

DHHS Youth Facilities Five-Year Strategic Operations Plan



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DEPT. OF HEALTH AND HUMAN SERVICES

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Listings of the DHHS Youth Facilities Stakeholder Group

The group had seven meetings to review Neb. Rev. Stat. 43-427 and to discuss the future of the DHHS youth facilities. The group aimed to achieve consensus on all aspects of the plan. However, the DHHS leadership team reserved the right to make the final decision. Therefore, not all members of the team listed below concur with every aspect of the plan. The meetings were approximately two hours in duration and were on the following days:

2020: December 7, 10, 14, and 16

2021: January 4, 6, and 13

Name	Title	Agency
Stephanie Beasley	Director of Children and Family Services	Department of Health and Human Services
Neleigh Boyer	Attorney	Department of Health and Human Services
Jeanne Brandner	Deputy Administrator	Probation
Jennifer Carter	Inspector General	Office of the Inspector General
Ryan Foor	State Board Relations & Rules and Regulations Officer	Commissioner's Office
Deborah Frison, PhD	Deputy Commissioner	Department of Education
Janine Fromm, MD	Executive Medical Officer	Department of Health and Human Services
Paul Gordon	Facility Administrator - YRTC-K	Department of Health and Human Services
Larry Kahl	COO	Department of Health and Human Services
Mark LaBouchardiere	Facilities Director	Department of Health and Human Services
Aubrey Mancuso	Executive Director	Voices for Children
Stacy Martin	President and CEO	Lutheran Family Services
Deb Minardi	Probation Administrator	Probation
MaryJo Pankoke	President and CEO	Nebraska Children & Families Foundation
Julie Rogers	Ombudsman	Ombudsman's Office
Richard Wergin	Higher Education, SCATA	NE State Education Association

Executive Summary

The Health and Human Services Committee provided a report to the Nebraska Legislature on the Youth Rehabilitation and Treatment Centers (YRTC) on January 22, 2020. In that report, the committee provided the history, statutory framework and population descriptions for the YRTCs. In addition, they conducted observations of the existing facilities and made multiple recommendations. This plan addresses the items called out in Neb. Rev. Stat. 43-427 and does so throughout the document. Please note that a crosswalk document has been created to allow for ease of referencing the legislative request to the deliverable in the report.

The purpose of this document is to serve as a 5-year operation plan for all of the Department of Health and Human Services (DHHS) Youth Facilities, including the YRTCs. The plan has two primary objectives:

- Provide a plan for all items outlined in Neb. Rev. Stat. 43-427 and response to concerns included in the January 2020 report from the Health and Human Services Committee.
- Establish a blueprint for continuing the advancement of the DHHS Youth Facilities from the *traditional corrections approach* to a *comprehensive treatment approach*. We will utilize a three-pillar approach to discuss this transformation that consists of facilities, staffing, and programming.

The document consists of a brief introduction, current assessment of the DHHS Youth Facilities, overview of strategy goals and evaluation criteria, strategic recommendations, and an implementation plan. Each strategic recommendation was required to meet one of two evaluation criteria:

- Does it address the concerns put forth by Neb. Rev. Stat. 43-427?
- Does it move the DHHS Youth Facilities towards a more treatment-centered approach, with a focus on safety and quality of care, instead of a correction centered approach?

The strategic goals that the plan hopes to achieve are:

- Reduction in escapes
- Reduction in assaults (on staff and on youth)
- Reduction in average annualized hours per incident of confinement to 8 hours
- Increased educational accomplishments, graduations, and course work completion
- Reduction in recidivism rate
- Increased frequency and quality of off-campus activities
- 10% increase (from baseline) in youth and family “overall” satisfaction with program.

To achieve these goals, 10 strategies have been recommended:

Recommendation #1 – Leverage the continuum of services offered by the YRTC to provide comprehensive and individualized treatment plans for each youth admitted to the YRTC facilities

Recommendation #2 – Determine the appropriate facility plan to provide a continuum of treatment services available to each youth admitted to the YRTC

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

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

Recommendation #5 – Engage the Nebraska Department of Education in the transformation of the YRTC programs

Recommendation #6 – Engage the Nebraska Judicial Branch in the transformation of the YRTC programs

Recommendation #7 – Engage the families of the youth in the YRTC with their treatment

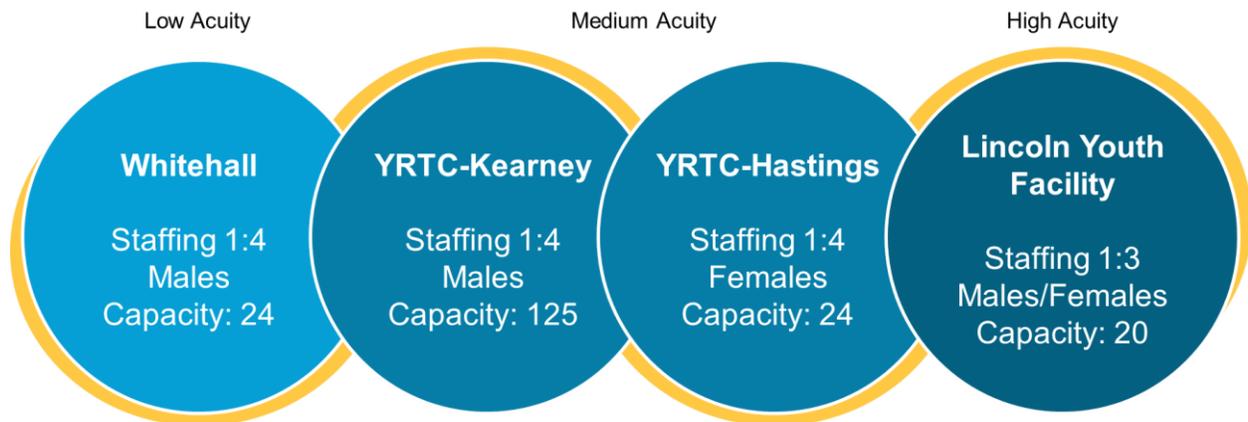
Recommendation #8 – Evaluate alternative accreditation/licensure options for YRTC

Recommendation #9 – Continue the DHHS YRTC Stakeholder Group as a forum for feedback and guidance

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

In addition to accomplishing all of the stated objectives above, it seems prudent to provide an overview and overarching direction of the YRTCs that could be further summarized by the closure of the Geneva YRTC due to lacking the three key resources required for program success (see page 9). Further, it would be the recommendation to open the Hastings facility as a YRTC and to move the female youth from Kearney to Hastings at the earliest opportunity. To complete the clinical continuum of care, it further is recommended to classify the Lincoln Youth Facility as a YRTC. And finally, it is recommended that the exploration and additional research on the current facilities ability to meet the needs for contemporary, evidence-based best practice care should be evaluated, resulting in a recommendation for facility improvement. Based on these recommendations, it would be advisable to maintain the current operating structure and continue to build stability across the facilities, staffing and programming within the continuum through 2021.

