

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

December 15, 2023

The Honorable Jim Pillen
Governor of Nebraska
State Capitol Room 2316
Lincoln, NE 68509

The Honorable Michael G. Heavican
Chief Justice
Supreme Court of the State of Nebraska
State Capitol Room 2214
Lincoln, NE 68509

Mr. Brandon Metzler
Clerk of the Legislature
State Capitol Room 2028
Lincoln, NE 68509

Subject: Juvenile Evidence-Based Practice Report

Dear Governor Pillen, Chief Justice Heavican, and Mr. Metzler:

Nebraska Revised Statute § 43-407 requires the Office of Juvenile Services begin implementing evidence-based practices, policies, and procedures by January 15, 2016. Thereafter, on December 15 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.

I am submitting this report to fulfill the above requirements.

Sincerely,



Tony Green, Interim Director
Division of Children and Family Services

Attachment



Jim Pillen, Governor

Division of Children and Family Services

Juvenile Evidence-Based Practice Report

December 2023

Neb. Rev. Stat. § 43-407

Overview

Nebraska Revised Statute § 43-407 requires the Office of Juvenile Services (OJS) to make available programs and treatment services through the Youth Rehabilitation and Treatment Centers (YRTCs). The programs and treatment services are to be evidence-based and based upon the individual or family evaluation process.

Nebraska Revised Statute § 43-407(4)(a) requires the OJS to file a comprehensive report of the evidence-based services, policies, practices, and procedures utilized by the facilities and the efforts to ensure fidelity to the identified evidence-based models.

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 evidence-based programs.
- 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.

Percentage of Juveniles Supervised with Evidence-Based Practices

All youth at all YRTC campuses 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 de-escalation strategies so that physical interventions can be avoided.

Percentage of State Funds Expended on Evidence-Based Practices

The YRTCs collectively spent \$12,268.15 on evidence-based programming in State Fiscal Year 2023. This accounts for less than 0.20% of the annual operations budget and includes training costs as well as materials and supplies. The amount spent this fiscal year on evidence-based programming is lower than the last two fiscal years as several new programs were implemented in previous years and the ongoing costs to maintain them are considerably less. These programs continue to be utilized in the YRTCs but are not incurring the same level of costs because the initial training has been completed.

Evidence-Based Programs and Practices

Community Reinforcement Approach (A-CRA)

YRTC-Kearney has a total of four 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.

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. A-CRA has been implemented in more than 470 organizations across the US and several other countries. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) evaluated the research on this program, giving it an evidence-based program rating of “promising.” In addition, the California Evidence-Based Clearinghouse (CEBC) for Child Welfare rated A-CRA as a “2”, indicating this program is supported by research evidence.

Aggression Replacement Training (ART)

The YRTC-Kearney continues to implement Aggression Replacement Training (ART), which has been shown to reduce recidivism in the 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. OJJDP evaluated the research on this program, giving it an evidence-based program rating of “promising.” In addition, CEBC rated ART as a “3”, indicating this program shows promising research evidence.

Applied Behavioral Analysis (ABA)

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. Youth are provided hourly feedback and ratings on the goals related to their individual target behaviors.

Trauma Affect Regulation Guide for Education and Therapy (TARGET[®])

YRTC-Lincoln and YRTC-Hastings programs have implemented the 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. OJJDP evaluated the research on this program, giving it an evidence-based program rating of "effective." In addition, the CEBC rated TARGET[®] as a "3", indicating this program shows promising research evidence.

Moral Reconciliation Therapy (MRT)

Moral Reconciliation 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) program designed to address antisocial behavior in adolescents in residential programs, with an overarching goal to reduce recidivism and increase prosocial behaviors.

VOICES

Staff in Hastings have all been trained in the VOICES female gender-specific curriculum. VOICES is based on the realities of girls' lives and the principles of gender responsiveness; it 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[®]. Interactive Journaling[®] incorporates both Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) prompts to support behavioral change. CEBC rates MI and CBT as a "1", indicating it is well-supported by research evidence.

Love Notes

The YRTC-Lincoln facility has also initiated a curriculum called Love Notes into their clinical programming. Love Notes is an evidence-based program that 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. CEBC rates Love Notes at a "3" indicating this program shows promising research evidence.

Evidence-Based Assessment Tools

During this fiscal year, the YRTCs have continued to use evidence-based assessment tools to measure an individual youth's progress and overall program efficacy. Currently being utilized is The University of Rhode Island Change Assessment Scale (URICA), a well-established evidence-based tool used to measure the Stage of Change, indicating a youth's readiness to make behavior change. This assessment is most often used to assess substance use treatment readiness. Peer-reviewed research articles indicate the validity of this instrument in measuring what it is intended to measure.

The Inventory of Callous/Unemotional Traits (ICU) has also been used since late 2016 to assess the personality trait of callousness and to measure changes in personality construct over time. It is re-

administered periodically throughout a youth's stay at the 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 YRTC's continue to utilize the evidence-based Youth Level of Service/Case Management Inventory (YLS/CMI) as the assessment tool that drives the development of 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 Juvenile Probation across the state.

Recommendations for Collaboration

DHHS Human Resources and Talent Acquisition teams, along with the YRTC facilities, have partnered to create a paid internship program for clinical students working toward licensure as Mental Health Practitioners (LMHPs). This program encourages college students enrolled in the Behavioral Health field to apply for a paid internship through DHHS. One individual at YRTC-Kearney completed this program and was hired as a permanent employee.