Does not include written testimony submitted prior to the public hearing per our COVID-19 response protocol

ARCH: Well, good afternoon, and welcome to today's briefing to the Health and Human Services Committee. This afternoon, we'll be receiving a briefing from the Department of Health and Human Services on the department's five-year operations plan for the Youth Rehabilitation and Treatment Centers, which leg-- Legislature required with LB1140 passed last session. My name is John Arch. I represent the 14th Legislative District in Sarpy County and I serve as Chair of the Health and Human Services Committee. I might mention there's some-- there are some empty seats here today. We've got Executive Sessions going on. I think that the timeline of the Legislature is pulling people away right now, so we will have Senators come in and perhaps drift out, but to go to other meetings, so please just understand that. I'm joined today by members of the Health and Human Services Committee, as well as a few members of the YRTC Special Oversight Committee and others that were very interested in this. And the YRTC Special Oversight Committee was convened this last interim. I'd like to invite the members of-- of the committees, both committees, to introduce themselves. And I'll start on my right with Senator Brandt. Senator Lowe, there's a seat here up at the table for you and Senator Halloran, there is a seat here as well for you. Senator Halloran is on the end. Senator Lowe is next to him there. Senator Brandt.

BRANDT: Good afternoon. I'm Senator Tom Brandt, Legislative District 32, Fillmore, Thayer, Jefferson Saline, and southwestern Lancaster Counties.

MURMAN: Hello. I'm Senator Dave Murman from District 38, and I represent seven counties to the west, south and east of Kearney and Hastings.

WALZ: My name is Lynne Walz and I represent Legislative District 15, which is all of Dodge County.

B. HANSEN: Senator Ben Hansen, District 16, Washington, Burt, and Cuming Counties.

LOWE: John Lowe, District 37, Kearney, Gibbon, and Shelton.

HALLORAN: Steve Halloran, District 33, Adams, and the better part of Hall County.

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ARCH: Also assisting the committee is our committee clerk, Geri Williams, and our committee page, Claudia. This briefing is invited testimony only so I won't go through a long list of procedures today, but I will remind the committee and anyone in the audience to please turn off or silence your cell phones. Due to social distancing requirements, seating in the hearing room is limited. We request that you wear a face covering while in the hearing room. Testifiers may remove their face covering during testimony to assist committee members and transcribers in clearly hearing and understand the testimony. Pages will sanitize the front table and chair between testifiers. Just for procedure, there will be three testifiers from the Department of Health and Human Services. They will come up sequentially, one at a time, and then at the end, there are a couple chairs and the three presenters can gather as the Senators have an opportunity to ask questions. It is warm in the room. We will acknowledge that. We are in-between seasons, so the the heat is off, but the air is not on. And so that is-- that's why we're feeling very warm here today. I understand the briefing is going to be done in three segments. First, we'll be briefed by Larry Kahl, COO of DHHS. Second, we'll hear from Dr. Janine Fromm, Executive Medical Officer of DHHS, and finally we'll be briefed by Mark LaBouchardiere, administrator of the Office of Juvenile Services. We have two hours allotted for this briefing today, and I'm guessing we'll have some questions from the committee at the conclusion of the presentations. So with that, I'll invite the department to proceed with the briefing. Good afternoon.

LARRY KAHL: Good afternoon. Committee Chair, Senator Arch, distinguished members of the committee, thank you for the opportunity to present this presentation summary, along with the full plan of the Nebraska Department of Health and Human Services youth residential facilities, Five-Year Strategic Operations Plan. I'd like to introduce my colleagues, and Senator Arch actually just did so, Dr. Fromm and Mark LaBouchardiere, will both be also presenting. Both of them obviously have dedicated significant hours of involvement with our stakeholders and are invested and committed to providing a chance for a healthy transition to adulthood for our youth. All of this work has taken place under the watchful eye and steady hand of our fearless leader, Dannette R. Smith. And so I'd like to acknowledge her support through the process and guidance. The table of contents, always a great place to start. It reveals the journey that we will take today

from this welcome and overview to LB1140, the appendix crosswalk, the planning process and acknowledgments to a current assessment of youth facilities. All this information assisted in the formation of the strategic recommendations resulting in an implementation plan document. So I'd like to note that the order of the 10 strategic recommendations was completed through an affinity and prioritization process with our stakeholders group and was reached via consensus of all the parties. We would respectfully request that you hold all the questions until the end of the presentation. I think that's consistent with what you had suggested, sir. So the process. We began with an engagement with Dr. Emre Unlu and Dr. Sam Nelson from the University of Nebraska-Lincoln and the School of Business, resulting in a COVID-sensitive series of eight online group sessions lasting two hours each, followed by an additional series of planning meetings with DHHS. The group planning sessions were focused and condensed to allow for in-depth discussion and were facilitated by Sam Nelson using a variety of state of the art group discussion and facilitation techniques. A special session was held with the internal clinical team to garner their ideas and hopes for the future care delivery components as well. And these are incorporated into the strategic recommendations and into the narrative. The stakeholder group was condensed and selected from a previous stakeholder group, which had participated in a Casey Foundation study for Health and Human Services Department of Children and Family Services in the recent past. And so we kind of borrowed from that group and actually condensed it a bit given our time constraints. So I'd like to emphasize that this five-year planning document is a five-year operations plan as called out in LB1140, but it's actually much more than that. It's what we hope will be a living document that will chronicle not only the current year's activity through quarterly review meetings, but will continue to be a refreshed and revised annually, thereby creating a perpetual five-year planning process and action plan. As legislation occurs-- legislative actions occur going forward, we can adjust the document. As we complete objectives and identify additional items for improvement at annual reviews, we'll modify the action planning and to reflect our updated plans in moving forward. The process and conversations have been robust and rewarding, and we believe have resulted in a closer working relationship with not only our stakeholder group but our community partners. So if you would turn in your binders to page 26 and 27, you'll find the appendix crosswalk. LB1140 specifically called out an alphabetical list of items to be

addressed. And the binder that you've been provided contains a section of tabbed appendices. Each appendice corresponds with the letter called out in the legislation. So on the crosswalk, please pay attention-- particular attention to the column on the right hand side of the crosswalk. That identifies where in the binder you can find both the referenced appendix, but also where the response to those issues are identified within the five-year planning document. In addition, LB1140 requested an operational five-year plan be developed, and this document is contained in the first 27 pages of the binder. So on page 1 in your binder, the aforementioned stakeholder group consists of representatives from the Office of Inspector General, Ombudsman, Probation, Department of Education, Juvenile Justice Division, Lutheran Family Services, Nebraska Children and Families Foundation, the Nebraska State Education Association, Voices for Children and several members from the Department of Health and Human Services. This stakeholder group was, as I mentioned earlier, selected from a larger original list and identifies those who are perceived to be closer to the service provision for you-- are more of our active partners. There were constraints of time, of course, and intensity for the process, and those who are listed on the slide were there with us for the duration. DHHS is grateful for the dedication and commitment, the hours of robust conversation and the significant input from this group. The fingerprints of these individuals are present everywhere throughout the document, their consideration, their feedback in the recommendations and their passion in the strategic action steps. We were careful to listen intently to the-- to-- and to be able to incorporate wherever possible the comments and ideas of each of our stakeholders. While ultimately the responsibility for the final document and follow through with the action steps falls to DHHS, the stakeholders certainly had a significant direction and input into the plan. We're deeply appreciative of these team members, their hours of participation and their partnership in the process going forward. We look forward to engaging our partners moving forward. Mark is going to walk through the recommendations a little bit later on and one of those we specifically decided as a group that it may be helpful to continue with the stakeholders group to hold quarterly meetings and review our progress on our action plan and see how we're doing. What have we accomplished, and then perhaps at the end of the year to participate with us in not only looking at what all that we've accomplished through the four quarters, but looking ahead. What additional things should we add to this living strategic plan going

forward? So it became much more than just a five-year planning document to be able to say, you know, here, check the box. We did it. It became an active partnership, I think, for us moving forward. So it's-- it's been very rewarding. On page 6 in the binder, we address something that's kind of near and dear to me. My colleagues, I think, get a grin when I get on the soapbox about the philosophical underpinnings of our approach. There are at least three core components that sustain a healthy youth program. These three components are foundational to the operations of an effective service. To the extent that each of these are proportioned, almost as if a mobile where each of the components works in concert with the other, a change to one impacts all. It's essential to maintain a balance with these three components. And I'll start with the facilities. Winston Churchill once stated, we shape our buildings, thereafter, they shape us. The facilities for our youth need to be current, need to be adequate to the care provided and client focus. With the exception of the new buildings on the Hastings campus, the building dates for our buildings range from 1943 to 1976, from 45 to 78 years old. This planning document calls for a review of our facilities, how they affect our ability to provide care and calls for exploration and creation of a replacement plan for those buildings. The staffing component. The staffing of any of our facilities must be adequate in number, sensitive to volume and appropriately educated and trained to meet the needs of our youth. The MYSI model of care, which I believe Dr. Fromm will speak to here just a little bit, speaks to the level of engagement of our staff to a point that most every moment in the waking day becomes a teachable moment for the youth, shortening the time that they need to be with us in our facilities and maximizing their time with us so that they get the most out of their care. The programming component shall apply evidence-based, trauma-informed best practices to meet the needs of the youth. From Dr.-- Dr. Fromm will speak to this later in the presentation, our leadership team, with the diverse backgrounds and our passion for quality services for youth is also really a valued component. It's my premise that we must have each of these three resources appropriate to the level of care that we're providing. If we have all three in correct proportion, we can provide exceptional care and truly make a difference in the lives of the youth. Without an appropriate supply of each of these components and degree of balance, without that degree of balance, a program is certainly to struggle and potentially fail. So from an operations perspective, this is where I put my-- my focus and my energy. Also on