Continuum of Care – Youth Facilities



Introduction

During the past decade there have been multiple calls for improvement within the Juvenile Services Department and specifically the YRTC. Historically, the primary concern is that Nebraska, indeed the country, still relies too heavily on a corrections-based model instead of the treatment centered model. There have been multiple reports produced encouraging DHHS to transition to a treatment-centered approach and to update their facilities to enable a more treatment-centered approach. However, due to a variety of factors that are beyond the scope of this report, this transition has not been achieved.

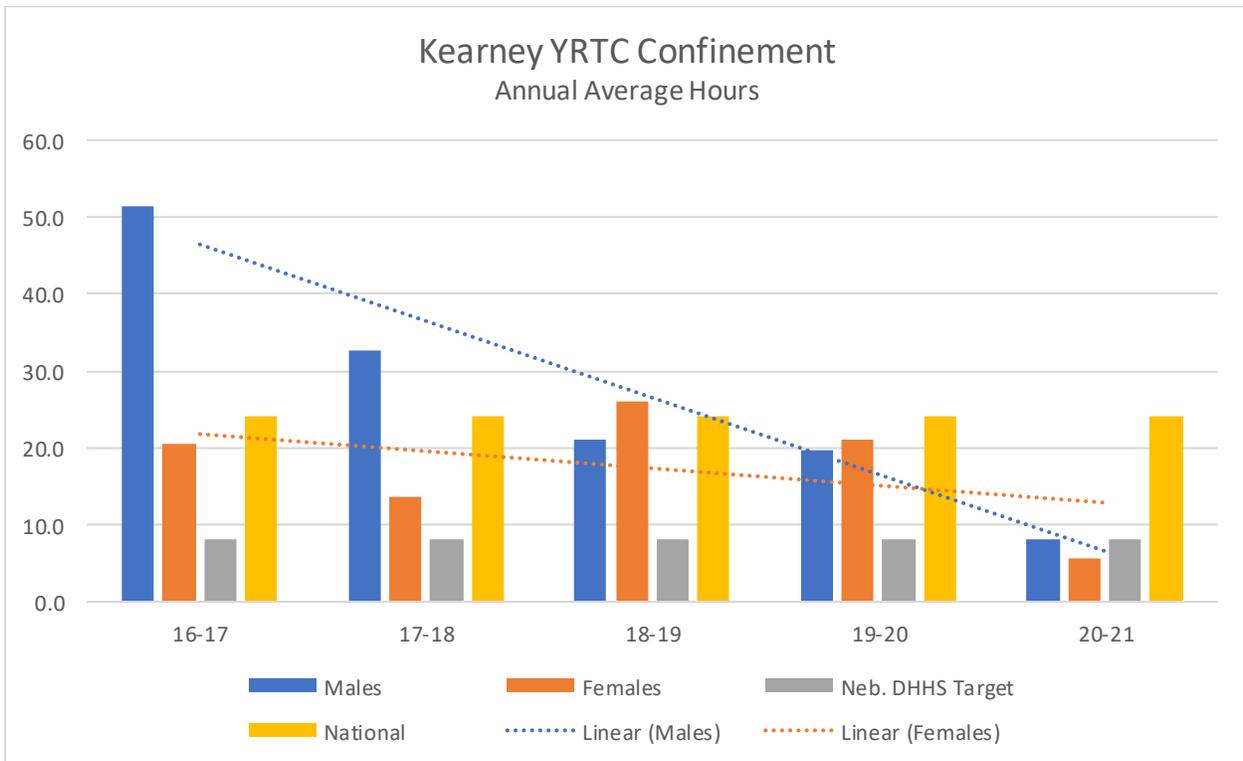
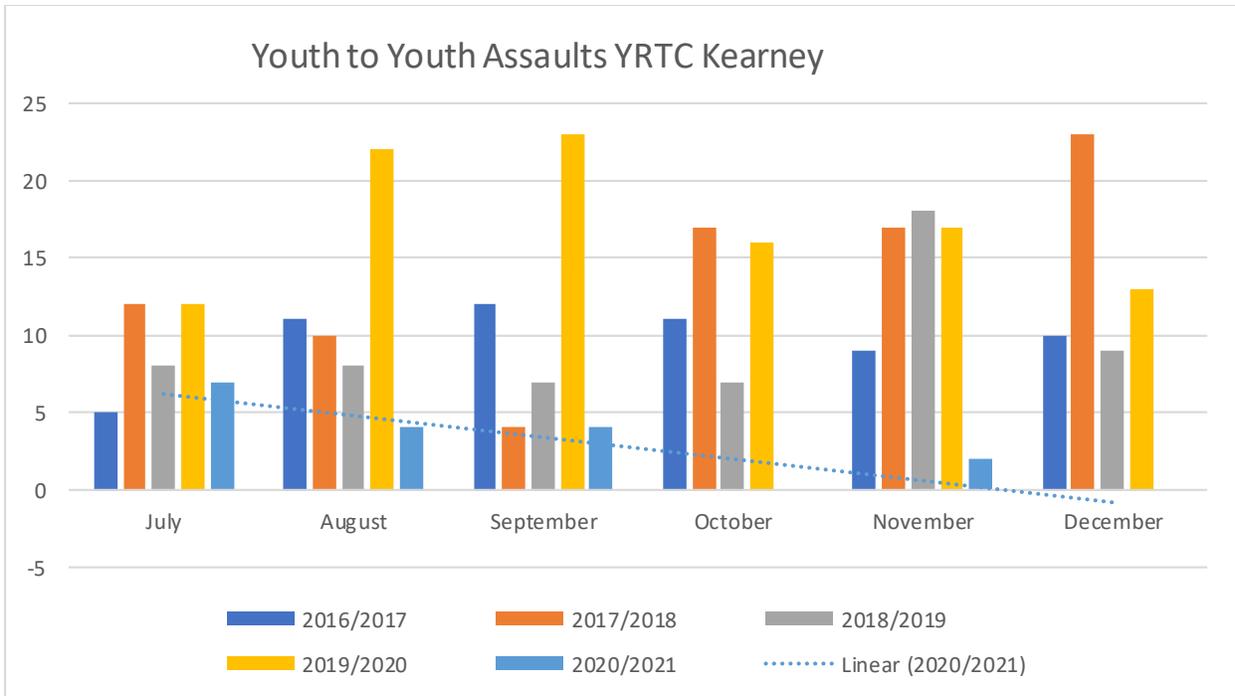
The purposed of this report is twofold:

- To respond to concerns presented by the Nebraska Legislature in Legislative Bill (LB) 1140 and by the Health and Human Services Committee in their report on the YRTCs
- To establish a 5-year strategic plan that will enable a full transition to treatment-centered programs of which all Nebraskans can be proud.

It is important to note that despite the negative situations that have captured the attention of the media in recent years, the DHHS Office of Juvenile Services and the YRTCs have demonstrated significant progress during the past two years that have put them in a strong position to complete the transition to a program that delivers the holistic and comprehensive treatment needed by the youth that it serves. Some of the key highlights are the reduction in the physical acting out between youth and between youth and staff, and the reduction in confinement hours of youth placed in the YRTC. Each of these measures are considered proxy measures for treatment efficacy and are demonstrated below. DHHS shares them here in an effort to demonstrate that the work has already begun, and that continuing to follow the prescribed treatment approach will yield results that Nebraska can be proud of.



