NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

October 18, 2017

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,

Matthew T. Wallen, 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 programing.

Evidence-Based Programming

All staff at both YRTC facilities receive internal training in Motivational Interviewing, an evidence-based clinical approach used to help youth move forward through the change process (Miller & Rollnick, 2002). Additionally, all staff receive internal training on the impact of trauma on brain development and related behaviors, and on de-escalation strategies so that physical interventions can be avoided.

The Youth Rehabilitation and Treatment Center-Kearney (YRTC-K) spent $15,106 on evidence-based programming in fiscal year 2016/2017. This accounts for less than 1% of the annual operations budget, and includes training costs as well as materials and supplies. All youth at YRTC-Kearney are expected to participate in evidence-based treatments.

YRTC-K continues to move forward implementing evidence-based practices. Given the increasing percentage of youth with significant substance abuse problems, the focus this fiscal year has been on implementing evidence-based practices to treat substance use disorders. During this past fiscal year, the YRTC-K identified the *Adolescent Community Reinforcement Approach (ACRA)* as an evidence-based treatment approach with positive research findings that would also work within the framework and structure of the facility.

ACRA is a skills-based approach to treating substance use disorders that seeks to increase the family, social and educational reinforcers that support recovery from substance abuse. ACRA involves three types of sessions including individual sessions with the youth, individual sessions with the parent or caregiver and joint sessions with the youth and caregiver. ACRA is utilized in more than 270 organizations across the country and is on SAMHSA's National Registry of Evidence-Based Programs and Practices.

YRTC-K has a total of 8 licensed mental health practitioners who provide substance abuse services to youth on campus, and all of these mental health practitioners are slated to be certified in ACRA. Three of the eight have already received certification in this model, with one of those three having been recently certified as a supervisor, which will allow that individual to provide the ongoing supervision and training for the rest of the team. All therapists who are not yet certified are in the process of becoming certified and will complete their certification by the end of the current fiscal year.

As mental health practitioners embarked on the certification process, YRTC-K began to phase out the more traditional "chemical dependency treatment groups" and began to move toward an individually delivered ACRA treatment intervention that helps the youth develop the skills necessary to lead a substance-free lifestyle.

Another focus of the Kearney facility this past fiscal year has been to retool our case planning process to align with an evidence-based philosophy. Staff have been working toward making treatment goals and objectives comply

with the SMART standard (goals that are Specific, Measurable, Attainable, Realistic and Time bound). The YRTC-K has chosen to utilize the evidence-based *Youth Level of Service/Case Management Inventory (YLS/CMI)* as the assessment tool that will drive the development of our treatment goals and objectives. This is the same tool that is used by the Administrative Office of Probation across the state.

The *YLS/CMI* is a risk/needs assessment that was designed as a tool to help identify treatment needs and aid in case planning. It can also be used as a measure of progress as it can be re-administered toward the end of a youth's treatment to determine if risk/need levels have improved.

As of May 2017, YRTC-K therapists and case managers have developed a menu of goals and objectives that are all related to the YLS/CMI, and staff who author case plans have all received formal training on the new case planning model. Fiscal year 2017/2018 will focus on implementing, refining and fine-tuning case plans promulgated by the Kearney facility.

The *Equip* program continues to be the mainstay of treatment interventions at YRTC-K, and all youth at the facility participate in this program. Equip is also a skills-based program that relies heavily on cognitive interventions, which are strongly evidence-based. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) lists EQUIP as a *Promising* program.

Another focus this fiscal year was on using more evidence-based assessment tools to measure not only an individual youth's progress, but also overall program efficacy. Beginning late in calendar year 2016, YRTC-K mental health staff began using a repeated measures approach utilizing three assessment tools.
The *University of Rhode Island Change Assessment Scale (URICA)* is a well-established tool that is evidence-based and utilized to assess an individual's readiness for change based on Prochaska and DiClemente's stages of change model[i]. Since late 2016, this instrument has been used to assess (and re-assess) nearly every youth as they progress through their treatment.

Finally, the *Inventory of Callous/Unemotional traits (ICU)* has also been used since late 2016 to assess the personality trait of callousness and also to measure changes in this personality construct over time as it is re-administered periodically throughout a youth's stay at this facility. Although this instrument remains in the developmental stages and is not yet published with normative data, it is used with permission from the test developer and thus far has provided us with a moderately reliable indicator of internal changes taking place with our youth.

The Youth Rehabilitation and Treatment Center-Geneva (YRTC-G) spent approximately $18,963.84 on evidence-based programs in Fiscal Year 2016/2017. This accounts for 1.1 percent of the annual operations budget. This amount only includes training costs and supplies. All youth at YRTC-G are expected to participate in evidence-based programming.

As was reflected in the report generated for the fiscal year 2015/2016, YRTC-G implemented Washington State's version of Aggression Replacement Training (ART), which has been shown to reduce recidivism in an adolescent population (Washington State Institute for Public Policy, 2004). ART is a 10-week cognitive behavioral treatment protocol that addresses three interrelated components; Social Skills Training, Anger Control Training, and Moral Reasoning. Each component focuses on a specific prosocial behavioral strategy that is learned through repetitive exposure to the material. As a supplement to ART, Thinking for a Change (T4C) was implemented in 2016. T4C is cognitive behavioral therapy developed for both adult and adolescent incarcerated populations. T4C focuses on social skills development and introduces the concepts of cognitive restructuring (i.e., thinking about what we think) and problem solving.

