

# NEBRASKA

Good Life. Great Mission.



Pete Ricketts, Governor

DEPT. OF HEALTH AND HUMAN SERVICES

November 1, 2019

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

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 Centers (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 made by YRTCs in Geneva and Kearney have made toward implementing strategies to meet the expectations of current legislation.

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

All staff at both the YRTC-Kearney and YRTC-Geneva 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 behavior and on de-escalation strategies, so that physical interventions can be avoided.

The YRTCs collectively spent \$28,912.04 on evidence-based programming in state fiscal year 2018/2019. This accounts for less than 1% of the annual operations budget, and includes training costs as well as materials and supplies. All youth at both YRTC campuses are expected to participate in evidence-based treatments.

The YRTCs continue to move forward implementing evidence-based practices. Given the increasing percentage of youth with significant substance abuse problems, the YRTCs have fully implemented the Adolescent Community Reinforcement Approach (ACRA) as an evidence-based treatment approach with positive research findings that also work within the framework and structure of the facility. All of the licensed mental health practitioners are trained in the ACRA model, with one of the practitioners serving as a trainer in the model.

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-Kearney has a total of seven licensed mental health practitioners and the YRTC-Geneva has one licensed mental health practitioner, when providing substance abuse services to youth on campus. Two of the licensed mental health practitioners are certified as supervisors, which allows those individuals to provide the ongoing supervision and training for the rest of the team.

The YRTCs continue to enhance the 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 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. This is the same assessment tool used by the Administrative Office of Probation across the state.

The YLS/CMI is a risk/needs assessment 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.

Moral Reconciliation Therapy (MRT) is an additional treatment component incorporated into YRTC programming. All case managers have been trained to facilitate MRT groups. Two supervisory staff members are now certified as train the trainers 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 Substance Abuse and Mental Health Services Administration (Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2015).

The YRTCs have 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 including 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.

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-Kearney mental health staff began using a repeated-measure-approach utilizing three assessment tools. These assessment tools have now been incorporated in the assessment of the female youth at the YRTC-Geneva.

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. 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 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.

## **Future Directions**

DHHS will take a three-pronged approach in developing the YRTC System. The YRTC-Kearney will serve as the hub for the YRTC system, providing initial intake, assessment and programming for the core group of youth. The YRTC-K’s programming will center around The Phase Model, which was implemented in May of 2019, and is an incentive based program in which youth are scored daily on their compliance with the program, interactions with their peers and their interactions with staff. A youth’s scores dictate their movement through the program and identifies which incentives they are eligible to receive. This programming is in addition to the already established MRT, ART, ACRA, and individual therapy provided at the facility. Should a youth display continued non-compliance with the YRTC-K program, show an ongoing risk to elope from the facility, display a pattern of aggressive behavior that places the youth, their peers or staff at a significant risk of harm, the youth will be evaluated for programming at the YRTC-Lincoln facility.

The YRTC-Lincoln will include new programming that will be developed to serve the needs for both boys and girls with high behavioral acuity and will include intensive behavioral modification programming, family

treatment and family support. The goal of the YRTC-Lincoln will be successful transition of youth back to YRTC-Kearney where they can continue core programming or back to the community (if the youth ages out). Treatment at the YRTC-Lincoln may include treatment for mental health conditions such as conduct disorders, oppositional defiant disorders, borderline personality disorders, disruptive mood dysregulation disorders, ADHD and PTSD.

DHHS is evaluating the Trauma Affect Regulation Guide for Education and Therapy (TARGET©) model for the intensive behavioral modification programming at YRTC-Lincoln. If implemented it could also be incorporated into the YRTC-Kearney program model. The TARGET© model is endorsed by the 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 will also include MRT and/or ART groups.

This plan also includes re-establishing services at the YRTC-Geneva campus with the primary purpose of housing girls that will be transitioning back to the community. Youth that will be transitioning back to the community have different needs from those that are within the core population. The youth will need to be in an environment that is less restrictive and mimics a home environment. Programming will include family treatment and enhancing personal life skills. The final 60 days of a youth's treatment will include 30 days of preparation and the 30 days of skills application. This transition process will require collaboration between the YRTC treatment team, probation's re-entry supervisor, community providers and schools 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).