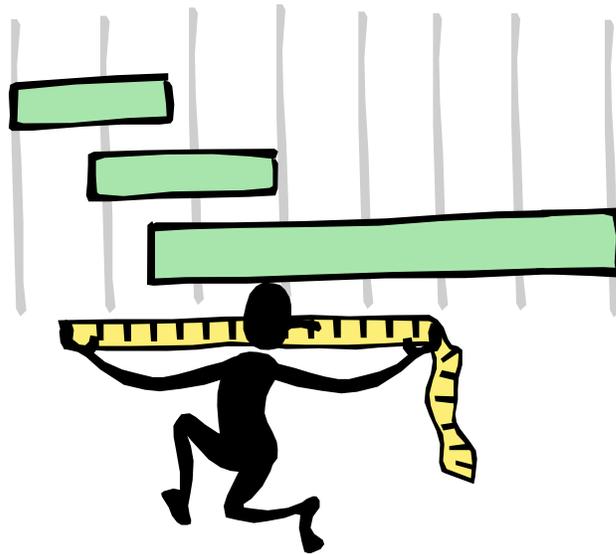


Maine Department of Corrections

Division of Juvenile Services



Taking Measure

January 2007

This report was written in the hope that it would provide a broad description of the Division of Juvenile Services in Maine: what we do, what we hope to achieve, and what progress we have made. We want to thank you for your interest in the youth under our supervision and hope that all together we can improve the future of their lives as well as assure the safety of their communities.

Roxy Hennings, Director of Juvenile Programs

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Maine – the State

Maine, bounded by Canada on the North and the East, and miles of jagged coastline of the Atlantic, touches only one other US state. Although bountiful resources and immeasurable beauty bring visitors in all seasons, it is still the end of the line. Whole industries have moved South, closer to employment bases, transportation, energy, and other key ingredients for thriving businesses. Economically challenged as it is, Maine finds that 13% of its children under the age of 18 live in families below the poverty level.

Sparsely settled, people cluster towards the southern end of the state and along the I95 corridor that stretches from Kittery in York County to Houlton in Aroostook County. Maine's total population of approximately 1.3 million people includes 142, 078 young people between the ages of 10 and 17. Over 95% of people in Maine list themselves as White. No other group, except multi-racial which is less than 2%, exceeds one per cent.

Maine comprises 16 counties, but most governmental activities are conducted at either the state or municipal levels. A unified court system operates 32 district courts which hear all of the juvenile cases. Law enforcement is found at all three levels of government with counties usually providing services to municipalities within its borders which do not have their own police departments. Counties also operate county jails which house adults pre-trial or sentenced for short sentences. The Department of Corrections manages both adult and juvenile corrections, including probation and parole.

Mental health, social welfare, and public health as well as the Medicaid program are administered and operated by the newly merged Department of Health and Human Services. The Department of Education oversees the educational programs operated by the municipalities, oftentimes through school districts.

To improve the coordination of services to children, the Governor has continued the Children's Cabinet, now chaired by the First Lady. The Commissioners of the 5 child-serving agencies (Corrections, Education, Health and Human Services, Labor and Public Safety) comprise the Cabinet. Subcommittees and Task Forces carry out the work of the Cabinet using a variety of grants, shared funding, and other resources. Currently, the Cabinet's focus is on three initiatives:

- ◆ Early Childhood
- ◆ Adverse Childhood Experiences
- ◆ Youth in Transition.