page 6, there's another Venn diagram, another series of circles. As we look at the programming and components of operations, the diagram digs deeper into the programming circle from the first Venn diagram. Here the community stakeholders, resource persons, education, our Senators, law enforcement, all of our partners, probation, the judges, the courts all work together to invest in the success of the youth. Families are essential to the long-term success of our youth and need to be involved in therapy, family visits and engaged in such a way that they become members of the treatment team, that they're actually part of the treatment team. They need to get as much training and support for the success of the youth as the youth needs to be able to get. The youth themselves must be engaged in such a way that they become involved in building skills that allow for problem solving and allow them to become more resilient. Together, the family, treatment team and our community partners embrace the youth, recognize their treatment needs, share the resources and engage their hearts and minds toward the goal of problem resolution, skill building and ultimately maturation. So jumping around a little bit, if you looked on page 3 of the binder, you'll see a continuum of care. A series of circles on the screen. The services provided by Nebraska DHHS span in abbreviated continuum of care within a much larger continuum of services that range from outpatient all the way to intensive inpatient care. The services provided by DHHS are depicted here and demonstrate several dimensions of the care that include the intensity of staffing, the genders that serve at those facilities. The capacity of those facilities, along with the acuity or the level of care. Lincoln youth facility, for example, has a higher level of intensity for each of those facilities, staffing and programming, with Whitehall on the lower end of the continuum-- acuity continuum. Not that it's any less or that Lincoln's anymore, they're just along the continuum in terms of the range and intensity of acuity. The majority of our youth are served at Kearney and in the near future at Hastings. This depiction fits the traditional bell-shaped curve for the distribution of services at DHHS. Facilities with the majority of care provided are within the medium acuity at Hastings and Kearney, and that's just as you would tend to expect to see in almost any set of data or information with a traditional bell-shaped curve, the majority are in the middle and then the outliers kids that are maybe early into the system and need to be served at our particular PRTC-- PRTS because there are many of those within the community. And then at the other end, Lincoln, and I think there's only one that provides what Lincoln

does. So when this continuum is taken into context with the larger Children and Family Services and division of behavioral health continuum of DHS-- DHHS services, it begins to paint the picture of why it's so desirable for us to be able to move YRTC youth between the levels of care just within our display continuum as it allows us to be able to respond to their needs and as their needs change, allow us to be able to maximize the care that we can provide and the resources provided to the youth for the best possible outcome. From my perspective, no one among us better understands this continuum of care nor the needs of youth better than Dr. Janine Fromm. So at this time, I would like to transition the conversation to my esteemed colleague.

JANINE FROMM: Good afternoon.

ARCH: Welcome, Dr. Fromm.

JANINE FROMM: Thank you for having-- having us here today. We're-- I'm going to take this off, thankfully. And I always complain how cold everything is, but I'm not going to complain about that today. But I'm really excited to-- to kind of bring you up-to-date on where we're at and where we want to go in the future clinically. When I rather naively took this job about 20 months ago, I had no idea what-- what I was getting into. But I-- I do-- I feel very happy with the changes that have been made. Some of the progress that we've made in the last couple of years has just been phenomenal for these kids. And I'm going to tell you a little bit about that. But I'm really excited about where we can go in the future and how we can continue to improve services for these really most vulnerable children of our state. So I want to stay on that last page, that Mr. Kahl had, that's page 8 of the handout, the front handout. And I want to just kind of talk about some of the unique-- unique challenges and opportunities that we have in our system and some of the highlights of the clinical improvements that we have been able to put in place. First, I just want to do a brief overview of our current youth residential programs. And I know a lot of you know these things already and it's a review. I'll try to be somewhat brief on them. They're the very big difference between PRTS, Psychiatric Residential Treatment Facility, and YRTC, Youth Rehabilitation Treatment Centers, very different. Whitehall is our only PRTS. There's other PRTS in the state, certainly at Boys Town is the most well-known. There's also a PRTS at CHI Immanuel Hospital in Omaha. There is the independent center here in Lincoln and then NOVA in Omaha are PRTS. Psychiatric Residential Treatment facilities are

covered by Medicaid. Children that are sent there have to meet admission criteria, medical necessity criteria from Medicaid. If they have Medicaid, otherwise medical necessity criteria for their private insurance. They're still in the parents' custody. There is-- the admission criteria they have to meet and they-- if the program is not right for the child, then the child isn't admitted there. There isn't-- isn't-- it--not authorized to go there and there is denied. So Whitehall is a PRTS. We currently have two programs there, the chemical dependency program and the youth who sexually harm. We've hired consultants to work with us at Whitehall to really improve and bring our programming up to date with the-- the most current evidence-based practices. So we have Jerome Berry. Some of you might have known him when he was at-- was at Bryan for many years running the independent center and LifePoint down in South Lincoln. He's working with us on the substance use disorders side of things, and then we have Pat Sailors who's from HopeSpoke working with the youth who sexually harmed. Kind of, again, bring that clinical piece up-to-date with best practices. So that's the PRTS side. YRTCs are very different. YRTC is a judicial decision as to who should go there, not a clinical decision. The-- there's no real and clinical admission criteria, right, other than the kid can't be maintained in the community under probation for whatever reason. Once the child is committed to-- to the YRTC, they are in our custody. Medicaid is suspended or terminated. So no admission criteria, no certificate of need signed by a physician that this child needs a more intensive level of care, purely a juvenile justice decision. So we can get kids with just a wide variety of backgrounds, gang members with criminogenic thinking, kids who have unbelievable amounts of trauma that are truant and running away from an abusive home, and so that's what gets them on probation. Substance use disorder, major mental illness, everything, and we have to really look at what-- how-- how can we provide for this very wide range of kids that are coming to us? Most of them have unbelievable chaos and trauma in their background and how that plays out is different for each child. So YRTC system, we have Kearney currently, we have a low census. We've been working diligently with probation and the courts to really move those kids that are not a community threat that can be treated at lower levels of care out of the YRTC. Prior to a couple of years ago, we were keeping kids up to two-three years in the YRTC, which is not a great way to spend your adolescence. So moving kids through in a more timely way, we now-- currently have a census of 49 at Kearney. We have 15 girls.

The 15 girls are in Morton, which is the only real housing building at Kearney that has individual rooms other than Dickson, which is used for confinement and isolation. Otherwise the cottages all have big dormitory type-- style rooms which were big in Corrections in the '60s but is not considered current best practices in 2021. The Hastings staff had been working with the girls up at Kearney. They've been totally trained by MYSI and I'll kind of get into that in a moment. So they are doing the MYSI model with the girls in Kearney, getting to know the girls, working with the girls one-on-one, being their staff, so that when the girls transition to Hastings, it can be a very smooth transition. Staff all know who-- who's who and the girls know who their staff is. And then we have the Lincoln youth facility, which is at the Lancaster Detention Center. That's our very high intensity focused treatment. So kids that have just-- have been at Kearney and just aren't progressing, kids with high mental health needs, suicidal thoughts, self-injurist behaviors, they-- kids with complex medication needs, mental health needs, they're treated at the Lincoln facility. And we currently have both boys and girls there. We have four and four currently. We-- so YRTCs, is really very different than it appears, yes. Right. YRTC admission criteria, certificate of need from a clinical team, they stay in the parents custody, Medicaid or insurance continues. If they don't meet admission criteria or if they feel the program isn't the right one for them, they can discharge them. They can reject them, you know, not admit them. YRTCs, we don't have have-- have that possibility. If you look at page 9 of your slide packet, we again see kids with just a plethora of past issues, current issues and diagnoses. Certainly most of them come in with a conduct disorder diagnosis that is, you know, they are not obeying authority, certainly that's what's gotten them in trouble with the law and on probation. But it can be very-- varying levels. So, again, you see kids that are involved in really significant gang activity and you see kids that are fleeing from a traumatic, abusive home life and are truant and going and are eloping and are runaways because of that. We see a lot of depressive-- major depressive disorder. We see a lot of substance abuse. Cannabis and alcohol are two main ones. Most of our youth do qualify for IEPs. Many of them have ADHD or other learning disabilities. And then you add to that that they have had many different school placements, home changes, foster care placements, probation changes, group homes, and so really consistent schooling has been lacking, so they are behind in units. They need a lot of help with-- with their schoolwork. And then many of them have significant

trauma histories and PTSD. So it just-- if you think about the facilities that we have at Kearney and you have a kid with PTSD who has trauma response, a fight or flight response, and you have them in a dormitory sleeping area with maybe someone from a rival gang or they've never been in gang-- gang members, you're going to induce a sleep disorder in that kid as well. Right. I mean, they're scared there. And we-- one of the things we-- we've seen, which really was eye opening is, some of the kids that we brought to Lincoln, we brought there because they were spending so much time in Dickson. They were causing problems that they needed to be in confinement or in isolation. And when we got them to Lincoln, where they have private rooms, they said, oh, you know, thank God, I-- I-- I can sleep now. And the reason I was causing this ruckus all the time at Kearney was because I-- I had to get out of that dorm, I was so scared. I wanted to be in Dickson because that's where I could have my own room. And that was really heart wrenching to hear. So you've got these kids with just, you know, so many different diagnoses, so many different issues coming in, and we want to individualize treatment for them and really meet their needs. What we had in the past was a phase system, which was very clear. You know, you do this for this long and you reach phase one and then phase two and at phase four or five, you get discharged. And what we found was that that one size fits all just wasn't really working for these kids. Many of them could figure out how to game the system and get through those different phases and say, look at I made it to phase four, let me go. But they hadn't internalized any changes. They hadn't really formed any relationships. They hadn't-- hadn't moved forward in their thinking. And so we saw a high recidivism rate. So we're trying to change that individualized treatment. We're still using a modified phase system, but we're moving to a much more therapeutic model using the Missouri Youth Services Institute model, which is much more relationship building and internalizing and reinforcing changes that-- that are being made in their thinking, in their behaviors. If you turn to page 10 of this, we currently offer a lot of different programming, again, to meet the individualized needs of these kids. And not every group is available to every child at each facility, but you can see that we are trying to really increase the amount of engagement of these kids, individualized treatment and programming. One of the things we-- we've seen in the past is not having enough programming. These kids get bored and when they're bored, they do things that get everyone into trouble. So we are trying to really actively engage them and build relationships with