YRTC-KEARNEY GRADUATION CEREMONY



There are three key operational components of the DHHS Youth Facilities' programs that are required to provide safe, high quality treatment: adequately designed facilities, well trained and adequate volume of staffing, and state of the art, evidence-based best practice programming. This report will assess the status of each component and will provide recommendations accordingly.



The second Venn diagram represents the connectedness of the treatment process that can occur once the foundational building blocks of operations are in place, and is colored blue to represent that it is a breakout of the programming building block from above. It consists of the interaction between the youth, their family and both their care provider community and the community at large.



Current Assessment of the DHHS Youth Facilities

There are three major components required to deliver the appropriate treatment to each youth admitted into the program: facilities, staffing, and programming. Each one of these components play a critical role in the treatment of our youth. In the following paragraphs, we will assess each component of the YRTC.

Facilities

Each DHHS facility for youth is designated to provide a certain level of treatment along the continuum of services offered by DHHS. Winston Churchill once said, “We shape our buildings, thereafter, they shape us.” In many ways the design and functionality of a facility shapes the type and level of care that can be provided. Just as the treatment models have changed over the past several years, the facility needs to morph or evolve as well. As mentioned in Recommendation #2 above, it is proposed that DHHS commission a study to



OUTDOOR RECREATION AT YRTC-KEARNEY

determine how the use of facilities can best serve the youth through the Youth Services at DHHS. However the current narrative will share a brief description of each facility, starting with the lowest level of care, provided below:

Whitehall

Whitehall campus is licensed as a Psychiatric Residential Treatment Facility (PRTF). There are two separate 24/7 residential treatment programs on campus. Both programs provide 42 hours of therapeutic activities and 25 hours of academic instruction per week.

First is a specialized program that provides substance use disorder specific assessment and treatment for adolescent males who experienced legal consequences connected to their substance use. The average length of stay for the substance use disorder program is approximately 3 months. However, length of stay can range from 2 to 6 months or more depending on a youth’s treatment needs.

The second program is a specialized program that provides sex offender-specific assessment and treatment for adolescent males who have engaged in sexually harmful behaviors towards others. The average length of stay for the juveniles who sexually harm program is approximately 12 months. However, length of stay can range from 6 to 18 months or more, depending on a youth’s treatment needs.

Youth referred for treatment in the Whitehall programs have failed to benefit from less restrictive interventions. These services are housed in buildings that were built in 1965. They are small by today’s

standards and limit the range of services and events that could be provided to the youth in a lighter, brighter, larger space, with functional sleeping rooms on wings of the building with a central living core. While they are still functional, the care and services of the youth could be enhanced by utilization of buildings similar to those built recently on the Hastings campus.

Kearney

The Kearney campus is one of the Y RTCs and currently serves both male and female youth ranging in age from 14 to 18 years. The average length of stay is 11 months. Youth are separated by gender into different cottages. They are currently facilitated around the campus in such a way that the male and female youth do not co-mingle. Youth have been court-ordered to Kearney after having been determined to have exhausted all lower level, community based, service options.

The buildings on the Kearney campus were built between 1943 to 1976. The buildings used to house the boys were built in the early 1950s and still utilize a dorm style sleeping unit. The cost to provide separate rooms, in accordance with today's standards, would not only be cost prohibitive, but would change the number of youth that the campus could house and would change staffing for each unit, making its use even less cost effective. There remain some very usable and well maintained buildings on campus, but this location could also benefit from the development of newer cottage style units similar to those built on the Hastings Campus. This would allow for the separation of youth into more age-appropriate developmental groups, thus increasing safety and quality of care, and reducing the likelihood of developing criminality in the younger, more vulnerable residents.

One of the newest buildings on the campus is the Dickson building, built in 1976. Dickson is used for confinement or isolation (in 2020, youth potentially exposed to COVID-19 were able to safely quarantine in Dickson). While the hours of confinement per youth have drastically reduced, Y RTC-K could benefit from a new, more contemporary detention type of facility that meets the needs of youth who are experiencing a significant loss of control or mental health issues. A new facility that might be similar to the space currently rented from Lancaster County in Lincoln.

A philosophical discussion of centralized versus decentralized campus buildings, and the future of Y RTC locations, would be an item for facilities experts or consultants to respond to in Recommendation #2. At this time, it appears most appropriate to allow DHHS to put the hardwire operational changes and focus on the development of the provision of services, perhaps to be followed by a more thorough examination of maintenance of grounds and buildings.



Y RTC-KEARNEY CAMPUS ESTABLISHED IN 1879

Hastings

The Hastings facility will be opened in April 2021 and will serve female youth ranging in age from 14 to 18 years. The youth will be housed in cottages and have been court ordered to Hastings after having been determined to have exhausted all lower level, community based, service options. The anticipated average length of stay is currently also at 11 months, however, with the new buildings and services available, it is a goal to reduce the length of stay by increasing the intensity of the program and treatment services.

Geneva

The Geneva campus currently serves only female youth ranging in age from 14 to 18 years. Youth at Geneva have already had a notice of reentry intent provided and are working toward reentry into the community. A study of the county of origin for our female residents should be assessed for the potential future development of reentry programs in the areas that make the most referrals to our female programs. The Geneva campus is currently not being utilized due to the condition of the residential buildings and the shortage of qualified applicants to work on the campus. It is recommended that services be permanently discontinued.

Lincoln

The Lincoln campus, housed in a former juvenile detention facility, currently serves both male and female youth ranging in ages from 14 to 18 years. This is the highest level of care in the service continuum. The average length of stay is 4.3 months. Youth are separated by gender into different secure housing pods. Youth have been transferred to Lincoln from the Kearney campus, after it has been determined that their behavioral/mental health needs represent a higher acuity and risk and would be better treated with programming offered in the Lincoln facility. Other than the new cottages on the Hastings campus, this is the newest building we currently occupy, built in 2001. This space allows for appropriate separation of male and female youth, a higher level of supervision and staffing resources are provided at this location.



YOUTH RECREATIONAL ACTIVITY

Operating Budget

The following table outlines the 2020-2021 budget allocations for Kearney, Geneva and Lincoln.

**Office of Juvenile Services Budget
2020-2021**

Description	Total PSL Budgeted	Total Benefits Budgeted	Total Operating Budgeted	Total Budgeted
400 OJS Admin	300,275	110,056	76,206	486,537
405 Youth Facility Lincoln	2,323,304	703,564	1,320,023	4,346,891
410 Youth Facility Hastings				
420 Geneva YRTC	1,216,526	459,740	1,534,206	3,210,472
430 Kearney YRTC	9,178,364	3,292,799	4,946,782	17,417,945
Total OJS	\$13,018,469	\$4,566,159	\$7,877,217	\$25,461,845

Staffing

All staffing is onsite at each campus with the exception of those positions that service all youth service programs which includes Compliance and Quality, the OJS Administrator, Clinical Program Manager, and the 24-hour Facilities Manager.

