

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**ARCH:** Afternoon. Welcome to the Youth Rehabilitation and Treatment Centers Oversight Special Committee created by LB1144. My name is Senator John Arch. I represent the 14th Legislative District in Sarpy County. I serve as the Chair of the YRTC Oversight Special Committee. This committee was created and is convened for the purpose of studying and hearing testimony pertinent to the quality of care, funding, capacity, staffing practices, planning and related issues at the YRTCs, as well as related matters involving the Hastings Juvenile Chemical Dependency Program and Whitehall PRTF. Our testifiers will include officials from the Department of Health and Human Services, the Administrative Office of the Courts, the Department of Education, the Office of Inspector General of Nebraska Child Welfare, and the Foster Care Review Office. I'd like to invite the members of the committee to introduce themselves, starting on my right with Senator Lowe.

**LOWE:** John Lowe, District 37, which is the southeast half of Buffalo County

**VARGAS:** District 7, Senator Vargas, that's downtown and south Omaha, and I serve as the Vice Chair of this committee.

**LATHROP:** Steve Lathrop, District 12, which is Ralston and parts of southwest Omaha.

**HOWARD:** Senator Sara Howard. I represent District 9 in Midtown Omaha.

**GROENE:** Senator Groene, District 42, Lincoln County.

**MURMAN:** Dave Murman, District 38, seven counties in south-central Nebraska.

**BRANDT:** Tom Brandt, District 32, Fillmore, Thayer, Jefferson, Saline and southwestern Lancaster Counties.

**CAVANAUGH:** Senator Cavanaugh, District 6, west-central Omaha, Douglas County.

**ARCH:** Thank you. A few notes about our policies and procedures: Please turn off or silence your cell phones. Everyone is required-- rec-- put-- everyone is recommended to wear a mask today. If you're not able to social distance, please do that. One door will be designated for entering the hearing room and one door for exiting. A page will disinfect the testifier chair and table after each testifier. Seats will be socially distanced, thus reducing the number of persons in the

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

hearing room at a time. There will be overflow outside the hearing room, persons then allowed into the room-- hearing room when others exit. When you come up to testify, please begin by stating your name clearly into the microphone, and then please spell both your first and last name. Any handouts submitted by testifiers will also be included as part of the record, as exhibits. We would also ask, if you do have handouts, that you bring 13 copies and give them to the page. If you don't have that many, we can make additional copies to distribute. After the opening, we will take testimony from invited persons. Just a reminder, this is a special committee for the purpose of studying and providing oversight and testimony is not grouped by supporters or opponents. And lastly, we do have a strict no-prop policy in this committee. I did fail to introduce a couple of other people, and I want to go back. Assisting the committee is our legal counsel, T.J. O'Neill, our committee clerk, Gerald Fraas today, and our committee page, Taylor Sullivan. With that, we will begin today's hearing with Dannette Smith, chief executive officer of the Nebraska Department of Health and Human Services. Welcome, CEO Smith.

**DANNETTE SMITH:** My name is Dannette Smith, D-a-n-n-e-t-t-e, middle initial R., S-m-i-t-h. And I am the CEO of the Department of Health and Human Services. And today I'm going to be joined by my team to present to the Oversight Committee on the Youth Rehabilitation Centers today. I will be joined in this testimony today. I will have Dr. Janine Fromm, who will be with me. I will have Mark LaBouchardiere, Larry Kahl, and finally, Ken Ellis, who will be representing the Missouri Youth Services Institute today. During the testimony today, you're going to hear a couple of things. One, you're going to hear us give you some overview of the goals of the YRTC system. You're going to hear about treatment and prevention efforts that have been underway since we've been in the midst of the pandemic, COVID-19. You'll also hear a little bit about programming and operations for Hastings and Whitehall. And then finally, you're going to hear more information about the treatment-- treatment model for chemical dependency and the use of our model that began in August of this year, the Missouri Youth Services Institute model and program. I would ask for today that you allow my team and I to present as much of the information that's in your handout today; you have about a 23-page document. Some information will be familiar to you, but I'd like for you to allow us to finish our presentation. Once I come back up, I'll close with two slides to the back. I think it's page 24 and 25. And then we'll be prepared. We'll stand before you, and we'll be prepared to answer any questions that you may have for us so that we can provide any clarity that you may need. So to begin that testimony, I'm-- we're going to

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

start with Dr. Janine Fromm and Larry Kahl. Thank you so much for your attention.

**ARCH:** We would ask that you also introduce yourself and spell your name.

**LARRY KAHL:** Good afternoon. My name is Larry Kahl, L-a-r-r-y K-a-h-l. And I am the chief operating officer for the Department of Health and Human Services. I'd like to start off today with discussing briefly the skoal-- the goals of the youth treatment system in your slide set and, basically, just kind of going over and looking back to-- their primary objectives are helping youth to be able to develop the skills that they need to be able to be successful and productive in their home communities. Our goal is to provide quality education and clinical services, and to implement a system of programming and services that are able to meet all of the youths' individual needs. We also operate gender and culturally appropriate programming through identifying separate spaces for female youth within the YRTC system. On the next slide, you'll, you'll see the table that kind of identifies all the facilities and their locations. Just to review them briefly, the youth treatment rehab system for males is core services in Kearney, and there are no constraints that we see at this time of continuing to provide care there. The females' core group is also at Kearney at this time. However, we do want to note that, that must-- they must be moved by-- from Kearney by July of 2021. Hastings is our proposed site, as identified there. The female reentry program in Geneva, we have had constraints with difficulty of maintaining staff. It's not all staff, but key clinical staff has been-- had great difficulty in recruiting some of those key roles. Males and females of high acuity are housed in our Lincoln facility that you all got to see today on the tour, a very nice space allowing for appropriate level of care for high-acuity kids. That is a leased space from Lancaster County. And you were also able to see today the chemical dependency program and the program for youth who sexually harm at the Whitehall facility-- very different, different levels of care for different needs, but both providing vital services. While I'm speaking of kind of buildings related to the goals of our system, I would just add that no buildings, at this point in time, in Geneva, have been slated for any type of demolishing or demo, that the campus is being used currently for-- for Medicaid staff to be able to work from. And also, I would like to note, just our Hastings Building 3 continues to have core systems issues initially related to HVAC, more recently related to hot water system failures and potential power-- loss of power coming up in the-- after the first of the year with that building.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

With that, I'd like to hand it off to my esteemed colleague, Dr. Fromm.

**JANINE FROMM:** Hi. I'm Janine Fromm, J-a-n-i-n-e F-r-o-m-m. I'm the executive medical officer for Nebraska DHHS. I have close to 40 years of clinical psychiatric practice, and I've been part of the DHHS team working on transforming the youth services since July of 2019. My job is to oversee all the DHHS clinical services to ensure that best evidence-based practices are in place and are being implemented. So on slide 4, just a brief rehash of Geneva, kind of the predictable crisis that brought us here. Geneva-- and we'll go through some of the, the-- the numbers had a very big increase in numbers of-- in census-- a lot of staffing issues. This is back 2018, 2019. 2018, the LaFlesche building, which is the newest and nicest building, was having some renovation then. They had torn up some of the bathrooms. They were making that more PREA-- PREA compliant. Apparently, the contractor had to leave and do something. But those pictures that you saw in the newspaper of the floor pulled up, the girls did not do that. That was the contractor who then came back and finished it up. But what we did then with the LaFlesche building is really kind of see if we could have a program there in Geneva, using the nicest building. The girls that we're ready to, to be transitioned back home, so the ones that had really been in good behavioral control, it was kind of a happy, good time for them as they transitioned back into the community. And so we wanted to explore what the sustainability of programming was at Geneva, using the LaFlesche building. We-- the construction and improvement cost of that building was about \$400,000. It needed to be done. It was in the process of being done prior to moving the girls around. We have had a very difficult time recruiting and maintaining sufficient direct care and clinical care staff at Geneva, despite it being kind of a really nice, happy program, and in a, in a nice space. We have served 15 girls there. Average day in the program is 45. We've had one commitment-- recommitment back from that program. The girls really like it. It's a, it's a, a necessary step for them. And I'd like to continue to have a transition program for girls, and maybe we bring that to Hastings, what we've learned there. Slide 5, our top admission diagnoses, one of the things that we are really trying to look at is that we get kids from all over with all of-- all different problems. We have to have a continuum of treatment options for them. It's not one size fits all. And we are really trying to move the culture away from corrections and much more towards treatment. These kids that we see all come from very, very difficult backgrounds. They're really vulnerable. They are really survivors. They have incredible amounts of trauma and chaos and uncertainty in their life. And they, they react. They're very reactive to their environment.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

They, you know, go into that fight-or-flight mode immediately on-- with things. And a lot of times their, their crimes that get them to the YRTC are things like truancy and running away from a home where they're being abused. So it's kind of this survival thing that's going on more than real criminal behavior, in a way. So what we're trying to do is really increase the trauma-informed care, EMDR services, improve our medication management and assessments. What you see in this slide here are the top five diagnoses that we have seen in 2020. Conduct disorder, of course, conduct disorder is this persistent pattern of behavior in which the rights of others or basic social rules are violated; that's the basic definition of it. So of course, most of our kids do have a conduct disorder. But on top of that, there's significant substance use across the board; major depressive disorder; they have learning disabilities; ADHD; most of them qualify for IEPs in school; and many of them have post-traumatic stress disorder. And if not PTSD, they certainly have a, a significant trauma history. So some of these kids really need intensive psychiatric treatment. And our Lincoln facility has been wonderful, as far as being able to really address some of those issues and do very, very intensive treatment, both medication and behavioral. We have been increasing our therapy staff at Kearney. Moving the girls there was-- you know, we did that in a crisis. They've actually done really well at Kearney, and the Kearney staff has embraced them and really taken good care of them. And they, they've done well. We've increased our staffing. We've increased some of the things that we do. EMDR, which is eye movement desensitization reprocessing therapy for trauma, we've improved-- increased our staff availability and, and doing more of that with some good results. We continue to increase the amount of individual, group, and family therapy, really trying to involve the family more, and then continuing with some of those more juvenile justice-based programs like aggression replacement therapy and moral reconnection therapy, and, and trying to augment our substance use treatment, as well. On the next, slide 6, I just want to point out that as we go from corrections to treatment, we're-- we have this really in-- interesting issue, and that is that we don't control admissions or discharges, so we can't clinically say who's appropriate for our treatment or who is ready for discharge. That's done by the courts. We don't have admission criteria, and we don't have a set census. So we can go from 20 kids in a program to 40 kids overnight; we have no control over that. And that really-- that makes treatment difficult because that's really a correctional mindset that you can just keep putting people in the place and it doesn't matter how many staff or how much therapy or how much programming you have. And really, we want to go towards treatment. So looking at census data, just a snapshot, we always get most of our kids from Lancaster County. That's our biggest in all of

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

our programs. Lancaster County commits the most kids to us, I think, continuously, not just in this snapshot. Scottsbluff, actually, for per capita, has quite a few. And if you look, Douglas County kind of doesn't do as many as you would think. But we get kids from all over the state. Certainly, you know, the urban areas you would think have more. Lancaster County is the biggest. And really it's why-- one of the reasons we are-- as we move these programs forward, we're seeing them-- putting these programs in Lancaster County is good for the kids as far as them being in their home county, nearer to family, and also just staffing issues. Quarterly admissions, you can see quarter 2 dropped off a little bit because of COVID, but not, not significantly. And then we're kind of back on track to, to increasing our, our census again and having more admissions. So with that, I want to introduce, because I can pronounce his name, Mr. Mark LaBouchardiere, and he will talk to you a little bit.

**MARK LaBOUCHARDIERE:** Hi. My name is Mark LaBouchardiere; that's M-a-r-k L-a-B-o-u-c-h-a-r-d-i-e-r-e. The next slide we will talk about is about providing a COVID-19 update to the Oversight Committee. Currently, since March, we've had 12 positive cases so far. Currently, as of today, there's no positive cases at any of our youth facilities. So with those 12 cases, there's been no serious illnesses or hospital admissions. What we have done, though, however, starting in March, we've taken it-- taking this very seriously and we have implemented daily screenings for all our staff, regardless of what shift you work, or you leave the facility. And we have also-- they have to take their temperature when they come in. And if they do have a temperature, they report it to their supervisor and they have to go home immediately. That's for our staff. For our youth, we've also implemented daily temperature checks for all our youth, to make sure that they are not exhibiting any symptoms. Our nurses at all our facilities are making daily rounds to make sure and talk to youth about whether they are exhibiting symptoms or not. In terms of sani-- sanitization, we have taken quite a huge role with not only our own staff, youth and our housekeeping staff to ensure that any areas, especially those which are used by multiple groups, are sanitized daily-- or actually, quite honestly, multiple times a day in certain areas. So we've been really diligent in exercise of precaution and preparedness, and we are really quick to isolate if the need arises. We have had staff who have been positive at the facility, and we have followed our procedures in that step, where we do send them out to get tested and/or quarantine, based upon what the Health Department suggests to us. We also use Dr. Donahue, who is a, a medical [INAUDIBLE] for consultation, as well. The next slide goes over some data for the male facility first. So if you see back in 2018, we had 84 youth, males, in Kearney and in '19

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

went down to 70. In June this year, it went down to 53. As of early this week, on 10/19, we are down to 40 male youth in Kearney. At our youth-- at our Lincoln youth facility, we have five youth there currently, today, who you, who you saw when you came to visit and tour this morning. We've had 97 admissions so far, up to date, and with admissions by race, we've had 41 percent white, 32 percent black, 12 percent other or Hispanic, and 4 percent American Indian. Our top four counties: we have 40 percent which come out of Lancaster County; 25 percent, Douglas County; 7 percent Hall County; and 2 percent from Scotts Bluff. Our top offenses which we see at the YRTC are: theft; third-degree assault; burglary; and operation of motor vehicles to avoid arrest. The average length of stay we've seen in '18-19 and '19-20 have been 299 days to 332 days. One of our goals with the bolstered implementation of programming and bringing in the Missouri Youth Services approach, we are hoping that our goal for next year is going to be in the 180- to 270-day range. The next slide is mainly about the female youth we have at the YRTC setting. We had-- as of today, we have 14 youth who are at the Kearney facility who are females. The next one after that is in the actual Geneva facility, when the youth were there back in '18. We had 26 youth in June. One thing to note is back in June-- August and June-- January, February of '19, we had an average of about 16 to 17 girls at that facility. And in a matter of two, two and a half months, that population jumped all the way to 42 youth. That, as you are aware, you can tell that in any facility you operate, that can really cause quite a bit of chaos sometimes, especially when you have youth who already know each other from the city they came from. There could be, there could be gang ties. They could have animosity or not good ties out there. So you bring that into like a melting pot in the facility and that can be a perfect recipe. And then you, then you add into the things you saw with the buildings that were going downhill, and especially the staffing issues, because we were sending staff all the way from Kearney and other facilities to Geneva just to make up the staffing, because the staff back then, they were working to five shifts overtime every day. So you're talking about 16-hour shifts and then coming back, 8-- an 8-hour break. By the time you get home, get deescalated, I guess, and ready to come back, you're barely getting three or four hours of sleep and you're coming back to work. So that was the [INAUDIBLE] back then. At our Lincoln youth facility, we currently-- like you saw this morning, we have three youth over there. With the admissions for female youth, we've seen 18. The admissions by race are: 67 seven percent white; 22 percent black; and 11 percent American Indian. Top home counties: once again, Lancaster County with 50 percent; and Douglas County with 22 percent. The top offenses for the youth, the female youth we see, are: theft; third-degree assault; and

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

resisting arrest. The average length of stay for the youth back in '18-19 was 234 days. The average length in '19-20 was 333 days. And so much of what I was talking about with the boys, with the enhanced programming and with the Missouri approach coming in, our goal is looking at 180 to 270 days. The next slide, I'm going to have Mr. Larry Kahl come back up to speak about the Hastings history.

**LARRY KAHL:** Thank you, Mark. On slide 10, we, we look at-- let's take a look at Hastings, a very nice community that has a very rich and lengthy history of being able to provide care on that campus. From 1887, when the city donated the land, there have been multiple programs on site, with multiple uses meeting the needs of the state. It ebbs and flows as the needs change across the state. And as our youth demonstrate needs, we rise to meet those needs. And we reutilized this facility, and have over the years, to be able to meet the programmatic needs of youth. I believe there's also a map that may be in your packets that just identifies the Hastings campus. So I just really wanted to make the point with this slide, I think, that it's both singularity-- we've had different programs in the same space and we've actually even doubled up and had multiple programs on campus at the same time, much the same as what we saw today with the Whitehall program, where we're able to do more than one program on one campus. With Hastings as a, as a YRTC, our initial observations and impressions of that resource is that it's very stable. The staff there have been there, as you can see on the right hand side at the bottom of the column, 13.5 years, at least for the youth security specialists. There's some real tenure there. The staff are passionate about the work that they do and bring all of their experience with them to the care of the kids. On campus, of course, we have the new cottages with individual rooms, a very homelike setting. That was our, our tour before this last one, a very nice facility. The campus also includes a church, gymnasium, school, cafeteria, and an administrative building. This campus also provides us with the capacity or the capability to be able to repair and hire qualified staff and to be able to retain them on campus. Additionally, relative to Hastings as a YRTC, the question has been asked: Can new Hastings facilities be used for a different purpose? And based on our, our history in the Hastings setting, it certainly can. And I think that's the highest and best use for us, as an organization, is to be able to transition spaces as the needs change of youth within our society, under our care. As we can be able to bring expertise to those campuses, the-- I guess ebb and flow isn't necessarily the right word, but we can transition appropriately to meet the care needs as they arise. So we're proposing to use the funding to meet current needs at that location. We continue to use facilities to serve youth in our custody. Wherever that the youth come

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

to us, wherever we're best able to meet their needs is what our desire would be. Should the new facilities be used for YRTC females? The cap-- the facilities are certainly capable of that, and it certainly would allow DHHS to meet the obligations of the best interest of all the youth. It would also, from our understanding, I believe, maximize the utilization of taxpayer dollars, and allow us to be good stewards of that resource. The transfer of chemical dependency program to Whitehall definitely maximizes that campus's use at this point in time. But I think, of note, all of the chemical dependency expertise that, that we've developed at Hastings is-- was not for naught. It-- we see as much as, if I remember correctly, about 86 percent of the youth females also have co-occurring substance use disorders. And so the expertise that we've developed in Hastings will be transitioned into continued care for the female youth that we're hoping to serve there, as well. Hastings also does provide us with a number of additional resources, a licensed psychologist. And again, with our ability to recruit there and retain excellent staff at that location, we've found great value in that. The improvements to the new buildings-- the hardening of walls, raising ceilings, filming windows-- I think I'd mentioned on our tour, but it's probably noteworthy that the, the window treatments will be done at the end of October. The raised ceilings and hardening of the walls are scheduled to be done at the end of February. And then there's also the-- some additional electrical work that needs to be done with a redundant generator on campus and that will be done by the 1st of March. So that campus will be, will be ready to treat youth in March of 2021. At this point, I'm going to hand this back to our statistician and let Mark continue with his numbers.

**MARK LaBOUCHARDIERE:** I wish I was a statistician. All right, so the numbers again, this time around-- and we discussed it a little bit today on the tour-- the numbers for the youth who sexually harm, we have seen it back in '17-18, an average of 13. In '18-19, it's been 13, and in '19-20, it has moved to 9 youth. Currently, these numbers, which, of course, was from October 19-- but as you are aware, that yesterday we had a couple youth discharged, so we have currently-- actually we have 8 youth there right now for our youth who sexually harm. With our chemical dependency, back '17-18, we had 20 youth, and the last two years consistently we've seen an average of 13 youth at those facilities. Piggybacking a little bit on what Mr. Kahl was talking about, put those numbers going downhill and us seeing those trends happen, knowing that there's other places like Independence Cent-- Independence Center, the NOVA, and also potentially the Sherwood Foundation opening up a facility in Omaha in a year or two, especially for chemical dependency, the PRTF, most of our youth who

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

come through those facilities are from Douglas and Lancaster, so those numbers more than likely would have continued to decrease downhill with them opening up that facility. On the right side of your slide, this is what we discussed earlier today as well, the potential of 16 beds each. So currently, as you saw, there was two units that were being-- cottages that are being used right now for eight beds each. And there's a potential capacity of two un-- unoccupied buildings right now of eight more beds each. One of the buildings, we've been working very closely with our DAS partners, and they have-- going to be starting the construction of that cottage next week. And they have indicated to us it would take about a month to get that building up and running. So we potentially have that capacity, another eight beds in a month to come. And after that, we are already in discussion about getting that fourth building up and running, as well. Your next slide-- oh, this is just a little bit of a transition of how that-- the moves occurred from Hastings to Whitehall. We had to do some touch-up paint in the cottages 1 and 2, and some asbestos tile abatement, lighting, carpeting. And the State Building Division actually covered those costs because they are the landlord of those buildings. And they have to do that routine maintenance and got those up to speed. That was a \$35,000 cost, which they [INAUDIBLE]. They have also indicated to us that two other buildings, which I was discussing, which are unoccupied right now, would take another \$35,000 for them to get them up to speed. Both those programs, the chemical dependency and the youth who sexually harm programs, they are on the same campus, as you saw. But-- and they have shared staffing, however, they're completely separate programs. They have separate cottages. They eat separately. They have school separately; they have different classrooms. They recreate separately. The staff do have the same training to work with both youth. We also do have a consultant who is on site, who's the expert actually in the field of substance abuse with many years of experience. His name is Jerome Barry, who does-- has provided quite a bit of specific chemical dependency and substance abuse-- substance abuse training for our staff and also for youth, but also, more importantly, working with the clinical staff and the treatment teams to really take that to the next level on youth chemical dependency programming. The next slide after this, this is a-- just a rundown of what the month of September looked like. The youth were moved on October 1, and that move went very successfully. This goes over slides on exactly what all was done in that month to prepare them for that move. We had various classifications of staff, all the way from youth security supervisors, frontline staff, chemical dependency staff, licensed mental health staff, the psychologists, recreation staff, activity specialists, all got-- went to Whitehall daily to make sure that the youth over there knew the new staff and

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

vice versa. This would be trying-- the goal behind this was trying to make it a very warm handoff. So this way, the youth who were moving got to know the staff on both sides. After the-- if you go to your next slide after that, after the-- prior to the move on October 1, we did notify parents verbally and also through letter, allowed judges do notification to probation. And on October 1, we did transfer the youth in state vehicles. We had one youth in each vehicle when we transported them. They had welcome packets when we got there. They were able to call their parents. The administrator, who you met this morning, Dr. Foster, he was on-site for the whole weekend to ensure that warm transition continued. Like I had discussed earlier, Jerome Barry-- he is our expert consultant-- he's been there since September 14, providing the hands-on training that they needed at the facility itself, and he continues to provide that as we speak. Whitehall has a full complement of providers, including all the way from a psychiatrist, Dr. Nadala, to a psychologist, Dr. Suess, to the medical doctor and dentist from LRC provides that support. Right now, we are still transitioning staff who are continuing to go from Hastings to Whitehall. And we are, as we discussed the first time when we met, this-- it's a two- to four-week transition period where we're now-- we're going to start breaking that back so the staff now can start coming in to our Kearney facility. The direct care staff are still going from the HRC to Whitehall. We are cutting down the clinical staff. However, we are still-- we will continue to provide two staff from Hastings who-- the LADACs, who are for the chemical dependency, who will continue to go to Whitehall to provide support in that area. And I'm going to turn it back over to Mr. Larry Kahl.

