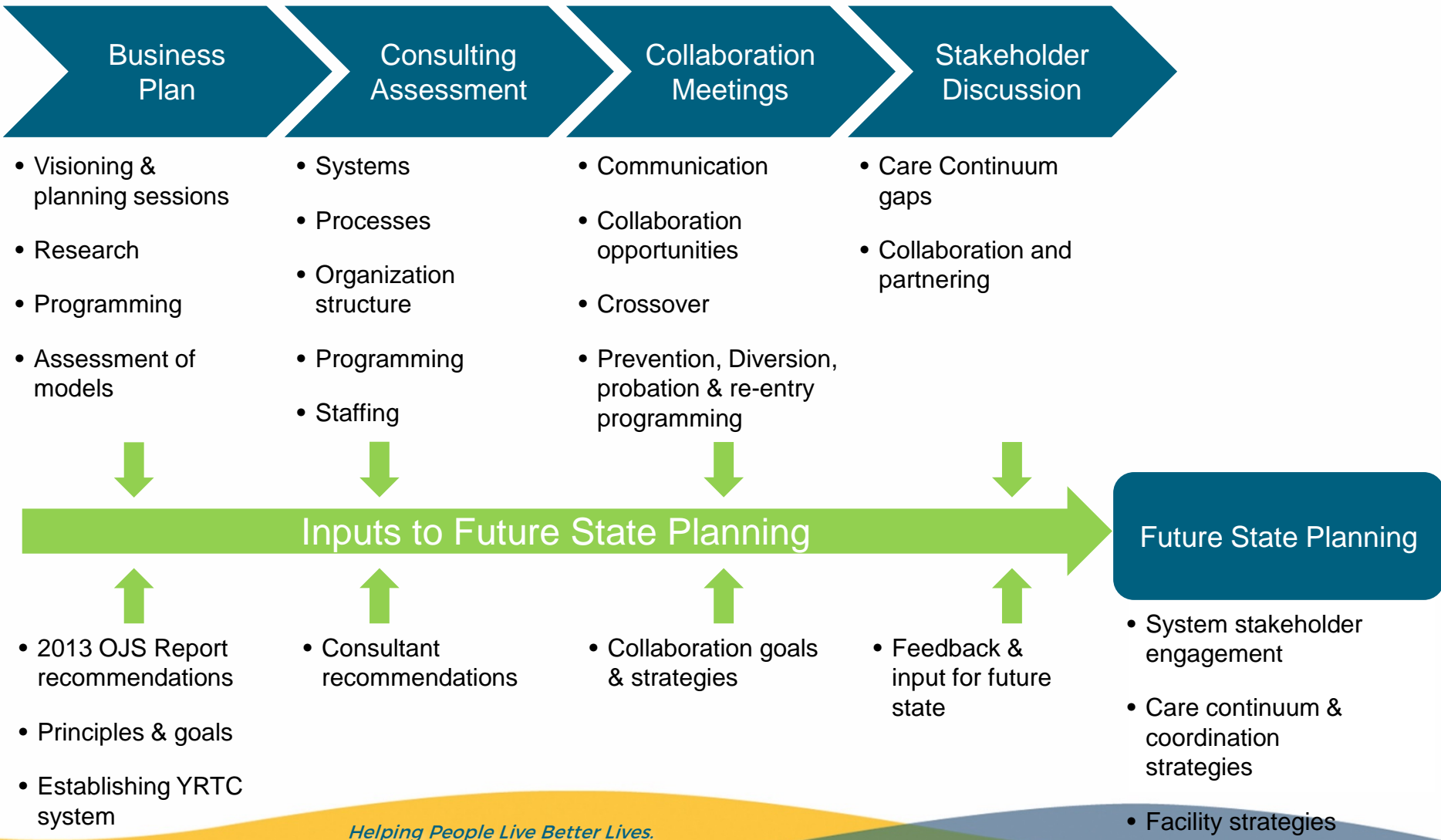


Planning Development



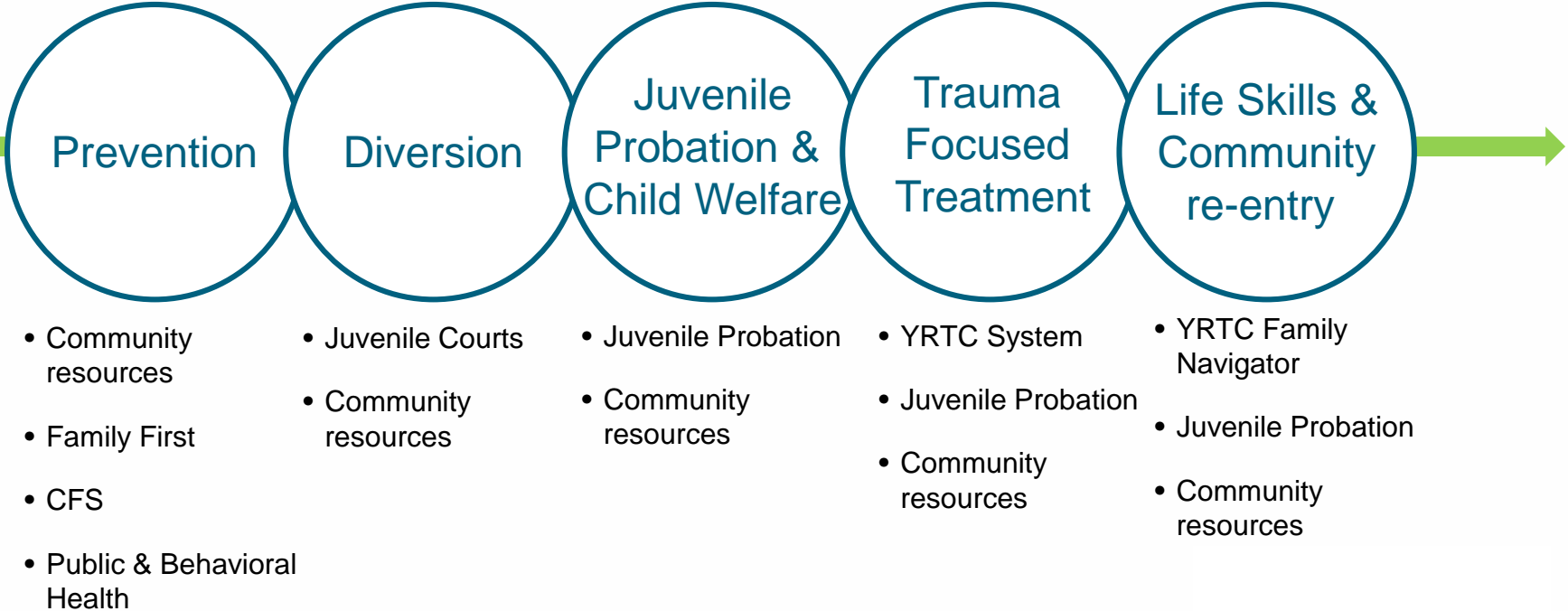
Helping People Live Better Lives.

Phased Planning – NE Youth Care System



Helping People Live Better Lives.

Continuum of Care for Nebraska's Children



Business Plan Goals

Business Goals

- Develop a **system** that will provide appropriate level of **care** and **security** for youth as they progress in their treatment.
- Implement **targeted interventions** to high-acuity, at-risk youth separate from the core group that is positively responding to programming.
- Develop **population specific programming** (gender, acuity, culture, linguistics and race) and programming based on a youth's progress and needs for transitioning back to the community.

"The YRTC business plan is designed to address immediate concerns with facilities, structural security and staffing, while developing population specific programming.

It is a launching point for us to conduct long-term strategic planning with goals of developing a system of care along the continuum."

CEO Dannette R. Smith

Guiding Principles

- Engaging key **system stakeholders** in planning and collaboration – DHHS, DAS, Probation, the juvenile courts, advocacy organizations and the Legislature
- **Strength-based programming** that promotes adolescent brain development and positive human development – skills building, mental health, healing and personal growth, empowerment, problem solving and emotional intelligence
- Adoption of **small-group care model** core elements – cohort consistency, relationships, homelike living spaces, self-care and shared responsibilities of shared spaces
- Appropriate **aftercare** and re-entry are essential to case planning and successful transitioning back to the community
- Academic achievement and engagement are critical elements for case planning and successful re-entry – **core curriculum, life skills, emotional intelligence** and **career skills**
- **Engaging families** as partners early and throughout the continuum of care