It is imperative that the YRTC facilities are staffed appropriately to ensure comprehensive treatment for each resident. However, staffing has continued to be a challenge for YRTC facilities for the past decade. There are a variety of factors contributing to the ongoing staffing challenges, including but not limited to: economic conditions and very low unemployment; declining population in some of our more rural facilities; higher entry-level wages paid by organizations hiring entry-level staff, resulting in high turnover in entry-level roles; and difficulty recruiting based on location of facilities and the state paying noncompetitive wages. The entire YRTC facility system is currently running at 73% fill rate of the requested staffing and has 350.5 of the 479.5 positions filled. Furthermore, the YRTC systems currently operate at 1:8 staff to youth ratio instead of the optimal 1:4-1:6 ratio. However, an operating best practice is to staff to volume and the leadership is working on the development of a reliable staffing matrix to allow for additional flexibility. A summary of each facility’s staffing situation is outlined below (refer to Appendix B for the detailed spreadsheet).

A key consideration for each of the facility’s fill rate is the volume of the youth in the program. For example, while Lincoln looks to have a very low fill rate, it is also running at a low volume. This balancing of staff to volume is an efficient means of allowing the facility to balance costs, staff demand, and program needs. The DHHS Human Resources team has been effective in being able to fill 80% of their posted positions relatively quickly. Part of the Facility Administrator’s challenge is to keep the posting and filling of positions in balance with the volume fluctuations. The 2020 calendar year turnover rates for the facilities were: YRTC-Kearney – 32%, YRTC-Geneva – 23%, Lincoln Youth Facility – 38%, Hastings Regional Center – 17%, Whitehall – 26%.

Whitehall

The Whitehall facility is currently operating with 96% of required staffing and has 51 of 53 positions filled. The two gaps that are currently being recruited are for a registered nurse and a youth security specialist.

This program, at the lower end of the acuity continuum, is easier to recruit for based on the location of the service and the lower behavior risk of the youth.

Kearney

The Kearney facility is currently operating with 74% of required staffing and has 164 of 221.5 positions filled. The positions in need are teachers, food service cook, and youth program security specialists. The program host higher acuity youth and is located in Kearney where the unemployment rate is extremely low. While we have seen the census decline due to COVID-19 and the national trend of more youth being served at lower levels of care, this employment market is extremely price sensitive and staff will move to higher-paying jobs for a smaller differentiation, especially in the entry-level youth security specialist roles, where we see the largest number of vacancies.

Lincoln

The Lincoln facility is currently operating with 57% of required staffing and has 56 of 98 positions filled. The positions in need are teachers and behavioral technicians. Given the highest level of acuity on the youth services continuum, these roles are generally filled by people who have committed to a vocation and are looking for a career in youth services. So while the number of staff openings are larger, those who commit, and pass the training period, tend to be more committed and stay longer. Again, note that we are also staffing to volume at this location.



YOUTH COMMUNITY SERVICE PROJECT

Hastings

The Hastings facility is currently operating at 78% of required staffing and has 63.5 of 81 positions filled. The positions in need are food service cook and an advanced practice registered nurse. This is incredible given that the female youth have not even moved to this location yet. The staff here have received a high level of additional training to prepare for the opening of the Hastings YRTC and are engaged and motivated to care for youth.

Geneva

The Geneva facility is currently running at 56% of required staffing and has 15 of 27 positions filled. The positions in need are youth program specialists, recreations specialist, and nurse. While there are currently no youth at this location, and while the majority of staff have taken other positions with Medicaid and Long-Term Care program at the Geneva Campus location, the difficulty to fill at this location is due to the limited number of applicants.

Staff Training

In addition to ensuring that each facility has the appropriate number of staff, it is also necessary to ensure they have been provided the adequate training. The basic training requirements for each role in the YRTC facilities can be found in Appendix C. The roles that engage with youth on a daily basis are required to be trained in communications skills and motivational interviewing, cultural lifestyle and awareness, suicide

intervention and prevention, interpersonal relations, adolescent development, recognizing critical behavior and all staff are required to take trauma-informed care training. In addition to the above, staff are trained in documentation and report writing, additional training specialized to their job function and compassion fatigue.

Programming

YRTC programming consists of all of the scheduled program activities that happens during a given 24-hour period. Programming consists of, but is not limited to, treatment programs, education plans, recreation programs, and nutrition plans. With the application of the Missouri Youth Service Institute (MYSI) Model, we are looking for teachable moments to engage with youth and encourage thoughtful action throughout all of the time with in the YRTC. The MYSI Model incorporates a series of best practices, packaged in such a way as to effect systemic changes for the team and the youth. We will briefly address some of the program activities and clinical approaches in the following paragraphs:

Youth Rehabilitation Programs

Adolescent Community Reinforcement Approach (ACRA):

ACRA is a skills-based approach to treating substance use disorders by increasing family, social and educational reinforcements that support recovery from substance abuse. ACRA involves three types of sessions including individual sessions with the youth, individual sessions with the parent or caregiver and joint sessions with the youth and caregiver. ACRA is utilized in more than 270 organizations across the country and is on U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices.

Moral Reconation Therapy (MRT): MRT is a cognitive-behavioral treatment system that leads to enhanced moral reason, better decision-making, and more appropriate behavior. MRT is delivered in an open group format, with case managers who are trained in the MRT program facilitation guiding the sessions. Typically held for 1.5 to 2 hours in length, typically held once or twice per week. It is an evidence based intervention that has been proven to increase life purpose, increase moral decision-making and to decrease risk-taking behaviors, substance abuse and recidivism. MRT is a recognized best practice as studied by the Substance Abuse and Mental Health Administration in their Treatment Improvement Protocol (TIP) series #44 publication.



YOUTH CONFIDENCE COURSE

Aggression Replacement Training (ART): ART has been shown to reduce recidivism in an adolescent population. ART is a 10-week cognitive behavioral treatment protocol that addresses three interrelated components: social skills training, anger control training, and moral reasoning. Each component focuses on a specific prosocial behavioral strategy that is learned through repetitive exposure to the material. Developed in the United States in the 1980's it is now used throughout North America as well as Europe, South Africa and Australia.

Trauma Affect Regulation Guide for Education and Therapy (TARGET®): TARGET is a model for intensive behavioral modification programming. The TARGET® model is endorsed by the U.S. office of Juvenile Justice and Delinquency Prevention. TARGET® is a psychosocial intervention that provides education about the impact of complex traumatic stress on the brain's stress response system, and strengths-based practical skills for re-setting the trauma-related alarms/survival reactions that occur in complex PTSD. This highly effective treatment approach, created by Drs. Ford and Russo, was spotlighted in a research article published the American Journal of Psychotherapy, Vol 60, NO. 4 2006 as a best practice.



YOUTH VOLUNTEER PROJECT

Applied Behavioral Analysis (ABA): ABA is a type of therapy that focuses on improving specific behaviors, such as social skills, communication, and learning skills through positive reinforcement. It has been shown that consistent ABA can significantly improve behaviors and skills and decrease the need for special services. ABA programming can be adapted to meet the needs of each individual youth, with the development of an individualized Behavior Support Plan (BSP). ABA programming offers both one-to-one and group instruction to support the BSP.