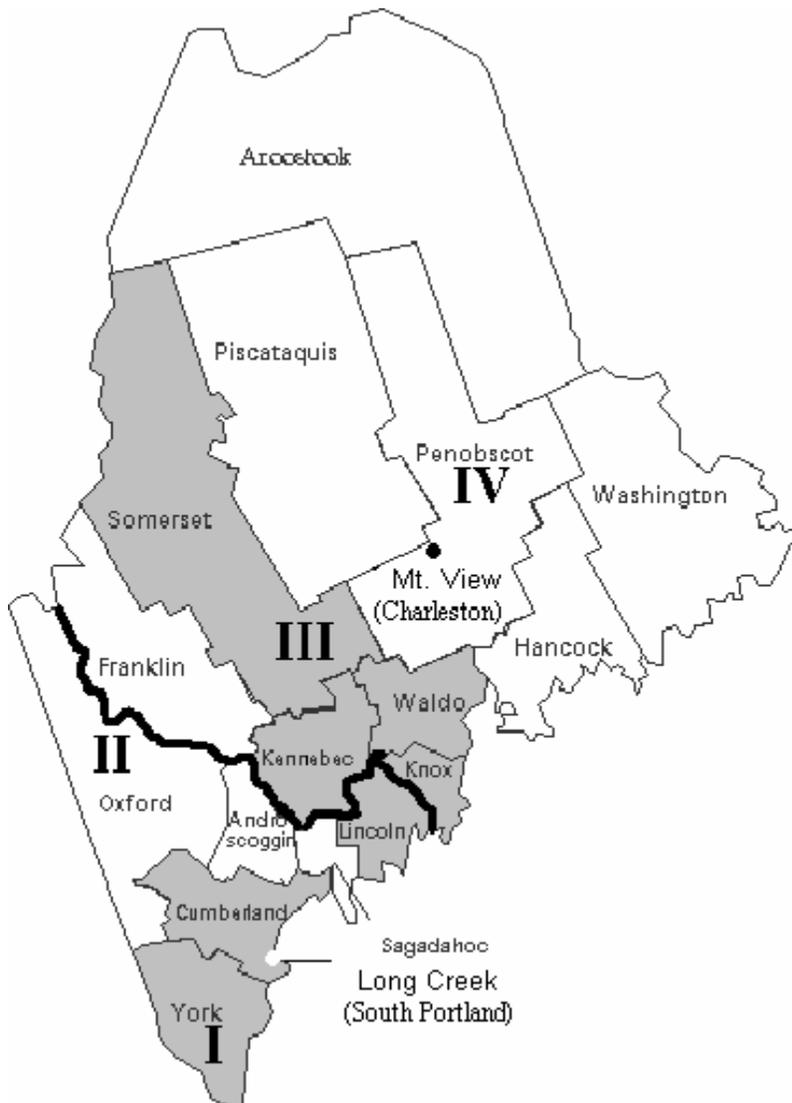
The Cabinet selected these initiatives with the recognition that all of the child-serving agencies will be dealing with these issues as they carry out their duties and responsibilities. Cooperative effort regarding these issues yield better results for all clients.

Organization

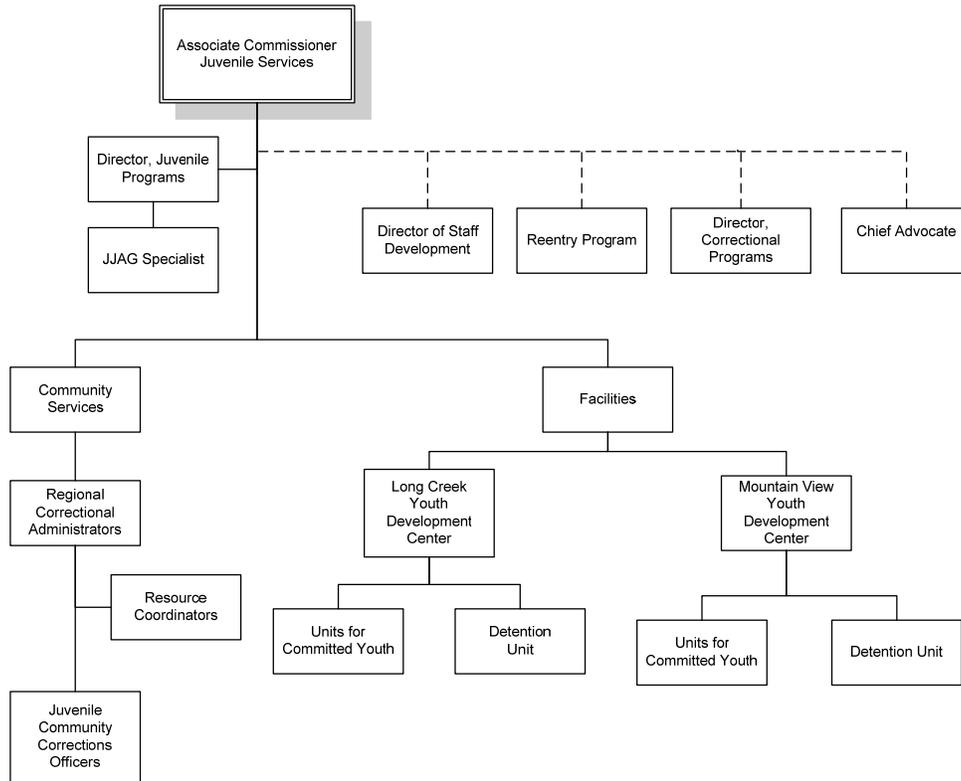
The Department of Corrections carries out the responsibilities of the Juvenile Code, Title 15 of Maine's statutes, through a separate division within the Department. The code defines juveniles as all people under the age of 18 at the time of the commission of an offense. The court may extend a commitment of a youth committed to a facility up to the age of 21. All dispositions of commitment to a facility are indeterminate except for impositions of sentences of no more than 30 days. Youth may be transferred to the