- Promotion of **psychological** and **physical safety** for residents and staff with integration into daily activities
- Designing facilities that promote **treatment** and **development** vs. juvenile detention
- **Data** is continuously collected, analyzed and reported to drive decision making, guide case planning, quality improvement and success with activities and programming

YRTC System Campus/Facility Development Updates

Kearney Campus

- Education modular
- Vocational training
- Teacher recruitment
- Student Council
- Citizen Advisory Board
- Policy review & updates
- Camera upgrades
- HVAC repair
- Security fence
- Aesthetic Enhancements

Lincoln Program

- New facility administrator
- Staff training – behavioral tech & trauma model
- Teachers in place – distance education capabilities in development
- Tenant improvements
- Policy development
- New and enhanced programming & staffing

Geneva Campus

- New facility administrator
- Staff training
- Youth counselor
- LaFlesche construction completed
- Decorations & furniture - home feeling environment
- Teachers in place – distance education capabilities in development
- Hospital contracted services
- Community engagement – Community Advisor Board & Community Liaison
- City of Geneva
- MLTC staff in place

Clinical Programming – Kearney Campus

- Single point of entry to YRTC system
- Enhanced evaluation process with full intake assessment, medical evaluation, and psychiatric evaluation/treatment (if indicated)
- School, individual therapy, family therapy, group therapy, recreational therapy
- Phase Model – behavioral positive reinforcement
- Aggression Replacement Therapy, Moral Reconciliation Therapy, SUD treatment (ACRA)
- Psychiatric treatment via Boys Town telemedicine
- Most youth will stay at the Kearney campus and successfully complete their treatment program. However, youth who exhibit chronic high risk behaviors, or are not responding to the Kearney program despite multiple changes to the youth's treatment program, will be considered for transfer to the Lincoln facility as outlined in admission criteria.

