

November 8, 2016

Patrick O'Donnell, Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509

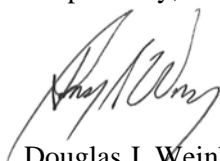
Dear Mr. O'Donnell:

Nebraska Revised Statute §43-407 requires the Office of Juvenile Services to begin implementing evidence-based practices, policies, and procedures by January 15, 2016. Thereafter, on November 1 of each year, the office shall submit to the Governor, the Legislature, and the Chief Justice of the Supreme Court, a comprehensive report on its efforts to implement evidence-based practices. The report shall include at a minimum:

- The percentage of juveniles being supervised in accordance with evidence-based practices;
- The percentage of state funds expended by each respective department for programs that are evidence-based, and a list of all programs that are evidence-based;
- Specification of supervision policies, procedures, programs, and practices that were created, modified, or eliminated; and
- Recommendations of the office for any additional collaboration with other state, regional, or local public agencies, private entities, or faith-based and community organizations.

I am submitting this report to fulfill the above requirements.

Respectfully,



Douglas J. Weinberg, Director
Division of Children and Family Services
Department of Health and Human Services

Attachment

Nebraska Revised Statute §43-407 details expectations for the treatment and programming for all youth committed to the Office of Juvenile Services for placement at a youth rehabilitation and treatment center. Statute §43-407 is specific to youth committed both before July 1, 2013 and after July 1, 2013. Included in the expectations delineated in this statute is the directive to incorporate evidence-based programming by January 1, 2016. This legislation comes out of a nationwide push to rely on research findings to inform policy and procedures related to the treatment and management of juveniles involved in delinquency (Nebraska Legislature, 2016).

The focus of this report is to give an accounting of progress made by the Youth Rehabilitation and Treatment Centers (YRTC) in Geneva and Kearney toward implementing strategies to meet the expectations of current legislation.

Currently, all juveniles (100%) at the Youth Rehabilitation and Treatment Centers in Kearney and Geneva participate in evidenced-based programming.

Evidence-Based Programming

YRTC-Geneva spent approximately \$37,199 on evidence-based programs in Fiscal Year 2016, this accounts for two percent of the annual operations budget which includes training costs and supplies. All youth at YRTC-Geneva are expected to participate in evidence-based treatment.

Washington State's version of Aggression Replacement Training (ART) received an "Effective" rating by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP). The program was designed to be used in both community and secure settings with both males and females. ART is described as cognitive behavioral treatment and is a 10 week, 30-hour intervention. It consists of three interrelated components: Social Skills Training, Anger Control Training, and Moral Reasoning. Each component focuses on a specific prosocial behavioral strategy that is learned through repetitive exposure to the material.

YRTC-Geneva uses the ART program. Training was provided to all YRTC-Geneva staff by representatives from the Washington State Institute for Public Policy. Currently, YRTC-Geneva has 27 staff trained to facilitate groups and youth are expected to successfully complete an ART group. Youth struggling with significant mental health symptoms, such as psychoses or fetal alcohol effects/syndrome, which may preclude them from participating in a group setting, work individually with their therapist or case manager using the ART protocol.

As a supplement to ART programming, in June 2016 all social services staff at YRTC-Geneva and select frontline staff were trained by the National Institute of Corrections (NIC) in Thinking for A Change (T4C). The curriculum is described as cognitive behavioral therapy which has long been identified as an evidence-based treatment approach. T4C can be used with adults and adolescents, and is designed to be delivered in much the same way as the ART groups. The three components of T4C are Social Skills, Cognitive Restructuring, and Problem Solving.

To address specific mental health concerns at YRTC-Geneva, identified youth participate in Emotion Regulation and Managing Your Anxiety groups. Both are cognitive behavioral, 10-week protocols and supplement ART and T4C. Youth with significant mental health concerns are seen by a contracted advanced practice registered nurse to aid in medication management. Moreover, youth with substance abuse difficulties (approximately 50%) attend a Prime Solutions group three days per week, and work on related difficulties in individual therapy.

YRTC-Kearney spent \$3,667 on evidence based training in Fiscal Year 2016. This accounts for less than one percent of the annual operations budget which includes training costs and supplies. All youth at YRTC-Kearney are expected to participate in evidence-based treatment.