The treatment team is formalizing the use of motivational interviewing as well, in addition to the approaches mentioned above. This approach targets the factors that motivate the youth and utilizes them to support the youth skill development and progress in treatment while at the facilities.

Therapists pursue individualized training to better serve the youth in YRTC programs. Additional training has included Adolescent Community Reinforcement approach (A-CRA), Eye Movement Desensitization and Reprocessing (EMDR) and certification in working with youth who sexually harm. The complete mental health rehabilitation programs can be found in the YRTC Operating Memorandum 115.23.6 entitled "Mental Health Services," located in Appendix D.

Youth Mental Health Treatment Plans

The treatment planning process begins upon admission to the YRTC and utilizes the information from previous treatment experiences and documentation from probation, as well as information from all of the

staff assessments and interviews that occur early in the stay at a YRTC. Each of the members of the treatment team have a voice and input into the recommended treatment plan for the youth. The youths own goals and objectives are included as well as input from the family and the courts. Discharge planning also begins early in the assessment process and is reviewed and revised as the youth progresses through their stay.

Family Member Engagement

Family members are encouraged to participate in programming at YRTC through a number of ways. Family involvement is a key component in the lives of youth and while families engage at different levels of appropriateness, the opportunity to engage the family is welcomed.

Initially, a letter is sent informing the parent of youth's placement at YRTC and providing contact information. Then case managers reach out to family, as appropriate, to involve them in case planning, monthly family team meetings, and visits. The therapists reach out to families for clinical involvement and schedule family engagement or family therapy sessions as appropriate and agreed to with the family. Finally, the YRTC staff work collaboratively with probation officers and reentry officers to plan discharge services for the youth and family. This would be included in the probation reentry plan for the youth.



YOUTH FUN DAY

There are several levels of family involvement, from the initial engagement and education about the youth residential treatment center process, to visits, to family commitment and being engaged in the process with their youth, to family therapy. Due to the distances between some members' homes and the facilities, much of the family work occurs via local providers in their home communities.

The COVID-19 pandemic has provided both struggles and opportunity for the engagement of families. The utilization of telehealth tools has allowed for an increase in family connection for our youth. This is something that we will maintain going forward. While a live visit is still the gold standard, increased communication with families is welcomed by the youth and the treatment team.

Education

The Nebraska Department of Education has been contracted and is currently developing the education plans for the Youth Facilities. Their role has been to assess, structure and build the educational curriculum, teachers and class room experience and to implement these components in such a manner as to affect an equal experience of the youth to what they would have received if they were in a traditional high school. The roll out of this plan will be addressed in the strategic recommendations.

Discharge Planning

Discharge planning begins upon intake with the development of the case plan and mental health/substance use treatment plan. YRTC and Probation engage in ongoing collaborative staff meetings, where each youth's progress is discussed, and discharge readiness and planning are highlighted. The individualized reentry plan for discharge is developed by the probation reentry officers. See the Juvenile Reentry Unit Roles and Responsibilities description, provided by the Probation administrative offices.

Strategy Goals and Evaluation Criteria

Each strategic recommendation was required to meet one of two evaluation criteria:

- Does it address the concerns put forth by Neb. Rev. Stat. 43-427?
- Does it move the DHHS Youth Facilities towards a more treatment centered approach instead of a correction-centered approach?

The implementation of the strategic goals are expected to achieve:

- Reduction in the total number of escapes
- Reduction in assaults (both youth on staff and youth on youth)
- Reduction in the number of and severity of critical incidences
- Reduction in average hours per incident of confinement to 8 hours or less
- Increased educational accomplishments, graduations, and course work completion
- Reduction in use of restraints, both frequency and duration
- Reduction in suicide attempts and self-harm
- Reduction in recidivism rate
- Increased frequency and quality of off-campus activities
- 10% increase (from baseline) in youth and family "overall" satisfaction with program.

Strategy Recommendations

Recommendation #1: Leverage the continuum of services offered by DHHS to provide comprehensive and individualized treatment plans for each youth admitted to DHHS facilities.

The level of care provided at DHHS Youth Facilities, while reserved for those youth who have exhausted all other community based treatment or counseling attempts, will still be needed in 2025 by a select segment of our population. The DHHS Youth Facilities will continue to provide high quality, structured and consistent care, education, and treatment services for this population. Within the high needs population, youth will have many different presentations and needs. Most of these youth have experienced or are experiencing one or more of the following conditions:

- Significant trauma
- Lack of consistent and supportive parenting
- Major mental health disorders
- Developmental disability
- Criminogenic thinking and resistance to treatment

Subsequently, a clinical continuum of care is required to address the complex treatment needs for each youth admitted into the DHHS facilities. To achieve this strategic objective, it will require appropriate care settings that leverage a holistic approach to address the mental, physical, emotional, and spiritual needs along with consideration of the diagnosis and length of care needed to obtain maximum clinical effectiveness. Individualizing the treatment plans for each youth served by DHHS Youth Facilities will offer the best opportunity for success.

Strategy 1.1 – Formalize definitions and processes to highlight the continuum of care available for each youth admitted to one of the DHHS Youth Facilities.

It will be very beneficial for all organizations in Nebraska’s Juvenile Justice system to have a thorough understanding of the continuum of care provided by DHHS. DHHS will then formalize the definitions and processes utilized to administer the continuum of care. This will include the development of models and flowcharts that ensure all stakeholders understand how youth transition through the various treatment levels offered by DHHS.

Strategy 1.2 – Leverage the existing stakeholder group to review existing programming plans and make necessary changes.

It is necessary for the DHHS Youth Facilities Stakeholder Group to review and provide input on the existing programming plans. The stakeholder group will meet on a quarterly basis and will be able to review programming on an ongoing basis.

Strategy 1.3 – Evaluate the effectiveness of the continuum of care and the array of services on an annual basis.

Following this approach will promote the teams performing a continuous performance improvement approach to the services received by youth. When combined with the other recommendations and taken as a whole, the gestalt should result in a consistently current approach to the care of youth within DHHS. This is intended to align with the annual reporting activity as called out in Neb. Rev. Stat. 43-427.

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

It will be necessary for the youth facilities to commission a study to evaluate the condition, life expectancy, and annual costs to maintain and operate each facility. As a result of the study, DHHS could determine the best course of action moving forward. Potential changes to consider are:

- Utilizing cottages at multiple youth facility sites, comparable to the Hastings campus.
- Replace the Dickson building with a more contemporary building space that will allow for secure detention and security needs of the youth.
- Building a traditional gymnasium on the Hastings Campus
- Consider use of the cottage model on the Whitehall Campus
- Building a DHHS/DAS/State-owned new facility in Lincoln
- Explore the need for an inpatient adolescent mental health facility
- Explore the viability and feasibility of additional sites in the future that will support the evolving continuum of care services.

Strategy 2.1 – Discontinue use of YRTC-Geneva.

It is recommended to permanently discontinue the use of the YRTC facility in Geneva. Previous DHHS experience with the absence of the three key components of quality youth care, demonstrated that treatment services at this location, with the absence of the needed resources is not sufficient to maintain the facility in Geneva. Furthermore, at this time, the amount of money required to get Geneva up to building code would not generate the appropriate return on investment (ROI) to the taxpayer.

