

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

January 1, 2024

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 (YRTC) 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

YRTC Grievances Report

January 2024

Neb. Rev. Stat. § 83-105

Number and Categorization of Grievances

Grievances below are for the Youth Rehabilitation Centers from September 16, 2023, through December 15, 2023.

YRTC - HASTINGS

Summary of Grievances

This quarter at YRTC-Hastings, there were nine grievances submitted by the youth. All nine grievances were resolved through mediation with the youth’s treatment team or process improvement within the facility by Compliance.

Month/Year	# Substantiated	# Unfounded	# Resolved	Total Grievances
September 16 th , 2023	0	0	*	*
October 2023	0	0	*	*
November 2023	0	0	*	*
December 15 th , 2023	0	0	0	0

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

Grievance Types

Category	September	October	November	December	Total Grievances
Daily Routine	0	0	*	0	*
Disciplinary Procedures	*	0	0	0	*
Medical Services	0	0	*	0	*
Programming	0	*	0	0	*
Staff-on-Youth Physical Abuse	*	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, there were a total of twenty grievances submitted by the youth. Compliance collected twelve grievances for the fourth quarter determined to be resolved and addressed through mediation with the youth’s treatment team or process improvement within the facility recommended by Compliance.

Month/Year	# Substantiated	# Unfounded	# Resolved	Total Grievances
September 16 th , 2023	0	*	0	*
October 2023	*	*	*	9
November 2023	*	*	7	9-17
December 15 th , 2023	0	0	0	0

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

Grievance Types

Category	September	October	November	December	Total Grievances
Administrative Segregation Procedures	0	*	0	0	*
Canteen	0	0	*	0	*
Food	0	*	0	0	*
Medical Services	0	0	*	0	*
Personal Hygiene	0	0	*	0	*
Physical Facility	0	0	*	0	*
Professional Care	*	*	0	0	6
Recreation	0	*	0	0	*
School/Education	0	0	*	0	*
Youth-on-Youth Sexual Touching	0	0	*	0	*

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

YRTC – LINCOLN

Summary of Grievances

This quarter at YRTC-Lincoln, there were thirty-two grievances submitted by the youth. Nineteen grievances were resolved through mediation with the youth’s treatment team or process improvement within the facility recommended by Compliance.

Month/Year	# Substantiated	# Unfounded	# Resolved	Total Grievances
September 16 th , 2023	0	*	*	2 - 10
October 2023	*	*	6	8 - 16
November 2023	*	*	10	12-20
December 15 th , 2023	*	*	0	*

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

Grievance Types

Category	September	October	November	December	Total
Counsel/Court Access	0	0	*	0	*
Daily Routine	0	0	0	*	*
Disciplinary Procedures	*	*	*	0	11
Issued Clothing	0	*	0	0	*
Professional Care	0	*	*	*	7
Programming	0	*	*	0	6
Staff-on-Youth Sexual Harassment	*	0	0	0	*
Verbal Abuse Staff-on-Youth	*	0	*	0	*

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

Process for Addressing Grievances

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 Operational Memorandum (O.M.) 116.1.

Grievances noted as resolved are about issues that are not defined in O.M. 116.1. 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.

Each grievance is reviewed by the Compliance Team and assigned to the appropriate party to address. Should the grievance be about any verbal, physical, or sexual abuse of the 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 of any abuse or criminal act. 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.

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 resolution process utilized this quarter mainly consisted of communicating appropriate expectations and progressive discipline for the issuance of unjust violations, inappropriate comments, reinstatement of wrongfully deducted incentives, and daily schedule enforcement. 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, Compliance can also recommend changes across the facilities.

APPENDIX A

Report De-identification Standard

The Department of Health and Human Services (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 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 which 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 1 and 5 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 re-identification of the individuals when the instance is between 1-5. However, knowing that there were more than 0 is still meaningful when interpreting this information. Masking those counts between 1 and 5 offer privacy protection of those children who were involved, while still releasing a level of meaning about those specific occurrences in the report population.