**LARRY KAHL:** Thank you, Mark. I'd just like to add to Mark's comments about the transition of the chemical dependency program. Speaking specifically about the leadership support, CEO Smith and myself, chief of staff Emily Dodson went out and met with the Hastings City Council and administration on September 23. There've been frequent campus visits by Mark-- and you know, so I keep avoiding saying his last name, I'm not as proficient as-- LaBouchardiere-- and Dr. Fromm have been on campus multiple times. Mark and our HR director, Roshelle Campbell, have also been to Hastings and met with the teammates, and they spent two full days on campus meeting with the staff, addressing any fears, concerns, and supporting them through the employment transition process, whether it was working at different sites within the organization or whether they chose to transition out. An email was sent, early in October, to the Hastings Community Partners. We've been doing a lot of outreach and communication with those folks, and I've been doing a number of calls with the Hastings city government. I'm calling Ted my "liaison." He's been a very active and helpful partner,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

city council member there-- multiple times these first couple days in Oct-- in October, describing to him, step-by-step, what had been happening with the transition: where are the youth; when they arrived; what was happening in terms of their transition; and how well things went. We're also in the process of hiring a human resource specialist, a business partner, if you will, dedicated just to the Kearney, Hastings, and Geneva area. As we mentioned earlier, the, the primary functionality at this point at the-- on the Geneva campus is really the Medicaid program, the call center. And there've been a number of staff that, at least from the Geneva program, that tran-- that stayed there and transitioned into the new roles. Many of the positions actually stayed on campus. So there are--we are still doing hiring process for new, additional staff at Geneva, just as kind of a-- an aside with that. And at this point, I will hand it back to Dr. Fromm.

**JANINE FROMM:** Thank you. So back when the boys transitioned from Hastings over to Whitehall, we were making, and still are making, a lot of campus visits. And I, I went out there one weekend, the first weekend they were there, just to meet with the boys, see how they were doing. They-- the only complaints they had was that they didn't like the bed pillows and they wanted hot sauce for their food. And I thought, well, you know, those are things we could get done for them, and if that's their only complaints, we're in pretty good shape here. They really have done an incredible job transitioning the program. And the, the kids seem happy and are engaged in programming. A lot of the Hastings staff is still coming, so they, they feel that continuity. And it's really been-- knock on wood-- easier than, than expected in a lot of ways but, you know, really well planned out so that it, it worked well. So I talk about best practices, evidence-based practices, what, what really is that and what are our guiding principles here. These kids need very individualized treatment. We need to have a continuum of treatment for them because there's just a wide variety of their needs. So we've been looking at some of the kids that have been in the YRTC-- YRTC system for a long period of time, and staffing those on a regular basis. So we now have two hours every Thursday morning that all of the treatment team gets together, along with Probation, with anyone in the community who has a stake in this kid's well-being, and discuss the case and plan the case for transition and move that kid forward. If they're not-- if they're stuck and not doing well, why aren't they doing well? What do we need to change? What do we need to make them successful? And I think part of that census lowering that you see is that we have moved some of these kids back out into the community, especially those low-community-risk kids. They, they need to be treated in their community. We are looking at really strengthening the chemical dependency programming across all

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

facilities. Once the girls move from Kearney, we want to use some of that space so that we can have a focused chemical dependency unit there, perhaps. Right now, what happens a lot is we have kids that are committed to the YRTC to get their behaviors in control so that they can then move to a chemical dependency program. So basically, we make those kids complete two programs while, really, we could do both at the same time and make their length of stay a lot shorter. We want to start looking at that small-group-care model, consistency in their group, relationships, have more of a home-like living space, not correctional feeling, have the kids more responsible for their own self-care and responsibility for their space. We want to really strengthen the aftercare and transition so that the kids can be successful when they reenter into the community. And then we are focusing on their education much, much more. We've brought in the Nebraska Department of Education. We've relooked at the whole structure there, how we can transfer the-- excuse me-- transfer the kids between the different programs, if needed, but also continue their schooling so that's not interrupted, 'cause these kids have all had a lot of interruptions in their education. And really, we need to figure out where they're at, do they need an IEP, does it need to be updated, where are they at credit-wise, what do we need to do to help them recover credits, but really focus on that core curriculum, life skills, emotional intelligence, career skills, vocational rehabilitation, and make that clear that it's very important for those kids. So we, we started with a contract with the Nebraska Department of Education back in February. They've been really instrumental in looking at what we need to do to really shore that up and make the education focused and consistent. And I know Dr. Blomstedt is here, and he'll talk with you later today. We have integrated education into our treatment so that it's not youth security specialists doing their thing and therapists doing their mental health thing and the school doing their thing. We are trying to work as a group so that everyone has understanding of the different parts, and every part is important. And finally, we are engaging families more. We're increasing therapy staff that can reach out and work with the families. We're trying-- COVID limits us, but we are trying to, to really strengthen some of those ties, do more work with the family, help ensure that those kids can be successful once they're out of the YRTC-- YRTC system. Slide 19-- again, we've enhanced our clinical services. We have increased our therapy staff. We've increased the amount of family therapy that's being done. We've improved our nursing support. We, early on, contracted with Boys Town to provide child and adolescent psychiatry services to our youth. This is pre-COVID; we did this last August. But much of it was done by video conferencing, and so we were just seamless and ready to go when COVID hit; it was no problem. We do want

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

to supplement our chemical dependency program. As-- as was discussed earlier, 85-90 percent of our females have significant substance use in their history. And we know those, those-- the females that are, that are abusing substances are at much higher risk of sex trafficking, higher risk of their babies having in-utero exposure. I-- someone asked me earlier-- I think-- I can't remember who-- why don't we have a female substance abuse program in the state? You know, there has, there has been the boys at Hastings, but no female one. And I don't know the answer to that, 'cause I think it needs to really be focused on. We are reevaluating our current Phase program at Kearney. Is that really the best thing for these kids or is it just frustrating for them? Educational services, again, we, we are, are really trying to augment that and improve those programs. We are trying to have more staff engagement, relationship building. Kids have been taken fishing lately, more game days out on the lawns, really doing on- and off-campus work to develop their life skills, their trade skills, and their interpersonal skills, and their feelings of self-worth. Right? I mean, so many of those kids feel beaten down by so many different elements in their life, and really trying to, to get those relationships with them to, to improve their self-worth and show them that there is a future. And then doing a lot of reentry planning, preparing them to return home through partnering with their families, with their community support, with Probation through our weekly calls, and making sure everyone's on the same page and that we're wrapping all the services we can around these kids and their families. Sorry. Can I have my water over there? It's right-- thank you. We have partnered with the Missouri Youth Services Institute. They have a national reputation for redesigning systems like our YRTC. They have-- they, they focus on a therapeutic group treatment approach and really utilize components of positive youth development, cognitive-- cognitive behavioral therapy. And they-- what I like about them is that it's not just therapy that's doing those things. It's kind of all staff is involved in reinforcing what is done in therapy and in cognitive behavioral change. So it's almost a 24/7 internalization of, of processes of change that the kid is experiencing. It's a year-long engagement. It started in August. We have two boots-on-the-ground MYSI consultants who are in Kearney. The initial focus is in Kearney, and then they will also be working with the Hastings team to train them up so that they're ready to go with the girls in, in Hastings. We really aspire to some of the fundamentals of the MYSI approach. One is the small, noninstitutional facilities close to home-- that would be great, we're not quite there yet-- but integrating the treatment with school therapy and all staff reinforcing; individual care within a group treatment model and safety through supervision, structure, and relationships; and again, involving families, community, and

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

transitioning to aftercare. Slide 21-- at this point, the YRTC's are, are stable but undergoing a dynamic transformation. And so we really are trying to meet the needs of the youth in our state for years to come and laying the foundation. You know, there was the 2013 Children's Commission OJS report. A lot of this was laid out in that report. Unfortunately, some, some things were not-- many things were not done there. So we, we are trying to lay that foundation so that we can build on it. There are things that, that we can do now and things that we want to do in the future. Three key areas that we're focusing on: the clinical, the education, and the programming facilities, utilizing the Missouri Youth Services Institute, working with the Nebraska Department of Education, creating that therapy and therapeutic milieu versus correctional feeling and changing the culture, and then working more with the families in the community to ensure that these kids can do better as they go out. So I'm, I'm going to hand this over now to the MYSI consultant, Ken Ellis. He's been working with Louis Moten, as well. I may have almost 40 years of clinical experience. I think their combined years might even top that. Ken.

**KEN ELLIS:** Good afternoon, everyone. My name is Ken Ellis; that's K-e-n E-l-l-i-s, and I'm with the Missouri Youth Services Institute, which is a nonprofit organization established to assist systems in reforming the juvenile justice system. Real quickly, briefly about me, I've worked 34 years in juvenile justice, starting as a frontline counselor in a high secure youth care facility in the state of Missouri, for over 20 years, and was there when we started our transformation in the state of Missouri. Since then, and for the last 14 years, I've had an opportunity, through MYSI, to assist other jurisdictions around the country and to examine, to learn from, to borrow from, to share with others best practices that's recognized around the country. Started with the state of Louisiana and three counties in the state of California-- Santa Clara, San Francisco, and L.A. County-- on to the state of New Mexico, upstate New York, New Jersey, Virginia, Colorado, probably at about 9 to 11 different jurisdictions around the country. One of the things that I've learned through this opportunity of looking at systems around the country, and certainly from our own experiences in Missouri, every system and geographic region that I've worked in seemed to believe that the kids adjudicated in their areas are the toughest and most challenging kids that anyone has ever worked with. And the number one question that they always ask very skeptically is, will this Missouri approach work with their kids, because surely their kids are different than anyplace else. And what I've learned over the 14 years myself is that the basic needs, and how youth go about trying to meet their needs, were the

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

same all over the country. What is different is how the youth are reacting to their environment and how staff are responding to their behavioral issues. So how does the MYSI approach assist with that? In traditional systems, the staff primary duties are to provide perimeter custodial kind of supervision and monitoring. And we require a very different type of engagement with kids. Our staff are seen as mentors to guide the students, facilitators to assist them in their change process through our developmental state system, and we're working with the system here in Nebraska to revamp their Phase system. And where staff really-- I think the difference is we view a student's lack of progress or success in our program as a reflection of our leadership and facilitation abilities, rather than it being a problem within their students solely by themselves. So what am I saying? If a kid is struggling in my program, I'm not saying it's the staff's fault. What I am saying is that youth won't be successful without our assistance. And the way that we provide that assistance, assistance is through a very coordinated and integrated approach that I'll talk to you about. The four-- the cornerstones of, really, the Missouri model and our success has been safety; a different, high level of engagement; we're trauma sensitive and responsive; skill building with the kids. And it's really about empowerment, empowering the kids to exercise some different options and choices. And we also want to empower the staff to spend the most time with them, to work closely with them the most. Safety is created in our programs, not from having a set of rules and rule violations and infractions, but by having consistency of expectations from a staff team that's specifically assigned to that unit. If units-- if the kids don't feel safe, then reflective learning and processing is not going to carry any kind of a meaningful way. And when things that are unsafe do occur, we do circle the group up. We talk to the kids as a unit; we strategize as a unit. Where currently, in the past, a youth would go to Dickson for a cool-down period, we're moving away from that; we've transitioned away from that almost completely now. We're talking about not just the rule infraction, but talking to the kids about the impact of their action, how it affected themselves, others, how it affected the staff that believe in them and know that they can do better. And it's really about those relationships that has really influenced the kid's will to want to do better, as opposed to some external means of, well, because of this violation, whether it's a major or minor, you have x-number of points or you lost your day or you lost your week. It's really now about personal growth and development, and it's about repairing the harm that's been caused in that situation. And so I'm really happy that we're moving away from that. An environment where kids are expected to learn about themselves, to learn about others' experiences, is a lot more challenging for many of our kids. They-- many would much rather

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

stay in a very contained environment and just kind of do their time, you know, because that level of self-reflection, that level of-- to have to look you in the eye and see that I did something to disappoint you, when I know that you believe that I could do better, creates a different set of feelings and relational dynamics with kids. And quite frankly, I think sometimes we let kids off the hook when they have a violation and we send them away or we give them some time out and they'd never have to face those emotions and work through those dynamics. And it's easier to just kind of go away, do a little time and then just come back as business as usual. And we're not doing that anymore. We're talking to the kids about how things could be done better. We're assisting them with making those reparations, and how do you make amends and how do you earn back trust, because it's not just about a violation of a rule. We're doing that in a unit-based, management approach, like Dr. Fromm mentioned. Previously in the past, we had therapists that would pull kids out of the group and work with them around their mental health and clinical needs. And we, we had teachers that work with the kids around their academic kind of progress. And we had case managers that did the case planning and the court reports and documents and the frontline staff primarily there for safety, security, and so forth and so on. And what we found is that there-- while people are working very, very hard, it hasn't been-- they haven't been working in a very coordinated, integrated way. And primarily the staff that spend the most time with the kids don't benefit from that collective kind of understanding, those strategies or interventions. And so now, as opposed to pulling kids out for like one of the service aggression replacement kind of training, and two or three kids at a time, we're doing it as a, as a whole group. The staff, the frontline staff, is participating in that. So that, that treatment process is not just a one-hour session a couple of days a week. Now we can integrate those skills that's been taught, help the kids practice utilizing those skills in everyday situations, reminding them of how it's beneficial, where it's needed in those moments, and supporting those, the kids through their process. And that's been a big change. And so we're not-- we're breaking down the silos, if you will, and not-- and trying to treat the whole kid and not just the separate entities, and I'm very pleased with how that's going. We're meeting once a week across the department, probably more regularly than they've ever done in the past. With-- at the leadership level, we're doing training with the executive team in our approach because, while we have a staff-- a youth development model, there's also a staff professional development model in our approach, as well. So how we assess the needs of kids and how we assess the professional needs of the staff, it's, it's an alignment; it's a parallel kind of a process. And so we're currently

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

working with the administration leadership team on how to assess it that way and then to provide the structure and support to help the youth and both the staff be successful. So we're moving away from the previous focus of the Phase system where the kids are focused on the points and did I get a 3 today, did I get a 3.5 today, what does that really mean, how does it affect me, and we're moving more toward internal kind of processes, internal rewards and internal changes, if you will. And so lastly, real quickly, my colleague and I-- as Dr Fromm has mentioned, I love working with kids. We've, we've been at the facility at 5:30 in the morning, at the start of the 6:00 a.m. shift, and the kids are like, oh, Mr. Ellis, you here again, you know, and to try to help set the tone for the day, reminding them of how we could do better from the previous day. We met with the overnight staff regarding their concerns and with their-- throughout, you know, the entire day and throughout the week. We're currently training and coaching the staff, as I mentioned. We're preparing to train the, the staff in Hastings the first week in November. When they come to YRTC at Kearney, they're going to be working in the girls' group. We will be in the units with them throughout. And the opportunity they have is, while we're doing this cultural kind of shift, they can kind of see the good, bad, and ugly, and everything in between. And they can see the start of the change of, of the youth system and some of the natural resistance and pushback, with the idea that they'll be better able to-- and prepared to make that, to help make that transition a little bit smoother when they return to Hastings. And so with that, I'll turn it back over to Dr. Fromm.

**JANINE FROMM:** And I'm going to turn it over to CEO Smith to make some closing remarks.

**DANNETTE SMITH:** On slide 22, we have been seriously following the recommendations that were given back in 2013. And a couple of those recommendations we really want your continued support on are the following things. One is that we want to continue to create an intensive, highly-structured treatment facility in the most appropriate communities. Most of the programs that we see in juvenile justice these days are very community based, and so we want to continue to do that, but we also want to be able to provide good services to those kids that have high acuity. The second thing that we want to continue to do-- and I think we are successfully doing that, and I think you heard evidence of that today-- is that we want to continue to do evidence-based, trauma-informed treatment, which means we want to take into consideration the trauma that kids experience when they come to our attention. We want to be able to address that in a very clinical manner, but we also want to ensure that we're

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

providing them with skills and services that prepare them to be back out into the community. And then the final one, which I think is the most important, is decision matrix to establish a YRTC interest cri-- criteria. You've heard many times that Dr. Fromm has said to us that we have no control of who comes in the door. It certainly would help us to be able to, be able to do good screening, good assessments as kids come to us, really be able to assess the seriousness of some of the crimes that they've committed, so that we're best able to address their needs while they're with us. And then on page 23, our next steps, we hope that we'll be able to continue to have a dialogue with you on the best interest of the children. We have great partners with our Probation Department, the Department of Education, as well as our community leaders in the various communities. And we hope that we'll be able to continue that dialogue. We also are beginning the planning on the statewide stakeholder to develop the five-year operations plan. We are having some exploratory conversations with the University of Nebraska-Lincoln. Their College of Business Administration is considering assisting us and facilitating some meetings so that we can get that five-year plan underway and have it developed for you by March. We hope that you will also go out and see Kearney. Many of you have been out to Kearney, and there's a real difference between the Kearney you saw in 2019 and the Kearney that you're going to see today. I want to encourage you to come out and visit with us so that you can see what's different, what's changing. Again, all of this is a process, is a process. We are not final. We still have a lot of work to do. But I think that you will see some things that will be different: number one, the interaction between the young people and their peers; number two, which is also important, you'll see a different interaction between the staff. You heard many times that staff were afraid of the kids. I want you to come out to Kearney and see the relationships now. I think that you'll see that they're very different. Continue to engage Hastings stakeholders in the community transition-- as you heard Larry say, we have been actively talking with city leadership out there. We're going to continue to do that. We're going to continue to engage them in the process, not only in the five-year operation plan, but individually in terms of what this means for their community. We've had some questions from them about how could they best support us, how could we best use the community to be able to support the program when the girls arrive, hopefully in March of 2021. And then finally, we're going to continue to, to visit. Most of you know that I'm an active CEO. I don't really just stay in my office, but I'm out in the community. That's going to continue. I have a wonderful staff that are helping me and running our YRTCs' pro-- our YRTC programs, but I think it's up to leadership, particularly at my level, to be able to demonstrate my commitment. And that commitment is

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

to be visible to my staff and to the young people and the families that I serve. So with that, I'm available to answer any questions. Here's how I'd like to do that, if that'd be all, all right with the Chair, Senator Arch. If there are questions for me, certainly I'll add-- I'll answer those questions, but there may be questions for the remainder of my team. And so, Senator Arch and Senator Vargas, if you don't mind, I'd like for my team to come up. We will do six feet apart from each other. And what I'll do, as the questions are asked of me, I'll point to the most appropriate staff that I think can answer those questions, if that would be OK.

**ARCH:** I think we can do that. I would, I would say that, as you answer the questions, if the staff could identify who's speaking for the transcriptionists.

**DANNETTE SMITH:** Absolutely.

**ARCH:** And then, and then they will need to get close enough to a mike--

**DANNETTE SMITH:** To the mike--

**ARCH:** --so that it-- that that can be recorded in, in the cameras, as well. So with that, we can begin our, our-- asking our questions. And are there questions from the senators? Senator Howard.

**HOWARD:** I'll get us started. From our tour this morning, we heard about waiting lists at Whitehall. Who can just tell us a little bit about how those waiting lists were created and what the basis is for them, and the history of waiting lists for the Whitehall and the Hastings programs?

**DANNETTE SMITH:** So, Senator Howard, I'm going to let Mark answer that question for you.

**MARK LaBOUCHARDIERE:** So what you're referring to is what Dr. Foster had mentioned today. Currently with our youth who sexually harm, we have eight youth there. And we have five youth in our youth-- our chemical dependency program. So-- I'll take my mask off-- so the-- what Dr. Foster was talking about is we have a-- we've got three kids who are currently on our-- he was referring to it as a wait list; he was meaning more a referral list. So from those three kids, there's actually two kids who have been accepted into the chemical dependency program so far. The third one is still being referred and being evaluated. I actually had Dr. Foster meet with Senator Cavanaugh right after the meeting for that clarification, because what we do do is we

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

get those referrals in. That-- it's still a process, like I mentioned to the group today, that just 'cause we get a referral in, we're not going to-- we may not take the kid in. We have COVID concerns, where we have to make sure there's a 14-day wait, make sure there's no symptoms, especially if the kid is at-- sitting at home right now. All it takes is one kid to come in. I don't know where that kid has been. I think [INAUDIBLE] is taking safety precautions to come in, in, into our program right away, potentially to affect our staff and our youth, so those are some of the reasons why some of those delays. In terms of the-- what we talked about earlier, too, as well, the unoccupied building, which potentially is going to be completed in about a month from now, we're really working hard to get that up and running and to get the staff in place. so this way we can get that back to a 16-bed complete substance abuse unit. As we talked about earlier, the last two years, we've seen a average of 13 youth in the Hastings facility for chemical dependency. So with us having 16 beds there, that should address that. Taking into account, however, will be what I just spoke about earlier. With the potential facility opening up in a year or two in Omaha, those numbers might decrease further. But that's how-- why we have to continue to assess where we're at and to be flexible where the needs of the state are for our chemical dependency youth on a PRTF level.

**HOWARD:** Thank you.

**MARK LaBOUCHARDIERE:** You're welcome.

**HOWARD:** Oh. And I'm not sure who this goes to next. In my notes from our Hastings visit, you indicated that Building 3 would be used if there were more girls than you had space for on campus. But it sounds like, from our conversations today, that the hot water, the heat, and the electric will be gone by January, and so you wouldn't have capacity over what's available at-- in those buildings, then, for girls at this point. Is there a plan for when you go over what you're allotted for that YRTC for girls?

**MARK LaBOUCHARDIERE:** So, Senator Howard, what you were referring to was Building 3, where they were currently being housed at. That-- it is in that building where the issues were with the HVAC and the steam. That does not affect at all the new program buildings, so those are in full, good use.

**HOWARD:** Right. I think what I'm asking is, from my notes on our Hastings tour, you indicated-- or actually CEO Smith indicated that Building 3 could be used if the, the new buildings ran out of room for the girls for YRTCs. So my question is, if building three can't be

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

used, which it sounds like it wouldn't be able to be used, what's the plan then when you go over capacity in the new buildings?

**MARK LaBOUCHARDIERE:** So as you guys toured this morning the Lincoln youth facility, that building-- that building-- that facility does have 11 beds in one pod. So if you take the 24 capacity that we currently have at the Hastings facility, you add another to-- 11 beds to that, you're talking about 35 beds. That would be at least-- are all being built for overflow, as well.

**HOWARD:** OK. And when I visited Geneva initially, I think it was 42-- 38 or 42 girls. So that's-- at that, at the time last August in 2019, you actually had more girls than you would have capacity for, even given those two facilities. Does that sound right?

**MARK LaBOUCHARDIERE:** Yes, and that's what I was talking about earlier, when I was testifying about the, the huge increase all of a sudden, in a couple of months. However, as you've heard from the panel testifying today, we're taking a strong approach and looking at our length of stay. We're looking at our programming, our bolstered programming through clinical services for family therapy. Every Thursday we have a whole team, which in-- which Dr. Fromm leads, with Probation Administration, probation officer, our clinical staff, a wide-- a YRTC clinical director, case managers to look at those kids who, once they meet after X amount of time, to say: Why are they still there? What do we need to do different to try to get them back out there or to get them reshaped? What we've seen in that process is that we'd be able to get kids turned around faster and get them back out, you know, faster manner versus them sometimes just sitting there. So with that put together, we are hoping to see a lower length of stay to be able to get those numbers down, as well.

**HOWARD:** OK. And I have one more question for you. We indicated-- or, well, I guess I have a question. How many Hastings staff have stayed?

**MARK LaBOUCHARDIERE:** There have been some staff-- all the staff have stayed. There's been some staff who have resigned or retired. Our administrator back then, when you came last time, was Marj Colburn; she's retired. The staff that who we have had, we have continued to have them come to the Whitehall, like I was saying earlier, to provide that warm transition, and they're all going to be, then, going to Kearney. They-- there was a handout in your packet, which has the whole training packet. They're going through some intensive training. I'm talking about to teach them how to-- not work just with a PRTF kid, but they're now working with a YRTC kid and going through everything from their personal boundaries to trauma-informed care, to

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

get a whole gamut of training to get them ready. Like Mr. Ellis had mentioned, they're going to be going through a three-day MYSI training for our clinical staff and direct-care staff, with the whole approach. And with them hearing these things, I think initially, just like any-- I think-- if I was one of the staff, too, I'd be a little ambivalent, as well, at first: What does this YRTC kid look like? But as we've seen over time, they have-- those fears have diminished, in fact, say that I've not seen anybody who is blatantly-- a whole group who's left. They've all been sticking around and they, they seem to be excited about this new upcoming training.