Strategy 2.2 – Establish YRTC-Hastings for the female youth population.

It is recommended that DHHS open a YRTC facility in Hastings for the female youth population. This will achieve a number of goals:

- It will enable gender segregation.
- It will allow DHHS to honor the legislative mandate to provide a gender-specific campus by July 31, 2021. Anticipated move date is April 2021.
- It will allow DHHS to utilize a best practice style of facility to address the youths' treatment needs.
- Utilization of the cottages will allow for modifications to the current service approach we provide and allow for a more home like setting – per the recommendation of the MSYI Model of care.

Strategy 2.3 – Perform a thorough assessment of each youth facility and prioritize them based on improvement needs.

It is recommended that DHHS in collaboration with DAS and a contracted consultant, perform a comprehensive assessment of each facility within their jurisdiction. Once the assessment is complete, DHHS, in consultation with the Youth Facilities Stakeholder Group assist in the prioritization of facility improvements.

Strategy 2.4 – Perform a Return on Investment (ROI) analysis on each facility's proposed improvements.

It is recommended that DHHS in collaboration with DAS and a contracted consultant, provide an ROI analysis on each facility's improvements. In this analysis addressing the programmatic and treatment benefits gained by the facility improvements in addition to any cost efficiencies gained by these improvements shall be noted. It is also recommended that DHHS share the ROI report with the DHHS Youth Facilities Stakeholder Group during one of the quarterly meetings.

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

It is recommended that the DHHS Youth Facilities leadership team work closely with our business partners and DHHS fiscal services to articulate their vision for the facility improvements, the benefits these improvements will generate, and the funding needed to make the required facility improvements.

Strategy 2.6 – Update the disaster recovery plan for each facility.

It is recommended that DHHS update and formalize the recovery plan for each facility which is currently under development. In addition, it is recommended that these recovery plans are updated each time there is a significant population shift or facility change within DHHS. To the extent possible, table-top exercises or drills to walk through the needed actions should help the organization to enhance their state of readiness.

Strategy 2.7 – Complete a feasibility analysis for an in-patient facility in Lincoln.

It is recommended that DHHS complete a feasibility analysis for offering an inpatient adolescent psychiatric treatment facility in Lincoln.

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

It is recommended for DHHS to meet or exceed staffing requirements based on the Prison Rape Elimination Act (PREA). Therefore, it will be critical for DHHS to lower the staff-to-youth ratio and provide individualized and comprehensive treatment to each youth in our facilities. Furthermore, it is recommended that DHHS achieve a staffing plan that will allow for the flexibility to transition to a 1:1 ratio when needed. DHHS will work closely with our business partners and DHHS fiscal services to advocate for the appropriate level of budgetary flexibility and funding to support the transformation to an acuity based staffing model for the YRTC facilities.

Strategy 3.1 – Assess the staffing ratios at each facility.

It is recommended that DHHS do a thorough analysis of the staffing ratio at each of their facilities. Upon the completion of the analysis, a formal recommendation for the future staffing plan at each facility should be developed and may be shared with the DHHS Youth Facilities Stakeholder Group at the quarterly meetings.

Strategy 3.2 – Prioritize the hiring to achieve appropriate staffing levels.

It is recommended that DHHS provide a prioritized annual hiring plan to achieve the acuity-appropriate staffing levels and review this plan with the DHHS Youth Facilities Stakeholder Group.

Strategy 3.3 – Align flexible staffing strategy with available funding.

It is recommended that the DHHS Youth Facilities leadership team work closely with our business partners and DHHS fiscal services to articulate their vision for the staffing improvements, the benefits these improvements will generate, and the funding needed to make the required facility improvements.

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

The YRTC facilities need the ability to clinically transfer youth to the appropriate level of care/facility to ensure they can immediately respond to the treatment needs of their residents. The current process often requires a seven day pre-notification and up to a month to get the approval to move youth along the continuum of care offered by the YRTC, which has a negative impact on the youth and the staff of our facilities. To address this strategy, we recommend the following three tactics.

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

It should be noted that this was the most contentious topic discussed by the stakeholder group. Therefore, it is recommended that the DHHS Youth Facilities Stakeholder Group spend time discussing the concerns at greater depth.

Strategy 4.2 – Determine if an agreed upon solution by all stakeholders can be reached.

It is recommended that an agreed upon solution be developed by all stakeholders. If this cannot be reached it is recommended that the divergent views be captured within the stakeholder group and later addressed with the legislative oversight committee.

Strategy 4.3 – Pending the outcome of Strategy 4.2, determine next steps for pursuing the legislative change.

The details of this tactic will be depended on the outcome of 4.2, 2021 legislation LB372 and will need to be evaluated at that time.

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

The Nebraska Department of Education (NDE) has been contracted to perform a complete curriculum assessment of the education programs at each of the YRTCs. Upon completion of this assessment the YRTC staff will work closely with the NDE to determine the appropriate next steps to transform the educational programs at the YRTCs. NDE has agreed to provide DHHS with the following items:

- A written recommendation on the educational model DHHS should utilize in each of its facility-based schools.
- A written recommendation for the organizational structure of the facility-based schools, including recommendations on the types of positions, the number of employees to serve in each position at each facility and the necessary leadership structure
- A written implementation plan for how DHHS can achieve both the organizational structure and educational model recommended by the Agency.

Potential outcomes for this partnership could be:

- An assessment of all technology at YRTC facilities to determine appropriate upgrades
- Evaluate the possibility of having YRTC staff trained as para-educators
- Develop a joint action plan to address curriculum gaps identified in the assessment
- Quarterly updates with DHHS CEO and COO from Superintendent and Commissioner (NDE).

Strategy 5.1 – Review the curriculum assessment results.

It is recommended that DHHS and NDE thoroughly review the assessment results that are currently being conducted.

Strategy 5.2 – Review the educational technology assessment results.

It is recommended that DHHS and NDE perform a technology assessment of each DHHS youth facility and share it with the DHHS Youth Facilities Stakeholder Group.

Strategy 5.3 – Formalize an action plan to resolve the curriculum gaps.

It is recommended that DHHS and NDE develop a detailed action plan to address the curriculum gaps identified. Furthermore, it will be necessary to develop a prioritized list of improvements accompanied with a proposed timeline and budget required to close these gaps.

Strategy 5.4 – Formalize an action plan to resolve the educational technology gaps.

It is recommended that DHHS and NDE develop a detailed action plan to address the educational technology gaps identified. Furthermore, it will be necessary to develop a prioritized list of improvements accompanied with a proposed timeline and budget required to close these gaps.

Strategy 5.5 – Formalize agreed upon education key performance indicators.

It is recommended that DHHS and NDE develop an agreed upon set of key performance indicators that will be reported to the DHHS Youth Facilities Stakeholder Group. While the base of this work has been completed in the recently expanded contract with NDE, the agreement should be continuously refined to reflect the needs of the youth.