them. We started with the Missouri Youth Services Institute last August. There have been two of the trainers and facilitators that have been boots on the ground in Kearney. They have fully trained the Hastings' staff that are working with the girls. They are still training Kearney's staff. It's a much more kind of family group, dynamic training and approach where the group takes care of each other and gives each other constant feedback, knows what's going on. It's more engaging with the youth and being able to talk with them through things rather than just haul them off to confinement when they're acting up and trying to work with them before those behaviors start so that you can intervene appropriately and calm things down and address issues before they really rise up to the surface. So we've-- we've engaged with the Missouri Youth Services Institute, lots of training of staff, reworking things with-- with the youth and we think it's going quite well. They-- they will continue to be with us at least through-- through July. And then they'll do follow up to make sure that we are staying-- we have fidelity to the model. We've also increased our therapeutic offer-- our basic therapy offerings to kids. We've hired more licensed therapists that have a broader range of abilities. So we have much more individual family and group therapy going on. We are really trying to focus on some of the past trauma that these kids have endured. We have therapists now that are trained in Eye Movement Desensitization and Reprocessing. It's called EMDR. It's a very specific type of treatment to deal with past trauma. We also have trained staff and the youth on what's called target training, which is trauma affect regulation, a guide for education and therapy. What we know from-- from working with these children is that sometimes the behavior is not just bad behavior, it's wired survival instinct. They feel a threat and they respond in a certain way and that's not because they're trying to be bad. That's because that's how they have learned is the best response for their survival. These kids have been traumatized. They've been abused. They've had chaotic upbringings. They have very high adverse childhood events scores which we know now can impact them for life, if not only in mental health, but in physical health. And so we work with them to work with staff so that they understand that, so that it's not just, you know, oh, that kid is acting up, but trying to understand how that works, but also with the child to help them identify that and and relearn how to react in a more appropriate way. So we've, again increased the amount of focus on their past trauma and treating that trauma. The other thing that we've-- that I think has been really beneficial is that we

improve the amount of medication, psychiatric medication management and psychiatric care that these kids are getting. So back about a year and a half ago, we contracted with Boys Town to provide child and adolescent psychiatry care for our kids at Kearney. That's just been a game changer, so much better assessments, diagnoses, medication management really brought it to a better-- a higher level. At our Lincoln facility, we have Dr. Matt Whittry, who is a child and adolescent psychiatrist. He is there almost daily so he can do-- almost to a level of an inpatient psychiatric care, medication management and adjustments and monitoring of these kids that really have high mental health needs. So I think we've really improved that-- that area of care for these kids. The other thing I want to say is that recreational therapy. We've-- in lowering the census, training up the staff, improving relationships and engagement, we've been able to offer more fun things to the kids even in the time of COVID. So we have fun days with bounce houses and games and water balloons and all sorts of stuff. We've had rap concerts where they get to do karaoke. We're doing more with them as sports teams, things that our normal teenagers get to do. So again, lots and lots of different things going on. I just wanted to highlight-- highlight a few. On the next page on 11, I'm going to overwhelm you with graphs and I apologize for it, but I just want you to see what we do at the Lincoln facility, because I think it is really amazing and we've gotten just unbelievably good results. So we've-- the kids that we sent here are ones that for whatever reason, have not responded to treatment in Kearney or have very high mental health needs or behavioral needs. And what we have put in place is applied behavioral analytics, which is much like what Monroe Meyer instituted at UMC uses for developmental disabilities for autism spectrum disorder. And that's where ABA, the Applied Behavioral Analytics, is used mostly is with developmental disability behaviors. But there is research that shows that it works well in the Youth Corrections Department, our area, and-- and that kids-- kids with behavioral problems as teens do respond to it, but it's very labor intensive. So most places, although they've studied it at universities and such, don't continue with it because of the-- the intensive nature of it and the cost. But we've been doing it. I think we're going to write it up for a journal if we ever get around to it. And it has really amazing results. These kids turn around significantly and-- and it's just-- it's really gratifying to see. So-- so what I wanted to show you was a typical graph of one youth at the Lincoln facility. So we have a board certified behavior analyst on staff there. All of the

staff-- other staff are trained as behavioral therapists. We actually have a couple behavioral-- behavioral analysts there, but one supervising. And then we have our therapists and nurses and other staff as well. So behavior modification takes place on a constant ongoing basis. And what you want to do with ABA therapy is find what the target or the negative behavior is, what the antecedent, what triggers that behavior and what reinforces it. What are the consequences that this kid finds that it's worth doing these behaviors to get that consequence and then by constant monitoring, figure out how to intervene before that antecedent and then how to replace the consequence to extinguish the behavior and then reinforce wanted behaviors. So if you look at this graph, and again, it's a little busy, you see a kid. And what we look at is, PA, is physical aggression, PD is property destruction, VA is verbal aggression, refusals-- refusal to do something. SIB is self-injury behavior. IC is inappropriate sexual behavior and then written violations of minor or majors. OK, and we track that and we can show how much the behavior is impacting them, and we can see when-- when we are impacting that behavior and finding replacement behaviors and diminishing the unwanted behaviors. If you turn to the next page, we then also craft and look at the target behaviors, the behaviors you want to see in the kid and the new consequences. And that's based off the number-- the percentage is based off the number of opportunities presented to the youth and how much they're utilizing their prosocial skills of communication and feedback, their coping skills that has been identified as things that they like to do or can do rather than the-- the targeted behaviors, right. Whether it's deep breathing, meditation, go to my room, color in a coloring book, read a book, whatever those-- those coping skills are. And then if they're on task, at least 45 minutes out of an hour without a target behavior. And we-- we can see then their progress and-- and reinforce those positive behaviors for them. And we share all this data with the kids and they love it. They love to see how they're doing and all these colors and the graphs and such and they can tell us what's going on when things change on the graph. And they can help us identify what-- what was the antecedent, what was the trigger to that behavior. And we can work through with them what then are the-- what then can we do to help you to-- to avoid that, to have better coping skills? What can we put in place for you? So it's been a really good learning experience for those kids to kind of have a better understanding that it's not just reaction, that they have some control over how they behave, and-- and

they can do other things instead of just tear things up or be aggressive or be verbally mean. And they really respond to this. We also share this with the probation officer, with the judges. The judges have really liked seeing how, you know, in a graphic form and with numbers and data how these kids are doing and how they're improving. So it's been, again, very labor intensive, but-- but really quite-- quite satisfying. It's been a really good program for a lot of these kids. And it's something I'm really proud of that we've-- that we started a year ago. So, I will take questions after the presentation. I know that's just a lot of clinical information. I truly appreciate your attention and time. And I'm going to turn things over to Mr. LaBouchardiere because I can pronounce his last name. Thank you.

MARK LaBOUCHARDIERE: I like the heat, too, but today, a little warm. Good afternoon, subcommittee. If you would like to turn to page 15 of your binder, and I'm going to go over the recommendations that were created by the stakeholder group that we met with, which Mr. Kahl spoke about earlier. And just to keep in mind that the stakeholder group was comprised of several different entities to, the probation, the ombudsman, the office of inspector general, education advocacy groups, residential care. So there's a variety of different people to get their own insight and perspectives into this as we move forward with some of our recommendations. And all of these folks all have worked with kids in a different light and array, so. The first recommendation speaks of to leverage the continuum of services offered by DHHS to provide comprehensive and individualized treatment plans for each youth admitted to DHHS facilities. Essentially, we're looking at the hopeful soft approach of moving from a Corrections base to a more therapeutic/treatment base. And with all the different programs that Dr. Fromm mentioned that we offer, it's to look at that continuum of services to see where we're at with what we currently offer. What do we need to tweak? What do we need to change? As time moves forward with it being a living and breathing document, what else do we need to bring in or make changes to? We would also use the stakeholder group to evaluate and assess where we're at and to see what kind of changes we ought to make. So that would be recommendation number one. Recommendation number two is to determine the appropriate facility plan to provide a continuum of treatment services available to each youth admitted to YRTC or youth facilities. So there are several elements in this recommendation, part of which one of the bills which

Senator Arch would-- would introduce about even looking at the Kearney facility and what we heard earlier from Dr. Fromm and Mr. Kahl about the whole dorm south setting up there and how it could be so unsafe in that kind of setting. I've seen firsthand where we have kids who are in a gang from Omaha sleeping two beds down from a rival gang member, and why it is completely understandable why they don't want to-- why they want to keep one eye open while they're sleeping at night. Because, just because you come to a facility doesn't mean that your rivalry is extinguished when you walk in the door. So far from that, it's just traumatic for a lot of our youth to be able to sleep in those kind of settings. So that involves your bill, Senator Arch, in looking at that whole design into an appropriate facility. This also speaks about the discontinuation of YRTC Geneva, and this is also based on one that's talked about with the three-legged stool of three elements of programming, safety, staffing and facilities, but then also using the YRTC Hastings for the youth female population. Something-- what the YRTC Hastings, we spoke about the MYSI folks coming in. One of the things that excites me a lot is just something we've never done in the state before, any of our youth facilities or adult facilities or for a matter of fact, even with Department of Corrections, is they use a first call, the unit-based imagine approach. So what that means is-- I'll try to explain this is, you have the same group of staff working that same unit in this approach. So if someone calls in sick, someone from that same group of staff would be held over. So what that means is you have kids who now, or staff who know the kids like the back of their hand, they know that triggers. They know they had a bad phone call the night before. They know how to intervene appropriately with that kid. Versus today, you have a system where it is based upon mandatory overtime. It's based upon if some staff calls in or there's a shortage here, you have another staff from a different unit who has never worked with the same group of kids come in there, so you could have a kid on a suicide watch and that kid might not know that. All that's happened, I know that as well. So having this approach is strictly based on the same unit. Well, I do want to thank also our-- [INAUDIBLE] Police, the union. They actually will stay close with our department and HR. [INAUDIBLE] is a pilot to make to see how this would work, because as we've seen in other states, it has been very beneficial with this unit-based management approach. Along with this recommendation, it would be to look at a return on investment unless we're talking about just a cost investment return, but more it's about what these