**HOWARD:** So I want to make sure I understand. So the question was: How many HRC staff have stayed and moved on to Whitehall? And you said all of them. But then you said there were several retirements?

**MARK LaBOUCHARDIERE:** I'm saying that-- I, I-- so, so I thought you meant how many have there [INAUDIBLE] left. So at the transitional plan, initially, we had 90-some percent-- all our clinical staff, all our direct-care staff, they were going to Whitehall. That was on October 1. Starting this last Monday, we've had clinical staff, except for the two LADACs. The two LADACs continue to go to Whitehall. The rest of the clinical staff, they're starting to go to Kearney. Over this next week- to two-week period, we're going to have the rest of the direct-care staff from HRC start trickling down their presence at Whitehall and start going to go to Kearney to get them to the next phase of that training I was talking about.

**HOWARD:** I guess I'm confused because they were training a PRTF model, and now we're transitioning them to the YRTC model?

**MARK LaBOUCHARDIERE:** And training them completely in the whole YRTC model and mainly with the MYSI approach.

**HOWARD:** And so essentially, you're, you're lowering the amount of staff that you have for the Hastings program by sending them to YRTC?

**MARK LaBOUCHARDIERE:** I'm actually not lowering. I'm actually, I'm actually heightening them because currently, the YRTC staff, they fall under PREA, which is one staff to eight kids. The HRC, under PRTF and child-care licensing guidelines, have been one staff to four kids. That's actually more in line with the Missouri approach of having that lower staff/youth ratio. We're not going to be letting go of any staff. We're going to keep that one-staff-to-four-youth ratio at Hastings when the girls do go there. So this way we have more staff around kids.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**HOWARD:** Oh, OK. So, so it's, it's not that you're taking the HRC staff and sending them to Whitehall to run the HRC program. You're taking some out. They're going to be trained in Kearney at the YRTC so that they can go back to Hastings and do the-- essentially the Geneva girls' YRTC.

**MARK LaBOUCHARDIERE:** That's accurate.

**HOWARD:** OK. Thank you.

**ARCH:** Senator Cavanaugh.

**CAVANAUGH:** Thank you. I have some timeline questions that I-- might be for Mr. Kahl; I'm not sure. The first one is: When did it become apparent that you needed to do the renovations at the Hastings facility for the new buildings?

**DANNETTE SMITH:** So as we began to plan for the girls to come to Hastings, we decided that we needed to do those renovations. And I would say that that was probably late summer.

**CAVANAUGH:** What is late summer?

**DANNETTE SMITH:** Late summer-- I'd say--

**CAVANAUGH:** June? July? August?

**DANNETTE SMITH:** Yeah, probably about July.

**CAVANAUGH:** July, OK. Was that before you made the announcement of the Hastings?

**DANNETTE SMITH:** We had been doing some assessment of it, yeah.

**CAVANAUGH:** So, so before you made the announcement--

**DANNETTE SMITH:** Absolutely.

**CAVANAUGH:** --to the Legislature, you knew that you had to make the change?

**DANNETTE SMITH:** That we would have to do something.

**CAVANAUGH:** And when of the change-- when did the renovations begin in Hastings?

**DANNETTE SMITH:** I don't have that date, but I certainly can get it. I know that they're in the process of doing some of that work now.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**CAVANAUGH:** So it has begun?

**DANNETTE SMITH:** Yes.

**CAVANAUGH:** OK, because the timeline that was submitted to the Legislature on July 15 says that the girls would have been transitioned to Hastings on October 1, but they can't be transitioned to Hastings until the renovations are done.

**DANNETTE SMITH:** Right. But we knew between that timeline that we could get all of the renovations done, but we just slowed the process down.

**CAVANAUGH:** You slowed the process down--

**DANNETTE SMITH:** That's right.

**CAVANAUGH:** --when the Legislature enacted--

**DANNETTE SMITH:** That's right.

**CAVANAUGH:** --in August. OK, but if you hadn't slowed the process down, then you could have moved the boys into that facility on October 1 instead of moving them to Whitehall.

**DANNETTE SMITH:** So, Senator Cavanaugh, it just made sense for us, with the programming and the space that we had, to just go ahead and move the boys to Whitehall. We had enough space there to be able to do the programming there. We had the building that was getting ready to be shut down at the time. And so it just made sense for us to go ahead, maximize the space that we had at the Whitehall campus, to be able to do the programming.

**CAVANAUGH:** So then, at the Whitehall campus, we saw those buildings today.

**DANNETTE SMITH:** Yes.

**CAVANAUGH:** Do they have the reinforced walls? And they did not have raised ceilings. And what was the other thing that needed to be done at Hastings? There--

**DANNETTE SMITH:** Yeah.

**CAVANAUGH:** There were three things that had to be done at Hastings that did not appear to be part of the facilities at Whitehall. So I know it was the raised ceilings, the reinforced walls-- oh, and something with the windows. So are any--

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Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**DANNETTE SMITH:** Right. That's all being done at the Hastings location

**CAVANAUGH:** But at Whitehall, is any of that being done?

**DANNETTE SMITH:** That has not occurred at this, at this time.

**CAVANAUGH:** Because when we met with you in September in Hastings, we were told that the boys couldn't move into that building that's been ready since July, because those things needed to be done--

**DANNETTE SMITH:** Those things needed to be done, right.

**CAVANAUGH:** --for that pop-- for that population of boys, even if the boys were to move into there, that those things needed to be done for that population of boys to move into there, but now we've moved them into facilities that have not had those things done. So how is that? It, it seems like it's OK for them to be in one type of building in one town and one type of building in another town. Can you see where the confusion is?

**DANNETTE SMITH:** A little bit. But, you know, I think what we were trying to do was to make the program and the facility appropriate. We believe that the program at Whitehall is appropriate to handle the boys that we have--

**CAVANAUGH:** But when we asked you-- when I asked you in September if they could have moved into that building sooner, even as you were waiting to get Whitehall prepared, you said no.

**DANNETTE SMITH:** Right.

**CAVANAUGH:** But they could have; technically, they could have. The building was appropriately outfitted for them, is my question.

**DANNETTE SMITH:** Yes, they could have. But again, we had enough space at the Whitehall location--

**CAVANAUGH:** But--

**DANNETTE SMITH:** --for them to be placed there, Senator Cavanaugh.

**CAVANAUGH:** --but the building in Hastings was ready in June--

**DANNETTE SMITH:** Um-hum.

**CAVANAUGH:** --and you didn't move them to Whitehall until October.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**DANNETTE SMITH:** That's correct.

**CAVANAUGH:** So from June to October, they could have been in that building.

**DANNETTE SMITH:** They could have. However, we were looking at opportunities to harden the walls, to get the, the work ready for the girls. We had enough space at--

**CAVANAUGH:** But the work--

**DANNETTE SMITH:** --Whitehall to be able to--

**CAVANAUGH:** --didn't start until October, as you said just now, that once we passed the bill in August, you still didn't begin the work because you didn't have to begin the work. So I'm just, I'm just confused as to why this beautiful facility sat empty when you see the building that the boys were in, in, in Hastings. It's-- I feel like that's a failure to those children.

**DANNETTE SMITH:** Thank you.

**CAVANAUGH:** And I also feel like you weren't straightforward with us in September when I asked you these questions directly.

**DANNETTE SMITH:** Thank you so much for your feedback.

**CAVANAUGH:** It, it's not really feedback so much as a statement that I, I don't feel that you're building trust with this committee.

**DANNETTE SMITH:** I think, Senator Cavanaugh, I've tried my darndest to build trust with this committee. Both my team and I have been as transparent with you as we possibly can. We've looked at opportunities to not only create a good program for the girls, but also a good program for the boys, regardless to the renovations that needed to be done. We were trying--

**CAVANAUGH:** My concern is not over the programming.

**DANNETTE SMITH:** OK.

**CAVANAUGH:** Dr. Fromm has done a great job of illustrating what the programming is for us, and, and my concern has never been about the programming that's been-- being installed over the last several months. My concern has been over the "flippantness" of moving children from facility to facility to facility, which seems like it's being done in a very unthoughtful way. And these children are traumatized.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

That's my concern. And we're also disrupting major communities and employment for people in all of these communities. And we're doing all of that during a pandemic. And then we come together during a pandemic and meet with you and ask you questions directly, and we get different answers every time.

**DANNETTE SMITH:** And so I want to say to you that I'm very sensitive to the ability of moving kids and their families and disrupting our communities. Well, I--

**CAVANAUGH:** I don't feel that sensitivity.

**DANNETTE SMITH:** Thank you.

**CAVANAUGH:** The, the fact that you've continue to do it and continue to change, you don't even honor your own timeline and you don't update us on your timeline, I don't feel your sensitivity to that issue.

**ARCH:** Senator Groene.

**GROENE:** Thank you. Thank you for being here and bringing your team.

**DANNETTE SMITH:** Thank you so much for having us.

**GROENE:** I've learned a lot. How many total employees at the YRTC's within that division of your--

**DANNETTE SMITH:** The Hastings?

**GROENE:** No, everywhere. How many total employees?

**DANNETTE SMITH:** Would you-- Mark, would you know?

**MARK LaBOUCHARDIERE:** Off the top of my head, no. We can get that [INAUDIBLE].

**DANNETTE SMITH:** We can get that information for you.

**GROENE:** But I would guess a hundred is the high side of total, at one time, how many youths you have there on all the campuses, about 100?

**DANNETTE SMITH:** So-- yes, so for right now, we have-- we know that we have approximately 78 staff at the Hastings campus.

**GROENE:** Yeah, I see that here, 74.

**DANNETTE SMITH:** I know that we've had approximately-- and again, Senator Groene, I am guessing and I'm using approximations. I think

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

that we had about 112, maybe, staff at Kearney. I don't know the exact number at Lincoln, and I don't know the exact number at Whitehall, and those who are handling the chemical dependency--

**GROENE:** But Whitehall isn't part of the YRTC.

**DANNETTE SMITH:** TC-- it is not.

**GROENE:** Yeah, OK.

**DANNETTE SMITH:** It is just Lincoln. What we had in Geneva, what we have in Kearney are part of the YRTC.

**GROENE:** What I said by 100, that's the average-- it's less than 100 average youth at one time in the Y-- YRTC system.

**DANNETTE SMITH:** Yeah, right now.

**GROENE:** Do you have a number how many youths go through the system in-- annually?

**DANNETTE SMITH:** I don't have that information, but I'll get that for you.

**GROENE:** It's probably less, though. It's more than that if you just divide the 180 days or 270.

**DANNETTE SMITH:** I would prefer that I get you that information.

**GROENE:** All right. What is your total budget for YRTC?

**MARK LaBOUCHARDIERE:** [INAUDIBLE] about \$23.5 million.

**GROENE:** Twenty three and a half million.

**ARCH:** Would you say that into the microphone, please?

**MARK LaBOUCHARDIERE:** Sorry. I believe it's about \$23.5 million.

**GROENE:** Right.

**MARK LaBOUCHARDIERE:** And that includes just the YRTCs, not Whitehall.

**GROENE:** Has your one-on-one, the Missouri model, going to cost more for the taxpayers?

**MARK LaBOUCHARDIERE:** The Missouri doesn't-- the Missouri model does not ask for one-on-ones. The Missouri model does speak about having a

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

higher staff/youth ratio. That's something we've been trying to do regardless [INAUDIBLE]

**GROENE:** You mentioned one-on-one. And then you-- right after that, you mentioned the Missouri model.

**MARK LaBOUCHARDIERE:** I was thinking at the Lincoln youth facility that we have a much higher staff/youth ratio at that facility and that's our high-acute facility for those youth. We have males and females over there. But I was talking about what-- at the Hastings Regional Center, I was talking about PRTF requirements and childcare licensing currently is a one-staff-to-four-kid ratio during the daytime hours, compared to a PREA requirement, which is one staff to eight youth.

**GROENE:** What do you mean by one staff? That's the treatment staff? Are you talking about the cook and the janitor and the--

**MARK LaBOUCHARDIERE:** I'm talking about your, your frontline, direct-care staff. This does not account into your case manager, your mental health staff, your cook, your housekeeper, your admin staff, your recreation staff. It doesn't-- I'm talking strictly direct-care staff.

**GROENE:** And--

**MARK LaBOUCHARDIERE:** So-- sorry.

**GROENE:** Do you-- a youth security specialist, is that a guard? What does that mean?

**MARK LaBOUCHARDIERE:** Yes. That's your frontline staff.

**GROENE:** That's a guard. Or is that the social worker?

**MARK LaBOUCHARDIERE:** That's a frontline youth program specialist. That's the state classification. It's called youth security specialist. Those are our frontline staff.

**GROENE:** Have we fixed the problem, what happened in Kearney, where a couple of young men tore a bed apart and beat up a couple of social workers? There was no disciplinary staff there. Or do we have any-- has the model, the Missouri Valley model, put into effect when some young ladies decide to destroy a building that there's somebody who can step in?

**MARK LaBOUCHARDIERE:** Yes, we have, we have handled that issue. We've made quite a few changes in terms of how many staff we have on-site,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

how many response staff and security staff we do have on-site  
[INAUDIBLE]

**GROENE:** So you have the security staff to handle violence?

**MARK LaBOUCHARDIERE:** Yes, we do.

**GROENE:** And you don't expect the social worker or the, or the mental health specialist to do that?

**MARK LaBOUCHARDIERE:** There was never-- the situation you're talking about, there was never a social worker or mental health staff who was injured. It was the direct-care staff who was injured that--

**GROENE:** It was the what?

**MARK LaBOUCHARDIERE:** The direct-care staff, the frontline staff were the ones who were assaulted. It was not a social worker or a mental health staff. The incident hap-- the incident occurred at around 11:00, 12:00 at night. At that time, we have our direct-care staff working, not our mental health staff working [INAUDIBLE]

**GROENE:** And what's the director of staff, their description?

**MARK LaBOUCHARDIERE:** The youth security specialist, you're talking about? That's the, that's the classification I'm talking about who was there that evening.

**GROENE:** They're the individual who can say, you go here, you go to bed, if you don't go to bed, we can make you go, go to your room? Do you have staff like that?

**MARK LaBOUCHARDIERE:** Yes, we do have staff like that. However, when you do visit the Kearney campus, out where the boys reside at, they're in a dorm-style setting, so they don't, they don't actually have rooms except in our Dickson unit.

**GROENE:** One more question, but I think Corey Steel would answer it. You brought up Lancaster County a few times, why they-- the reason-- do you know the reason behind why so many-- the court system sends so many kids to the YRTC, the judges there do?

**MARK LaBOUCHARDIERE:** I do not know the reason for that. That's something where they have given it to us. We don't control their process of who comes in our front door.

**GROENE:** So Corey Steel would probably be the one to ask?

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**MARK LaBOUCHARDIERE:** I would imagine so.

**GROENE:** All right. Thank you.

**ARCH:** Senator Wishart, I'm sorry, I did-- I never introduced you to begin with. Senator Anna Wishart is on the phone. I believe you-- do you have a question that you would like to ask?

**WISHART:** I do have a question. Thank you so much, Senator Arch. Can you hear me all right?

**ARCH:** Yes.

**WISHART:** The question is: Do we continue relationships with youth who have been in the YRTC program and are now adults and, you know, have families and, and careers? Do we ever talk to them about-- like getting feedback about what we could've done differently, what has helped them be successful in their life-- kind of an exit survey, but following up several years later?

**ARCH:** I think we understand the question. Who'd like to-- it's, it's a question of follow-up. Do we know, do we, do we ever see any type of longitudinal study that, that would take a look and say that now you're 25 years old and, and how, how are things going?

**DANNETTE SMITH:** Not to my knowledge, but I think the person that would-- might, might be best to ask that question would be Corey Steel. I know that Corey has been in contact with us about us jointly looking at our data that tells us what happens while kids are at the YRTC and when they leave. But I think he would be the best person to talk about whether or not they do anything longitudinal or not.

**ARCH:** Because what-- because when they are discharged from the YRTC--

**DANNETTE SMITH:** Probation.

**ARCH:** --if they came from probation, they go back--

**DANNETTE SMITH:** That's correct.

**ARCH:** --to probation and then you don't, you don't have any more contact.

**DANNETTE SMITH:** That is correct.

**ARCH:** OK. Other questions? Senator Murman.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**MURMAN:** Yes. Thanks for coming in. I think you partially answered this question already, but do you anticipate the number of staff to youth increasing as you go to this Missouri model? If I understood it correctly, it was four-- or four inmate-- not inmates, but four people to one staff, and now it'll go to three to one staff?

**DANNETTE SMITH:** So we don't necessarily see that it will increase. But I think it's better for me to have Ken kind of talk about the model and how it impacts the staffing, because this is more of a peer-to-peer, more of staff engagement with the young people. And so, Ken, you probably could speak more directly to that than I could.

**KEN ELLIS:** Ken Ellis again. So in answer to your question, when we did the assessment initially back in March, we looked at your current staffing patterns here at the YRTC. And based on the information that I have right now, we're currently short in some of our staff. But in terms of what the, the existing budget is, we're not asking for an increase to the existing budget line items on the staff that you have. It's really about taking the staff that you have and through kind of reorganizing, using them differently and so actually, the numbers that we're asking, in terms of our model, falls well below what you already budgeted for. And so you mentioned like having security staff that may come in, in a highly emotional situation to de-escalate. Well, if they have that skill and report to de-escalate when the signal goes out, how about having them in the unit, working side by side with the frontline staff to be proactive and to prevent it from, you know, blowing up? So it's not additional staff, in terms of hiring more than your existing budget. It's taking what you already have and utilizing them differently in this team unit-based management setting.

**ARCH:** Senator Vargas.

**VARGAS:** I have a couple-- I'm going to ask you a couple questions; if I have more, I'll just save them. Following up on that-- and thank you all for being here. And I have a question about-- I want to make sure I get this one. So the Missouri Youth Services Institute, I read the report from the Annie E. Casey Foundation that was done on the Missouri model. You referenced that, as well. And, you know, one of the questions I had was-- you just mentioned an assessment, and I am assuming, or I'll ask you, if that assessment is an assessment of the YRTC current system that we have in place, and staff, and-- and culture and capacity. Is that something that-- was there an internal audit done that you, you did as part of your consultation? If you want to answer that.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**KEN ELLIS:** Sure. Because of the COVID back in maybe March or April, we just made phone interviews with staff. And, and when we came in August, we talked to kids individually. We talked to staff across all the different divisions. And so one of the things that we were looking for, a lot of times people are looking at the Missouri model as some external thing, like another new program we gotta do and something else that we have to do. So part of the assessment is kind of like, hey, what are the best practices and how have you worked with kids before? And I heard-- we heard a lot of, yeah, we used to do something very similar to that. And so what we've been doing is seeing currently how the pieces fit of our model with the existing approach. And I just want to say it aligns up very, very well, and so in terms of just talking to the staff, talking to the kids, looking at the system, looking at how people are currently deployed, and talking to the staff about enhancing the system. So we have an internal committee of staff across-- line staff, clinicians, case managers and internal kind of a work group. And the goal is that when, when you come out to visit, we're not talking about a Missouri model or a Missouri approach, because we're talking about best practices around the country and how we're going to implement that in Nebraska. So there's ownership. When we go places, as long as there's the Missouri model, like kids in New York would go, this ain't Miss-- this, this-- this is New York, this is Brooklyn, this is not Missouri, get out of here with that program. So it's not about-- when it's something external, people don't have that internal commitment, investment. But when we talk about and normalize it, it's about what's good for kids and how are we going to develop staff that want to care for kids in a very coordinated way. So that's what the assessment was about. It's like, is this a really good fit?

**VARGAS:** So--

**KEN ELLIS:** And compared to most places around the country, the reason I'm so excited about this opportunity is because I feel like we're already talking a similar language than when I go into traditional correctional programs, you know.

**VARGAS:** You know, and the reason I ask-- and I appreciate, I appreciate your response. The reason I ask is probably a little more specific. From our standpoint, I want to make sure that we have-- if there was an in-- was there an actual internal assessment of the areas of strength and growth of DHHS when you came in? A lot of what I read, in terms of the Missouri model, there are some real strong tenets that need to be in place. You have a bedrock of these facets of, you know, staffing and transition, you know-- you know, capacity, culture. And

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

so it is helpful for us on our end to make sure we really know what are your-- I'm, I'm thinking this is-- when I was on the Omaha Public School Board, we brought in consultants like in, in your role, and actually did a needs analysis from an external third party to then give us this necessary feedback. And there's those, those interviews you did. It sounds like you did some of that informally. Was there something formally that you did as a report, provided to DHHS?

**KEN ELLIS:** We're in constant communication with DHS [SIC], and we, we do talk to them informally and send kind of monthly reports, in terms of next steps. And one thing I want to say about the assessment is that it is an ongoing process. So initially the assessment was, was there a good fit? And so what we're currently doing, Louis and myself, we're actually the ones that's in the unit facilitating some of the group process, facilitating some of the group meetings, and coaching and mentoring the staff all along. And so when people talk about, you know, in Missouri, it took 20 years for our system to transform, you know, in 2040, they will say it took 40 years. You know, you're always a work in progress; you never arrive. So to answer your question, we do send in reports in terms of, hey, this is what we're doing, this is what we're proposing, let's coordinate the training. We are in constant communication prob-- with Mark LaBouchardiere and the CEO and Dr. Fromm. It's an ongoing assessment. So the goal is not to have Nebraska fit the Missouri program. Our approach is to meet the system where they are, to understand where they've been, and then kind of collectively determine how we can get there in a very thoughtful way in the least disruptive, intrusive way.

**VARGAS:** So-- so I'll try to-- is there an assessment that you can share with us, as lawmakers, regarding the strengths and the weaknesses of our current system that you're using in your training and development? And that assessment you took, is there something formally that you can share with us?

**KEN ELLIS:** I could definitely put something together and send that through, yes.

**VARGAS:** OK. I appreciate it, and I encourage my colleagues to read that report. It's very long, but I-- but, but you should read it. I, I have a, another question and then I'll-- and then I'll push it to everybody else to answer some questions or ask questions. I have a question about surge. One of the things that we heard was-- and thank you again for answering those-- was, was that part of what we saw in, in the past as a-- and if we have a lot of students, if we had a lot of youth come into the system, it's sort of over-- the overcapacity and the surge has really made it difficult for the programming and the

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

staff and the youth. Talk to me about what the current plan for addressing, anticipating surge is, let's say here, let's say in Lincoln, in particular, because there's a-- I'm just unsure. I don't have clarity as to-- let's say we get a lot of youth in. Are we prepared right now? Do we have enough staff to meet a potential surge here, let's say, in Lincoln or pretty much all of our facilities?

**MARK LaBOUCHARDIERE:** So when you say Lincoln, I'm assuming you're not, you know-- I'm assuming you're not talking about the Lincoln youth facility, just Lincoln or-- Lincoln or Lancaster, Douglas for our youth?

**VARGAS:** Oh yeah. Lancaster/Douglas-- Lancaster.

**MARK LaBOUCHARDIERE:** So--

**VARGAS:** But, but I am talking about the new facility, at least, that we're renting--

**MARK LaBOUCHARDIERE:** OK.

**VARGAS:** --right, because that's one we just saw this morning.

**MARK LaBOUCHARDIERE:** So with Lincoln youth facility, as you are aware, is the facility that's opened up this year. We never had that facility before. That is reserved for our high-acuity youth. We've got 11 kids on one side and 9 kids on the other side of those two different pods. That, that [INAUDIBLE] reserved for that higher-acuity population. The Kearney facility still exists. And as you're aware, you know, when I started there four and a half years ago, they had 145 kids over there. Today we're sitting with 40 boys and 14 girls; that's 54. That's a third of what-- around a third of when I first started. I don't anticipate looking at our trends of why that number would increase that drastically. What we have seen, not just here in Nebraska but actually across the country, there are facilities that are shutting down. That's because probation services are keeping kids close to home and the community are doing a really good job with that. So those, those pieces are working. And if that continues to work in that trend, the surges that we have seen, we don't anticipate that many surges as much. Regardless of that, gen-- we do generally see, not just in this state, in other states, too, especially after they-- like during the Christmastime, after summer-- summer school time, we see some surges there, but that's-- we, we anticipate those.