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

The Nebraska Judicial Branch is an integral part of Nebraska’s juvenile justice system. The courts determine where the youth will be placed, and probation is responsible for the reentry of the youth back to society. Therefore, it is imperative that DHHS maintain a strong relationship with the Nebraska Judicial Branch to ensure that we can effectively transition youth through the appropriate treatment programs. To address this strategy, we recommend the following five tactics.

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

Nebraska State Probation and DHHS Office of Juvenile Services maintain a close working relationship between multiple levels of the organizations. Therefore, it is important to continue to attend the 3 Branch meetings and to identify and formalize additional opportunities that encourage fluid communication between these organizations.

Strategy 6.2 – Collaborate with Nebraska State Probation at all levels to identify potential improvements in the partnership.

It is recommended that Nebraska State Probation and DHHS Youth Facilities identify areas where the current partnership can be improved. Furthermore, once these gaps are identified the groups should work towards agreed upon solutions that can be formalized going forward.

Strategy 6.3 – Collaborate with the Nebraska Court System to identify the components of the partnership that are working.

The Nebraska court system and DHHS Youth Facilities have a close working relationship throughout multiple levels of the organization. Therefore, it is necessary to identify and formalize the processes that encourage fluid communication.

Strategy 6.4 – Collaborate with the Nebraska Court System to identify potential improvements in the partnership.

It is recommended that the Nebraska court system and DHHS Youth Facilities identify areas where the current partnership can be improved. Furthermore, once these gaps are identified the groups should work towards agreed upon solutions that can be formalized going forward.

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

It is recommended that DHHS and the Nebraska Judicial System develop an agreed upon set of key performance indicators that juvenile probation will report to DHHS Juvenile services on outcome measures which can then be reported to the DHHS Youth Facilities Stakeholder Group.

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

It is recommended that DHHS and Nebraska State Probation partner via the sharing of data within the state probation system on the outcomes of youth who have completed care at one of the DHHS facilities. This data will be used to determine the efficacy of the care provided and will be valuable in the evaluation and potential modifications to the treatment system to enhance treatment outcomes.

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

It is imperative that DHHS continues to find meaningful ways to engage a youth's family with their individual treatment. The COVID-19 pandemic has presented multiple challenges to providing families the opportunity to visit the youth. However, it has also provided opportunities to leverage current technologies to engage the families in different ways. It is recommended that DHHS capitalize on this learning opportunities to develop a plan to increase engagement with families. The following tactics specifically address how to do this:

Strategy 7.1 – Hold focus groups with youth facility stakeholders to identify more opportunities to engage families.

It is recommended that DHHS hold multiple focus group sessions with youth facility stakeholders to identify opportunities to engage families and report a summary of findings to the DHHS Youth Facilities Stakeholder Group.

Strategy 7.2 – Hold focus groups with youth and families to determine how best to engage families with the treatment of youth.

It is recommended that DHHS hold multiple focus group sessions with the youth and families to identify opportunities to engage families and report a summary of findings to the DHHS Youth Facilities Stakeholder Group.

Strategy 7.3 - Develop an action plan to enhance family engagement in the treatment of youth.

The development and annual review of a plan that involves family in the treatment programming of youth at the YRTCs is anticipated to bring value to the youth the teams and the process.

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

As part of the transition to more treatment centered programming it is recommended that DHHS evaluate the long-term potential of seeking alternative accreditation and licensure options that are most suitable for the types of facilities they operate.

Strategy 8.1 – Review the existing accreditation and licensure requirements with Stakeholder Group.
It is recommended that the DHHS in partnership with the Youth Facilities Stakeholder Group review the existing accreditation and licensure requirements to clarify any differing perceptions and interpretations of what the accreditations and licensures mandate.

Strategy 8.2 – Identify the benefits and limitations to pursuing alternative licensure or accreditation.
It is recommended that the DHHS perform and share in partnership with the Youth Facilities Stakeholder Group, a thorough cost-benefit analysis of pursuing any additional licensure for their existing facilities. In essence, create a cross walk of the comparative accrediting bodies and see which tool(s) offers the greatest value for the cost, paying special attention to the balance of a blended model of corrections and treatment.

Recommendation #9: Continue the Stakeholder Group meetings to provide updates.

This process highlighted the value of having multiple stakeholders within the juvenile justice system contribute to discussion on how to provide the best treatment and rehabilitation experience for the youth admitted to DHHS Youth Facilities. Subsequently, it is recommended that this group continue to meet on a regular basis to provide feedback to each other and to have candid discussions regarding any issues that relate to the DHHS Youth Facilities.

Strategy 9.1 - Determine the appropriate structure of the group.

It is suggested that the current small group of partners, including education, probation, the Office of the Inspector General (OIG), and child advocacy representatives continue to offer insights and feedback and further develop the working relationship.

Strategy 9.2 - Identify the key performance indicators that will be reviewed in the meetings.

While a number of opportunities to share current data and proposed program changes have been mentioned in this document, the success criteria mentioned in the introduction provides the best list of success criteria to be shared with the group.

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

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

This process is intended to provide an opportunity for the DHHS Youth Facilities to encourage and engage our community stakeholders in partnering on creative and healthy ways to engage the youth in the community to enhance the likelihood of a smooth transition in a return to the community.

Strategy 10.2 – Perform a cost analysis on each facility’s proposed programming changes.

As with any new programming idea or action, the appropriate resources will need to be available to ensure success.

Strategy 10.3 – Align flexible staffing strategy with available funding.

Implementation Plan

Strategic Recommendation						
Strategic Recommendation 1: Leverage the continuum of services offered by DHHS to provide comprehensive and individualized treatment plans for each youth admitted to DHHS facilities.	Y1	Y2	Y3	Y4	Y5	
1.1 Formalize definitions and processes to highlight the process and continuum of care available for each youth admitted to one of the DHHS Youth Facilities.	X					Mark LaBouchardiere
1.2 Leverage the existing stakeholder group to review existing programming plans and make necessary changes.	X	X	X	X	X	Larry Kahl
1.3 Evaluate the effectiveness of the continuum of care and the array of services on an annual basis.	X	X	X	X	X	Larry Kahl
Strategic Recommendation 2: Determine the appropriate facility plan to provide a continuum of treatment services available to each youth admitted to the YRTC.	Y1	Y2	Y3	Y4	Y5	
2.1 Discontinue use of YRTC-Geneva.	X					Mark LaBouchardiere
2.2 Establish YRTC-Hastings for the female youth population.	X					Mark LaBouchardiere
2.3 Perform a thorough assessment of each youth facility and prioritize them based on improvement needs.	X	X				Mark LaBouchardiere
2.4 Perform a Return on Investment (ROI) analysis on each facility's proposed improvements.		X				Larry Kahl
2.5 Work with business partners and DHHS fiscal services to secure necessary funding for the project improvements.	X	X				Larry Kahl
2.6 Update the disaster recovery plan for each facility.	X	X	X	X	X	Mark LaBouchardiere
2.7 Complete a feasibility analysis for an in-patient facility in Lincoln.		X				Larry Kahl
Strategic Recommendation 3: Advocate for a more acuity-based staffing model based on the treatment and programming needs for youth. (1:3 for the Lincoln facility and 1:4 for all other YRTC facilities.)	Y1	Y2	Y3	Y4	Y5	
3.1 Assess the staffing ratios at each facility.	X	X				Mark LaBouchardiere
3.2 Prioritize the hiring to achieve appropriate staffing levels.	X	X				Mark LaBouchardiere
3.3 Align flexible staffing strategy with available funding.	X	X				Larry Kahl