programmatic and treatment changes and the benefits gained by those facility improvements to see what efficiencies we've gained in that regard. But recommendation number three, recommendation number three speaks about to advocate for a more acuity-based staffing model based on the treatment and programming needs of the youth. As some of you are aware, we at the YRTCs follow-- fall under the American Corrections Association and the Prison Reformation Act, PREA ,and the Federal PREA Act talks about a one staff, 8 kid youth-staff ratio. But those are the maximum numbers. Those could be not necessarily a facility like ours, but low level facilities. So what we're looking at is more of a one stop to four youth ratio. This way there's more ears on, eyes on supervision of the kids so they can be supervised better. If I could just move you guys in your binders to the page 5, there is a couple of graphs on there on the confinement numbers that we've seen. So-- so our numbers at Kearney have decreased significantly over the last few years and not just here, but across the country as well, because kids are being served more in the community versus in a current setting, like a YRTC. But even when I first got here back in April, '16, the numbers back then were-- even before that they were around 80 hours, 86 hours, 55 hours of confinement. And over the last few years, as you can see, they have drastically reduced where our numbers are showing around 8 hours of confinement. We are part of a group called the Performance Based Standard, which average across the country right now for confinement is around 24 hours. So us trying to pull the 8-hour mark, just that in of itself in terms of looking at for promises of a kid is for a facility, I believe that's one of the biggest things that I look at. And I can see why Senator Pansing Brooks brought that bill forward. Why it's so important for this kind of population is because if you can just change the numbers of confinement, it's speaks upon a volume of other things which have to be working, because if your confinement numbers were high means you're locking kids up in a confined space and you're not using other interventions which could potentially work with kids. So with this whole shift to the whole treatment side of things, but bringing the Missouri folks in, looking at the different treatment approach of these using staff trained to how to actually intervene with these kids, therefore, you see at the end result of confinement numbers being down, if that makes sense. So recommendation number three would be job-- get for those-- for that right staffing better because at the same time you could have the best staffing better, but you could have a kid who was then placed on a suicide watch on a one to one, where he

slept to accommodate those things. Recommendation number four is to advocate for legislative change that will allow DHHS to determine the proper program within their continuum of care to address the needs of the youth. I would like to thank Senator Lowe for bringing this bill forward. And this essentially talks about the acuity of care and where best do we need to serve youth. So the main thing we're talking about is being able to move youth from a YRTC Kearney or YRTC Hastings' facility to the Lincoln youth facility for those youth who need that high acuity mental health or behavioral health needs. But the way that some of the-- but some of the legislative changes that we faced last year, instead of being able to move a kid in a more timely manner, now we have to potentially wait up to 30 days in order to make that. However, I would like to say that we have been working with Senator Lathrop and his office to have some viable solutions in how we can make that work, especially making sure that we have judicial or judges involvement with some of those decisions. With recommendation number five, it speaks about to engage the Nebraska Department of Education in the transformation of the YRTC facilities. We actually are under contract right now. Oh, we have [INAUDIBLE]-- we had to contract with the Nebraska Department of Education, NDE, right now to provide those services. We have Dr. Frison who is acting as the superintendent, and Scott English, who is acting as the director of facilities. And we have been working very closely with them. There's been quite a few changes with the education base within the facilities. Part of the strategy and recommendation is for us to have a continued review of the curriculum assessment results, a review of the educational technology assessment results, and to formalize a plan to see what-- where those educational gaps are, whether it is with the curriculum side of things or the technology side of things and to address those gaps. Along with that is to look at some key performance indicators specific to education, where we look at youth when they first come in and where the youth leads, what actually those accomplishments are keeping in mind that we understand that there are youth who come to our facility, they aren't your normal valedictorian. The other kids who are being bounced from school to school, who are truant, who have IEPs, who have a lot of needs, who come to our system. Recommendation-- moving on to recommendation number six. You can find that on page 20 of your binder. This talks about engaging the Nebraska judicial branch and the transformation of the YRTC facilities. This speaks about three main components. We're talking about the Nebraska state probation, the Nebraska court system and the Nebraska judicial

branch about collaborating with them much further than we are, to continue conversation about as we move for-- towards in this journey, transforming the facilities, about keeping in line with them and their ideas and collaborating further with that. This also includes a collaboration with the Nebraska State Probation, and this is part of a separate legislative bill about obtaining data for kids once they leave our system or leave the YRTC to get some steps from that and be able to learn from some of that in terms of how they fit-- how they function and how successful in the future. Recommendation number seven, and you can find that on-- you can find it on page 21. This is actually something which is very close to the heart of our CEO and it's about engaging families. And even though we have strategies here which talk about having focus groups, about engaging families, about bringing them in, that's the voice of the customer where we actually get their feedback on even though we're doing ABC, what else can we do? Example, I will tell you is a couple of years ago when we had families who spoke about-- I live in Omaha, I got other kids, other worries, and yet you want me to come visit my kid. And so what we started doing, we started getting-- giving gas vouchers out for those families. So this way they could make it and not have to pay for the gas and/or if they could not, if they didn't have a viable vehicle, we would send Midwest Transport to actually go pick them up from their house, bring them to the facility, they had the visit and take them back. So those different things is ideas of how we actually get the voice of the customer involved with this. And when I mentioned earlier about even our CEO saying, you know what, this is not good enough, we want to take it to the next level. What we're discussing is so we have our youth go through a variety of different evidence-based practice groups. So whether it's the moral recognition or ART, Aggressive Replacement Therapy, it's all well and good that we teach our kids those groups are different social skills. And when they're with us, they start to use it, but once they go back home, there's no one there to continue to prompt them into going back to using some of those social skills or problem solving so bringing in the families at the facility, whether it's right now through a buyback setting or a social setting or when COVID goes away, to actually start to train our families on some of the same groups of the kids are going through. So this way, when Johnny goes home or Jill goes home, they can start-- their family can actually help them when they are having issues versus not having that support or giving them those sort of triggers to get them to change their minds to making better decisions. Recommendation

number eight, which you can find on page 21, as well. It speaks about to evaluate alternative accreditation/license options for YRTC facilities. And this could be part of a bill that I believe that Senator Cavanaugh has about looking at-- right now, we have Kearney or the YRTCs with the American Corrections Association and PREA, the Prison Rehabilitation Act. We have a Whitehall facility with the joint commission accreditation, and then we also have public health licensure. So as we move and evolve into the more treatment versus corrections, it's also time for us to look at what accreditation do we have to have, what best meets or suits the needs of our youth and the facilities. So that's what we're going to be doing with that recommendation. Should have a deep dive evaluation on that. I'm actually also part of the commission with the legislative Juvenile Subcommittee, and that group is actually also looking to help assess to see what are some of those different accreditations out there or is it is CAR-- is it something else but we have to do which could [INAUDIBLE] meet the needs of these youth. Recommendation nine speaks to-- sorry, to continue the stakeholder group meetings to provide updates. And this is something where Mr. Kahl mentioned as well earlier why it is very important that stakeholder group who has really helped us a lot with the creation of these recommendations to continue meeting and to provide-- continue to provide and assess and recommend different changes as we move forward. A huge advantage, like I said earlier, is they-- they all come from different backgrounds. They all work with kids, but in different facets. And to get that, it's invaluable to get that feedback from our external parties. And finally, our recommendation number 10 speaks to-- to evaluate the current school curricula and school treatment programming that is offered in conjunction with the Education Treatment and Rehabilitation programming. What this essentially is talking about is-- and I guess Senator Lowe can probably-- is aware of this is even in our Kearney facility or even in Geneva, we sent our kids that community a lot. We use to send them to help with shelters to-- to build and to build things, to clean up areas. They had a lot of community involvement and they help them give back to the community. That's part of restored to justice. And that's something where we want to look at other aspects of besides actual program to give the facilities, how do we give back to the community? So that's what we're gong to be concentrating on, number 10, as that recommendation. I'm going to turn it back over now to Larry Kahl so that he can speak about the implementation plan of these regulations we just discussed.

LARRY KAHL: So, if you look on, I believe page 23 through 25 in the binder, you'll find the implementation plan document. So it really summarizes the work, the statement of work, the market identified and described as he walked through the different recommendations. This document allows us-- you'll notice that it's broke out over a five year time span. I think most of us will probably agree that none of us have a crystal ball and that if we look to five years on the horizon, it's not as clear as what it is if we look within this year and maybe to next year, and so we've kept that in mind as we've looked at the implementation of this document. You see Xs across all five years. It means it's things that we intend to be able to do annually moving forward and there are a number of those. But, so, as I mentioned in the beginning, the document is our action plan for implementation and implementing the strategic recommendations. We look forward to reviewing our progress with the stakeholder groups on a quarterly basis and to review and revise the document at the end of each year, thereby making it a living document in a perpetual five-year plan. I guess in closing, I'd like to review what we believe are five key takeaways from this process and the document. Number one is the importance of the three ingredients to successful youth services, programming staff in facilities. I think that's-- that's a key underpinning. Second is treating children with respect and dignity in the treatment process and offering them a chance for a healthy transition to adulthood. The third takeaway is that DHHS offers a wide span of CF-- of children and family services and behavioral health services along the continuum of services for youth, and YRTCs are at the high end of that continuum of youth services and care. Fourth, moving the culture and expectations from a correctional to more of a therapeutic environment and the need for the facilities and the staffing to be able to help reflect that change. So we're really transitioning our system. And the fifth thing is that this is, again, a living document that allow for stakeholder input and engagement for a longer range planning in perpetuity. I'd like to thank you for your time today, your interest. I'd like to invite my-- my colleagues to come up and go through the question and answer period.