**VARGAS:** OK. And then has there been-- just been any training or development? And let's say-- let's-- maybe it's not a capacity issue,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

but you did mention that it's just a-- it is extremely difficult on staff when you have more youth that are coming in. So if that happens, what have been new, new training or, or curriculum that has been put in place that helps to anticipate that?

**MARK LaBOUCHARDIERE:** So I'm not sure which committee this was, but about a year ago, when CEO Smith, myself, a couple other people, we were having to answer questions about even in Geneva, the-- Geneva's capacity, you could have up to 55 girls at that facility if it's fully functional. However, we had-- when we had, we were showing a trend of 16 youth, 17 youth, we were also asked about: What do you do with all this extra money then? And then: What do you do with those extra staff? Sometimes you have to keep some of that extra staff in place just in case those surges come. It helps when we have a number go down, like right now, when we have 40 and 15 in Kearney, 'cause now the staff can work more closely with the youth there. Our mental health staff in Kearney, we have 9 mental-- licensed mental health therapists, and now they can actually have more work being done. If that surge goes up, the caseload goes slower. It's not outside our best practice, what that needs to be, but sometimes we have to have that cushion. Like someone had mentioned-- I think Senator Howard mentioned today-- and, and-- about why you have to have that cushion in your budget, what positions in this kind of setting.

**VARGAS:** Thank you.

**MARK LaBOUCHARDIERE:** You're welcome.

**ARCH:** Senator Brandt.

**BRANDT:** Thank you, Chairman Arch. Thank you for appearing today. A couple of things to start with. I agree, Mark. You stated that when your employees went from Kearney to Geneva, they got really tired. The employees that are in Geneva now, going to Kearney, are getting really tired. So the road runs both ways. Dr. Fromm, you stated we can use video conferencing to fill in the gaps for these professional people. You've always stated we can't find professional people in Geneva. We have the Internet in Geneva; it would work there also. So, CEO Smith, is Geneva going today as a YRTC?

**DANNETTE SMITH:** Is it going today?

**BRANDT:** Yes. Is it still working as a YRTC?

**DANNETTE SMITH:** Yes, it is.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**BRANDT:** OK. How many girls do we have there?

**DANNETTE SMITH:** I think we don't-- we don't have any girls there as of right now.

**BRANDT:** OK. How many Medicaid staff do we have at Geneva?

**DANNETTE SMITH:** I think we have 23 current Medicaid staff, and I think we've had a couple of staff that have transferred from the reentry program over to Medicaid.

**BRANDT:** So that's fully staffed? I mean, 25 is going to be the final number?

**DANNETTE SMITH:** Well, remember, we were looking at-- 22 staff is what I had talked to you about, I believe, and that we were starting to recruit for 11 positions. I believe I said that about a month ago. I don't believe we filled all of those 11 positions as of yet.

**BRANDT:** So the 11 would be on top of the 23?

**DANNETTE SMITH:** Yes, sir.

**BRANDT:** So the final number would be 34?

**DANNETTE SMITH:** Yes.

**BRANDT:** OK.

**DANNETTE SMITH:** And I know that there's been about four or five that have left the reentry program and went over to the Medicaid program.

**BRANDT:** OK. So when we go to page 11 on your report, 74 positions, in Geneva, we had 75 positions. I would assume that this mirrored a lot of what we had in Geneva, the staffing that you're proposing for Hastings.

**DANNETTE SMITH:** Yes.

**BRANDT:** OK. Geneva had 55 beds. Hastings has 24 beds. It seems to me our cost will be twice as high in Hastings, using 74, when you divide it by those numbers. Is that true or false?

**DANNETTE SMITH:** Probably true.

**BRANDT:** OK.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**DANNETTE SMITH:** We'll have more staff, and I think that's what we want. We want to have enough staff to be able to accommodate the girls that are there.

**BRANDT:** But is that being responsible to the taxpayers?

**DANNETTE SMITH:** I believe, by having enough staff there to accommodate the girls there, we're going to do our level best to have a good program. If there are other opportunities for us to use the current Hastings staff in other programs, we'd like to do that, as well.

**BRANDT:** All right. Thank you.

**DANNETTE SMITH:** Thank you.

**ARCH:** Senator Pansing Brooks.

**PANSING BROOKS:** Thank you. Thank you all for coming. I really appreciate it. I, I feel like there are a lot of really good things going on that I've seen today and, and before. I also feel like this is a little bit of, of deja vu because in Cor-- in the Judiciary Committee, we have a tendency to see a director. I know you're a CEO, but go through the, the issue of being directed in a way to do something and have to sort of take the whole-- shoulder the responsibility for that. So in that regard, I appreciate what you're going through and what you're having to do. None of this can be done without the executive branch OK. I know that's very clear. And, you know, I think that too often there's a lot of blame with how things are done placed on you, CEO Smith. And I also think that sometimes what I am seeing, both in Judiciary and now here, 'cause this is all more new to me 'cause of the HHS portion of it, I see the mea culpa going on, where-- let's just sort of get it done and then go back. And once we see it's going better, then, then I think people will come along. So I, I feel that is a little bit what I'm seeing here, because a lot wasn't discussed with the Legislature at the beginning and was later, and now we're seeing some of the effects. We're seeing some of the benefits which we hadn't really been warned about. And I think that is-- I'm not blaming anybody. I'm blaming ourselves, I'm blaming the executive branch, the legislative branch, everybody. But I also don't think it's fair to just throw this frustration at you. That's what I'm saying.

**DANNETTE SMITH:** Thank you.

**PANSING BROOKS:** So anyway, I do have some questions. I am grateful because, number one, the people that I have met that you have hired

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

are excellent. Mr. LaBouchardiere is an amazing person, at least from what I've dealt with recently. Dr. Fromm is also an excellent person. I enjoyed meeting Mr. Kahl. And so I, I appreciate the people you have surrounded yourself with. And so along those lines, I presume this Missouri Youth Services Institute is a good program. I think my colleague, Senator-- oh God, I just spaced you off-- Senator Vargas, my dear friend who sits in front of me and I have to punch once in a while-- no, no really, I'm not [INAUDIBLE]. Anyway, the-- he-- the-- I presume there are-- has this been studied? These are best practices, this program. Is that correct? Is that-- you're following best practices with this Missouri Youth Services Institute? I presume that, no matter what-- yeah, I'd like you to come and, and if I could ask you. So the-- are these best program-- best practices, and is it evidence based?

**KEN ELLIS:** I would say it's best practices. And, you know, there's debate about whether it's evidence based, and that's kind of been the buzzword around the country; everything is evidence -based. What I can tell you from experience is-- the 20 years that I've worked in Missouri and, and in other places-- is that I'm always amazed how kids that have previously, previously been identified as resistant and, and oppositional defiant, how they respond to the way that we engage with them by, you know, being trauma sensitive and kind of validating, you know, their experiences and not judging them, but also holding them accountable for how they could do things differently in the future. For the 20 years in Missouri, like when you look at the study that was done and they talk about less than 10 percent coming back into the system, as a frontline worker, there was always this notion that we could do better, and because the kids aren't creating maybe another offense or another law violation, but if they dropped out of school or, you know, if a young person got pregnant and was unwed, you know, early on, it's like, was there something else we could have done in terms of programming? So there are stats. As a business major, I know you can manipulate stats, you know, statistics any way you want to, to serve your purpose. But I am convinced that the approach of how we work with kids, I'm seeing less kids come back into the system. When I first started, kids would leave off. I remember my first day, and the staff was like, hey, do good, and you've got a chance to play a little ball, and you've got to get your grades up, do well. And I'm like, oh, this is cool. And then they were saying [INAUDIBLE]. Oh, he'll be back in, you know, two weeks, forget about it, you know where he's going. And I would hear that over and over and over again, you know. And I'm happy to say that now it's kind of like, yeah, we can't change the community, but we can prepare them what they're going back into. And it was really rewarding to see less kids come back, you know, in that

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

sense that there's no hope because they're going back to the same environment. Firsthand, I saw that change dramatically. So it's about preparing the kids for what they are going back to with another set of skills, helping them understand their behavioral choices in the context of their environment and how--

**PANSING BROOKS:** OK.

**KEN ELLIS:** ---they're trying to meet their needs met, and teaching them new ways of doing it.

**PANSING BROOKS:** OK. Thank you.

**KEN ELLIS:** So there are stats and there's evidence, there's data, there's-- and research.

**PANSING BROOKS:** There is, there is. So that's what I'm asking you.

**KEN ELLIS:** That's not my expertise on that. I'm more of a frontline--

**PANSING BROOKS:** So for Missouri or where? Because that, to me-- I mean, anybody could bring in a program and say--

**KEN ELLIS:** Sure.

**PANSING BROOKS:** --it's working great. And unless we have some knowledge that there's some data behind it or--

**KEN ELLIS:** Yeah.

**PANSING BROOKS:** --some kind of information that shows that it is a positive and fruitful program, I mean, that's sort of scary to me.

**KEN ELLIS:** Absolutely. So I know the Annie E. Casey Foundation, there's been some-- there's been a number of different institutions that have come in. And I can get those reports.

**PANSING BROOKS:** I, I would really appreciate it.

**KEN ELLIS:** My director probably have those more readily than, than, than I do. And we could certainly forward those on.

**PANSING BROOKS:** OK. And thank you. I really appreciate it. Thank you. And then do you have any idea how many therapists are in the program? Or would that be a Dr. Fromm question or-- or how many clinicians are fully licensed that are taking care of these kids or-- I don't know.

**JANINE FROMM:** Go ahead, Mark.

**PANSING BROOKS:** Mark?

**JANINE FROMM:** You [INAUDIBLE]

**MARK LaBOUCHARDIERE:** So at our Kearney facility, we currently have nine licensed mental health therapists.

**PANSING BROOKS:** OK.

**MARK LaBOUCHARDIERE:** Most of them are licensed independent therapists, compared to a provisional license.

**PANSING BROOKS:** OK.

**MARK LaBOUCHARDIERE:** We also have-- at our Hastings program, we have licensed mental health staff. We have two of those. We have a licensed psychologist. We have two LADACs, which are the alcohol/drug abuse counselors.

**PANSING BROOKS:** Ladex [PHONETICALLY]?

**MARK LaBOUCHARDIERE:** LADACs, L-A-D-C [SIC].

**JANINE FROMM:** Licensed alcohol and drug abuse counselor.

**MARK LaBOUCHARDIERE:** Drug counselor.

**PANSING BROOKS:** Oh, sorry. OK.

**MARK LaBOUCHARDIERE:** And then for our Whitehall campus, we also-- sorry, [INAUDIBLE] for me to step back. At our Kearney campus, we also utilize Boys Town for a psychiatrist and they do telehealth through that means.

**PANSING BROOKS:** That's good.

**MARK LaBOUCHARDIERE:** At our Geneva campus, when we had them, we were using telehealth at Boys Town, as well. At our Lincoln youth facility, we have Dr. Wittry, who's a psychiatrist who provides medication management and services over there. At our Whitehall and-- campus over there, we do have a full-time psychologist; that's Dr. Phil Suess, who Dr. Fromm was talking about.

**PANSING BROOKS:** Yeah.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**MARK LaBOUCHARDIERE:** And then we have, we have two licensed mental health therapists over there. And we will be getting also two LADACs at that facility, as well, for the substance abuse program. That's our full array of clinical services.

**PANSING BROOKS:** And so as you--

**JANINE FROMM:** [INAUDIBLE].

**MARK LaBOUCHARDIERE:** We also-- we also have one more YRTC clinical director. Her name is Sara Thomas. She was just brought on board early this year to oversee the clinical services for the YRTC array.

**PANSING BROOKS:** OK. And as you're-- we've heard about you planning to expand possibly, right? The Lincoln Whitehall.

**MARK LaBOUCHARDIERE:** Yes.

**PANSING BROOKS:** Right? And so as that happens, will you be able to keep up with therapists and, and licensed therapists and clinicians?

**MARK LaBOUCHARDIERE:** Yes. I mean, I think we were mentioning today, earlier when you guys met, [INAUDIBLE] has been really, really good to us in terms of recruitment. We have been able to keep the Whitehall campus-- the lowest vacancy rate for years, so-- and, and especially when we had the youth who came from Whitehall-- I'm sorry, Hastings up to White-- to Lincoln, we were able to fill those positions up very quickly, even for our activity therapist staff. We got all our positions pretty much filled.

**PANSING BROOKS:** OK, thank you.

**MARK LaBOUCHARDIERE:** You're welcome.

**PANSING BROOKS:** And then I just have one more question to CEO Smith, if I could. This is, this is tangential, but because of COVID, I have a number of people asking me about why you fired the-- or got rid of the epi-- epidemiologist.

**DANNETTE SMITH:** And so never did fire the epidemiologist.

**PANSING BROOKS:** OK.

**DANNETTE SMITH:** And you're speaking of Dr. Safranek.

**PANSING BROOKS:** Yes.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**DANNETTE SMITH:** Dr. Safranek is a special assistant to me, guiding me on all things infectious disease and epidemiology. So he's still with me.

**PANSING BROOKS:** OK. So that is-- I don't know why the paper--

**DANNETTE SMITH:** I don't know why either. He's in a new role and he's reporting directly to me, providing good advice.

**PANSING BROOKS:** Does he have a new title? Is that what the issue is, that people did not--

**DANNETTE SMITH:** He's, he's executive-- he's-- assistant to the CEO is his new title.

**PANSING BROOKS:** OK.

**DANNETTE SMITH:** And he still is operating and answering questions about epidemiology. And quite honestly, he's guiding me.

**PANSING BROOKS:** OK. I hope the media caught that one.

**DANNETTE SMITH:** I wanted to answer one other question.

**PANSING BROOKS:** Yes.

**DANNETTE SMITH:** You asked about data. And so certainly Ken is going to be able to give you national data. But here's what we're thinking about, and we're not there yet-- and I want to be transparent about-- we're not there yet.

**PANSING BROOKS:** OK.

**DANNETTE SMITH:** The thought is that we want to implement the program and get the program started. Then we're able to really measure how we're doing and setting benchmarks. We have some benchmarks right now that we could be looking at. How many times are we sending kids to Dickson? I can tell you, three months ago we-- four months ago, five months ago, we were using Dickson. I can tell you we're not doing that now. How are kids doing, achieving in school? Are they making progress? Those are the kinds of things that we'll be able to measure. Are they having family therapy? And not only are they having family therapy, is it making a difference in the behavior that we're seeing at the YRTC? But also, is it preparation for the child to return home? Those are the kinds of things that we can begin to measure as we're implementing that model. So that's the call.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**PANSING BROOKS:** And one more idea to keep in mind, whether, whether the use of a-- and a complete prison facility is the best place for those children that are being placed at YRTC-Lincoln.

**DANNETTE SMITH:** So--

**PANSING BROOKS:** I saw the-- I, I'm sorry, but it does look like a prison.

**DANNETTE SMITH:** I understand.

**PANSING BROOKS:** And it's just-- it-- whatever you are doing, I know you're trying to do lots of programming and all that, but those kids are not supposed to be in prison. So--

**DANNETTE SMITH:** I understand that. It is the most secure place that I have at my bandwidth right now that I can use for those kids that are more acute. If it were up to Dr. Fromm and I, we are always talking about a PRTF. We're hoping that that facility will start that springboard down the road.

**PANSING BROOKS:** Well--

**DANNETTE SMITH:** But for right now, it's the place that I have in my bandwidth to be able to use to provide services to youth with high acuity.

**PANSING BROOKS:** Well, Dr.-- Director Frakes is on a, a freight train to build a new prison--

**DANNETTE SMITH:** Yes.

**PANSING BROOKS:** --going full speed. So maybe you better hop on and pull on-- try get another facility built that could maybe take care of those kids in a better manner.

**DANNETTE SMITH:** Thank you.

**PANSING BROOKS:** Thank you.

**ARCH:** Senator Vargas. I think I saw--

**VARGAS:** Oh, OK, unless--

**ARCH:** --I saw your hand go--

**VARGAS:** --Senator--

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Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**ARCH:** Yeah, go ahead, please.

**VARGAS:** No, you want to go? Senator Murman. I'm interested. Senator Murman.

**ARCH:** Oh. I didn't see Senator Murman's hand.

**VARGAS:** Senator Murman, yeah, or was it Groene? I don't know who it was.

**ARCH:** All right. Senator Murman.

**MURMAN:** Well, thank you again.

**VARGAS:** Thank you.

**MURMAN:** I'm not blaming anybody for this at all, but, you know, there are physically a lot more facilities in Geneva, physical facilities, than there are-- I mean, I feel like we're taking a step down, facilities-wise, when we're going from the girls from Geneva to now Hastings and, also, the boys that were in Hastings to Lincoln. For instance, in Geneva, there's an indoor pool, a big gym you can play basketball in, a lot of open spaces. There's room for softball field, sand volleyball. There was a separate large building for a school. Now, all those things won't be in Hastings, or at least a lot smaller degree in Hastings. Is there any plan to include any of those things in Hastings in the future, with the girls there?

**DANNETTE SMITH:** So thank you, Senator Murman, for asking me that question. When we were out in Hastings, that was part of the conversation that we were having with city council, was what they wanted to know, what kind of community support would we need. We talked about the use of a pool. We talked about the use of a YM- or a YWCA to be able to accommodate some of the recreational activities. I would think, maybe down the road, there may be a possibility to put a pool or a gym. We do have a gym there at Hastings, right there in the church, so that can be used for the girls. But in terms of the pool, that would have to be something that we would have to do out in the community. And they did ask us what would those program supports be, and we did share that with them.

**MURMAN:** Yes. Thank you very much. You're talking to the right person there because Ted Schroeder's almost a classmate of mine, only a year different at Sandy Creek, so a very good individual there. And then another little bit of a related question, you know, I-- as, as you know, I, I questioned at a lot of these things--

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**DANNETTE SMITH:** Yes, sir.

**MURMAN:** --in, in the-- originally, because I thought we were putting all those programs at risk by moving them around and, you know, especially the different facilities and different people working with them at different places and so forth. But I always heard kind of anecdote-- anecdotally, at least in Hastings, that the faith-based programs there were really good with the chemical dependency boys there. Now, with those boys being moved to Hastings-- or, excuse me, Lincoln-- is there any plans? Or what do you see as the future of like the faith-based programs that-- which really worked good at Hastings, from everything I've heard? And that was a big part of the reason for the success of the program in Hastings.

**DANNETTE SMITH:** So I can't speak directly to that. I would hope, again, when we talk with Councilman Schroeder, that we would be able to recreate those same programs out in Hastings for the girls. And again, that goes back to the support. But I'm not familiar with the faith-based programs that were going on at Hastings for the boys. I know that the boys in the community were attending NA and AA, and that may have, you know, been part of the programming with the faith-based community. But I'm not-- I can't say that I can speak to that.

**MURMAN:** OK. Well, specifically, I was talking-- one that I know of was Platte Valley Youth for Christ that had worked with them. But--

**DANNETTE SMITH:** OK. I'm not familiar.

**MURMAN:** Well, so it's not only-- but, but I know, from talking to the-- someone there, that they are really concerned because-- that those are all men that work with the boys and--

**DANNETTE SMITH:** Yes.

**MURMAN:** --you know, that may not work as well with girls.

**DANNETTE SMITH:** Right, right.

**MURMAN:** And, and also-- so I'm concerned there and then, also, with the boys that are going to Lincoln from Hastings, that, that pro-- a program or a similar program might be at risk when they go to Lincoln. I know there is some plan with that group to try and continue that in Lincoln. But will that be possible or encouraged at all with, maybe, the Missouri--

**DANNETTE SMITH:** I'm going to ask Mark--

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**MURMAN:** --system?

**DANNETTE SMITH:** --to, to answer that because I don't know.

**MARK LaBOUCHARDIERE:** So like I was mentioning earlier, we do have Jerome Barry. He is our expert in this field to see what exactly is best practice there today, because even though we've had the HRC program, which should have been very successful, it's sometimes on the department to make sure we have experts who come in, who know national best practice, how is-- that how youth were treated five years ago compared to now, in various different fields, whether it's the youth who sexually harms to aggressive youth, to even a chemical dependency youth. Having those experts come in, like Missouri Youth Services or Jerome Barry, it puts us back on track for what we need to do. But to answer your question, we are-- we are looking to see if we can get that group out to Lincoln to see how that might work, how that same group-- like you say, it's primarily for males, but it's Youth for Christ, so it's youth-- to try and see how else can people explore different options. Why does the-- the female youth are still going to need services. Like we said, they have 86 to 90 percent come to us with substance use disorder. But how would we-- even though we have all the staff in place internally, like we have our LADACs, we have LMHPs who have already worked with substance abuse kids, it's now also the community piece of it which goes hand-in-hand with what CEO Smith was talking about.

**MURMAN:** OK. So those kinds of programs will be possible or, or encouraged with the, the Missouri Youth Institute--

**MARK LaBOUCHARDIERE:** We have to--

**MURMAN:** --and so forth?

**MARK LaBOUCHARDIERE:** We have to continue to use that, especially for the youth, 'cause even the ones in Lincoln [INAUDIBLE]-- most of the youth that you saw at [INAUDIBLE] come from Lancaster. They're not going to be with us forever. As we transition them back into the community, they're going to be relying on community resources to take that next step. So we have that handoff to them, and then hopefully from there back home, so we have to rely on those services.

**MURMAN:** OK, it--

**MARK LaBOUCHARDIERE:** However, at the same time, I do have to let you know, Whitehall and-- a little different, they're a PRTF. They're not the YRTC.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**MURMAN:** Um-hum, yeah.

**MARK LaBOUCHARDIERE:** Once a kid leaves from the YRTC from Geneva, we have no responsibility at that point. At that point, Probation takes over. Probation then is in charge of reentry services, the programming, the therapy services-- anything is a Probation responsibly. We have no [INAUDIBLE]

**MURMAN:** OK. Thank you.

**MARK LaBOUCHARDIERE:** You're welcome.

**ARCH:** I have a, I have a couple of questions. And I-- this may be for Dr. Fromm. And in particular, I-- in-- it's been referenced a couple of times, admission criteria. And I'd, and I'd like, I'd like to understand that a little bit better. In, in-- on, I think it was, slide 4-- slide, slide 5, there was, there was the diagnoses. Are, are all youth that come to the YRTC, do they have a DSM diagnosis?

**JANINE FROMM:** It's not necessary. It's not like when they come to a PRTF, that they have to have some diagnosis to get Medicaid--

**ARCH:** Right.

**JANINE FROMM:** --funding or insurance funding. If they've gotten to the point where they come to the PRTF, most of them have a conduct disorder, oppositional defiant disorder, a substance use disorder, I mean, something going on that's diagnosable.

**ARCH:** Right, not, not medical necessity to be there, but--

**JANINE FROMM:** Correct.

**ARCH:** --but as part of them--

**JANINE FROMM:** Correct.

**ARCH:** --'cause part of their condition, they, they would have a psychiatric--

**JANINE FROMM:** And many have multiple, right? I mean--

**ARCH:** Right.

**JANINE FROMM:** --alcohol, cannabis, hallucinogenic--

**ARCH:** Sure.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**JANINE FROMM:** --you know, just the-- the list is--

**ARCH:** Not just-- sometimes not just one.

**JANINE FROMM:** Yeah, um-hum.

**ARCH:** Yeah. So, so with admission criteria, who-- well, who would, who would, who would use admission criteria? Is that a-- is that a criteria that you would use to determine the best placement for the youth? Or is that a, is that a criteria that would be used to refer the youth?

