

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



December 15, 2022

Mr. Patrick O'Donnell Clerk of the Legislature State Capitol Room 2028 Lincoln, NE 68509

Dear Mr. O'Donnell:

Neb. Rev. Stat. §43-407 requires the Office of Juvenile Services to begin implementing evidence-based practices, policies, and procedures by January 15, 2016. Thereafter, the office shall annually 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,

Mark LaBouchardiere Office of Juvenile Services Administrator 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 \$22,306.90 on evidence-based programming in fiscal year 2021/2022. This accounts for less than .5% 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, Hastings and Lincoln participate in evidenced-based programming.

All staff (100%) at the YRTC-Kearney, YRTC-Hastings and YRTC-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 five 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, in addition the YRTC system continues to employ 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 continued to utilize the Adolescent Community Reinforcement Approach (A-CRA), 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 A-CRA model, with one of the practitioners serving as a trainer in the model.

A-CRA is a skills-based approach to treating substance use disorders by increasing family, social and educational reinforcements that support recovery from substance abuse. A-CRA 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 has been implemented in more than 470 organizations across the country and in several other countries. The National Institute of Justice evaluated the research on this program, giving it an evidence-based program rating of "promising", this rating has been retained during subsequent evaluations.

The YRTC-Kearney continues to implement 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 or the YRTC-Hastings facility and based on their needs, the treatment team may recommend that the youth relocate to the YRTC-Lincoln facility to receive specialized programming. YRTC-Lincoln accepts both male and female youth, whom are housed separately in the facility.

The YRTC-Lincoln utilizes Applied Behavioral Analysis (ABA) programming which includes the evaluation of the youth by a Board-Certified Behavioral Analyst (BCBA) who develops an individualized Behavioral Support Plan based on the youth's identified 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 YRTC-Lincoln multiple times a week to provide more intensive psychiatric consultation and supervision for 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 YRTC-Lincoln facility is successful completion of the program and transition back to the community. Treatment at YRTC-Lincoln does include treatment for mental health conditions such as conduct disorders, oppositional defiant disorders, borderline personality disorders, disruptive mood dysregulation disorders, ADHD and PTSD.

YRTC-Lincoln and YRTC-Hastings programs have 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.

Moral Reconation Therapy (MRT) is an additional treatment component incorporated into the YRTC-Kearney, YRTC-Hastings and YRTC-Lincoln programming. MRT is a Cognitive Behavioral Therapy (CBT) based program designed to address antisocial behavior with adolescents in residential programs, with an overarching goal to reduce recidivism and increase prosocial behaviors.

Staff in Hastings have all been trained in the female gender-specific curriculum of VOICES, this has been incorporated into the YRTC-Hasting's programming. VOICES is based on the realities of girls' lives and the principles of gender responsivity; is grounded in theory, research and clinical experience. This program advocates a strengths-based approach and uses a variety of therapeutic approaches including psychoeducational, cognitive-behavioral, mindfulness, body oriented and expressive arts. All activities are designed to be "trauma sensitive", the VOICES participant's journal utilizes an evidence-based process called Interactive Journaling ®.

The YRTC-Lincoln facility has also initiated a curriculum called Love Notes into their clinical programming. Love Notes is an evidence-based program which focuses on healthy relationships. The main goal of the program is to establish healthy relationship boundaries and to prevent unplanned pregnancy by providing teens with information to make wise relationship choices. This program teaches skills to be used in all types of relationships, paying particular attention to romantic relationships. Love Notes programming is delivered through group discussion, PowerPoints, workbooks, exercises, role-play and creative activities within 13 sessions. Love Notes groups are facilitated by clinical staff members who have received special training on this curriculum.

Another focus this fiscal year was on continuing to use 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, 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 (HCSBS) 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 YRTCs 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 YRTCs 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 for male youth, YRTC-Hastings for female youth and the YRTC-Lincoln for higher acuity male and female youth.

The YRTC facilities have sent several clinical staff, from all three facilities, through specialized training to further develop skills to incorporate Dialectical Behavior Therapy (DBT) into their therapy practices. DBT is a type of cognitive therapy that is evidence-based and can be used to treat many conditions. The YRTC facilities also continue to have clinical staff go through training to provide Eye Movement Desensitization and Reprocessing (EMDR). EMDR is an evidence-based psychotherapy intervention which is used to address distress associated with past traumatic experiences.

Staff from the YRTC facilities will also attended the Families Thrive trainings in December 2021. This is an evidence-based program that actively supports learning and collaboration to address the specific needs of children, youth, and families impacted by trauma. Families Thrive also supports agencies and organizations to build more trauma-informed workplaces through building our capacity to promote safety, healing, and resilience for staff, programs/organizations, and the children and families they serve.