ARCH: If you could just take those two chairs and move them side by side there, we'll-- they can hear you on the microphone and we'll begin our questions. OK, to the Senators, this is our opportunity to ask questions, do you have some? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you for all your work on this. When are the girls, the female youth, being moved to Hastings?

LARRY KAHL: Mark, do you want to address that? I think because it's a bigger question than just when, but how? And I think that's an important component.

MARK LaBOUCHARDIERE: So the plan currently--

M. CAVANAUGH: I can hear. Yes.

MARK LaBOUCHARDIERE: So the background is that we move them on April 6th, which is a Tuesday. The reason why, this way we'll have a whole week where we have our full gamut of staff, like a therapist or a psychologist, our vacation staff there for this week. We currently had 15 youth who are in Kearney today. But by the time of the end of March or being in April, we should be down to about 11 or 12 youth if they continue progressing well. We have about four youth who are going to be discharged. The plan then at that point would be to move only six youth first, that first week of April. The reason why is, it's like we talked about earlier, about the unit base management, the MYSI folks-- sorry.

M. CAVANAUGH: That's OK.

MARK LaBOUCHARDIERE: With the one group is 60. So we're going to do that first group first, make sure that they're settled in to that new environment. This made location change will be the same staff as have been working with them. There's no actual date for the-- for the next group of the five girls will move. And that's the reason why to make sure that first group settles it and then they're fully settled in, put that environment and that culture over there before you move that second group over. So as of right now, that's what they-- that's what they're looking at,

M. CAVANAUGH: OK. And then when we visited Hastings, when was that October, October, there was discussion about the facilities needing some reinforcements. Has that happened and what was the cost of that?

LARRY KAHL: The first half of that question is going to be easier than the second half. The answer is yes. There were a number of things that were done to address hardening, as we call it. We modified windows by putting a film on them that makes them more shatterproof. We did a

hardening process to the walls, which was comparable to a high intensity wallpaper that should allow for the walls to be longer lasting and less damageable. And there was some work that was done to the ceiling, heightening actually the ceiling and sprinkler heads. All of that work has been completed. For me to be able to give you a very accurate number, if you wouldn't mind, I would like to be able to get back to you with that. It was not outrageous. I will say it was reasonable for the statement of work.

M. CAVANAUGH: What was the bid for it? Wasn't there a procurement bid for the contract?

LARRY KAHL: Yes, yes. And the work was done, completed within the bid. It also involved painting and a number of other things to be able to-- to bring it home and finish it up for use. But I'm sorry, I don't have that exact number with me, but I'd be happy to get that to you.

M. CAVANAUGH: Thank you.

ARCH: Other questions? Senator Halloran.

HALLORAN: Thank you, Chairman Arch. So is there any plan at the Hastings facility for a [INAUDIBLE] for the fence-- security fence?

LARRY KAHL: You know, it's-- it's our hope, based on the programming that we're doing, based on the training of the staff, based on the level of engagement and the-- as Mark was describing, the-- the-- the unit based care, where the kids and the staff-- the staff start to know, you know, what's going on with the kid before the kid knows what's going on with them, and then they can help respond and de-escalate some of those situations. So it's our hope and it's going to be a reality initially for-- with my understanding of the state's procurement process, it would be a year to year and a half out before we would be able to put up a fence. So it's our hope that with the right facilities and the right staffing and the right programming, that we're going to be able to provide the care for the girls without the fence. We are realistic that elopement is a reality with this level of child that we're dealing with and the height of the acuity with these kids. But we're really going to be watching that very closely on a case to case basis, knowing and planning for in the back of our minds that if it's-- we're not as successful as we hope to be,

that the fence is plan B and it may be just a little bit out there before we would be able to accomplish that.

HALLORAN: There's an old expression and I don't have it all down pat that flies for wishes and dreams. So in the event that we're all hopeful that there's no runaways, right, so the local community there in Hastings can-- assure that they're participating in the discussion and what will the [INAUDIBLE]

LARRY KAHL: Yeah, excellent question, sir. As a matter of fact, tomorrow we have a trip scheduled out there, a meeting with the mayor, the chief of police, the city council persons from Hastings. And we invited the mayor, the chief of police from Kearney and the Buffalo County sheriff as well, to be able to come so that we can have exactly that dialogue and to be planful about how that we're going to go about addressing that when you do depart. There are some major changes and differences from when it was a, a psychiatric residential treatment facility in the past. Those kids, when they ran, there was a problem, what do you do with them? With the girls, if they leave at a YRTC, they come back. And so there will always be a place for the officers if they-- if a youth does it, depart, is picked up, they can come back. And so we would be able to continue to provide that care for them. But that meeting is scheduled for tomorrow. We've got a healthy agenda and we're going to spend some time together and walk through exactly those details.

JANINE FROMM: The other option that we didn't have in the past, and [INAUDIBLE] it was not the main problem. But if there are girls that are really at high risk, we would put them [INAUDIBLE].

ARCH: Could I ask a follow up question to this-- this line here. Is-- Hastings, will it or will it not be a locked facility?

MARK LaBOUCHARDIERE: So technically, it would be like a locked facility [INAUDIBLE] So the front doors will be locked and the [INAUDIBLE].

ARCH: So it will be locked.

MARK LaBOUCHARDIERE: Yes.

ARCH: OK, so elopement then may occur if you're moving a youth to another building or that opportunity would present itself.

MARK LaBOUCHARDIERE: [INAUDIBLE] The unit buildings they will sleep at night. [INAUDIBLE] go to school.[INAUDIBLE] So they have the traditions, it's possible that they could go--

ARCH: OK. Thank you. Other questions? Senator Brandt.

BRANDT: Thank you, Chairman Arch. Thank you for appearing today. Put a lot of work into this book. So, first of all, staffing for Hastings, what's that number going to be? I didn't see-- I didn't see numbers in the book on specific numbers of staffing.

LARRY KAHL: If I'm correct, Mark, the full staffing would be 85 of staff, the full-time equivalence of-- we currently have about 80 percent of those staff in place and they've been trained and are actually providing care for the young ladies in the-- in the Morton building in Kearney.

BRANDT: So then a follow-up question. Geneva had about the same amount of staffing, if I remember, for about 70 beds. Hastings, we've got the same amount of staffing for 24 beds and using your ROI, which means return on investment when I was in engineering, effectively you've increased the cost to the taxpayer by a factor of three in Hastings, have you not just on staffing level?

JANINE FROMM: It's the same staffing level where they come up with dependency. We saw in Geneva that having level staffing does not work, so it's higher staffing, but it's necessary staffing.

LARRY KAHL: And I'm also a fan of staffing to acuity, so as we identify, I think, the level of needs we are seeing tougher kids. The overarching tendency within care for youth has been to catch them earlier, if you will, and care for them at lower levels of care within the community. So the kids that we do end up seeing tend to be at a higher acuity. And so we-- I think it's only smart for us to be able to staff up to the level of acuity where the youth are so that we make sure that we have an uneventful care-- continuum in transition.

BRANDT: I guess I would really like to see those numbers from a dollar standpoint on a per bed basis for-- per individuals served because Mr. LaBouchardiere just stated that they hoped to be down to 11 girls when they transferred. Well, we've got, what, 9 beds in Lincoln? I mean, we created Lincoln after Geneva, so we've increased the whole system just

by virtue of Lincoln, and now you've got 24 beds in Hastings. It almost looks to me like you wouldn't even need Hastings, that you could just use Lincoln for a girls facility and use Hastings for its intended purpose. Would you like to respond to that?

MARK LaBOUCHARDIERE: Sure. So what-- you have to recall back two years ago when we went through the crisis at Geneva. It was back in, I believe, in '19 in the January, February, March of '19, Geneva had about 17, 18 girls there. All of a sudden in the matter of two months, the population jumped to mid-40s. We don't control by [INAUDIBLE] front door for kids who are sent to the YRTC. We cannot say we're full. We have to take those girls and put them somewhere. I should say girls, boys or girls. In this case we're talking about today, we have 15 in Geneva. They've gone up to over 20 before in this last year. But they fluctuate based upon what goes in-- when judges sentence gets to us. So is it beneficial for us that the numbers are a little low, so can stop and get a breather and [INAUDIBLE] -- those kids were there. Yes. So, I mean, we cannot control that front door. The other piece Ms. Cavanaugh was talking about is not just this state, other states as well as [INAUDIBLE] that facilities are shutting down to your point, because we don't have that many people coming in right now, especially with COVID, people are seeing more for need, gets [INAUDIBLE]. Probations would do a good job with that. But those kids who do end up being sent to us, they are already high in the spectrum, but they cannot-- they have exhausted all probation measures per statute before they can be sent to us. So not only are we immune to [INAUDIBLE] to treat the criminal kids, but also those numbers we can't control coming in.

BRANDT: And I would agree with you, I think we are finally getting the focus where it needs to be. This is a step in the right direction. That's good that we're going to treat these kids. I would caution you, though, to using terms like return on investment. In this kind of a situation is a nonstarter and part of the reason is you control the numbers somewhat. I mean, if you take another 24-hour facility, let's say like a Beatrice BSDC, that because of COVID, maybe it's half the numbers, but it's a complete staff, you could draw a wrong conclusion and say there are [INAUDIBLE] increased, but we as a state have to take care of our most vulnerable populations, whether they're prisoners, the YRTCs, you know, any-- any number of these kids. So I would-- I would caution you not to get trendy with some of your stuff

in here, because what are-- what are you guys shooting for? Five percent, 10 percent, 15 percent? So that's just a caution.

JANINE FROMM: How do you value the impact that you might have on it [INAUDIBLE]

BRANDT: Yeah.

JANINE FROMM: And it's a huge benefit to the taxpayer.

BRANDT: But I mean, ORI is an accounting and engineerin-- engineering function and that's-- that's not-- not the business that you are in. On page 196 in the-- in your book, you showed they had 97 new hires at Kearney last year. Is that correct? Is that-- is that a normal ratio? I mean is that like 75 percent? What-- what percent of turnover is that?