**JANINE FROMM:** Perhaps both. Right now, the only criteria is that, in a judge's opinion, lower levels of care have been exhausted; that's it. And that can vary significantly between areas where lower levels of care are, are not-- you know, are available or not available, varies among the judges, varies among how the judge is feeling that day. They've just had it with the kid and they don't want to deal with it anymore, and the probation is tired of chasing after this kid. So I would like it to be less vague. I think that it would be helpful for everyone, for us and for the judges as well, if we could have some criteria that reflects the kids that we work best with: This is what we have to offer; these are the kids that we work best with; these are the kinds of issues that we deal well with; and maybe even seeing some of the clinical beforehand so that we can say, well, actually, this kid hasn't tried MST and maybe we could put multisystemic therapy into the home and wrap some services, and what do you think about trying this first? And then if it doesn't work, again, you know, if the, if the kid is a risk to the community, that's one thing. But if it's not a risk to the community, can't we try some other things first?

**ARCH:** Well, I'm sure, I'm sure, as you're considering the operations plan for March, that that would be one of the things that maybe could be fleshed out more because-- my, my question is, is: Is that, is that an education of the referring sources, the judges and so forth? Or is, is that, is that a referral to you, DHHS, with these programs, and you understand the, the admission criteria-- that, that youth should go to the PRTF, this youth will go to Kearney, this youth will go to a substance abuse program? Where does that admission criteria lie, and who makes the decision on where that, where that youth would be placed?

**JANINE FROMM:** Right. And in statute right now, it's-- the kid is committed to the YRTC system, but it would be lovely if they could commit them to DHHS and have us decide where we would put the kid, where, where in our, our, you know, increasing continuum of services

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

that we're trying to put in place, where that kid would really do the best and be able to move them between programs or decide, given the history, given our assessment, where that kid would really thrive and do the best. So, I mean, I would--

**ARCH:** Well, more, more--

**JANINE FROMM:** I would be more than happy to work on--

**ARCH:** --more to discuss.

**JANINE FROMM:** --on something with you.

**ARCH:** Yes.

**JANINE FROMM:** Yeah.

**ARCH:** OK. Senator Vargas, we'll, we'll go to you.

**VARGAS:** OK.

**ARCH:** We'll go to you, Senator Vargas.

**VARGAS:** All right. So-- and so--

**ARCH:** Then, Senator Groene, you're, you're next.

**VARGAS:** --a couple questions. This might sort of piggyback on, on top of what Senator Arch-- or Chairman Arch was saying here. We did hear this morning, at the Lincoln site, that there are a few of-- well, so I did see here one of the goals from the Lincoln site is to be for the highest risk youth. That's correct, right? But we did hear that there was at least one instance, maybe two, of youth that did not-- that were high risk and then didn't work, quote unquote, and then were in another-- sent back to Kearney.

**JANINE FROMM:** Um-hum, just one.

**VARGAS:** Just one.

**JANINE FROMM:** Um-hum.

**VARGAS:** OK, that's good. OK. So I just-- so that-- when I heard that and then I read this, it just seemed to be in conflict because, if the intent of Lincoln is for the highest risk youth, but this highest risk youth is not meeting the needs and we're sending him back, I, I, I want that to hopefully not be a trend because then it's not going to

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

be highest risk youth, it's going to be the risk youth that don't potentially disrupt the positive changes happening in that area.

**JANINE FROMM:** Yeah.

**VARGAS:** So if you-- I don't know if you could talk to that a little bit.

**JANINE FROMM:** And, and you saw the small, how small-- you know, the pods are kind of small. They're--

**VARGAS:** Yes, yes.

**JANINE FROMM:** --together. And it was not so much for what staff could handle. It was what was really impacting the other kids and really making them not progress or even step back and regress, and trying all different things. And this kid just-- he really wanted to be in Kearney, for whatever reason. That's what his goal was. And I know it's like, well, you're reinforcing that behavior then. But there was-- again, we tried all different things and it just, just wasn't working. And he did fine once he went back to Kearney. So, you know, that's one.

**VARGAS:** Yeah, well, I mean--

**JANINE FROMM:** And hopefully not-- that won't be often. But the thing that Lincoln gives us is some flexibility though, where we can decide who goes to Lincoln and who needs that treatment and who will respond. And we can use it in a flex kind of way. Like I told you, there's a couple kids that actually, you know-- I mean, every kid that's in a YRTC is kind of high risk, right, or high acuity by definition, but don't really meet our criteria and yet we can treat them there and, and for whatever reason, it makes sense to treat them there, not at Kearney. And so again, having these different levels of care, a continuum kind of gives us some ability to, to do that.

**VARGAS:** I appreciate that. I do just want to express a little concern because, if the goal of the intended here is-- it's to make sure everybody's high risk-- or all youth are high risk, I understand that, but it was for the highest risk, if there are exceptions created over time, even one out of a population still represents a significant percentage, one of that, of the-- how many are currently there right now?

**JANINE FROMM:** Eight.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**VARGAS:** So that's a significant percentage, one out of eight, still, that it doesn't become that, well, if they're the highest risk, this doesn't work for them, then it's really not meeting the intended goals that you're communicating to us.

**JANINE FROMM:** Yeah.

**VARGAS:** So it's, it's a point of caution--

**JANINE FROMM:** Yeah.

**VARGAS:** --because to the point asked before, if you're doing your screening within, if we're not meeting the goals of what you're saying, then the system will then still become-- it could, it could end up becoming, well, it's not working for them, so let's move somewhere else, and it's flexible. And it's not meeting what you said that-- you're saying you're going to do. So it's just a--

**JANINE FROMM:** Yes, I--

**VARGAS:** --it's a, it's a caution here.

**JANINE FROMM:** Understood, yep.

**VARGAS:** Timeline, so I have, I have the timeline here for parents and the courts being communicated to the transition and the transfer to Whitehall. When? I know it says before October 1. When were they-- when was the communication to parents? When did that happen?

**MARK LaBOUCHARDIERE:** We were making that ten days before actual notification, but there was verbal communication prior to that, as well. So in terms of what the therapist working with the parent and with the youth, that would all entail before that. Like I've mentioned to you, and then I believe you have that in your chart, the whole month of September, we had staff coming down, working with the youth, having that whole transition piece. So it was just not the-- the actual letter, that, that was the easy part.

**VARGAS:** Yeah.

**MARK LaBOUCHARDIERE:** It was all the pieces behind that, getting the youth prepared, the therapist prepared, the case manager, the parent. All of that was the bulk of the work.

**VARGAS:** And then one-- what date? So that's ten days before October 1 was when parents were communicated with in writing. That's what you said?

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Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**MARK LaBOUCHARDIERE:** Yes, it was seven to ten-- seven to ten days.

**VARGAS:** OK. And then when were-- when were the courts communicated in writing?

**MARK LaBOUCHARDIERE:** So with the kids from Hastings, we actually worked with Probation on that. So the probation officers were notified through contact through courts about the move.

**VARGAS:** And when was that done?

**MARK LaBOUCHARDIERE:** [INAUDIBLE]

**VARGAS:** Prior to October 1?

**MARK LaBOUCHARDIERE:** No. It was about-- probably about seven days before that we had sent the letters out.

**VARGAS:** Say it again?

**MARK LaBOUCHARDIERE:** About seven days before that, we had sent the letters out.

**VARGAS:** OK, letters to the courts--

**MARK LaBOUCHARDIERE:** To Probation, who--

**VARGAS:** To Probation.

**MARK LaBOUCHARDIERE:** --because they're the ones who contract the kid to a facility.

**VARGAS:** Of course.

**MARK LaBOUCHARDIERE:** Like I mentioned to you guys earlier, Whitehall and the [INAUDIBLE] kids, they're on furlough from probation, so--

**VARGAS:** And the reason I ask is, obviously, the new legislation that we passed, one component was that it was making sure that there's the seven days, a minimum seven days of notification for any transfers happening between any YRTC treatment centers. And so this is good that we're--that's, that's happening in place even with this change. And the other reason-- have any-- when you notified the Probation and the courts, were any of the judges-- the judges were notified as well, right?

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**MARK LaBOUCHARDIERE:** We contacted Probation. That's who we contract with, the--

**VARGAS:** OK.

**MARK LaBOUCHARDIERE:** They are the third party piece.

**VARGAS:** Got it.

**MARK LaBOUCHARDIERE:** And just to let you also know that when we move a kid currently from the YRTC-Kearney to the Lincoln youth facility, we also notify the courts directly because they're committed to us.

**VARGAS:** Yeah.

**MARK LaBOUCHARDIERE:** That's why we notify the courts directly.

**VARGAS:** Did any of the courts contact you back and request a hearing to then decide to, to discuss whether or not that was in the best interest of that specific youth?

**MARK LaBOUCHARDIERE:** Not, not to my knowledge.

**VARGAS:** OK. That's just helpful to know. And this is the reason why we do this work as part of the legislation, and that opportunity needs to be afforded within the process for the youth. So I just wanted to make sure to ask that.

**JANINE FROMM:** And kids and parents were actually quite happy with it because it brought them closer to home, for the most part.

**MARK LaBOUCHARDIERE:** Does it mean-- like we talked about earlier, and this is something where the services for the kids, where we have 50 percent or more kids from Lancaster or from HRC, the parents have to drive two hours just to see their kid, especially if they're from Omaha. It really made them super happy to be able to do that. Plus, like I said, with community services in place, that was just a bolstering piece on that. So--

**VARGAS:** Well, I appreciate it. This is, you know, this is acknowledging progress and growth that wasn't really the trend with some circumstances that we brought in the past. We brought legislation and that's, that's in alignment with the legislation. So I appreciate that. And then as a comment to just Senator Pansing Brooks, I have been seeing more of the behavioral and mental health support in the Lincoln site, which is really encouraging. So I want to recognize that because that is important to see. I do also still want to recognize,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

and I do appreciate your answer, CEO Smith, that that Lincoln site is currently what's in your tool box. However, it, it is a detention center and it was built-- well, not built for that, but it is what it is. And it does remind me of Corrections. And it is still a concern, having been to, you know, Tecumseh and seeing the solitary confinement, that that space is no different from the space right now that our youth are in. And so I'm encouraged by what is happening, in terms of the services and the, and the support. And I still want to, hopefully, get to a place where we're not seeing this as the solution to the problem, at least in terms of the technical facilities. But the solution is what the support and programming are providing.

**DANNETTE SMITH:** Thank you.

**ARCH:** Senator Groene-- and Senator Lathrop, you're, you're next. Senator Groene.

**GROENE:** Sorry, Senator Lathrop, you didn't have a chance to ask yet, so I'll try to be quick. CEO Smith, is part of the-- there seems to be an awful lot of support staff: cooks, cafeteria, groundskeepers, nurses. Is part of the efficiency of moving to Lincoln that you can utilize, with Department of Corrections, some of the same staff? Are you saving?

**DANNETTE SMITH:** I can either answer it, or he can--

**MARK LaBOUCHARDIERE:** Oh, [INAUDIBLE].

**DANNETTE SMITH:** Go ahead.

**MARK LaBOUCHARDIERE:** So currently, we're-- at our Whitehall facility over here, there's-- we don't have any cooks in our facility. We utilize the Lincoln Regional Center, where they cook all the meals over there and then they send them over daily [INAUDIBLE]

**GROENE:** Well, at Hastings you have a cafeteria in--

**MARK LaBOUCHARDIERE:** At Hastings we had a whole cafeteria with a whole gamut of food services.

**GROENE:** And you still will have that. But you had that at Geneva also.

**MARK LaBOUCHARDIERE:** We also have that but, in terms of cost savings, like talking about support staff, to even have that increased number in Whitehall, we'd have a need to hire any cooks or support staff, for that reason.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**GROENE:** Maintenance staff, too-- the same situation?

**MARK LaBOUCHARDIERE:** So maintenance staff is a little-- that's a different beast because they don't-- they are no longer under DHHS. They fall under DAS, so we don't need that either.

**GROENE:** So you-- of your budget, you know, you can focus more of your money on the one-on-one, the actual services to the student--

**MARK LaBOUCHARDIERE:** You're talking about--

**GROENE:** --because you've saved on support staff.

**MARK LaBOUCHARDIERE:** Yes, not, not one-on-one, but, yes, we could use that.

**GROENE:** When you mentioned one-on-one, to me, one-on-one is probation. I'll sum it up. Every kid I've ever talked to that was in trouble and got out of trouble, he mentions one adult changed his life. I see too many kids have too many authority figures in this country anymore. Is that what you mean by one-on-one? They have one mentor, and then they go to the psychologist, and then they go to class. But they always have that one person to go to--

**MARK LaBOUCHARDIERE:** No, I didn't mean--

**GROENE:** --like a probation officer?

**MARK LaBOUCHARDIERE:** No. So it depends on what you're talking about. In a YRTC setting, once they come into our custody, when they're committed to us, that's when we have staff who focus on the kid. They have a team of staff who work with the kid, generally including your direct-care staff, you have your case manager, you have your licensed mental health [INAUDIBLE].

**GROENE:** Is the case manager that one person who they visit with?

**MARK LaBOUCHARDIERE:** You, you know what, though? Senator, it just sometimes depends on the kid. I mean, we can-- you can be a case manager, a therapist and director of staff. Sometimes you're the one who gets to the kid. Sometimes it's the case manager. We've had a housekeeper before who's got to the kid, and they build that rapport with them. And you're right, they've seen so many adult figures in their life. The average is about 12 to sometimes 25, 30 placements before coming to YRTC. They've seen so many people when they wake up every day. But sometimes it's that one connection, and it's a whole different world with that kid. So, I mean, it doesn't necessarily

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

always have to be that case manager. I've seen different classifications of staff who are able to get to the kid to actually make [INAUDIBLE].

**GROENE:** But in probation, which is very successful-- it's up to 75 percent of the cases-- a kid has one person to answer to. He can lie to the psychologist, he can lie to the drug. But when that one individual talks to those other support staff, that one individual can put their finger on him and say, no, I know both what you told that psychiatrist, I know what you told that social worker. There is, there's a, there's a-- so a balance there.

**MARK LaBOUCHARDIERE:** So [INAUDIBLE]--

**GROENE:** You don't have that at YRTC, like a probation officer who's that main contact?

**MARK LaBOUCHARDIERE:** The closest on that would come to would be probably the unit manager who oversees that cottage. That would be the closest person who does that accountability piece, because they are in those treatment team meetings and they hear from the different opinions from the various different entities.

**GROENE:** Hmm.

**MARK LaBOUCHARDIERE:** But we--

**GROENE:** Thank you.

**MARK LaBOUCHARDIERE:** You're welcome.

**GROENE:** I want to thank all of you. I want to thank the CEO and staff, because I understand this is just a small part of what you do. There's a huge organization you manage, and, and when you go from here, you'll probably have three more "crises" that, while you were here--

**DANNETTE SMITH:** Probably.

**GROENE:** --that you have to address. So thank you.

**DANNETTE SMITH:** Thank you.

**ARCH:** Senator Lathrop.

**LATHROP:** I do have a question about the, the idea of establishing an admission criteria. So why do you, why do you feel like that's necessary? It would suggest to me the idea that, well, first of all,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

apparently the average is 25 to 30 placements before they ever get to the YRTC. So it doesn't sound like we're dealing with people that haven't been around the track before they, before they get there.

**JANINE FROMM:** Well--

**LATHROP:** But the suggestion that we need a-- or that you'd like to see criteria in place would suggest to me that you're getting some kids you think don't need to be there.

**JANINE FROMM:** They may need to be there, but we would like to be able to decide what program they might need to be in. When they, when we say all those--

**LATHROP:** Do the juvenile court judges tell you what program they need when they go to the YRTC or they--

**JANINE FROMM:** Well, they, they will say--

**LATHROP:** --simply commit them there, and then you use your judgment about what their needs are at?

**JANINE FROMM:** The, the placements that they've had tend to be foster care placements, out-- out-of-home placements, not necessarily treatment options for them. There's, there's some kids that maybe haven't tried lower levels of care that we could suggest or they could try, ones that we've had previously many times. And so the question is, you know-- yes, they are doing something stupid in the community. But what are they going to gain by being incar-- you know, being sent back to us and in this facility for another six, nine, ten months, when they were just there? Or kids who are going to be aging out within a few months-- and really, what, what are they learning by being with us other than we're keeping maybe the community safe from them? But really, what should be put in place for a kid that's about to age out? There should be transitions--

**LATHROP:** But doesn't that happen in the juvenile court hearing that precedes that placement? So you have St. Francis-- people from St. Francis there. You have a lawyer for the child. You have a lawyer for the parents. You have somebody from the state. They're all there to say, judge, you don't need to send this young guy to Kearney; let's try this program or that program before you do that.

**JANINE FROMM:** Sometimes they're there. You know, again, most of the kids that we see that are sent to us, they're, they're at least reasonable to give them a try and figure out what they need. There's

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

some kids that are sent to the YRTC that need substance use treatment directly and again, having two-- them having to complete two programs I don't think is really fair to those kids. Kids-- again, there's, there's some-- if we had admission criteria, if we had clearer criteria of who we would-- we worked well with, it's easier to then have those programs available to the kids. Right now, it's anything goes. So you could have, you know, someone who's murdered someone and is a gang member sentenced to us, committed to us. Is there, is there treatment for that? Is that something that we will change? I don't-- you know, I don't know. Again, some of these kids who have been there two, three, four times committed to us, if it's not, you know, if it's not working and we've tried it, what else should we be putting in place? And why isn't it working? Why does this kid keep failing once they're back in the community? Is it because we--

**LATHROP:** But it-- but don't those assessments all get done before these, these kids are, are committed to the YRTCs?

**JANINE FROMM:** Not always. I mean, we've had kids committed to the YRTC who were supposed to be committed to a group home, had a little meltdown in court and didn't want to go to the group home, so the judge said, OK, fine, go to the YRTC. And there they are.

**LATHROP:** Well, I'm, I'm sort of the Judiciary Committee perspective, and the idea of turning people over to HHS to decide what the best place is-- because this afternoon we learned that there's three people waiting to get into the sex offender treatment place over at White-- Whitehall. I, I don't know what would happen if the juvenile court judge just said, well, let's turn them over to HHS and let them do what they think is the right thing. I mean, it's a judge's job to make that call with good information. And the information, it's not like we don't have--

**JANINE FROMM:** Clinical people, um-hum.

**LATHROP:** --HHS people in the courtroom or their contractors to say--

**JANINE FROMM:** And, and I would say, just think about any other treatment program, think of an-- I love Boys Town PRTF, I think they do an incredibly good job-- if they had no admission criteria, what that would look like, how they would do their program. I mean, it's-- treatment programs have certain admission criteria, discharge criteria. I know in statute we aren't really allowed to do that; I get that. And so it, it's just another, another part of the puzzle, right? If we want it to be a treatment program, not corrections, how do you do that if you are, you know, anything goes as far as people

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

coming to you, what their needs are? You have no, no ability to, to have a census that you can, you know, that you know what to expect, to have a certain census number. How does that work in non-correctional settings?

**LATHROP:** See, the, the census number gets back to a capacity thing and that, that kind of makes me--

**JANINE FROMM:** And staffing.

**LATHROP:** --very concerned. Yeah, that, that makes me concerned that we would be telling, we don't need this guy right now because we don't have the capacity. Right? We just saw that we're waiting on--

**JANINE FROMM:** Well, would-- for the YRTC's, we're not-- we can't do that, right? For the YRTC's, we, we can't have a capacity.

**LATHROP:** Right. You were just talking about that as a consideration if HHS were making the call instead of a juvenile court judge.

**JANINE FROMM:** What I'm--

**LATHROP:** Or did I misunderstand you?

**JANINE FROMM:** --saying is, is that we should be making the decision as to where we can treat the kid best. Right?

**LATHROP:** OK.

**JANINE FROMM:** So for example, we, we don't want judges committing a kid to the Lincoln facility. That's, that's for us to decide after they have been evaluated at Kearney or wherever the girls' program is. And if they can't progress in the program there, what-- you know, we want to make that decision. If we are able to build programs, we want to be able to be the ones to decide which programs they're in.

**LATHROP:** It might suggest that the continuum of care that we'd all like to see, or the options available to a juvenile court judge, aren't there. And so this ain't a great fit, but it's the closest thing to a good fit, so that's where you're headed.

**JANINE FROMM:** Correct.

**LATHROP:** OK. I-- and I-- oh, I'm done. I don't want to, I don't want to sound like I'm being argumentative.

**JANINE FROMM:** No, no. I mean I just think it--

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**LATHROP:** I have grave concerns about having a juvenile court judge say you are committed to--

**JANINE FROMM:** DHHS to--

**LATHROP:** --the best judgment of HHS.

**JANINE FROMM:** Well, but we are clinicians, right? I mean, it would not be just, you know, you know, anywhere there's an opening or something. We are-- we would make a clinical decision based on what those kids' needs are and what the milieu is at our different programs. Where does that kid fit in best? So again, it's kind of that balance of we want it to be treatment focused. How do you do that when you don't control admissions or discharges, right? And you can't control the numbers. It's, it's just-- it's an interesting conundrum.

**LATHROP:** I can see that.

**JANINE FROMM:** Yeah, OK.

**ARCH:** Senator Lowe.

**LOWE:** Thank you, Senator Arch. Now that programming is switching around-- and, first of all, thank you very much for everything you've, you've been doing with the, with the YRTCs and Whitehall, and so forth. It's been a challenge. But now that some of the programming has been in place since August or, or thereabouts, are there any early observations that everything is working better than what it was?

**JANINE FROMM:** Sure. We-- I think we mentioned this morning our numbers of confinement has gone way down, our use of Dickson has gone down, assaults have gone down, AWOLs have gone down. I-- kids are doing better in school, earning more credits. I mean, there's just so many different things that we're, we're seeing, that-- you know, they're, they're, they're going fishing. They're having game day or summer, summer fun days, just so much more engagement. I think, as, as CEO Smith said, if you went up to the Kearney campus-- I know you've been there a year ago-- the feeling is very, very different. At the Lincoln facility, those kids, you know, they have some significant mental health issues. They're very-- by definition are-- have been difficult to treat. But we see real changes in their behavior. And with this applied behavioral analytics that we do, the ABA, I mean, we've got data like, you know, pages and pages of data showing all of their behaviors and interactions and how their, their negative behaviors decrease over time. So, yeah, I think-- I think so. And, and at white Whitehall, the kids that transition there-- I know it's only been a

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

few weeks-- but again, if all they were concerned about is some pillows and hot sauce, I mean, that, to me, is pretty fabulous, right? They're-- they've, they've done great with making that transition. So it, it feels like we are, you know, just miles away from where we were a year ago, just the feeling that you get in talking to the kids, with the staff, just that the crisis that we were at a little over a year ago versus now, you know, it's been gratifying. I mean, it's a lot of work, but it's been incredibly gratifying too. I think we are really moving in the right direction for these kids and for the staff, as well.

**LOWE:** Yeah. You know, the, the whole goal is to make these young men and women productive citizens. So as they are released back to probation. Is there a time period where you also contact the parents, grandparents who they'd be returning to live with? Is there education programs with those people, along with the young men or women, so that they do become better citizens?

**JANINE FROMM:** So COVID has put a little bit of a twist on things. A year and a half ago in Geneva, there was one licensed therapist for all the girls there, no family therapy being done at all. That was one of the first things that CEO Smith said had to change, and I agreed with. We're now doing a lot of family therapy for those kids that have families. I mean, some of them have no responsible adults in their life, which is just mind-boggling. Doing much more to try to, to get everyone on the same page, get expectations up, and then also wrap services around that family, that kid, once they're back in the community. We've also, for the kids from Lincoln, Dr. Wittry continues to work with them medication-wise on an outpatient basis until they can transition to someone in their community or whatever. So we've, we've done some continuation work there.

