

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

November 1, 2020

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,

A handwritten signature in black ink, appearing to read "Mark LaBouchardiere".

Mark LaBouchardiere  
Director of Facilities  
Department of Health and Human Services

Attachment

## **OJS Evidence-Based Practices Report**

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 (YRTC). 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 YRTCs have made toward implementing strategies to meet the expectations of the stated legislation.

The YRTCs collectively spent \$69,784.09 on evidence-based programming in fiscal year 2019/2020. This accounts for less than 1% of the annual operations budget, and includes training costs as well as materials and supplies. All youth at all YRTC campuses are expected to participate in evidence-based treatments.

Currently, all juveniles (100%) at the YRTCs in Kearney, Geneva and Lincoln participate in evidenced-based programming.

All staff (100%) at the YRTC-Kearney, YRTC-Geneva and Lincoln facilities receive internal training in Motivational Interviewing (MI), an evidence-based clinical approach used to help youth move forward through the change process. 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.

YRTC-Kearney has a total of nine licensed mental health practitioners who provide substance abuse, mental health, and family therapy services to youth on campus. The YRTC-Kearney also has a mental health supervisor and the YRTC system recently hired a Clinical Program Director to oversee the mental health and programming services offered at all three YRTC facilities.

The YRTC-Kearney continues to move forward implementing evidence-based practices. In order to treat youth with substance abuse issues, the YRTC-Kearney has fully implemented the Adolescent Community Reinforcement Approach (ACRA), an evidence-based treatment approach with positive research findings, which works within the framework and structure of the facility. All licensed mental health practitioners at the YRTC-Kearney are trained in the ACRA model, with two of the practitioners serving as trainers in the model.

ACRA is a skills-based approach to treating substance use disorders by increasing family, social and educational reinforcements 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 U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices.

The YRTC-Kearney has also implemented Aggression Replacement Training (ART), which has been shown to reduce recidivism in an adolescent population. 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.

The Lincoln Facility was opened in February of 2020 as a specialized program designed to treat youth with high-acuity behavioral needs. Youth are first assessed at the YRTC-Kearney facility and based on their needs, the treatment team may recommend that the youth relocate to the Lincoln Facility to receive specialized programming. The Lincoln Facility accepts both male and female youth, whom are housed separately in the facility.

The Lincoln Facility utilizes Applied Behavioral Analysis programming which includes the evaluation of the youth by a Board Certified Behavioral Analyst who develops an individualized Behavioral Support Plan based on their strengths and areas of need. The youth is provided hourly feedback and rating on the goals related to their individual target behaviors. A psychiatrist is on site at the facility multiple times a week to provide more intensive psychiatric consultation and supervision of the youth in the program as needed. The facility includes programming that was developed to serve the needs for both male and female youth with high behavioral acuity and/or high mental health needs and includes intensive behavioral modification programming, family treatment and family support, as well as individual and group therapy sessions. The goal of the Lincoln Facility is successful completion of the program and transition back to the community. Treatment at the Lincoln Facility does include treatment for mental health conditions such as conduct disorders, oppositional defiant disorders, borderline personality disorders, disruptive mood dysregulation disorders, ADHD and PTSD.

The Lincoln Facility has implemented Trauma Affect Regulation Guide for Education and Therapy (TARGET©) model for intensive behavioral modification programming at Lincoln Facility. The TARGET© model is endorsed by the U.S. Office of Juvenile Justice and Delinquency Prevention. TARGET© is a psychosocial intervention that provides education about the impact of complex traumatic stress on the brain's stress response system, and strengths-based practical skills for re-setting the trauma-related alarms/survival reactions that occur in complex PTSD. Treatment at the YRTC-Lincoln does also include MRT groups.

Moral Reconciliation Therapy (MRT) is an additional treatment component incorporated into the YRTC-Kearney and Lincoln programming. All case managers have been trained to facilitate MRT groups. One supervisory staff member is now certified as train the trainer of MRT. 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 SAMHSA Center for Substance Abuse Treatment in 2015.

The YRTC-Geneva was closed due to severe staffing shortages and facility damage in August of 2019. At that time, the female youth housed at that facility were moved to the YRTC-Kearney facility. In February 2020, the YRTC-Geneva facility re-opened was designed as a re-entry program for female youth within 60 days of returning to the community. A case manager, community liaison, and family navigator work with the youth and their community treatment team to prepare for the juvenile's return. The YRTC-Geneva team along with the youth's supports in the community work to set up treatment services, education, and address other needs prior to the juvenile's return to the community.

Another focus this fiscal year was on using additional evidence-based assessment tools to measure not only an individual youth's progress, but also overall program efficacy. Currently being utilized is The University of Rhode Island Change Assessment Scale (URICA), a well-established evidence-based tool, to assess an individual's readiness for change based on Prochaska and DiClemente's stages of change model. This instrument has been used to assess (and re-assess) nearly every youth as they progress through their treatment.

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 Home and Community Social Behavior Scales is an objective screening and assessment tool that is designed as a rating scale to be completed by caregivers. It simultaneously provides a reliable and valid measure of both social competence and antisocial behavior. It will be utilized on the front end of treatment to get baseline measurements of both social skills and antisocial behavior and will also be utilized toward the end of treatment to measure changes in social competence and antisocial behavior.

The YRTC's continue to enhance the case planning process to align with an evidence-based philosophy. Staff have been working towards making treatment goals and objectives comply with the SMART standard (goals that are Specific, Measurable, Attainable, Realistic and Time bound). The YRTC's have 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. 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. This is the same assessment tool that is used by the Administrative Office of Probation across the state.

## **Future Directions**

DHHS will take a three-pronged approach in developing the YRTC System, utilizing the existing YRTC-Kearney and Lincoln facilities, while planning to develop a YRTC campus in Hastings for the female youth.

This plan also includes the closure of the YRTC-Geneva facility, due to chronic inadequate staffing concerns. The goal is to establish services for a YRTC at the former Hastings Regional Center campus with the primary purpose of housing the female YRTC population. Programming will be very similar to that of the YRTC-Kearney campus, and will include MRT, ART, ACRA, family therapy and individual therapy. This transition process will require collaboration between the YRTC team, probation, community leaders and other key stakeholders to ensure a smooth transition. Treatment within the facility will include medication management, and weekly family and individual therapy (or more or less frequent depending on youth and family needs).