adult criminal court as a result of a "bindover" hearing, which considers a number of different factors including offense history and treatment considerations.

An Associate Commissioner for Juvenile Services oversees all aspects of the Division, which include the functions of court diversion, detention, probation supervision, commitments, and aftercare services. The Division currently comprises four regional offices and two juvenile correctional facilities, each serving both detained and committed youth. In addition the Division purchases services from local provider agencies and relies heavily on collaborative agreements with other state agencies to perform its mandates.



Division of Juvenile Services



Mission, Goals, & Principles

Mission

To promote public safety by ensuring that juvenile offenders are provided with education, treatment and other services that teach skills and competencies; strengthen prosocial behaviors and require accountability to victims and communities.

Goals

- ☑ *To develop and promote diverse intervention strategies in close proximity to the youth's community and family to achieve pro-social behavior by juvenile offenders;*
- ☑ *To promote continuing staff professionalism resulting in employees who are capable of facilitating collaboration within the Department and among state, local and private agencies;*
- ☑ *To identify and provide the level of supervision and security needed to protect the community from further criminal behavior by juvenile offenders;*

- ☑ *To identify and promote the most effective allocation of system resources;*

- ☑ *To promote policy coordination and collaborative funding and programming among agencies serving juvenile offenders and youth at risk of offending;*

- ☑ *To promote, support, and facilitate prevention activities by working with families and communities to address those factors that put children at risk.*

Principles

1. **Risk management** involves our informed judgments of the relative risk that an offender presents. Our decisions will be based on the best available information and risk assessment practices and will address the nature of controls and the amount of supervision needed in individual cases to reduce the likelihood that an offender will offend again.

2. **Restorative justice** challenges us to design and administer a system, which places the needs of the victim, and the harm done by the offending behavior at the center of the process by which we sanction and hold the offender accountable.

3. **Risk-focused intervention** focuses our assessment practices and intervention actions on those risk factors that exist in the individual or his or her environment which if changed will reduce the likelihood that an offender will offend again.

4. **Prevention** is our moral and professional obligation. We will promote, support and facilitate prevention activities by working with families and communities to address those factors that protect children from those risks.

5. **Applied research**, what we know works and doesn't work, will inform all our policies, the programs we develop and implement, and the decisions we make. We are committed on an ongoing basis to evaluating and measuring our programs' effectiveness.

6. **Quality services** is our ongoing commitment and will only be achieved through clearly articulated goals and strategies informed by staff's experiences and supported by training.

“An outcome is never about what an agency does; rather it is about what is different for others as a result of what an agency does.”

Maine's Guide to Performance Measurement

Case Management

Juvenile Community Corrections Officers (JCCOs) serve as the correctional case managers for juveniles who are under supervision of the Division regardless of their status with the legal system. Youth under supervision of the Division may be:

- On a supervised conditional release following a detention request decision,
- Detained in a juvenile facility awaiting a court hearing,
- On informal adjustment as a diversion from court,
- On probation,
- Committed to a juvenile facility, or
- On community reintegration (aftercare) status following release from a juvenile facility.

The Division may also supervise youth under court supervision from other states or jurisdictions who wish to reside in Maine under the terms of the Interstate Compact on Juveniles after investigation and approval of the transfer request.

The Division of Juvenile Services relies on a risk-focused case management approach. Research¹ has found that more intensive supervision of offenders identified as at high risk for committing more offenses is effective in the reduction of recidivism rates. However, this same body of research also found that intensive levels of supervision of low risk offenders are more likely to increase the recidivism rates. Further they found that, in order to reduce recidivism, services need to focus on those factors that have been found to predict further delinquent activity.