**LOWE:** OK. There's been some concern by several of the senators up here that the new Lincoln campus is too institutional looking. What is the reception by the young men and women that go there? Are, are they afraid of it? Are, are they thinking it's too institutional looking or--

**JANINE FROMM:** They love it. They, they really like it, you know, especially the boys who finally get private rooms. You know, a lot of those boys were act-- not a lot-- some of those boys were acting up, causing problems, assaulting staff, whatever, to get to Dickson because they were so afraid of being in the dormitory-style sleeping quarters. They were being picked on. They-- you know, there's gang members along with kids who have been victimized that are, you know, maybe, you know, starting to think about, you know, maybe their gender

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

identity or sexual orientation or whatever. They, they just-- it's not a good mix always for them. And so their way of coping would be to do something so that they could stay in Dickson and have a private room. They-- when they got to Lincoln, one of the kids was sobbing and said, you know, please don't send me back to Kearney, please, please, please, it's so much better here. For some kids, it is a nice place for them to live compared to where they've been. So again, I, I agree. You know, you-- it's been shown over and over. You put people in nice environments, they act better. You treat them like animals, put them in a, you know, a horrible place, they, they act up, they act different, right? These-- if I had my way, if CEO Smith had her way, we would have something really beautiful and pleasant. And she's gonna punch me from behind. But, you know, look at the Beatrice campus, is all I can say, if you want a beautiful campus with a swimming pool and cottages and all sorts of things that-- OK, off the record. Sorry. Not-- it, it would not be, well, my first choice to have them there. I, I agree. It needs to have much more of a family feel, a home feel. You know, I'm, I'm really intrigued by one of MYSI's programs is in a dormitory or a sorority house on a college campus. That, to me, is where these kids need, need to be so that they can really transition to the community. But for now, it's-- it works well. We can get good staffing there. And the kids like it--

**LOWE:** Thank you.

**JANINE FROMM:** --believe it or not.

**LOWE:** Yeah. Thank you very much.

**JANINE FROMM:** Sure.

**ARCH:** Well, thank you.

**JANINE FROMM:** Yeah.

**ARCH:** Thank you very much for your time. We'll probably have more questions, and we will, we will submit those to you in writing. We'll gather the questions from the senators because we didn't have time, in spite of having an extra hour with you today, so-- but I do, I do appreciate very much your time and, and the work that you're doing. We, we are seeing movement. We are, we are seeing changes that are positive. So we'll continue to work together in that direction. So--

**DANNETTE SMITH:** Thank you for allowing us to be here today. I know it's taken us a long time, but we're available to answer any of your

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

questions. Please feel free to have your aide give them to Andrea and we'll answer them as promptly as possible.

**ARCH:** We will, we will do that. Thank you very much.

**DANNETTE SMITH:** Thank you.

**ARCH:** And the hearing is going to take a ten-minute break and then we will reconvene and continue. Thank you.

[BREAK]

**ARCH:** Oh, I'm sorry.

**HOWARD:** Is it ready?

**ARCH:** Are we ready? Are we recording?

**GERALD FRAAS:** We're recording.

**ARCH:** OK, and Commissioner Blomstedt, please.

**MATT BLOMSTEDT:** Yeah, thank you, Senator Arch and, and members of this committee. I do appreciate-- actually, as I was sitting back there and I do thank you very much for kind of doing some heavy lifting. And I know that's a reality for all of you on this right now and I'm glad to be here. I, I think I sent something around or maybe I haven't yet. I guess Gerald is still making a set over there. So I have some, some handouts for you. I'll, I'll skip through a few things to, to give you time. And certainly glad to take questions from you later on anything along those lines. Just kind of-- I am giving you a couple of things with a little bit of national perspective as part of our work on, on this particular time has been to really review some of the national-- I'm gonna go ahead and take my mask off. I hope that's all right. Some of the-- some of our work right now is to kind of have some of a national perspective, so I've included a couple of things in here, one directly from Dr. Lynette Tannis who's doing work with us that I think I perhaps have shared her background before, but she has quite a bit of expertise in, in juvenile justice and education facilities as well. I--

**ARCH:** Could I pause you for one second--

**MATT BLOMSTEDT:** Sure.

**ARCH:** --to state your name and spell it, please?

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**MATT BLOMSTEDT:** Yeah, I will. So I am Matt Blomstedt, B-l-o-m-s-t-e-d-t, and I'm the commissioner of education for the state of Nebraska. So thank you.

**HOWARD:** First timer.

**MATT BLOMSTEDT:** Yeah, it's my first time ever to testify. So, so the-- so anyway-- so some of that national context is there. And there's a few other points that I'll just try to make. Obviously, we've actually been working with DHHS as a partner in a con-- really underneath a contract as part of our experience and I, I think that contract started on March 6 officially in Nebraska. But we've been trying to be a good partner in the sense of how can we help make sure that the education program is really integrated into YRTC's. I, I will say that the challenges you're seeing as we face this, there's a lot of different multiple partnerships and responsibilities, and I don't think all of those are necessarily really clear, especially not clear over time. And as there's changes not just to the YRTC's, but to the, to the system as a whole for our systems-involved youth, it becomes important that we really start to envision what that needs to look like. And I appreciate your, your work again on, on that. Some of-- as I, I put on here the structure of Nebraska system for systems-involved youth. Some of the problem is that the system-- part of the system is actually structured in law and I'll touch on a couple of those points. Some of this-- some of the problem is that there's a lack of clear understanding what these transition points are; like you were just discussing about when you have a handoff from the courts and the judges to probation, to the foster care system perhaps, state wards, all those different things kind of mesh together. And each one of those key transition points has an impact, a real life impact on a, on a child. And so for us to really understand that, we got to get much, much better at that. I think there are a lot of people trying to figure out how to get better at it, me included, you included. But I'm very committed to ensuring that we continue to do that work. One of the things that I want to hit on, and if Senator Groene was here, special education is one of those. There's a, there's a lack of a really good system of who is responsible in the special education arena. And I think Dr. Fromm talked about how many students have or qualify for an individual education plan underneath special education law that are in the YRT sys-- YRTC system. Clearly, there's a handoff issue with that. And it's one area that I think we're gonna really have to work on. We see it in the YRTC. I see it in other, other areas for systems-involved youth. And it's important that we, that we figure that out as well. So, again, the department started March 6 on this-- back in the background, I think they're still behind me, you never

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

know if your staff is still behind you, but Dr. Deb Frison, who is deputy commissioner of education, is actually serving really as the lead for the department and the lead on the YRTC's as essentially the superintendent role and starting to kind of build that position, especially as the legislation was passed that requires that of DHHS. And we started that with the intention that we really need someone to look at the education system and she's been doing that. Also behind me is Dr. Ryan Foor, who is-- I, I don't know, Ryan has lots of different titles, but on this particular work, he's helping us-- helping me maintain kind of the connection between board policy and rule and regulation and supporting, supporting that overall. So they both are helping on that front. We've hired other positions underneath the contract with DHHS, Scott English, who I think you may have met, and then Jodie Sams, who is also-- Scott English, excuse me, is the kind of principal over the system right now and great-- has a great background and, and opportunity, I think, to really provide some great leadership there. Jodie Sams, Dr. Jodie Sams, is student services and kind of-- we've never really had a special ed director in, in this position and I-- she's able to start providing that. I had already mentioned Dr. Lynette Tannis, who is doing some of the consulting work and some of-- shared some of the information that she had. And not on our team, but a critical part, is Dr. Craig McLey-- or excuse me, Mr. Craig McLey, who has served as principal in the other two settings in both Hastings and, and Lincoln for those historically. And that's really been important, too. We'll continue to do the partnership and try to build out what the structure and system looks like. I probably could share lots of different opinions and perspectives, all that are just simply my opinions and perspectives on what needs to happen with facilities and those things. But our real role is to make sure wherever you make those decisions that we build a, a solid educational system, solid educational structure, that we're doing the educational responsibilities that are in play overall and that we also do provide regulatory oversight of these education systems. And we're using this chance to say this is not modern, right, this is not what these students actually need. And so we're trying to provide that as a level of insights, both to DHHS and to you and, and to all the partners that have been involved. If you take that first page and flip it over, I think I put about three or four recommendations on the back that, that I'll close with. First of all, we really do have to create and refine a structured state responsibility for the systems-involved youth. What I might mean by that, and it doesn't have to be exactly this, but all the partners, DHHS, the courts, the, the foster care, others, really kind of need to become more of a true-- at least advisory board, if not kind of governing board that has some expectations of accountability around where students are and what their performance

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

is. And I think that's gonna be really important. The changes in special education, I believe that the state ought to pick up the funding of special education of, of systems-involved youth, and that's more complex than I just made it sound. But here's why I think that's important, because students are moving through the system and there's a disincentive for school districts, even in the foster care environment, to provide those services because they're having to pick up those costs when they're getting moved around. I think it would make more sense that we would think about a structure that would make sure that that's being funded by the state. And I think that could be a better accountability structure in the long run and a better way to track the progress of students. I really do think that we have to have the educational outcomes and oversights list with all of the different partners. And then I think we do have to think about this much more systemically than we have thought about it. It's not just YRTC, it's not just the Whitehall campus, it's, it's thinking about the system because these students are moving through different elements of the system all of the time, so. Senator Groene just arrived. I just mentioned special ed, and I wanted to kind of point out that I think there ought to be actually a statewide responsibility for special ed funding instead of having it fall back on local school districts the way that it does for systems-involved youth and, and certainly something that we'll talk more about as you need or want. And then ultimately like Corrections, and I know you talked about that from a facilities kind of perspective, but Corrections actually runs an education system. DHHS runs an education, a set of education systems, and I think we could do better to kind of think about how we are sharing certain resources, educational, especially materials, but also more of a philosophy about what students that are entering the system ought to have at their, at their-- kind of at their disposal for, for serving those students. And then in the long run that we really have to ensure a consistent funding model for how this works and I, I know Senator Groene asked the big budget question. I, I would have to go through and try to divide up and figure out how much money is spent in the education portion of that overall work. But I think it's actually important part of the dialog to ensure that we're actually appropriately addressing all those things. So, so that's my very quick rundown. I don't know how I did, but-- timeline wise, but I share these resources with you. Always glad to engage in more conversation and appreciate the work that you're doing on this.

**ARCH:** Questions from the committee? Senator Howard.

**HOWARD:** Just very briefly, and you may not be able to answer this question, but a previous testifier had, had-- Dr. Fromm had mentioned

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

that a lot of the kids come with IEPs, and maybe Dr. Frison or Scott English can answer this question later, but how is it going making sure that we're getting IEPs, that we're following them when we're in this setting and then we're sending kids back out with an IEP to their home school when they leave?

**MATT BLOMSTEDT:** Yeah, I think it's fair that Dr. Jodie Sams, who's working on that, is really trying to build that into the regular protocols. And what I mentioned about the confusion over who has responsibility, that kind of goes back and forth depending on where a child's gone through the system. And so we really are working on that and we can get you more information and specifics on it, too.

**HOWARD:** Thank you.

**ARCH:** Senator Groene.

**GROENE:** We thought about just contracting with the local school district. You got three campuses. You got Lincoln, Hastings, and Kearney to educate these kids, use their special education people and just contract on a per student. I mean, I believe in the, in the, in the Corrections facility, Tecumseh, the county is hung, hung with crimes there because those people are now citizens. I would think it would be the same here with these students that the local school district [INAUDIBLE] their kid. Have you thought about that instead of creating a whole bureaucracy of superintendents and principals with such a fluctuation--

**MATT BLOMSTEDT:** We have actually talked--

**GROENE:** --of students?

**MATT BLOMSTEDT:** --we actually-- so-- I mean, we have talked about what that looks like. So we actually have other models of that under different parts of the system. And it's probably worth kind of going back and reviewing again. So, for instance, close to the Lincoln facility that you're talking about that YRTC is using is Lincoln Public Schools contracts with Lancaster County to be able to run that system. Right? So there's, I think, some synergies there. So that would be at least a possibility, I think, to continue to look at this. And I actually-- I'm not sure, but I want to say that I thought we talked about that at some point, Senator Howard, in a similar model. Yeah. So I, I, I think it's worth reviewing. So, I mean, I don't, I don't-- I can't say that's the best way or this is the best way. I think we've looked at different types of responsibilities. To provide the education itself, it would actually expand the amount of resources

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

and, and probably make them more flexible in the long run and think about how that is staffed in a different way. That's a possibility.

**GROENE:** Thank you.

**ARCH:** Other questions? Senator Lowe.

**LOWE:** Thank you. Thank you for testifying today, Mr. Blomstedt. You said there was a difference between Corrections education and DHHS education. Why are they not the same?

**MATT BLOMSTEDT:** You know, actually within Corrections, I think the process has been that they kind of take their correctional facilities-- I don't know if I can answer the why. I mean, I can maybe answer the what. I, I just think over time there was probably a different purpose for the DHHS system than there was for the other, I think. And, you know, the Corrections approach looks like a Corrections approach. And I think we've always hoped that the YRTC's look like a rehabilitation approach. And I think that explains part of it. But I do think there's some chance for some more synergies about especially digital materials and instruction and, and when a student moves from one place to another, they shouldn't have to start over with coursework. And those are the types of things I think we can improve.

**LOWE:** I know my sons when they filled out applications for work and things, they never used a pen. You know, it's all online. Most of them do it while driving down the road on the phone. So I, I think we do need to bring things into the 21st century.

**MATT BLOMSTEDT:** Yeah. Thank you.

**ARCH:** Other questions?

**LATHROP:** Maybe just an observation. Yesterday we had a hearing, and had the director of the Department of Corrections and, and the number of people that they've gotten a-- assisted in getting their GED has dropped dramatically so there might be an opportunity to expand your--

**MATT BLOMSTEDT:** And, and I would say there are some that gets to some other legal changes. We, we changed a few years back how the GED program works. I actually would recommend that we would think about it because we really-- you have to drop out of school to get into a GED program and, and be of a certain age. I, I think we've kind of missed the mark. I think that would be more advantageous for certain students and GED has a high threshold now. I mean, there was kind of concerns,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

I think, at the time that it wasn't. I think GEDs really raised the, the bar and expectations. And, and I will tell you, I believe that really means something and so it's a good, a good--

**LATHROP:** These guys have all dropped out.

**MATT BLOMSTEDT:** Yeah. Yeah.

**LATHROP:** They're at the Department of Corrections.

**MATT BLOMSTEDT:** Well-- and I will share, though, with you, I do-- remember we have an educational responsibility up to age 21. And if they're on an IEP and I've actually received letters from folks that are in the adult system that are still under age 21 that I know legitimately deserve services so. Right?

**LATHROP:** Thank you.

**ARCH:** Senator Groene.

**GROENE:** And to, to expand what you were saying is GED has put their, their ceiling a lot higher. It might not be that Corrections is doing a bad job, it's just that they just don't show up and you get, you get a certificate anymore. You have to do the work.

**MATT BLOMSTEDT:** Yeah, it's, it's tougher, it's not just a sign-off by somebody now.

**GROENE:** But what about the university high school?

**MATT BLOMSTEDT:** Um-hum.

**GROENE:** I mean, we got this gem in the state.

**MATT BLOMSTEDT:** Um-hum.

**GROENE:** Why can't we use that in Corrections and who cares what facility they're at? They can just continue their course of study hopefully online.

**MATT BLOMSTEDT:** And actually-- so-- I mean, that and those, those types of things. One of the restrictions over time and even back in my days of working with ESUs, there was always this concern about how to make technology available to students or folks in Corrections that would meet that. I think there's enough technology [INAUDIBLE]--

**GROENE:** The university has been doing it for 20 years.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**MATT BLOMSTEDT:** Yeah. And, and they've actually worked with us on, on some of that as well. So, yeah.

**GROENE:** Probably more than 20 years.

**MATT BLOMSTEDT:** Yeah.

**GROENE:** Thank you.

**MATT BLOMSTEDT:** You bet.

**ARCH:** Senator Murman.

**MURMAN:** Thanks a lot for coming in, Dr. Blomstedt. The IEPs are for the most part for behavioral health according to the previous testimony. So the therapists that are working with the youth in the YRTC's, a lot of that would kind of take the place of probably therapy they're getting through the IEP and the local schools so I know that has to be coordinated, but--

**MATT BLOMSTEDT:** Yeah, it needs to be coordinated. And actually, you know, I think this is what we're starting to review, too, is that really what their IEP was or is that how it got kind of changed down the, the line. Right? So behavioral issues usually spur from some other kind of, you know, probably educational piece. And I will say I believe there's a lot of upstream things that need done as part of that process, too. But you're right, they do. And maybe I'll take the opportunity and say, hey, look, I really think education has to fit into the rehabilitation side of this, too. It's not-- those things do have to come together regardless which side is the, the-- you know, I don't even know if side is the right word, but which part of the services that students need really need to be aligned. So--

**MURMAN:** Thanks.

**ARCH:** Any other questions? Seeing none, thank you. It sounds like we have opportunity.

**MATT BLOMSTEDT:** There's plenty of opportunity and I do appreciate the opportunity to be with you and, and serve how I can. So thanks.

**ARCH:** Thank you.

**LATHROP:** Just make this observation that it's nice that you brought your staff down here to sit behind you on a Friday afternoon, sure they're grateful.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**MATT BLOMSTEDT:** I, I think they are. But I'll share the gratefulness with you.

**LATHROP:** Yeah.

**ARCH:** Welcome.

**COREY STEEL:** Good afternoon. As I come alone, my staff has all left me.

**LATHROP:** We're here.

**COREY STEEL:** Well, thank you, Senator Arch, members of the YRTC Oversight Committee. My name is Corey Steel. I'm the State Court Administrator and as State Court Administrator, I have administrative oversight over court system and the adult and juvenile probation system is under my purview as well and the administrative office of the courts and probation. I've been watching-- trying to watch most of today, so I know there will be some questions, which is great. That always adds to the discussion. I appreciate your time and interest in the YRTC facilities and what's been going on in juvenile justice as this is not new. I've been in the juvenile justice world for a little over 20 years, believe it or not. I started as a juvenile probation officer within our system. So I've had firsthand experience of what's going on and then help transition, assist the juvenile justice system to what it is today. A little history when we transitioned, this would have been about eight to nine years ago when there was a transition that used to be the Office of Juvenile Services, where kids were placed with Health and Human Services and committed to their care and custody for the sole purpose for placement. They also had those that were committed to the YRTCs. So there was two types of commitment for delinquent youth that could go to DHHS, one for oversight and placement for families that could not pay, pay for those placements, such as residential treatment, drug rehabilitation, group homes, or placement at YRTC at Kearney or Geneva. And then they would have the parole function it was called at that time and oversight over the kids when they were released from YRTC-Kearney. We worked with the Legislature at that time and DHHS and we transitioned all of that over to juvenile probation and funds then also transitioned. So now under the judicial branch, we have oversight over all the juveniles that are placed through the courts, whether they're in home, out of home, and then even have oversight the juveniles that go to YRTC-Kearney or Geneva per se in statute, the YRTCs, they are still under probation supervision and there's a transition with that. So let me take a moment to talk to you when a kid does get committed, because I know that's the biggest piece that we're talking about here. So typically,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

the kids that come into the juvenile court system and the kids that are committed to the YRTC facilities are not your first-time kids. They're not the kids that come in that have a small offense. These are kids that, based on statute, have typically have failed at multiple levels of care, whether it be out-of-home care or community care, that the courts have tried many, many different types of strategies, treatments, or those types of things to get the behaviors under control of that juvenile. And then when the courts at that time has exhausted all means that they feel they have in their community or out-of-home care, then that's when a commitment to the YRTC facilities takes place. Prior to that commitment to the YRTC facility, it is with probation. There are assessments that are done. So every kid that comes into juvenile probation has assessments. We utilize several different types of assessments depending on their need. We also utilize providers for evaluations, whether it's mental health, substance abuse, abuse, juveniles who sexually harm. So all of those things take place prior to any commitment to the YRTC facilities. Once that commitment takes place and that judge hears all the evidence that's set forth, as I think Senator Lathrop was, was discussing that as that there is information that goes to the judiciary on all the placements, the probation officer is there. If there's a caseworker, the caseworker is there, the parents are there, the attorney is there, and the determination is made by that judge to commit that kid. All of that information follows that kid. All of that information goes to the YRTC facility. So we usually have a predispositional investigation, which is a social investigation by the probation officer, the family history, prior record, school engagement, all the school records that we capture and then any assessments that are done, such as we do what's called a youth level service inventory that has [INAUDIBLE] domains that take a look at the issues that brought the kid in front of the court, any evaluations that take place. So if there's a substance abuse evaluation, if there's a mental health evaluation, all of those things transition and are sent to YRTC-Kearney with, with those juveniles so they receive all that, all that information that we gathered on probation. Once that youth goes to YRTC-Kearney, that probation-- there's a probation officer assigned. We actually have officers that are probation officers in the facilities that their job is-- so the local probation officer, let's, let's just utilize Lincoln. In Lincoln, Nebraska, the kid is committed, that probation officer in Lincoln gets in contact with the probation officer that is in Kearney, Nebraska, right now. Let's say they're committed to Kearney. And that Kearney officer now becomes that main officer within that facility that helps with either engaging the parents, continuing to report stuff back to the probation officer. It's a person that is our staff member that is, that is at that facility. There still is

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

contact with the family. There's at least monthly contact with that family. So let's say the family doesn't make any trips out to Kearney or doesn't call, we have them come into the probation office and we set up technology long ago when this was committed or when this started so that they can Skype or they can Zoom, whatever it may be with the family, the probation officer in Lincoln, and the family in Lincoln, they can come to the office and then the youth that's in Kearney. And we did have a set up at Geneva as well. So there's monthly contact there. There's also then what's calls as a start and Dr. Fromm has talked about it and we've enhanced this is typically when a kid gets to the Y RTCs, our goal is to start that transition plan and what are the things that they're gonna need when they go home. So that way, when it does come to the point of discharge and there's a 60-day notice by statute that goes out to, to the family that says in 60 days this youth is gonna come home, there's already a plan that's set so that they can start contacting the school so we can make sure they-- when they leave that school starts that next day, not start to try to integrate into school when they get home. It's already started so that they go home in school. If there's therapy that's needed, that can get lined up, if there's medical appointments. So we start that transition plan 60 days out and then it goes in front of the court, 30 days out for review. So the court actually reviews that transition plan. What is that, what is that post-release plan look like? So it's a document that's created that goes back to the judge that committed that kid that says here's the things that are lined up for the kid in the community. Here's how they did at Y RTC. Here's the things that they completed and then here's what's gonna take place when they get back home. The supervision structure, if there's other services that are needed, they're all lined up, the court approves, that kid then is transitioned home and that original probation officer then is the one that then will supervise on that postrelease under that court, court supervision. So the court approves that reentry plan is what that is called as well. So I just wanted to talk a little bit about that process so the committee understood the full gamut of the process of when a kid is committed. There is still oversight by probation. There still is oversight by the judges. There still is approval by the judges when they're released back home and what that plan looks like. So that's kind of the process that we've gone through and created on that-- in that transition with the kids that go to Y RTC Kearney or Geneva at that time. I'll probably-- why don't I stop there and answer any questions and then we can get into a little bit further discussion about the Y RTCs as well. Are there any questions about the process?

**ARCH:** Questions from senators? Senator Brandt.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**BRANDT:** Thank you, Chairman Arch. Thank you, Mr. Steel, for appearing today. DHHS would like to reassess everything when they go into their system. But from the, from the testimony that you gave, it sounds like we've got a ton of information on each one of these candidates when they go to a YRTC. So it really isn't-- do you feel it's necessary to have that redundant system of having DHHS reevaluate everybody when they go to a YRTC?

**COREY STEEL:** In my opinion, you are correct. There are a lot of assessments that take place prior to that commitment and a lot of evaluations that take place. And there's a lot of updated evaluations sometimes. Sometimes it's been six months or it's been a year. And so we will do an updated evaluation and that information is sent on. So I don't-- in my opinion, I don't see a need for a brand new, fresh evaluation. That actually is the old system. Every kid that went to YRTC in the-- back 12 years ago, 15 years ago, had to go through a brand new full evaluation before they could be committed. And so that's what we kind of stopped and said, wait a minute, we have all these evaluations, we've done all these things, let's package that information and send it on instead of, OK, now we need to wait and it would take another 30 to 45 days back 15 years ago. So we would get to that point where everything has failed and then we would say a commitment might be likely. So we need another full eval and it would be another 30 to 45 days the kid would either sit in detention or be on house arrest or be in a placement that they may shouldn't-- maybe shouldn't be. And then, then they would after that evaluation would be committed. So I think that the majority, I won't say all, but the majority of the kids that do go to the YRTC facilities have had evaluations and have had assessments. And I know for sure they've had predispositional investigations and information that's shared of why the commitment is, is needed.