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Strategic Recommendation 4: Advocate for legislative change that will allow DHHS to determine the proper program within their continuum of care to address the needs of the youth.	Y1	Y2	Y3	Y4	Y5	
4.1 Hold a meeting with key stakeholders to address the concerns about allowing DHHS to have the autonomy to match a youth to their needed treatment facility immediately.	X					Dr. Fromm
4.2 Determine if an agreed upon solution by all stakeholders can be reached.	X					Dr. Fromm
4.3 Pending the outcome of Tactic 4.2, determine next steps for pursuing the legislative change.	X	X	X	X	X	Larry Kahl
Strategic Recommendation 5: Engage the Nebraska Department of Education in the transformation of the YRTC facilities.	Y1	Y2	Y3	Y4	Y5	
5.1 Review the curriculum assessment results.	X	X				Mark LaBouchardiere
5.2 Review the educational technology assessment results.	X	X				Mark LaBouchardiere
5.3 Formalize an action plan to resolve the curriculum gaps.	X	X				Mark LaBouchardiere
5.4 Formalize an action plan to resolve the educational technology gaps.	X	X				Mark LaBouchardiere
5.5 Formalize agreed upon education key performance indicators.	X	X				Mark LaBouchardiere
Strategic Recommendation 6: Engage the Nebraska Judicial Branch in the transformation of the YRTC facilities.	Y1	Y2	Y3	Y4	Y5	
6.1 Collaborate with Nebraska State Probation at all levels to identify the components of the partnership that are working.	X	X	X	X	X	Mark LaBouchardiere
6.2 Collaborate with Nebraska State Probation at all levels to identify potential improvements in the partnership.	X	X	X	X	X	Mark LaBouchardiere
6.3 Collaborate with the Nebraska Court System to identify the components of the partnership that are working.	X	X	X	X	X	Mark LaBouchardiere
6.4 Collaborate with the Nebraska Court System to identify potential improvements in the partnership.	X	X	X	X	X	Mark LaBouchardiere

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6.5 – Collaborate with the Nebraska Judicial Branch to determine the metrics and information that will be continually shared between DHHS and the Nebraska Judicial Branch.	X	X	X	X	X	Mark LaBouchardiere
6.6 – Collaborate with the Nebraska State Probation to obtain data regarding the outcomes on multiple key metrics for youth who have completed services at DHHS youth facilities.	X	X	X	X	X	Mark LaBouchardiere
Strategic Recommendation 7: Engage the families of the youth in their treatment.	Y1	Y2	Y3	Y4	Y5	
7.1 Hold focus groups with youth facility stakeholders to identify more opportunities to engage families.	X	X	X	X	X	Mark LaBouchardiere
7.2 Hold focus groups with youth and families to determine how best to engage families with the treatment of youth.	X	X	X	X	X	Mark LaBouchardiere
7.3 Develop an action plan to enhance family engagement in the treatment of youth.	X	X	X	X	X	Mark LaBouchardiere
Strategic Recommendation 8: Evaluate alternative licensure/accreditation options for YRTC facilities.	Y1	Y2	Y3	Y4	Y5	
8.1 Review current and alternative licensure requirements in the Youth Facilities Stakeholder group.				X	X	Mark LaBouchardiere
8.2 Identify the benefits and limitations to pursuing an alternative licensure or accreditation.				X	X	Mark LaBouchardiere
Strategic Recommendation 9: Continue the Stakeholder Group meetings to provide updates.	Y1	Y2	Y3	Y4	Y5	
9.1 Determine appropriate structure of the group.	X	X	X	X	X	Larry Kahl
9.2 Identify the key performance indicators that will be reviewed in the meetings.	X	X	X	X	X	Larry Kahl
Strategic Recommendation 10: Evaluate the current co-curricular and co-treatment programming that is offered in conjunction with the education, treatment, and rehabilitation programming.	Y1	Y2	Y3	Y4	Y5	
10.1 Select an area of overlap or integration between the team members for feedback and “How are we doing” discussion at each of the quarterly meetings.	X	X	X	X	X	Dr. Fromm
10.2 Perform a cost analysis on each facility’s proposed programming changes.	X	X	X	X	X	Larry Kahl
10.3 Align flexible staffing strategy with available funding.	X	X	X	X	X	Larry Kahl

Appendix Crosswalk

The operations plan shall be developed with input from key stake holders and shall include but not be limited to:		
a.	A description of the population served at each YRTC	Current Assessment (page 6)
b.	An organizational chart of supervisors and operations staff. The operations plan shall not allow for administrative staff to have oversight over more than one youth rehabilitation and treatment center and shall not allow for clinical staff to have responsibility over more than one YRTC	Appendix A (page 28)
c.	Staff who shall be centralized offsite or managed onsite, including facility and maintenance staff	Staffing (page 9) Appendix B (page 33)
d.	A facility plan that considers taxpayer investments already made in the facility and the community support and acceptance of the juveniles in the community surrounding the YRTC	Strategy Recommendation #10.1 (page 21) Strategy Recommendations #7.1 (page 20)
e.	A description of each rehabilitation program offered at the YRTC	Programming (page 11) Appendix E (page 50)
f.	A description of each mental health treatment plan offered at the YRTC	Programming (page 12) Appendix E (page 50)
g.	A description of reentry and discharge planning	Programming (page 13) Appendix F (page 66)
h.	A staffing plan that ensure adequate staffing	Staffing (page 9) Strategy Recommendation #3 (page 17) Appendix B (page 33)
i.	An education plan developed in collaboration with the State Department of Education	Strategy Recommendation # 5 (page 18)
j.	A capital improvements budget	Strategy Recommendations #2.3 #2.5, #2.7 (page 15)
k.	An operating budget	Operating Budget (page 9)
l.	A disaster recovery plan	Under development
m.	A plan to segregate the juveniles by gender on separate campuses	Current Assessment (page 6)
n.	A parenting plan for juveniles placed in a YRTC who are parenting	Under development
o.	A statement of the rights of juveniles placed at the youth rehabilitation and treatment centers, including a right to privacy, and the rights of parents or guardians	Appendix I (page 139) Appendix H (page 118)
p.	Quality and outcome measurements for tracking outcomes for juveniles when they are discharged from the YRTC, including an exit survey of such juveniles	Strategy Goals (page 14) Strategy Recommendation #6.6 (page 20)
q.	Key performance indicators to be included in the annual report required under this section	Strategy Goals (page 14) Strategy Recommendation #6 (page 19) and #8 (page 20) Appendix K (page 179)

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r.	A requirement for trauma-informed training provided to staff	Appendix C (page 37) Appendix D (page 39)
s.	Methods and procedures for investigations at the youth rehabilitation and treatment center	Appendix J (page 148)
t.	A grievance process for juveniles placed at the YRTC's	Appendix I (page 139)