Clinical Programming – Lincoln Program

- Short term, behavioral stabilization unit utilizing intensive and highly structured programming for high-acuity and at-risk juveniles.
- Evidence based, trauma informed treatment through Trauma Affect Regulation: Guide for Education and Therapy (TARGET) model.
- Higher staff to youth ratio, more intensive interventions and programming
- Completion of an intensive behavioral assessment to help identify individual treatment needs
- Intensive behavioral modification with positive reinforcements, utilizing tenants of Applied Behavioral Analysis
- Programming development, fidelity monitoring and program evaluation done in consultation with Nebraska Treatment experts including University of Nebraska, Lincoln, Public Policy Center, University of Nebraska Medical Center Monroe Meyer Institute, OMNI Inventive Care and Boys Town
- Continuity of treatment with Boys Town Child/Adolescent Psychiatrists via Telemedicine. Additional oversight/collaboration/consultation with onsite Child/Adolescent Psychiatrist.
- Continue individual, family, group and recreational therapy
- Continue full education program, MRT, ACRA
- Return to Kearney campus once behaviors have improved and stabilized and team believes youth can now be successful in completing the treatment program.

Clinical Programming – Geneva Campus

- Girls who have been successful at the Kearney campus program, or those girls who will be turning 19 and need additional life skills and supports to successfully reintegrate into the community or independent living.
- Home-like atmosphere with daily independent living skills training
- Up to 60 days of reintegration programming including up to 90 days of post-discharge support through family navigation follow up after discharge – Family Navigator function.
- Increase in community/family engagement, identification of supports, warm hand offs to community providers
- Increase community based activities: work release, school, banking, recreational, religious, extracurricular, restorative justice etc.
- Multiple graduated furloughs home or to community

Clinical Programming – Future Development

- Establish enhanced screening and assessment tools (including educational assessments) when youth first encountering YRTC and when moving between facilities.
- Evaluation of phased programming model and implementation of evidenced based care models
- Quality standardization of clinical programming across YRTC System and DHHS behavioral care settings – dedicated leadership resource to oversee all programming fidelity
- Work with system partners to define the population intended to be served at YRTC and to identify outcomes expected of commitment in order to inform programmatic changes needed.

Education Updates

- Developed schedule for female youth to catch-up on hours
- Establishing YRTC school system
 - Goal to improve educational outcomes and career readiness for the students
 - Consistency of curricula across the system – value for students credits
 - Accreditation with Nebraska Department of Education
- Distance education capabilities
- Teacher training
- Recruiting a superintendent
- Governing board

Opportunities (Solutions)



Visioning

- Children have **hope and sense of the future** – they have identified and are living the best version of themselves.
- Children have a **voice and choice** in plans for their future as well as services and resources to help them be successful.
- Children view their experience at the YRTC as a “watershed moment” in their lives – something having a **profound and positive impact** on who they are as a **person**.
- The **focus of treatment is on the whole family** and is rooted in compassion and well-being.
- Children are connected to **family, mentors** and other **caring adults** for support and guidance.
- Children experience increased **resiliency** and **skills**.
- Children **successfully transition** from the YRTC with a focus on tailored services and treatment timelines based on the need for opportunities to experience the “real world” before transitioning back to the community, and expectations that are age and developmentally appropriate.

Nebraska Children's Commission, Juvenile Services Committee – 2013 OJS Recommendations

- Creates an **intensive, highly structured treatment facility** in an urban area with programming designed specifically for **high-risk juvenile law violators** (Level 5). Consider renovating an existing structure to expedite the creation of this facility. (See pages 18-23)
- Transfers Level 5 identified youth from the YRTC's into their own **treatment environment** in the newly created facility. (See pages 18-23)
- Requires the YRTC's to provide **evidence based, trauma informed treatment** for behavioral health disorders, mental health disorders, and substance use disorders to include appropriate medication assisted treatment. (See pages 18-23)
- Continues any additional **YRTC renovations** to create an enhanced therapeutic environment for the remaining youth. (See pages 18-23)
- Requires development of **regionally based treatment facilities** including the feasibility of transitionally redesigning the existing YRTC facilities, and other state run juvenile treatment facilities, into this regionally based framework. (See pages 18-23)

“The Juvenile Services (OJS) Committee is recommending that the juvenile justice system be transformed to a community-based system of care.”

December 2013 OJS Report

YRTC System – Population Specific Care and Programming