MARK LaBOUCHARDIERE: --that the unemployment rate is so low in Kearney, people are finding jobs so fast once they come to us, use the step stool to find different ways [INAUDIBLE] partners to see how [INAUDIBLE] also retain something which we just went through just this past year, I should say-- yes, just about a month or so ago is the state of Nebraska with the Governor's Office and with the FOB-- on the police union, which has all direct care staff they give an agreement where they're going to raise the salary for direct care staff from I think it's like $16.01 an hour to $17 an hour in July, that coming July. But then moving forward, every year after that, for the next five years, then have at least a dollar increase. So potentially then in the next four or five years it can go up to $22 an hour, which I think is a huge retainment or retention benefit for our staff versus those who have been working in our system who don't see that or have not seen that in quite a while. We did that with our CFS department as well, with the HHS, but they had the progressive step increase now having this [INAUDIBLE] going to be huge [INAUDIBLE] and be more comparable with some of our partners-- both partners in Kearney.

BRANDT: And one final question, and you knew this wasn't going to get passed. In Geneva, OK, so we've got a facility there that we, the taxpayers have just spent $600,000 on, it's ready to go. We've done mold mitigation on the other facilities. I'm not sure what you've been doing in the meantime to some of those. Are those facilities ready to lease to a third party provider like Boys Town or Immanuel or somebody

like that to bring in much needed PRTF to be run by a third party provider in the state of Nebraska? Is your system set up that you guys can walk away from it and DAS can rent that facility to somebody else? Because you stated right in here you're going to close Geneva. That's the first thing you're going to do.

LARRY KAHL: So we-- we're tenants and the Department of Administrative Services operates the campus, and I can't say that they would be completely ready to turn it over to someone else without some additional improvements. But that would be for any future tenants in DHS-- DAS to be able to make those determinations in terms of what was needed to be able to meet a particular level of care of population served.

BRANDT: But it would take the support of the Department of Health and Human Services to approve that third party provider to run a PRTF in the state of Nebraska, would it not?

LARRY KAHL: At this time, that'd be my understanding.

BRANDT: OK, and you would be supportive of that.

JANINE FROMM: I would.

LARRY KAHL: Anything that helps provide care, I guess, within the area with-- to the extent that a need exists, I think is important for us to be able to look at and perhaps partner with.

BRANDT: All right. Thank you very much.

MARK LaBOUCHARDIERE: That was over the years-- last time we're at but I'm going to get jobs. At one time, we were at-- originally last year 33 jobs and the CEO at that time said that I hope we can get more jobs at [INAUDIBLE] campus and we actually have 50 jobs now.

BRANDT: OK, I appreciate that number. Thank you.

MARK LaBOUCHARDIERE: Absolutely.

ARCH: I have a couple of questions. I actually have many questions, but I'll ask two. Who-- or I should say, what is your plan for the management of the implementation of this project? Is there a person-- I'm assuming there's a person at some point in the-- in the structure

of DHHS who's responsible for this plan. How are you going to-- I see there's names associated with certain strategies and action plans. Overall, is there a project manager that has been identified for the implementation of the plan? How are you going to do this?

LARRY KAHL: Ultimately, it falls to to be my responsibility as having that oversight for the facilities. Initially, as we've gone through the process, we've been a pretty good triumvirate here. We've been a pretty good team of being able to tag team and continue to move the needle on the level of care that we're being able to provide. So at least initially, I believe it would fall to me. It would be on my shoulders to make sure that we're having the quarterly meetings, accomplishing the work, as we stated we would, according to our time frame and reporting on it.

ARCH: OK, that's beneficial so that we know as a committee, who do we-- who do we ask if we need updates, if we need information. You're the person now that--that we can identify. OK. A point of clarification. Dr. Fromm, when you were-- when you were talking and I think, Mark, you may have mentioned it as well, the-- the-- Senator Lowe's bill that allows for the movement of youth within the continuum of the YRTC. I know that there is concern that-- that somehow this is a, an indication that there-- that there will be some change to the no eject, no reject policy of youth, and I'd like you to just clarify that.

JANINE FROMM: It doesn't change that. We will take anyone that is committed to our care. That is in statute and that's what we-- we will do. It allows us to address the needs of [INAUDIBLE]. What we see with the change that occurred with the 30 day notice to move, kids must be from Kearney to Lincoln, but it would be Kearney, we think. The kids get-- they know that they're going to be moved and they get incredibly anxious and worried waiting 30 days, or we see a kid who has self-injurist behaviors, and they have to stay in Dickson for however long. So it's just very difficult for staff, for the kid, for-- for everyone. It has nothing to do with eject, reject. That's what we do. We-- we take them all, but it gives us the opportunity to meet the child's needs in a timely manner.

ARCH: Thank you. Other questions? Senator Cavanaugh, OK.

M. CAVANAUGH: Um, uh, just following up to that. Um, in the recommendations, it says that you'll hold meeting with key stakeholders to address the concerns about-- about this, and could you just tell us what those concerns have been that have been communicated to you? And have you been able to address them?

LARRY KAHL: Speaking in particular to this-- this recommendation.

M. CAVANAUGH: Yes, recommendation 4.

LARRY KAHL: We have had some robust conversation around that, and I think in a large part the concern was with our judicial partners and communications and wanting to make sure that they are informed. And I think maybe initially there was even some misunderstanding that we were just wanting carte blanche and be able to move kids wherever we wanted to without telling anybody. And that was never our intention. We've always notified probation and the-- the courts in terms of where the kids are and how they're doing. So I think with some additional conversations that we've had, we've been able, I hope, that we've been able to strike a balance with timeliness, being the key negotiable. And to our perspective, I think being able to move the kids in a timely fashion was even-- was the most critical component and then getting them to the appropriate level of care. And the judicial system seems to be very amenable to that. So ultimately, we'll see where-- where, how it turns out, but they were very good conversations and they are ongoing.

M. CAVANAUGH: Thank you.

ARCH: Other questions? Senator Lowe.

LOWE: Thank you, and thank you for being here today and this testimony. In the future, you had talked about the housing of the-- of the young men and women and making it more appropriate, the dormitory setting isn't appropriate anymore. Will those buildings be repurposed that we-- that are existing with new buildings added on?

LARRY KAHL: That's an excellent question that-- but I can't answer at this time. That would be a part of, I think one of the things that we should look at and consider as we walk through that evaluation process. Is it a replacement process and do we repurpose an existing building, or do we add on to. I would really defer to our design

experts. I know we have consulted them about seeing if we could convert the existing to allow for us to be able to make it function and convert rooms out of the dorm space. But with today's building standards, you would end up getting so few rooms that it would be-- we'd end up again with staff to resident ratio issues. It just isn't functional. So simple modifications of the existing-- existing space, we've already kind of checked that box, but repurposing of the space or adding to, are great considerations that we'll be looking more closely at.

LOWE: Correct. Thank you.

ARCH: Questions? Senator Halloran.

HALLORAN: No, go ahead, Senator.

M. CAVANAUGH: OK. But kind of on Senator Lowe's question, the Kearney-- so you did, I think, answer one of my questions, so there's currently no budget request to renovate or build at Kearney, correct?

LARRY KAHL: That is correct.

M. CAVANAUGH: OK. So, and I heard Dr. Fromm talking about the concerns and the youth wanting to have their own room. It sounds like the way that it is right now, it's not safe. So how many youth are at Kearney, and do we have space to move them all to a safer facility until something can be done at Kearney because waiting doesn't seem like the best option and the best interest of those children.

LARRY KAHL: Yeah, If we were only waiting, you'd be correct. But we're doing much more than that and I want to defer to our safety expert.

MARK LaBOUCHARDIERE: So they currently have 49 units in Kearney.

M. CAVANAUGH: Boys and girls?

MARK LaBOUCHARDIERE: Boys and girls together, and we have 15 female units there today. So ultimately we had 15 youth who left our campus in April 6, all in April, and we'd be down to about 35 boys. What we would strategically do is that you have an important building which has individual rooms, which we will go back to last night for those kids who need to be more in that single room setting. On that we would be-- do also have the floor of the dorms, but we will be spreading

kids out. Part of the Missouri Youth Services also is not to like we have seen in the past with Kearney, two, three, five, 10 years ago, we use to have 400 kids in Kearney at one time like sardines in a dorm. They're talking about maybe 10 to 12 kids, most in a dorm cell setting. This way, you have-- based on-- this brings up this job, does racial aspect of it, but that's what they recommend having more staff on watching kids versus only one staff and decades of troubled kids. Does that answer?

M. CAVANAUGH: Yes, it does. Thank you.

MARK LaBOUCHARDIERE: You're welcome.

ARCH: Senator Lowe.

LOWE: Thank you. And once this COVID event is over, do you expect to spike in youth? And would the facilities be enough then if we reduce it down to 10 youth per dorm?

LARRY KAHL: Two part answer, and I'll share it with Mark. First part is, I think you're correct in your assessment that there will likely be a spike of youth, post COVID. And my sense is, is that since we've been able to accommodate a much larger number of youth on campus, especially with the girls moving to Hastings, that we would be able to accommodate, but I will defer to your expertise, Mark.

MARK LaBOUCHARDIERE: Yes, so I know most of the spike this year [INAUDIBLE] I worked with some other general officers and state administrators across, something I was looking at, different perspectives, because with COVID, even probation services departments across the country can sort of see benefit keeping some of those kids who they would normally send to YRTC at home and they actually be successful with some added measures in place, and some places have not seen that. And then again, you are also looking at statewide as you were you have more services available in like a Douglas County, Omaha area versus a Scottsbluff area. So it also depends on what services can be offered in certain rural districts. That can be hamped up, that maybe they can be successful. In terms of the staff at facility, I think it's a benefit for our staff, especially even with this Missouri Association training, it has been a part of accomplishment for even our administrator like Paul Gordon and Pam Jacoby too. They wanted it to be training uninterrupted, not to work shift, so to take that whole

unit of staff in a truly training and not to let work shift know, that would be [INAUDIBLE] for MYSI folks. So we have a better trained staff today than we were a year ago. That is also help in how we deal with the kids. Yes, ideally, we want them to be 10 to 12 kids. So currently we have four dorms on campus. That's more than, let's say, 12 kids in each. [INAUDIBLE] It's better than 35 we're at today. So we have to at least have a whole double foundation shift in order to make that happen, which didn't go that way, but I would-- or anticipate as we see those numbers are trending, we would then have to work our HR partners to adequately address the recruitment efforts of bringing staff in the door at the same time. I don't think it's going to happen overnight, but as those restrictions are let down with COVID, I can see a triple effect to deal with.