Moral Reconation Therapy (MRT) is an additional treatment component incorporated at YRTC-G. Two staff received MRT training through the Administrative Office of Probation in fiscal year 2016/2017. Treatment is

delivered in an open group format, meaning youth can be assigned to the group at any time. MRT is a cognitive behavioral program and seeks to decrease recidivism by increasing moral reasoning. MRT was granted "Promising Practice Status" by the Substance Abuse and Mental Health Services Administration (Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2015).

Over the past year, there has been a dramatic increase in the number of youth served at YRTC-G with significant mental health and substance use disorders. Thus, the majority of youth at YRTC-G participate in Emotion Regulation and Managing Your Anxiety groups. Both are cognitive behavioral therapy protocols and are delivered in a 10-week rotation by a licensed mental health practitioner. Both incorporate concepts such as mindfulness, thinking about thinking, and techniques aimed at calming self and refocusing which has been shown to effectively reduce symptoms.

To address substance use disorders, YRTC-G adopted the Adolescent Community Reinforcement Approach (ACRA) and a licensed mental health provider received specialized training in the delivery of this protocol. ACRA has been shown to reduce drug and alcohol use by teens by examining the underlying motivations and problems associated with substance use disorder (Meyers, et al., 2001). Additionally, YRTC-G utilizes the cognitive behavioral therapy protocol, *Pathways to Change: A Guide for Responsible Living* to guide the alcohol and drug therapy group which also runs on a 10-week rotation. This protocol also focuses on the underlying motivations associated with drug and alcohol abuse.

YRTC-G utilizes an Access database to capture indicators of change. Frontline staff, therapists, case managers, recreation specialists and teachers score youth on a 10-point scale across three areas. That is, youth are scored based on their interactions with adults, interactions with peers, and on their compliance and participation in programming. Youth receive daily feedback in the form of a report that indicates their average score for the previous day along with comments from scorers. With a predetermined number of acceptable scores, youth advance in levels. Youth are expected to move through four levels before they are considered for release. Not only are scores evaluated to determine levels and privileges but they are also used to determine treatment gains in that scores reflect behavior change. Youth are expected to maintain high scores as a strategy to achieve treatment goals and to move forward in the program. The Access database is also used to organize other information specific to the youth. For example, participation in groups, demographic information and disciplinary information are entered as is diagnostic information. The database aids in assuring that all treatment components are delivered with integrity and has improved the way a youth's progress is evaluated in that all treatment goals must be observable, measurable, and attainable. An examination of scores reflects actual behavior change as opposed to less objective markers such as the completion of a particular group.

Future Directions

Fiscal year 2017/2018 holds the promise of further development of evidence-based programming at the Kearney facility. We are in the early planning stages to replace our current level system with a more objective, evidence-based method of youth progressing through our treatment program in a sequential fashion that will allow skills to build upon one another and also allow for a more objective measurement of progress as youth move through this program.

During fiscal year 2016/2017, YRTC-K Case Managers received training in *Moral Reconation Therapy (MRT)*, which is also listed on SAMHSA's National Registry of Evidence-based Programs and Practices. Our plan is to implement MRT as a part of the above-mentioned overall programmatic changes to be implemented in fiscal year 2017/2018. Likewise, *Aggression Replacement Training (ART)*, which is listed as an *Effective* program by the OJJDP will also be implemented in the upcoming fiscal year as part of our overall programmatic changes. Furthermore, the Kearney facility will begin using an Access database program that will allow our staff to more objectively measure behavioral changes seen in our youth. The scoring program will allow staff at all levels to rate youth on their interactions with adults, their interactions with peers, and their treatment compliance and overall

level of participation. Youth will receive daily feedback about their scores, which will allow our treatment staff to praise areas of progress and help the youth identify areas in which they are struggling. Improving their daily scores will result in additional privileges as youth progress through the program.

In our last report to the legislature, we described how the Kearney facility was using the Phoenix Gang Intervention Program for our gang involved youth. Two of our staff had received training and were utilizing the *Phoenix/New Freedom curriculum* for this population. Unfortunately, neither of those individuals remain employed at this facility. As such, we still have the curriculum, but are not currently utilizing it. One of our goals for fiscal year 2017/2018 will be to incorporate this curriculum into our existing programming and have this implemented by the end of the fiscal year.

Also, during fiscal year 2017/2018, the YRTC-K plans to collaborate with the Administrative Office of Probation to add additional evidence-based interventions into the reentry process.

Finally, during fiscal year 2016/2017, YRTC-K implemented a significant change in which we housed our more vulnerable youth in a separate living unit away from the general population. These youth were identified as being more vulnerable based on any number of factors including age, size, maturity, cognitive limitations, trauma history or other mental health issues. The purpose for this was to provide them with additional protection and also to create an environment in which specialized programming for these youth could be implemented. In addition, the Morton Living Unit was being renovated as the future housing unit for this population as it provides for individual rooms to allow additional safety for our more vulnerable youth. Morton living unit renovations are nearly complete, and this population will be moving to the Morton living unit in fiscal year 2017/2018. Additional evidence-based programming will be implemented for this population during the coming fiscal year as well.
The YRTC-G has plans to implement specialized units to address youth who are particularly aggressive or are struggling with severe mental illness. These units will have specific programming to address these issues. Specialized training for staff is being explored prior to implementation of this type of specialized programming.

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