**BRANDT:** OK. Very good. Thank you.

**ARCH:** Senator Groene.

**GROENE:** You started off by saying something about if the parents can't afford the treatment, let's say it's a drug or mental health or-- is one of the reasons they put them in YRTC, then the government can pay for those treatments? Is that-- I mean, is that what you were saying?

**COREY STEEL:** So I-- so that was, so that was one of the reasons why we went to the new model. We were, prior to Senator Ashford's attempt and then Senator Krist kind of followed through on some, some things, we were making kids state wards for the sole purpose to pay for treatment. So a kid would come into court, we would do evaluations, we

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

would figure out that they had a substance abuse issue, maybe a high-end substance abuse issue and needed long-term, residential care. Family didn't have insurance, couldn't afford it. The court knew that's-- I have to get that issue addressed. So we would commit them to the state. So they would be a state ward under HHS for the sole purpose to get the funding to pay for that treatment. We now don't do that. Under the new process, the money is with probation. We do the assessments. We, we work with the court to find a placement and then we, we find the placement that is needed.

**GROENE:** On your chart here, you got probation, supervision, voluntary services. Is that where a parent can come in and say, I can't afford to send them to Boys Town? I can get them into the Susan Buffett new program. And the, and the judge will say, all right, let's try that. Is that what you're talking about when you say voluntary services or, or how-- the kids are in Boys Town, they said there's a waiting list. The kids that are-- HHS mentioned, there's gonna be a new one from Buffett.

**COREY STEEL:** Um-hum.

**GROENE:** How does that tie into the court system?

**COREY STEEL:** So in here is-- unlike DHHS, we can't have families come to us and say, here's my kid, do something, we want services. It has to be an adjudication by the court. So they have to come through the court on a law violation or a status offense. And when they're, when they're then involved with us, there are services that we have for the families that they can, they can-- that can assist the families. We call those voluntary services. So the court can order the kid into services. Right? The court can say you're gonna go to have a tracker or you're gonna go to day reporting or you're gonna go to whatever the service may be. But we also have other services, ancillary services that the family can participate in, family counseling, for one. A judge can't order a mom and a dad to go to family counseling. They can order a kid to go to counseling. So we can, we can do family counseling if the parents say, yes, we need family counseling. And that's part of, part of what's needed to help assist our kids. So those are kind of those voluntary family services.

**GROENE:** And how do Boys Town or these other private services play into it?

**COREY STEEL:** We utilize, we utilize them a lot. So those are placement options for us. We have what we call a continuum of care, too, from in-home services, all the way to out-of-home services. Now do we have

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

a full continuum in Nebraska? We don't. There's still some holes and gaps that we--

**GROENE:** Well, who makes that decision? The local judge says, I'm sending you to Boys Town.

**COREY STEEL:** Correct.

**GROENE:** Like the good old days, I'm sending you to Boys Town. The judge can make that decision and then HHS-- then you have to pay for the fees at Boys Town?

**COREY STEEL:** Right, and we do the placement option. And what we do is, is we may, we may pay for that. It just depends. There's, there's options there. The first thing we do when a kid comes on probation is we do a financial inventory with the family. We find their ability to pay. And this is how we've been able to maximize our dollars that, that transition from OJS to probation. So a kid comes in and a family comes in. And during that initial assessment, the predispositional investigation, we do an inventory. Do you have insurance? Does the family have insurance? Yes, we have insurance. Here's our insurance card. We actually take that information down and we will utilize that when they go to services. So if they go to drug treatment, you have insurance that will pay for it so utilize your insurance. If they don't have insurance, we ask them if they have the financial means to pay. So if you, you don't have insurance, can you pay for that service? If they say no, we then actually have expedited and worked with Medicaid to set up a process where then we take the family, fill out the information for Medicaid, and get them potentially Medicaid eligible to help pay for those services if needed. If that isn't an option, so if we now have, have exhausted our means of no insurance, family can't pay, afford to pay on their own, and we cannot get them Medicaid eligible, then we will pay for those services out of the, out of the dollars that are given to us by the Legislature.

**GROENE:** So-- but the kid won't show up, just thumbs his nose at it and disobeys and doesn't go the Boys Town route or whatever. That's when the probation officer then brings him in front of the judge and says, I-- we can't control him.

**COREY STEEL:** Correct.

**GROENE:** And then the judge decides YRTC.

**COREY STEEL:** Potentially, that could be a scenario. Yes. So if the, if the juvenile fails to follow their terms and conditions of probation,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

we file a revocation of their probation. They're not following the terms and conditions. And then the judge will have to determine what the next step is and they could potentially.

**GROENE:** I've heard-- does it ever happen that a kid goes right from crime to YRTC? The violent ones do, I understand.

**COREY STEEL:** Currently under statute, they must exhaust all means within the community. So there was statutory change about six years ago on a commitment status that no longer can a kid go directly to YRTC on their first offense. There is statutory rules that say a judge must exhaust all community-based means before a commitment is made, and so that means they have to try everything. So in the, in the best interest of the child, which is under the juvenile court purview, is they must exhaust all the means to their community and what they have service-wise before they can go--

**GROENE:** The last question would be the one you probably heard about, why is Lancaster County judges sending more kids per capita there than Douglas County or North Platte?

**COREY STEEL:** Well, I can't answer, you know, specific to the cases that are there. What I can say is that over the recent probably six months, our rural jurisdictions have been leery about sending kids to the YRTC facility because of COVID. There was, there was an ask by CEO Smith in a letter format to the judges that we, we disseminated all the judges that said, please, if you can, because we did have a couple out-- we had on a couple occasions, COVID outbreak at YRTC, hold on commitments, or not commit a kid, what have you. We also have had the issues at the movement from Geneva on a whim and we've had issues with the judiciary not fully understanding what the current practices and procedures and what is going on at YRTC. So we really have had the judiciary hold back on commitments because the fact of the unknown.

**GROENE:** But we heard--

**COREY STEEL:** And so--

**GROENE:** --it was an ongoing thing before COVID. It was, it was Lancaster County, Lancaster County where most of the kids--

**COREY STEEL:** Douglas County has, has a, has a practice where they are also low on commitments and they utilize the most out-of-state placements. So we have, we have Douglas County that utilizes out-of-home care or high-end residential treatment in other, in other venues instead of commitments. We have, we have a philosophy there

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

that in Douglas County that they're-- that they believe that there's no treatment going on and these kids need treatment. So we're gonna look elsewhere for that treatment.

**GROENE:** I'm asking you about Lancaster County. Why are they sending so many kids to the YRTC? Is it one judge? Is it one probation officer?

**COREY STEEL:** We could look at the data and we can take a look and see at what, what the, what the dispositional data is and the commitment data. And if it is one judge, you know, we can, we can do that. We have in YR-- or in Lancaster County, one of the, one of the benefits of where we are right now, we have the RFK network doing a probat-- probation review. It's the Robert F. Kennedy. John Tuell, who's a national expert, has come in and over the last year has been doing a study of Lancaster County probation specifically. And so we're gonna have some findings on that. So if there is a high rate of commitment, we can just-- and, and we can look and see why and what do we need to do to help address that. It could be lack of community alternatives or those types of things.

**ARCH:** Thank you. Senator Lowe.

**LOWE:** Thank you. And thank you, Mr. Steel, for being here. I was going along with the Lancaster County, but also Scotts Bluff has a high rate of putting youth there and they have for many years. So is, is it the same thing, maybe?

**COREY STEEL:** Potentially. And, and again, Scotts Bluff is, you know, we really lack alternatives once we, once we get that way. And even in Scotts Bluff, the lack of community-based alternatives, a lot of times there isn't any additional services out there. We also struggle with-- we have some group homes and some treatment centers right across the border in Wyoming that won't take Nebraska kids. And so we've been working hard to try and get that. They won't take Nebraska Medicaid. They won't take state funding. And so it really limits what the judge-- what the options are for the judges. And I know that's one of the reasons in Scotts Bluff County is we really have limited resources. Their detention facility closed. We've, we've created the Boys Town in-home model out there. So we have some things putting in place, but we have lack of facility and placement in that, in that part of the state.

**LOWE:** OK. Then when the youth go back to probation once they've completed their, their time at YRTCs, is there any kind of records that are kept so that we can kind of track to see the progress of those youth to see that they are making good citizens out of

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

themselves or are they falling back to their old ways? Is there any kind of records that we can go back and, and track those on?

**COREY STEEL:** Absolutely. And what we actually do is-- I'm gonna answer this kind of a long way. Sorry, Senator Lowe.

**LOWE:** That's all right.

**COREY STEEL:** When a kid is released and they do come back on what we call, what we call a post-released supervision and reentry supervision, those are our highest end probation officers because we know those are our highest end kids. And when I say high end, it could be a risk to recidivate, risk to-- you know, further criminality. They're gonna have a lot of services. These are our seasoned officers, low caseloads. They, they wrap services around because these are the kids that go to the highest level of care and are coming back out. And so we really enhanced what our supervision strategy and case management strategy is with those kids when they, when they are released. So with that said, we don't track directly post-released kids' recidivism rate. And I was just talking to Jeanne Brandner about this before I came down. And that's something that I think now we'll start to pull those kids out. But overall, and it's in the material I handed you, our recidivism rate for kids on probation is 22 percent. So only 22 percent of the holistic kids that are placed on probation that are-- that complete are the ones that will eventually wind up and commit a new law violation.

**LOWE:** There are a lot of kids put on probation.

**COREY STEEL:** We have about 4,600 kids a year. Yeah.

**LOWE:** And many of those don't go to YRTCs.

**COREY STEEL:** Majority do not.

**LOWE:** I, I would think that we need to concentrate on the ones that have gone to YRTC and, and see where they end up because hopefully they've got better programming than just on probation.

**COREY STEEL:** I agree. And I think that-- like I said before I came down, I talked to Jeanne Brandner about that and said we probably need to start looking specifically at that population and their recidivism rate. It will be higher. That's just the research behind it, because this is the higher end kid. It's the same as you have two people, you know, that commit a crime as an adult. One goes to prison and one's in the community. The one that goes to prison is gonna have a higher rate

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

of recidivism just by the mere fact of where they were. So we-- they're high-end kids, we get that. It'll be a higher rate. But I think you're right, we need to start tracking that to see where that is and, and, and, and if we're making improvements. I do want to say, though, the Missouri model, I know that was talked about today and what have you. I'm a, I'm a huge proponent of the Missouri model. It's something that I've been engaged with and, and have gone to Missouri on several occasions and, and visited what they have done. And we've actually brought some of their practices back and implemented them into the probation world in what we do. I've-- Todd Decker [PHONETIC], who is-- who I think is the originator of the Missouri model, was their CFS director down there. I got to meet him. And I listened to his presentation years ago. And so I, I think that's a step in the right direction. I think that, that we're gonna see some great results from that. And CEO Smith, we had some meetings early on about what to do at YRTC. It would have been about a year ago. And that was the theme that everybody said, well, this Missouri model and we said we did a report as an OJS committee for the Legislature. And in that report, that's what we talked about, is we need a Missouri model, smaller, less kids, smaller venues so they can have more one on one. I think Dr. Fromm was exactly right. It is a mixed bag of what they get. They get kids with a lot of different issues. And so as a true treatment provider, that is difficult when you have a mixed, mixed bag, so to speak, of issues that you have to address and not each kid. So if you're a substance abuse provider and you have all kids that have substance abuse disorders, you can do the same treatment program for those kids. Right? There's some modifications, but it's a treatment program. But when you have kids that have substance abuse issues, you have kids that have mental health disorders, you have kids that, that sexually act out, you have delinquent kids and all they do is, is conduct disorder. And you're trying to find one treatment program or one program to address all those needs makes it very difficult. So I think they're on track. I think we're making progress. Our numbers are down at the, at the facilities, which is a good thing. We do question a little bit of the transition of kids from facility to facility as well. I think that that's not good. We want to try to curb the amount of transition of any kid within our system. But I think, I think we're on the right track. And I think that Missouri model is gonna show some potential impact in a, in a positive way with what we're doing at the YRTCs.

**ARCH:** Senator Pansing Brooks.

**PANSING BROOKS:** Thank you. Thanks for being here, Mr. Steel, a shadow of your former self. You look great. I am wondering, we-- when we were

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

out at Whitehall, we had-- we, we were told that there was a 13-year-old that was there within the past year. Why would that be?

**COREY STEEL:** Whitehall is a juvenile who sexually harms program.

**PANSING BROOKS:** I know, but--

**COREY STEEL:** So this youth probably has been sexually acting out and we needed a facility. There probably wasn't a placement or he couldn't be managed in the home because of his sexually acting out or what, what it may be.

**PANSING BROOKS:** But he came through probation and they're--

**COREY STEEL:** Correct.

**PANSING BROOKS:** --not supposed to arrest.

**COREY STEEL:** What's that?

**PANSING BROOKS:** We're not-- the law states that we're not to arrest kids under 14.

**COREY STEEL:** No, kids under 14 can't be placed at YRTC or detained, but you can arrest. It's under, it's under 12. Eleven or under is what the law stands.

**PANSING BROOKS:** Yeah. OK.

**COREY STEEL:** So this kid was 13.

**PANSING BROOKS:** Thirteen. OK.

**COREY STEEL:** Yeah. Yeah.

**PANSING BROOKS:** All right. You're right.

**COREY STEEL:** And that's unfortunate. We've seen some, some kids over time that young that have that severe. And as the research shows, that kid was probably perpetrated on his whole life and now acting out in that manner. And it was that egregious that we had to use a high-end placement unfortunately.

**PANSING BROOKS:** OK. Thank you.

**COREY STEEL:** Yeah.

**ARCH:** Any other questions? Yes, Senator Lathrop.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**LATHROP:** So when Dr. Fromm testified-- it sounds like you were watching this before you came down.

**COREY STEEL:** I, I was, yes.

**LATHROP:** So--

**COREY STEEL:** Well, trying to watch as much as I could.

**LATHROP:** In her testimony, she suggested that they may want to set up criteria for placement at the YRTC's and-- or have the courts simply commit a child to Health and Human Services as opposed to having a judge say you, you will be committed to the YRTC's. Do you see a problem with that?

**COREY STEEL:** Well, I think that's--

**LATHROP:** Or do you have some feedback on either the idea that they would set up criteria where they could say doesn't meet our criteria?

**COREY STEEL:** Yeah.

**LATHROP:** Or alternatively, that a court would simply say we're gonna commit you to HHS and let them put you in a suitable placement?

**COREY STEEL:** So I think, Senator Lathrop, first I think there is criteria. I think statute outlines criteria, and I think that those are in front of the judges. And the judges review that material with other input from other individuals, such as probation officers, caseworkers, and evaluators. And so I think there, there is criteria. The issue of when you have a placement that is last resort and that's really what our YRTC's have always been, is that last resort placement, you have to find a way to be able to address those kids' issues and needs. Do I agree that-- as I said, it's a, it's a, it's kind of a mixed bag where you're getting kids with different issues? Absolutely, I think that's the case. And I think that a commitment to the YRTC's and then DHHS and maybe probation while they're there getting those individuals, I think-- I look at it as kind of getting them stabilized and then together we go back to the court and say, here's a suitable treatment program. If it's a, if it's a, if it's a mentally ill juvenile that we really need to get high-end residential treatment, some of the times it's just getting them stabilized, get that kid stabilized, get them a recommendation that may be suitable and go back to the court. I think that that's a great option. But I always think the court needs to be the decision maker. I don't believe a commitment to an entity and say do with it-- do with, with the kid what you want

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

isn't a good model. I think we had that model probably 15 years ago where the, the judges could only commit to the department. They couldn't say, say what place or what placement. And I think we had issues back then when that, when that occurred. So I think that, that, does there need to be some potential changes in our process or our statutory regulations? I do, that could potentially help. But I always think-- obviously, I'm from the judiciary, I think that we do need that judicial oversight anytime that there's a decision made of where a placement of a kid should be.

**LATHROP:** Thank you.

**ARCH:** Other questions? Senator Cavanaugh.

**CAVANAUGH:** Thank you. Thanks for being here, Mr. Steel. You had mentioned about the recidivism. And I just was curious if a youth is not-- or is terminated from probation, does that count towards your recidivism numbers or is it or that one continuous--

**COREY STEEL:** Yeah. So our definition is in there. It's on, I think, page 18 or 19 of, of what I've, what I've given you, the definition and it is successful completion, but then we also then do a-- those that are not-- that are, that are unsuccessful, it'll tell you the number and the percentage of those that are, that are unsuccessful as well.

**CAVANAUGH:** And unsuccessful means that they, they go back.

**COREY STEEL:** Unsuccessful means that they've, that they've been discharged--

**CAVANAUGH:** OK.

**COREY STEEL:** --from probation. So they did not complete their probation term. So typically nationally, when you look at recidivism rate, that you're looking at the success of your program when they've completed your program. So they've, they've completed probation, they did what they needed to, and then what is their rate of return after they completed. That's how you're judging how good you did when they were-- when you were supervising them. So 22 percent after successful completion--

**CAVANAUGH:** Right.

**COREY STEEL:** --had some form of law violation.

**CAVANAUGH:** So what per--

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**COREY STEEL:** And then, and then-- I think it's in there. I don't have it off the top--

**CAVANAUGH:** OK.

**COREY STEEL:** --of my head what the percentage of those kids that--

**CAVANAUGH:** Are discharged without success.

**COREY STEEL:** --are discharged unsuccessfully. Correct.

**CAVANAUGH:** And then do you track the kids that are discharged unsuccessfully? And if they are--

**COREY STEEL:** We don't, we don't. That's typically not a recidivism study, those that are unsuccessful. Do they then later recidivate?

**CAVANAUGH:** Yeah.

**COREY STEEL:** Yeah, we, we do not.

**CAVANAUGH:** OK. Is there a reason that that's not tracked?

**COREY STEEL:** You know, as you, as you look at recidivism studies, they typically-- you're gauging how good your program was. And so you want to take a look, they, they completed your program. So how, how well do they do after? Obviously,--

**CAVANAUGH:** Are they tracked in a different manner just so-- I, I guess--

**COREY STEEL:** Unsuccessful. So we'll know how many. So if we have--

**CAVANAUGH:** But I mean, if, if you're unsuccessfully discharged and then you come back into the system, are we keeping track of that in a different category than recidivism?

**COREY STEEL:** You know, I would have to ask Jeanne exactly what we're tracking, if we're tracking if they've, if they've come back through the system in a different manner. I can get that to you--

**CAVANAUGH:** OK.

**COREY STEEL:** --or we can, we can have a conversation if you'd like with Jeanne, too.

**CAVANAUGH:** Yeah.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**COREY STEEL:** Yeah, and your staff.

**CAVANAUGH:** Yeah. Great. Thanks.

**COREY STEEL:** Yep.

**ARCH:** Any other questions? Seeing none, thank you very much.

**COREY STEEL:** Thank you very much. And if there's anything afterwards, please don't hesitate to let me know and we'll get you what you need.

**ARCH:** We will. Thank you.

**COREY STEEL:** Thank you.

**CAVANAUGH:** Thank you.

**ARCH:** Welcome.

**JENNIFER CARTER:** Welcome. Thank you. Good afternoon, Senator Arch and members of the YRTC Oversight Committee. My name is Jennifer Carter, J-e-n-n-i-f-e-r C-a-r-t-e-r, and I'm serving as the Inspector General for Nebraska Child Welfare. And thank you for inviting me to testify today. I realize that it is now after 5:00 on a Friday night. So I'm passing out testimony that I do hope is helpful. But I'm gonna try to be really brief in terms of what I said here and just kind of highlight a few things. And then I'd like to just address a few other points that from things we've heard throughout the day. So just to let you know our office, the Inspector General of Child Welfare, OIG, provides accountability for Nebraska's child welfare and juvenile justice systems. We do independent investigations, identification of systemic issues, and that comes from complaints, critical incidents, grievances. We hear from all sorts of sources and then we make recommendations for improvement. So what I'd really like to talk about is what we have observed over the last 14 months. And we were sort of looking prospectively at what might be helpful to the committee going forward. So we-- I did list here for you and all the bullet points. You know, we have been involved since the beginning, this office. And I've, of course, only been in this role less than two months, but the office has been involved for a long time. And I-- in the bullet points I list-- there, there has been, you know, a multitude of issues that have come to our office through allegations and complaints having to do with the move of the girls to Kearney, issues that arose there, issues that are happening on the Geneva campus, all the business plans, multiple leadership changes, lots of effects on staffing the Lincoln facility, and, of course, COVID and how that's affecting the

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

facility. So I think what we have really felt-- our strongest recommendation is that there needs to be a pause in any significant, fundamental, systemic changes to the YRTC's until a real deliberate and thoughtful planning process is completed. And I think the planning process required under LB1140 is a great opportunity for that, because what we've seen is that over 14 months there has been several what we would call initiatives and then 2 specific business plans all in that one time. They were not vetted beyond the department or with other stakeholders or people who were directly affected by those. And what I-- what we believe has happened, what we are seeing from our observation is that the system became very reactionary and that the administration and the staff and we're always reacting to these plans that the outcomes were planned, but not the, the actual steps to take to get to that outcome. And I want to be clear, what we have seen is that the administrators and the staff are working really hard to make this work, often on very short time frames. And they're trying to use it as an opportunity to do some systemic changes to education and to making a more cohesive mental health system. But I think what then you see, when it is not sort of a holistic plan with a long-range end goal in mind, is that we've seen a significant amount of expenditures in terms of renovation of LaFlesche, purchase of modular buildings for education for the girls on the Kearney campus, the lease and renovation of the Lincoln facility. Now another addendum to that lease and more renovations, renovations to the Whitehall campus, renovations to a new unused building in Hastings. And so those are things that I think affect the Legislature, affect appropriations and, and your role. And I think in terms of Whitehall, there might be additional expenditures that are needed that were sort of not vetted initially when, when decisions were made. I think one thing I really want to mention is we are still hearing from a lot of staff. It has created a good deal of confusion and speculation about the stability of their positions, whether facilities are even remaining open. We are still getting a lot of questions about whether Geneva is closing sort of for good and what that looks like. And I think the short timeline of the move of, of the juvenile chemical dependency program from Hastings to Whitehall had a pretty significant effect on staff because that's a three-hour round trip and there wasn't a lot of-- it's just a significant change in your employment to know for a month you're gonna be making a three-hour round trip when you might have family or other obligations closer to, to Hastings. And then some still confusion about-- I think it's been more clear now, but when they go to Kearney and what does that mean? And we've talked to some who, you know, wasn't their intention. They really liked working with the chemical dependency youth. And they are not as excited about working at the YRTC and we heard today that maybe that's changing and that's good and

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

promising, but I think it, it speaks to the need for a really thoughtful, detailed plan with a long-range goal. Because that-- I think it just really affects too many people. One thing that I really wanted to raise that is not in my testimony that I think has been brought up by Senator Lathrop and, and Senator Arch and others is this idea of admission criteria. I understand and we've heard a lot about concern about not controlling the front door by DHHS. And I, I think our office appreciates that frustration and what makes that difficult in terms of serving youth with a variety of issues. But I, I just want to remind us of the broader context, which is that the policy is that when a family can't take, and child welfare for example, if a family can't take care of their child when they were not able to take care of youth who are, you know, have had a status offense or need that kind of help and there's no other place for them to be, that is the state's job. We are supposed to be the no eject, no reject last resort. And so my concern is that and I think it's part of our point about the importance of careful planning going forward to, to have admission criteria and to have HHS decide if they can take a youth or not is a radical change in policy and one that is so-- such a major change that obviously the Legislature would have to be very much involved in that. And it may be that that's a continuum of care. And there are parts of the care where you have admission criteria and parts where you're not. But that is my concern about making sure this is a really thoughtful and deliberate planning process going forward, because unless we're going to change that policy as a society in such a significant way, you have to have a place for youth to go when, when there's nowhere else for them to go. And then we have to figure out how to serve them well. So, so I just wanted to mention that because I think that is coming up a lot. And I understand why that is a challenge. And we want to make sure the youth are in the places that they need to, to be, but-- or that's best for them, but that, that is something I hope we're mindful of as this planning process goes forward. So there's more in my testimony, but I'm happy to answer any questions that would be helpful.