LOWE: Your numbers were going down before COVID even though, right?

MARK LaBOUCHARDIERE: Yes, they were gradually go down.

LOWE: So we may never see a large population again just because of the probation and everything else that's happening.

MARK LaBOUCHARDIERE: You know, I don't anticipate that, but like I mentioned earlier, too, we saw those numbers going down in Geneva as well in 2013. And all of a sudden, I'm not sure the exact reason why, but they went from 17, 18 in a matter of a couple of months to about 40, 45. Then we had to-- that was part of the reasons why the structure down there. We have to always anticipate for that, because per statute we cannot keep a kid's attention forever saying that we don't have room in [INAUDIBLE[or a YRTC facility. All we have is, I think, per statute 14 days before our justice picks that kid up.

LARRY KAHL: I might add to that, just that during these COVID times and somewhat lower senses, we've been taking advantage of that from the perspective of addressing each of the three primary components, looking at our facilities and doing some upgrades and repairs and hardening training, lots of training hours for the staff and a pretty comprehensive review, addition, overhaul, a modification of some of our programming pieces. So we've been going through a readiness process for the next surge, if you will.

JANINE FROMM: My concern is that we're making those programs so good that there will be more referrals to it and the numbers will go up, so it's kind of a--

LARRY KAHL: --double-edged sword.

JANINE FROMM: Double-edged sword, yeah. I mean, we want them to be good and certainly the kids that need it, need good treatment, but we'll all have to see.

ARCH: A follow-up question to that, which was one of the other questions that I had was-- was the judges-- relationship with the judges. I think we saw with the YRTC Oversight Committee was that there are some judges that are referring large numbers and other judges referring very few numbers. And-- and I guess the question to you is, if they're if-- if you're discovering in your stakeholder meetings that there are some judges that perhaps lack confidence in the program and-- and-- and how are you going to the plan to rebuild that confidence? What-- what plans do you have for that?

LARRY KAHL: Excellent question, sir. And some of it may be, as you stated, maybe a lack of confidence. Some of it may be what really does go on now at the YRTCs, what really is being offered. So there's an educational component to it as well, and then a demonstration component to it. Once we do get youth, how effectively are we dealing with them and how closely are we being able to continue to work with the Legislature? I've been very pleased with the working relationship with Judge Daniels and his level of interest and enthusiasm of being able to be a partner with us in moving forward in terms of improving that relationship with juvenile justice. What my tenure has been, short. It-- I've been impressed with the number of offerings and opportunities for us to be able to work together, the number of meetings that we've been having, the number of new channels that have been opened up relative to communication. And so I think all of those have been a real addition. In addition to that, having some DHHS folks in the courtrooms and being able to help to work as a liaison and help to bridge that communication gap, I think has also been a real plus. So those are all been things that have been a part of our-- our strategy against the part of our-- our behavior, our actions to be able to continue to improve those relationships and strengthen them over time.

ARCH: I've got a-- I've got another follow-up-- another question, if I could. One of the things that I didn't see in the plan is the possibility of any additional funding. And in that I say education, for the education of youth, depending upon how that's structured, Medicaid for certain services. YRTC is not considered a correctional facility so perhaps there could be some additional Medicaid funding available for certain services provided. Are you-- are you exploring other avenues for funding for some of these services?

LARRY KAHL: I guess I would say that it-- I would take it as our responsibility to make sure that we're not leaving any money on the table, that we're tapping whatever funding is available for the services that we provide. It's a fair assessment. We haven't asked for any additional funding at this time. And again, maybe just my perspective, but we've been in stabilization mode. We're fine tuning. We're honing our tools. We're sharpening our tools to be able to be ready to move forward. And I would anticipate that perhaps into the next legislative cycle that you would see requests from us for additional funding.

ARCH: Well, I'm talking something a little bit different. I'm talking about-- I'm talking about billing for your services, not asking for General Fund dollars. So, in other words, if there are-- if-- if some of the myriad of programs that you have here could be considered billable under Medicaid, would you be billing? And the same for educational services, would you be billing? That's-- that's what I'm talking about, not a request for additional General Funds.

JANINE FROMM: So we do bill Medicaid for the YRTC services at Whitehall--

ARCH: Certainly.

JANINE FROMM: --that data. Right now in Nebraska, Medicaid is suspended or terminated for those kids that are committed to the YRTC and because there's no medical necessity criteria or admission criteria, it's not a Medicaid coverage service. Now CMS has come out with a new kind of vague statement saying that they're OK with Medicaid staying in place for kids in correctional settings that are getting substance abuse treatment. We have a meeting actually next week to kind of talk with Medicaid about what-- what does that mean

and how can we move that forward. So there may be a glimmer of hope there. And again, if so, we could certainly pursue it.

ARCH: Well, let me then-- let me ask-- so just I have it straight in my mind. When a-- when a youth moves from the judicial system, they're referred to this program, they are no longer under the correctional system, am I correct? Isn't that the DHHS now, that is-- that is in this-- in this in-between predischarge where they go back to the judicial system. Am I-- do I have that incorrect?.

JANINE FROMM: I think you do.

ARCH: OK.

JANINE FROMM: When you're in the YRTC, they do not have Medicaid.

ARCH: They are not allowed. It is considered-- it is considered correctional.

JANINE FROMM: Correct. So--

ARCH: So you can't bill Medicaid.

JANINE FROMM: --if they make an appointment, even though dentistry is usually covered under their Medicaid, we have to pay for it. Therapy we-- we pay for it. They need to go to UNSC for endocrinologists, we pay for it, even though if they have-- still have Medicaid, that would cover that part.

ARCH: So one of your-- one of your strategies here is to-- is to consider accreditation licensure. Would that be part of that assessment as well,

JANINE FROMM: Well, then you get into a fishing criteria and that is--

ARCH: Right.

JANINE FROMM: --in a different area.

ARCH: Medical necessity and so forth, OK. Well, I raise it because I think that it's something to consider as you-- as you go forward.

JANINE FROMM: And that pot is going to change from CMS as far as something that we maybe can do, so we are looking into that.

ARCH: OK.OK, we'll be innovative. You-- you know, take-- take advantage of what they allow. One-- I have many other questions, but one other question. What is year one of your plan? It identifies year one, but what-- what-- what dates are we talking about here for year one?

LARRY KAHL: In actuality, we've already begun on a number of initiatives. It's actually-- it's a fair question. I would say that year one to the best of our ability will be now through the end of the year that we'll kind of hold ourselves to.

ARCH: Calendar.

LARRY KAHL: Um-hum.

ARCH: Calendar year. OK, so 2021 would be your year one.

LARRY KAHL: At least that would be where we would need to sit down again and maybe take another look at what's changed from this legislative cycle and are there things that we would want to modify in the plan moving forward.

ARCH: OK. Thank you. Other questions? Senator Cavanaugh. Senator Halloran-- who won?

M. CAVANAUGH: I jumped the line last time.

ARCH: OK.

HALLORAN: I appreciate you testifying today and I'm not going to be smart here, but I hope this plan works. OK. But these kids are missing, and I'm not a preacher. I'm not a therapist, not a college [INAUDIBLE], but these kids are missing this hope. Right. I'm not sure I see much in here that will work. Help instruct them on hope, meaning, I don't see much on here on Sunday, there's an hour for church. I'm surprised the ACLU is allowed to put that in their, but these kids need some faith-based instruction. They simply they-- they really lack a lot of [INAUDIBLE] They really lack understanding what their salvation is, what their meaning in life is. All right. I mean we can go through-- I mean, it should be part of the education. And it should be not just on Sunday, twice a week maybe, right, several weeks, and then on Sunday. But I know at Hastings at the Hastings Regional Center, they have a fine church, I think will go over there

tour, [INAUDIBLE] Well, I guess what I would encourage and I can hear the ACLU coming down the hallway as I speak, what I would encourage is a little more. Instruction and there's resources out there that are free. I mean, I can list off a number of nondenominational [INAUDIBLE] evangelical preachers that have resources that you could all use/ You don't have to stand up there and preach for them. And on various religious topics, but give them hope, give them a base for-- what's our meaning? Right.

LARRY KAHL: I know Mark will speak to that. Go ahead.

MARK LaBOUCHARDIERE: Part of this [INAUDIBLE] requirement, but all our [INAUDIBLE], we do have a full time or a part time for just some simple matter. And what they do is that-- job is to make sure we have to bring in different [INAUDIBLE] and facility for different youth. Just, you know, your normal faith but also you have a Wiccan or you have somebody else who is [INAUDIBLE] offer services for that. Bill so offer [INAUDIBLE] family, he comes up Christmas in the fall, but we have that every Sunday. We'll be able to face as well [INAUDIBLE] other people who come during the week. [INAUDIBLE] those type of kids who come out [INAUDIBLE] they belong to it. For example, we had kids even this last year when we had Muslims who have these certain diets, so they have to prove a special religious diet as well, that these people in the process of hiring them [INAUDIBLE] in Hastings already provide these services as well. So we do have a whole component on religious service as well. It's on this plan, but there's a quality we do--

HALLORAN: Well, we need a-- they need a religious style as well. And it doesn't have to-- maybe nondenominational. We have a Senator Bible study and it's nondenominational and there's about nine of us in that Bible study and we all have various religious churches that we attend, but it's nondenominational Bible study and it teaches core-- core values. You know what-- resources are out there. You don't have to reinvent the wheel.