Current evidence-based programming at YRTC-Kearney include the Equip Program, Phoenix Gang Intervention Program, and Cognitive-Behavioral Therapy. The Adolescent Community Reinforcement Approach for Substance Abuse Disorders, ART, T4C, and Moral Recantation Therapy (MRT) are all evidence-based practices that will be implemented at YRTC-Kearney in the near future.

YRTC-Kearney trained staff and implemented specific gang programming. The facility identified a need for the Phoenix/New Freedom curriculum that is a specific intervention for gang-affiliated youth. Two mental health therapists completed a training program and have become certified in providing gang interventions. YRTC-Kearney has worked in collaboration with the Office of Probation Administration to present a curriculum designed to address the special needs of gang-involved youth. Currently, therapists are meeting with identified youth to provide individualized and group gang programming.

Cognitive-Behavioral therapy (CBT), an evidence-based program at YRTC-Kearney, is among the more promising interventions for treating a broad spectrum of socially problematic behaviors including substance abuse and criminal conduct. CBT has also been shown to be effective in addressing mental health concerns such as depression, anxiety, and trauma-related symptoms. CBT attempts to change problematic behaviors by alerting individuals to their negative thought processes, how they are expressed (i.e., affect) and teaching more positive behaviors (Allen, MacKenzie, & Hickman, 2001) (Landenberger & Lipsey, 2005) (Lipsey & Landenberger, 2006) (Milkman & Wanberg, 2007).

Both facilities, Kearney and Geneva, have Licensed Mental Health Practitioners (LMHPs) as the lead person on each youth's treatment team. They are responsible for developing the youth's treatment goals, needs and strategies. Staff now receive annual training related to recognizing mental health and trauma-related symptoms, and a committee was formed to systematically plan for the implementation of new programming and to develop strategies to impact a culture shift.

Future Program Development

Program development is ongoing and additional evidence-based protocols will continue to be added. Also for both facilities, LMHPs will participate in training in both Dialectic Behavioral Therapy (DBT) and Eye Movement Desensitization and Reprocessing (EMDR) training, both of which are evidence based and both are designed to treat trauma-related symptoms. Lastly, both facilities are in the process of selecting an evidence-based protocol to be used with youth struggling with substance use disorders in addition to the current substance abuse programs available. Adolescent Community Reinforcement Approach (A-CRA) is being evaluated as a possible program for our substance abuse offenders.

Long-range plans include the development of a stabilization unit where particularly violent and aggressive youth will receive intensive mental health services in the form of increased individual and group therapy sessions aimed at reducing verbal and physical aggression. Youth placed in this unit will be expected to stabilize and eventually return to a regular programming.

An Access database is currently under construction to better capture information specific to each youth including risk factors, diagnoses, history of abuse and neglect, IQ screening, personality testing, and misconduct and rule breaking behaviors. Also included in the database will be daily scores. Frontline staff, therapists, case managers, recreation specialists and teachers will be expected to score the youth on

their engagement in treatment and/or school, their interactions with other youth, their interactions with staff and a review of rule violations. These scores will be used to determine their privilege level and as observable and measurable criteria for passing Outcomes. As data becomes available, statistical analyses will be performed looking for patterns and correlations between the interventions and changes in behaviors while statistically controlling for variables such as mental health diagnoses, therapist, living unit, histories of abuse and neglect, etc. This data will be one strategy used to establish that all treatment components are delivered with integrity including treatment groups and in assigning privilege levels. The data will also allow for better communication within the facility as well as between agencies such as Probation Administration and Juvenile Courts.

Works Cited

Allen, L. C., MacKenzie, D. L., & Hickman, L. J. (2001). The effectiveness of cognitive behavioral treatment for adult offenders: A methodological quality-based review. *International Journal of Offender Therapy and Comparative Criminology* 45(4), 498-514.

Landenberger, N. A., & Lipsey, W. R. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, 1, 451-476.

Lipsey, M. W., & Landenberger, N. A. (2006). Cognitive-behavioral interventions. In B. C. (Eds.), *Preventing Crime: What works for children, offenders, victims, and places* (pp. 57-71). Dordrecht, Netherlands: Springer.

Milkman, H., & Wanberg, K. (2007). *Cognitive-Behavioral Treatment: A Review and Discussion for Corrections Professionals*. Washington, DC: National Institute of Corrections.