**ARCH:** Do you have any questions? Senator Cavanaugh.

**CAVANAUGH:** Thank you. Thank you, Inspector General Carter, for being here. As we all know, but for the record that you have been a part of this in different roles. Well, and so you've been part of this as long as I've been a part of what's been happening with the YRTC system. And I'm looking at-- I have here the plan that was given to the initial transition plan, July 15, 2020. And then I'm also looking at your testimony at the bottom of page 2, you, you really state kind of the crux of what I'm wrestling with here, which is the broader system goal

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

of the most recent plan is not clear. Is it to, to move towards a regional system or to just simply move the female youth out of the Kearney facility? And this all started back in August of 2019 when the, the youth, the girls had to be moved in an emergency situation to Kearney from Geneva. And we've kind of evolved in a very quick amount of time. I think that's what, 14 months ago--

**JENNIFER CARTER:** Yeah.

**CAVANAUGH:** --into a lot of iterations as, as you mentioned. And the thing that I'm continuing to grapple with is not the programming. I, I think that, you know, the Missouri model, it sounds great. I, I don't know that that's necessarily part of our purview to be legislating. It's more the crux of, of the decision-making process for making these substantial institutional changes. And when you were legal counsel on DHHS or on HHS, we worked through that, that plan, what a plan looks like, what a plan should be. And a concern I have and as the Inspector General, I'm just curious what your view is on this. Do you feel like you're getting any information that that plan is being worked on? Because I haven't heard that from them. I've heard a lot about the programming, but I haven't heard a lot about the planning. Like, are they still shackling the youth when they transport them? How are they transporting them? All of the things that we had in that plan. From your experience over the last two months, are those things being addressed before the March deadline?

**JENNIFER CARTER:** So I, I have not specifically asked about the planning process. So to be fair, I have not asked. But I also have not heard what steps are being taken. Actually, today in hearing Mr. LaBouchardiere mention-- or no, I think it was CEO Smith mentioned that they're working with UNL to, to do some facilitation of that. So I would, I would like to learn more about that, because that might-- it might be helpful to have them facilitate it. But I would-- I think prior to the crisis, actually, there had been a visioning group that CEO Smith had put together and I was a part of that, and then with small groups. And I think there was-- well, there was broad consensus that the system should be rehabilitative. And there was a discussion of the 2013 plan. There was a discussion of moving to smaller regional. So I guess I want to make sure that we're still-- what I would, I guess, hope and ask of them is that we are continuing to bring in-- that was a broad group of stakeholders. And I think it was really helpful to get that kind of buy-in. So I have not-- that's, you know, something I'm happy to follow up on. It's something we are following. But I have not heard any details. In terms of the shackling, I did make a sort of short notice visit to Kearney

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

recently. And there was one youth being transported for like a doctor's appointment or something. And she was shackled around the ankles, which I believe is actually was-- is the-- if I'm-- if memory serves the policy that we got did say that sometimes if they are a run risk, they will be shackled just while they're being transported, not sort of at the facility. They are not, as I understand it, they are not using it at the facility for like behavior control.

**CAVANAUGH:** Right, just for transport, and they're documenting that.

**JENNIFER CARTER:** Correct.

**CAVANAUGH:** OK. Thank you.

**ARCH:** Senator Brandt.

**BRANDT:** Thank you, Chairman Arch. Thank you, Inspector General Carter. CEO Smith testified that there were zero girls at Geneva today. The current plan says that when a girl gets to phase 4, as outlined in your report, halfway down page 4, that is an incentive for those girls to go to Geneva because then they know they're going home.

**JENNIFER CARTER:** Right.

**BRANDT:** And currently, I believe we have, what, three or four girls at phase 4 in Kearney. Do you know?

**JENNIFER CARTER:** That, that is what I had understood. And I've asked for some data on that, that I, that I believe is forthcoming, they told me it might be here today. Because my confusion was when this committee visited on September 18, we were told that there were some phase 4 girls were about to come to the campus. But then I've understood that there has been some change in staffing there since or they've lost some staff. So now they're concerned about providing-- bringing the girls to Geneva and that they may not have appropriate staffing. Which I understand, if they don't have appropriate staffing, that would be difficult, but I don't-- but I'm yet to understand why there's been a shift when they were anticipating them. So my understanding is there are no girl-- phase 4 girls being sent to Geneva at this time.

**BRANDT:** Well, and that's my understanding also. And I get a lot of emails from people at Geneva like you would expect. And one week they're sort of being forced out the door. And now I get emails this week that they're advertising for positions and then the management at DHHS cannot understand why they can't fill those positions. Yet, there

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

is no other employer in Fillmore County that has a problem filling positions.

**JENNIFER CARTER:** Yeah.

**BRANDT:** So it would seem to me that DHHS is probably the problem. They've scorched through the workforce, not just in Fillmore, but you can go to the neighboring counties around there also. So I didn't know if you had any insight on why they wouldn't be sending these phase 4 girls to Geneva. I mean, do you have an opinion on this?

**JENNIFER CARTER:** As far as I understand it is because they, they are concerned that they don't have enough staff. And, in particular, they don't have a community liaison any longer, or I think an LMHP, so part of the, the key roles that they need for as they're transitioning the youth into the community. But I, and I stated in my written testimony as well, we share the concern that sort of the, the lack of communication and the staffing issues at the variety of the facilities have maybe exacerbated their ability to hire and maintain staff.

**BRANDT:** All right. Thank you.

**ARCH:** Senator Groene.

**GROENE:** I'm not familiar with your, your position, but how do you see your position by statute? Are you an advocate for the, the people using the services or forced to use the services?

**JENNIFER CARTER:** No, we--

**GROENE:** Are you an advocate of the Legislature to make sure that statutes are being enforced?

**JENNIFER CARTER:** We, we are under the Legislature. So it's sort of a government accountability position. And to, to make sure that, yes, that the policies you pass, how are they being executed? Are there things that we can recommend to you all as you go about your policy making to say we think this might be better for that reason.

**GROENE:** But what expertise do you have to make recommendations?

**JENNIFER CARTER:** So me personally or our office in general?

**GROENE:** Your office.

**JENNIFER CARTER:** So, so we-- I mean, I've personally worked on child welfare issues for a long time, but then we do, we do a lot of

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

investigating. So our-- by man-- we are mandated to investigate any deaths or serious injuries, and that can-- that will be documents. You know, a document review. Oftentimes, with a death that actually we have to wait till law enforcement is done. So those are late for us. And then we often use the investigations that have been done by law enforcement. We interview, things like that, and then we look to best practices. We do research, too.

**GROENE:** You don't get much sympathy from where I come from about employees. My railroad guys get an email that says they don't have a job tomorrow.

**JENNIFER CARTER:** Yeah.

**GROENE:** It's about the system, what's best for the clients or whatever.

**JENNIFER CARTER:** Right.

**GROENE:** So I, I guess I don't have-- I do understand what Senator Brandt is saying that you should have been told positions are open and hearing what the system is--

**JENNIFER CARTER:** Right.

**GROENE:** --and you can leave your job or you can move to Kearney or move to Hastings. I moved five times with my job. I--

**JENNIFER CARTER:** Right.

**GROENE:** --didn't complain I'm gonna drive for three hours. But anyway, that just bothers me, why, why you would be involved in the employees complaining.

**JENNIFER CARTER:** Because, just because we're receiving them into-- that might affect how the youth are being served if--

**GROENE:** That makes sense.

**JENNIFER CARTER:** --they are constantly losing staff because they're maybe not communicating well enough with them or if there are other issues. So that's something we would monitor to make sure the facilities are properly staffed. So that was really my point. So--

**GROENE:** Providing services that the Legislature has dictated should be provided.

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Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**JENNIFER CARTER:** Right. Right. So that's just a way of making sure the--

**GROENE:** That's where [INAUDIBLE]--

**JENNIFER CARTER:** --facilities are well-run. And so that was sort of the--

**GROENE:** All right. Thank you.

**JENNIFER CARTER:** --point.

**ARCH:** Other questions? Senator Cavanaugh.

**CAVANAUGH:** Thank you. I wanted to follow up on something that Senator Brandt was talking about with the staffing at Geneva. So when we were there on September 18, they did have enough staff there to bring more girls onto the campus. And you said that they-- you've since heard from them that they do not have enough staff.

**JENNIFER CARTER:** Right.

**CAVANAUGH:** Do you know about when you-- they informed you of that?

**JENNIFER CARTER:** That was-- I want to-- I think I went to Kearney on the 9th of October.

**CAVANAUGH:** Of October. OK.

**JENNIFER CARTER:** And so I've asked sort of for what, what are or have the staffing numbers been--

**CAVANAUGH:** Um-hum.

**JENNIFER CARTER:** --and when do people leave so that we can figure out when did they lose the staff to make it difficult to bring the phase 4 girls there.

**CAVANAUGH:** Because I also have been hearing from staff in Geneva, and what I've been hearing from them is that they are being bused to Kearney to work.

**JENNIFER CARTER:** Yes. And that is my understanding as well, because they're not bringing the phase 4 girls to Geneva.

**CAVANAUGH:** They're bringing the staff from Geneva to Kearney.

**JENNIFER CARTER:** Right.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**CAVANAUGH:** And, and the-- they don't-- the staff doesn't understand why, why they are not being brought to Geneva. And to Senator Groene's point about if you don't need the staff-- they do need the staff, they pilfered their own staff and pushed them over to the Medicaid side. And that has been expressed very explicitly by the staff. And I just want that expressed for the record that they are taking staff from the Geneva YRTC and moving them to the Medicaid side at Geneva. So they are, in a sense, circumventing the will of the Legislature.

**ARCH:** Are there other questions? Seeing none, thank you very much.

**JENNIFER CARTER:** Thank you.

**ARCH:** We have one other testifier today. Welcome.

**MONIKA GROSS:** Thank you.

**ARCH:** Thanks for joining us today.

**MONIKA GROSS:** Sure.

**ARCH:** If you'd state your name and spell it, that'd be great.

**MONIKA GROSS:** Thank you, Senator Arch. My name is Monika Gross. That's spelled M-o-n-i-k-a, last name G-r-o-s-s. And thank you for inviting me to speak with you today. I'm the executive director of the Foster Care Review Office, and I'm here to provide testimony regarding the youth who are committed to the Youth Rehabilitation and Treatment Centers. The Foster Care Review Office, or the FCRO, is an independent state agency responsible for oversight of children and youth in out-of-home care as that is defined in Nebraska statutes. The FCRO meets its statutory duties in two different ways, at the individual case level and at the systems level. The individual case level reviews are completed by our 53 local volunteer boards across the state who meet monthly, and those boards are facilitated by one of our 18 system oversight specialists and their supervisors. Our local boards make findings and submit written recommendations to the court and the legal parties involved in the child's juvenile court case. At the systems level, the FCRO analyzes the data that we collect and we submit reports and recommendations to the Legislature annually and quarterly. Our most recent annual report was submitted to the Legislature on September 1 of 2020 and is also available on our website. The second handout that you received is a copy of just the YRTC section of our most recent annual report. So it contains data about the youth who are-- that we reviewed and who are placed at the YRTCs. We also maintain an independent statewide tracking system of all children and

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

youth in out-of-home care. That data is reported to the FCRO by the courts, by DHHS, by the Juvenile Probation Division, and by private agencies. Additional data is then collected by our staff during those individual case file reviews and cases of children in out-of-home care are typically reviewed every six months after a child has been in out-of-home care for at least six months. The FCRO statutory authority to track and review children and youth in out-of-home care extends to youth who are placed out-of-home through the juvenile justice system, including youth that are committed to the YRTC's. The annual report that we submit to the Legislature every year is a data-driven, factual analysis of the foster care system in Nebraska for the most recent state fiscal year. And when I say foster care system, that includes youth who are placed through juvenile probation who were placed out-of-home, including the YRTC's. In our quarterly report that was submitted in March of 2020, there was a special study contained within that report on the youth placed at the YRTC's. And much of that data is replicated in the 2020 annual report, a portion of which you have before you. So I would just like to share with you some of that data and provide a snapshot of the-- these youth who are committed to the YRTC's and just be aware that the data that I'm presenting would have been from state fiscal year that ended June 30, 2020. So this is not up-to-date data as of today, but it kind of gives you a snapshot in time and over the last fiscal year. The average daily population of youth placed at a YRTC decreased over the last fiscal year from a high of 126 in July and August of 2019 to just 88 in June of 2020. That was mostly due to a decline in the number of boys beginning in March 2020, coinciding with the beginning of pandemic-related directed health measures. The girls' population was-- experienced a decline from a high of 39 in June 2019 to a low of just 16 in November of 2019, which would have been right after the crisis and the transition to Kearney. And then after that, there was a slight increase over the next couple of months and then it leveled off for the remainder of the fiscal year, ending at 22 girls in June of 2020. Minority youth are disproportionately represented at the YRTC's, and that means that white youth are underrepresented when compared with their representation in the population at large in Nebraska. Black, Hispanic, Native American, and youth of two or more races are overrepresented at the YRTC's compared with the youth population at large in Nebraska. And you can see some of that data on page 4 of the handout, the, the data handout. I know that some of you were asking also about where the youth-- the counties that youth are committed from. And we do have a map on page 3 of the handout that shows the county of commitment for youth who were in the YRTC on June 30 of 2020 for-- that was a total of 86 youth. Nearly 63 percent of the girls and 42 percent of the boys at YRTC's have a prior history of removal from their homes due to abuse or

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

neglect. So they have a history in the child welfare system. In fact, the girls at the YRTC with a history of removal from their homes due to abuse and neglect, have had an average of 19.1 different foster care placements during their lifetimes. The average age of girls at the YRTC is 16, which means that these girls have had an average of 1.2 placements per year throughout their childhood if you average it out over 16 years. That means being under a different roof with different caregivers, different rules, different bedrooms, perhaps different schools, etcetera. And the boys don't fare much better. They average an-- they have an average lifetime placements of 13.3. The average lifetime days at a YRTC for youth who exited the YRTC in state fiscal year '19-20 was 295 days for boys and 311 days for girls. So the girls' stay is slightly longer than the average boys and that would be lifetime days. So if a youth was at the YRTC more than once, they would be added together so it's not necessarily a one-time commitment. The FCRO conducts those individual case reviews with our local boards of youth at YRTCs if they have been in out-of-home care for at least six months. And we look at things like safety and appropriateness of the placement and the placement appear to be safe for 96 percent of the boys and 71 percent of the girls. Part of the reason for that may have been the instability in the system during 2019. We don't really know because we don't really look for the reasons for that or report out the reasons for it. But it's-- it, it, it, you know, it, it kind of makes sense considering what they had been through and, and the crisis situation at the Geneva facility. We looked at the offenses that brought youth to the YRTC. For 93 percent of the girls at YRTC, they are there for a misdemeanor and 56 percent of the boys are there for misdemeanors. Forty-four percent of the boys had committed a felony, while only 7 percent of the girls had. And I think that kind of speaks to what CEO Smith and Dr. Fromm were talking about the need for gender specific treatments, because you're looking at a vastly different set of circumstances, perhaps resulting in the commitment to the YRTC. There's also a complex relationship between mental health and juvenile justice involvement. Certain mental health conditions may increase a youth's risk for juvenile justice involvement, while involvement in the juvenile justice system can exacerbate existing mental health conditions. About 95 percent of the youth at the YRTCs have a mental health diagnosis. However, girls were much more likely to be prescribed psychotropic medications than boys. So 86 percent of the girls in, in the cases we reviewed were prescribed psychotropic medications versus 44 percent of the boys. And the majority of the youth, both boys and girls, at the YRTCs were diagnosed with substance use issues. Finally, we looked at the behaviors of these youth in the educational setting, and this was also something that was quite concerning to us, but could very well have

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

been situational because of the crisis at Geneva again. So we looked at whether youth were exhibiting behaviors in the school setting that were disruptive to learning. Seventy percent of the girls at the YRTC, but only 35 percent of the boys had documented behaviors that were disruptive to learning. And this is significantly different compared to the 85 percent of all probation supervised youth in out-of-home care who displayed normal behaviors in school. So something, something happened in that transition from community supervision to YRTC. So based on the data in the case file reviews, we made a number of recommendations. And from what I'm hearing today, it sounds like some of those recommendations may be in the process of being implemented with the department. Thoughtful consideration needs to be given to gender differences in youth's history and past traumas that can result in different treatment needs and gender disparities regarding which youth get moved between campuses and under what conditions. Ongoing racial and ethnic disparities, and that's nothing new, the FCRO has reported on racial and ethnic disparities for a number of years. The need for purposeful initial and ongoing assessments to tailor individual plans that maximize the benefits youth experience from a YRTC commitment, the need for clarity on expectations regarding class attendance and documentation of school performance or educational needs that remain to be addressed, adequacy of behavioral and mental health services and treatment and ability to continue aftercare services, if necessary, when moved back into the community and ensuring the safety of every youth placed at a YRTC. Some of these recommendations were the result of the situation at Geneva and then the, the move to Kearney and some of those initial concerns. Given that youth average 11 months at a YRTC, it's critical that the academic program is responsive to their behavioral and mental health needs. And we heard some of that discussion today about integrating the behavioral and mental health into the education and vice versa. That being said, if past traumas and current diagnoses are not properly addressed through programming and treatment, educational outcomes will continue to suffer for this population. And going forward, it's important that we ensure that all assessments and individualized treatment plans appropriately account for that past trauma due to abuse, neglect, and current mental health diagnoses. And I was, I was grateful to hear Dr. Fromm discuss that about the, the trauma history and the chaotic environments that these youth have come from and the need to address that in the programming. Ensure that programs are age and developmentally appropriate using the best research or evidence-based approaches to make or restore the, the buildings and facilities to appropriate safety standards, to enable programming that ensures the safety of youth and the staff that care for them, increase oversight and resources available for the education

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

of the youth. And those-- it sounds like those things are being done. The FCRO will continue to monitor and report on the YRTC's in our quarterly and annual reports going forward, including any positive changes that will occur as these new proposals and initiatives move forward. If you require any additional data or information from the FCRO, we'll be glad to compile that and get that sent over to you. Otherwise, I'd be glad to answer any questions.

**ARCH:** Are there any questions for Monika? Yes, Senator Murman.

**MURMAN:** Yes, thank you. And thank you for coming in. You talked about the safety there on page 8. I've always been concerned since I toured the YRTC at Kearney that it doesn't appear safe at night for the boys, especially since the girls are there and the boys are all in, I guess, a so-called dormitory setting. It's a big room with a lot of cots in it. I think 20 maybe or 15 or 20. To me, that doesn't look safe at all. You know, great potential for abuse of youth on youth there. But you-- I think, you showed 96 percent of the boys-- or 96 percent were safe. It seems to me that's too high in that situation.

**MONIKA GROSS:** Well, it, it-- the, the result is that it appears safe based on our review of the child's case file and, and our local board that reviewed that case. So it, it appeared that there would have been documentation because in some situations with the girls, you can see 28.6 percent in the girls, we were unable to determine if, if they-- the, the placement was safe. Mostly that's due to lack of documentation when you, when you end up with a result like that. So this would tell me that there would have been documentation in the file to indicate to the board that reviewed this-- these cases that the placement appeared to be safe.

**MURMAN:** So by documentation, you mean communicating with the individual youth? The youth would said the-- set indicator said they were safe?

**MONIKA GROSS:** That could have been documented in the case file. Yes.

**MURMAN:** OK.

**MONIKA GROSS:** A face-to-face visit with the youth, or it could have been staff documentation or something like that.

**MURMAN:** OK. Still doesn't appear safe to me. But, OK, thank you.

**MONIKA GROSS:** We can certainly-- that's something we can certainly look into further and do a deeper dive into it.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**MURMAN:** Well, you know, in a sleeping situation, it'd be kind of dark in there. At least I would hope it would be kind of dark so people can sleep and, and the staff are kind of on the far end of the group of beds. So seems like it'd be difficult to see-- for the staff to see what's going on unless they were walking around all the time. So OK, thank you.

**ARCH:** Any other questions? Senator Lowe.

**LOWE:** Thank you. And thank you for coming here today to give us all this information.

**MONIKA GROSS:** Sure.

**LOWE:** I appreciate the map and the demographics and, and everything else. It's been said that a lot of the, the young men and women up at the Y RTCs, or some of them anyway, have been in gangs. And do you see that in the foster care coming-- are, are these young men and women in gangs while they're still in foster care?

**MONIKA GROSS:** Well, that's a hard question to answer, because it would depend, you know, on the-- on, on the individual, the individual case. That is not something that we necessarily track specifically. It, it may enter into reasons for why, why a youth was committed to the Y RTC or why a youth was committed to another facility out of state. So I think oftentimes that is, in my experience, that is the reason out-of-state facilities are sometimes--

**LOWE:** Taken into consideration.

**MONIKA GROSS:** --used by judges, particularly in Douglas County.

**LOWE:** Yeah. I was just looking at the numbers of Douglas County and Lancaster, and I'm thinking they probably have a higher gang ratio in those two counties. And the makeup of-- the racial makeup of those gangs may have something to do with the rate-- race and ethnicity of the youth at Y RTC also.

**MONIKA GROSS:** It-- gang affiliation is not something that we track. So I can't really, I can't really speak to that.

**LOWE:** OK. Thank you.

**ARCH:** Senator Groene.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

**GROENE:** Wasn't gonna ask a question, but you sat there so long, you deserve to have some questions, too. We haven't had the answer here today about recidivism in the YRTC. Do you track that at all?

**MONIKA GROSS:** It's possible that we can pull that from our data. I would have to talk to our, our research director to see if we could pull that. The, the days in care that, that are shown in here are-- represent lifetime days in care. So it could be multiple commitments--

**GROENE:** So once they're--

**MONIKA GROSS:** --or it could not be.

**GROENE:** --out of the YRTC, they're a ward, therefore, you consider them fostered, fostered by the government, actually. Once they're released back to their parents, you don't track that?

**MONIKA GROSS:** We don't track that. If they go-- when they exit the YRTC, if they remain in out-of-home care like a foster home or they go to a group home or something, then we would continue to track that placement until they either age out or, or return home to their parents or--

**GROENE:** A general question. When I came here, we were always one of the top per capita of foster care, and we put people in foster care. Have you been able to change that or is your department have something to do with that, or is that up to the judges?

**MONIKA GROSS:** Well, I wouldn't--

**GROENE:** Have we improved in a rating that we're keeping more people-- kids in their homes?

**MONIKA GROSS:** We, we have improved. And I think it-- that's really a, a system success, so it's system wide. When children and youth enter out-of-home care or enter foster care, typically that's a decision or a recommendation that's made by the Department of Health and Human Services and then it has to go before a judge and then the judge decides if that child remains in out-of-home care. Law enforcement has the authority to remove children from their home and place them in emergency protective custody. So there's a lot of different parts to the system. But over the last ten years, I would say there's been an emphasis in trying to serve more children and youth at home, provide the services in the home. So you're working with both the parents and the child together when it's safe to do so. And then there's also been an emphasis in recent years on placing more children and youth with

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Youth Rehabilitation and Treatment Centers Oversight Committee October 23, 2020

relatives and people who are known to them. So it doesn't feel so much to the child like they're being removed from their family and, and everyone they know.

**GROENE:** Thanks.

**LOWE:** I'd just like to say thank you very much for what you do.

**MONIKA GROSS:** Well, you're welcome.

**ARCH:** I'm seeing no other questions. Thank you very much.

**MONIKA GROSS:** Thank you.

**ARCH:** And thank you to the committee for staying here for the hearing today. And this will end the hearing.