MARK LaBOUCHARDIERE: We actually have quite a few kids who actually should do it and those [INAUDIBLE].

HALLORAN: Turn the TV on on Sunday morning, OK. Turn it on Sunday morning. I can give you a short list of some-- some shows to watch.

Those kids-- I think you'll see market improvement in some of their game.

LARRY KAHL: A Catholic friend of mine once identified that for him he was trying to get his head around the relationship with his higher power in God, and he came up with, that God to him meant good orderly direction. And I think certainly through all our efforts with the program that we've put in place, with the care and attention from the staff, that we certainly have accomplished that component of a good orderly direction for you. So at least we've got them on the right path. And I think to your point, sir, if we can continue to open it to opportunities, we'll see where it leads.

HALLORAN: Thanks.

ARCH: Just got a few more minutes here. Want to make sure we get through as many questions as possible. Senator Cavanaugh.

M. CAVANAUGH: Is there a wait list at Whitehall currently?

LARRY KAHL: Based on the last conversation I had, the answer was no.

M. CAVANAUGH: For either program.

LARRY KAHL: Yes.

M. CAVANAUGH: OK.

LARRY KAHL: Now I understand that sometimes the admission process could be a little bit prolonged and so it takes a little while to get in. But in terms of, is there an official waiting list? The response I received was no.

M. CAVANAUGH: And what's the census for the two programs?

LARRY KAHL: We are currently at capacity. We have eight youth in the sexual offender program and eight youth in the chemical dependency program.

M. CAVANAUGH: OK.

LARRY KAHL: When we toured the campus, building six was another dorm building. And I know Mark has been working on staffing and we've been

working since we moved the kids to Whitehall on the addition of the opening of an additional building. So they tell me that that should be ready mid-March, which is about another week or so. And so we would anticipate that if we can staff it and we have the appropriate facilities, we've got the programming.

JANINE FROMM: There hasn't really been a need yet is remarkable.

M. CAVANAUGH: Thank you, that's very helpful. I want to talk about recommendation eight. I believe it's eight, yes. So the accreditation and licensing, that seems to be the only recommendation that you're not enacting until year four. And I was curious, what is the current conversations about that and why are you not enacting it until year four? And then I have some follow-up questions for Dr. Fromm about Medicaid, but we'll start with this.

LARRY KAHL: CARF is one of the areas that we're looking at, the Commission on Accreditation of Rehabilitation Facilities. It's more of a clinical tool than-- than a correctional. And with any of those, of course, we-- we pay to have those folks come and scrutinize us, to give us feedback in terms of how we're doing. It also takes a while to be able to be ready for a survey. And so should that be the tool that we would choose or the path that we would take, it would take us a while to be able to ramp up, if you will, to educate the staff, educate the team, address those standards, at which point then we would invite the credentialing body to come through and evaluate us to see how are we doing and what is their feedback or how we could do it even better. It would be premature for us to, to bring them in and review us before we've had a chance to be able to do that, other than maybe on an informal basis or consult-- a consultation basis. But full accreditation, I would think it would take us a little bit to be up and ready in a planful way to make it meaningful for us and to be able to attain.

M. CAVANAUGH: And that-- if you were to pursue that change in accreditation, would that change anything for the status of Medicaid reimbursement? No?

JANINE FROMM: I don't think so. It's-- it's that-- it's a commitment, not a clinical decision that makes it fair, and I think that negates Medicaid.

MARK LaBOUCHARDIERE: Yes.

M. CAVANAUGH: I have an additional Medicaid question. If a youth is on Medicaid prior to, uh, being placed in a YRTC, they automatically lose that?

JANINE FROMM: Correct.

MARK LaBOUCHARDIERE: Yes.

M. CAVANAUGH: OK, even though they're still--

JANINE FROMM: Eligible. They don't think they're-- if suspended or terminated--

MARK LaBOUCHARDIERE: If it's suspended, as soon as they get back out there, so once the kid goes into one kind of reentry plan for probation in the community, that's when we can unsuspend it as soon as they leave our facility and the judge approves this, so the suspension is our termination.

JANINE FROMM: Right.

MARK LaBOUCHARDIERE: Because we used to have at one time is-- I always have statutes behind this, but it's just like the last four or five years where the [INAUDIBLE] should be terminated. And what the issue back then was, it took a while to get them eligible again.

M. CAVANAUGH: Right, right.

MARK LaBOUCHARDIERE: So now when want something does, it just suspends it so we can-- it would be unsuspended to the [INAUDIBLE] services.

M. CAVANAUGH: So if CMS does issue more clear guidance, is that something that we will pursue?

JANINE FROMM: Yes.

MARK LaBOUCHARDIERE: Yes.

M. CAVANAUGH: OK, thank you.

ARCH: LB426 that I introduced this year is to appropriations is the facility study for Kearney. I-- I-- I am assuming that the department

is supportive of that, that that would be of benefit to the department to see that study completed and-- and the evaluation of facilities. Some of the things that we've been talking about here would be included in that study. Am I correct in assuming that?

LARRY KAHL: It aligns very nicely with our planning document.

ARCH: OK. All right. I want to go to the program for-- for a second and talk about MYSI. I-- I saw the long list of and then we can do this and that and the other. I am assuming that MYSI is your underlying philosophy of care. If I could use that term that, yes?

JANINE FROMM: Yes.

ARCH: Yes. OK, has to go to transcriber. So-- so then those other programs then would be used depending upon the need of the youth. Some would go to this program, some may go to three programs, some may go to none, you know, out. But-- but in all of your facilities, whether it be Lincoln or Hastings or Kearney, you would be using that MYSI as a-- as an underlying program?

JANINE FROMM: Not at the Lincoln facility. Lincoln facility is-- is a little different. It's-- its own intensive program. It's very fair, people-driven, very acute-needs driven. Right now, we're not focusing MYSI on the Lincoln program. We're going to see how-- how it works going forward with the YRTCs Hastings, Kearney staffing. If we continue to see that progress, that we want to see that relationship building, that therapeutic kind of alliance, that internalization that the kids are getting. And then--

ARCH: OK.

JANINE FROMM: --make those provisions. Maybe it would be the right thing to also introduce to Whitefall some of those tenets of the MYSI products.

ARCH: OK. All right.

JANINE FROMM: So, we'll see.

ARCH: OK. I want to go back to Senator Cavanaugh's question regarding accreditation and licensure. You referenced accreditation, but you really didn't talk about licensure. CARF being accreditation. What are

your thoughts regarding licensure because currently the YRTC is not a licensed program. However, you're Lincoln fac-- well, no, Whitehall. Whitehall would be a licensed program as a PRTF. I'm not sure there is a category-- well, there is not a category of YRTC license, but what-- what are your thoughts regarding licensure? Because I know when we had the hearing on that particular bill, the questions of, had we had licensure, there would have been someone else looking in and coming and doing that licensure review. What-- what-- what are your thoughts on licensure, not just accreditation?

LARRY KAHL: It seems to me, and my peers can weigh in as well, but one of the real values in an accreditation process and perhaps even a licensure process is giving us a benchmark and a standard and something to be able to hold ourselves accountable to. Something to measure ourselves to over time and-- and potentially compare with other peer organizations in terms of how well are we being able to-- to meet and comply with guidelines or standards compared to our peers. I'm a believer in that certification type of a process. I'm not completely convinced that an additional set of eyes was what the issue was. From my perspective, I go back to the core components of the operations of the program and things were out of balance. We had turned our view of-- and I don't know that another person walking through from a licensure perspective, I've gone back and through and reviewed the state licensure requirements for a child care institution. While admittedly, it would give another set of eyes on the organization, I don't know that they would see it in the same way. I mean, I think, but--

JANINE FROMM: I think in certain restrictions within that they aren't in alignment with what has to be done in a YRTC where these are committed and maybe Mark would--

ARCH: Well, I think--

JANINE FROMM: --there's some--

ARCH: I mean, I think that-- I think that the good fit, the perfect fit may not be there, whether it be a child carrying agency or a PRTF. The point-- the point being, though, that is-- it, for instance, in PRTF if there is an incident in the PRTF, you are obligated to report to licensure and they then can come in and take a look. In this particular case, if a youth has an issue or if there is an incident,

you're reporting to yourself, no outside-- no outside eyes. And that-- and that's just a-- that's just something you really need to think about because it is a-- it is a check and balance on on-- on-- on what's going on inside the facility. And-- but that's-- that-- I say that because it's in here as licensure and accreditation, but I didn't hear you talk about licensure.

LARRY KAHL: Yeah.

MARK LaBOUCHARDIERE: So one of our meetings with our state board group, I think it was part of the testimony if you're referring to our bill. [INAUDIBLE] seek and create a license.

ARCH: You may need to.

MARK LaBOUCHARDIERE: Or that it was currently just the way that have the child can, the way the guidelines are [INAUDIBLE]. For example, we could not define a kid. You can put restraints on the kid. And one of the main things as we suffer from depression, as you guys know, it's this big piece for the admission and [INAUDIBLE] it's only checked, rechecked. And it's-- they're asking for a treatment accreditation, but yet the front door is the main piece of a treatment facility as you heard. [INAUDIBLE] this would try to assess when to exactly we're at.

LARRY KAHL: I think that's really the opportunity for us, is to look at other states, look at other facilities, and it has somewhat already created the best practice that we can adopt.

ARCH: Thank you. Other questions? I think we're out of questions.

JANINE FROMM: Wow.

MARK LaBOUCHARDIERE: OK.

ARCH: Perfect timing. Thank you very much. Thank you for your effort, for your work and putting the plan together, and we'll continue conversations with you, I'm sure.

LARRY KAHL: Thanks a lot.

ARCH: Thank you.

Does not include written testimony submitted prior to the public hearing per our COVID-19 response protocol

JANINE FROMM: Thank you very much.

MARK LaBOUCHARDIERE: Thank you.

ARCH: That will close today's briefing.