In order to measure criminogenic risk, that is, determine to what extent a youth is at risk for further delinquent activity, the Division adopted the Youth Level of Service/Case Management Inventory, an instrument copyrighted by Multi-Health Systems. JCCOs use an interview guide to gather information from a juvenile and collect additional information from parents, school, and others involved with that youth. The data is collated and entered into the Department of Corrections information system (CORIS). Areas of assessment include:

- Prior and current offenses, adjudications
- Family circumstances and Parenting
- Education/Employment
- Personality and Behavior
- Substance Abuse
- Peer Relations

¹ Andrews, D.A. and James Bonta. The Psychology of Criminal Conduct. Anderson Publishing Company. 1994

Gendreau, P. Principles of effective intervention. In *Restructuring Intensive Supervision Programs: applying "What Works."* Lexington, KY: American Probation and Parole Association.

- Leisure/Recreation
- Attitudes/Orientation

Other information is gathered regarding needs of the youth and family and Individual and family and community strengths are identified.

Since no one can change the first risk factor of offense history, the Juvenile Community Corrections Officer will focus on those risk factors that can be changed, that is, the dynamic risk factors. Upon completion of all interviews and assessments, a JCCO will develop case plans in conjunction with the family and the youth that addresses these risk factors using the strengths of the youth and the family. The case plan includes a level of supervision to be provided to the youth as well as a description of the services. To the extent possible, the case plan will identify activities to be completed by persons within the youth's natural environment to ensure that supervision and supports will continue to be available after supervision ends.

During the assessment process, JCCOs may identify potential mental health issues. Through a Memorandum of Agreement with Children's Behavioral Health Services of the Department of Health and Human Services a Mental Health Program Coordinator from that Department is co-located in each of the four regional offices. Each consults with the JCCOs of that region about mental health issues of children and adolescents. Sometimes they may assist in getting appropriate assessments, evaluations or treatment. Other times they may act as a *liaison* between the fields of mental health and juvenile justice to assure that case plans take into account any limitations imposed by a youth's mental health issues. In still other cases, they will assist JCCOs to divert a youth from the juvenile justice system to more appropriate mental health treatment.

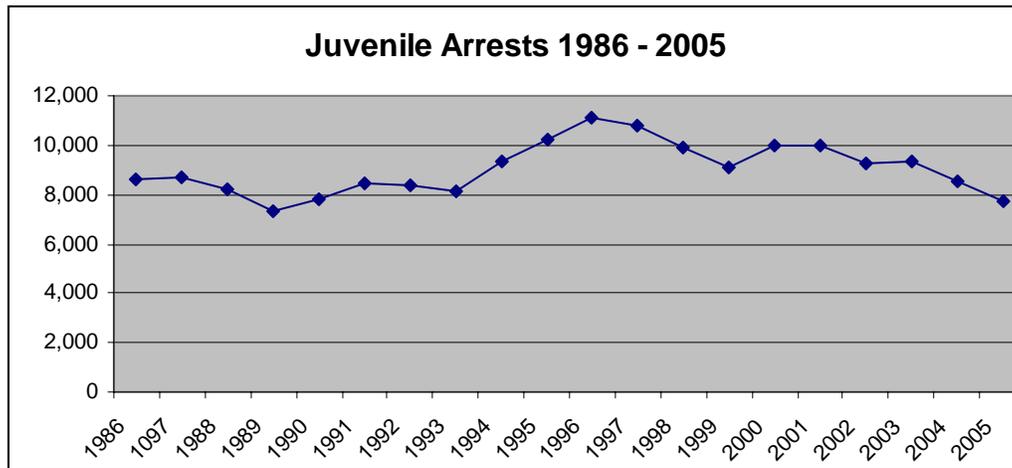
JCCOs review and modify case plans with the youth and family regularly to assure that the plan continues to address risk factors effectively. A component of the case management process frequently requires advocating for the youth to access needed services. JCCOs may consult with their regional Resource Coordinator and DHHS/Children's Behavioral Health Services Mental Health Coordinator to identify services to address specific needs or to identify resources to access these services.

Each case plan may also include a component indicating how the youth will repair the harm done to his/her victims as well as the community. Under the guiding principle of restorative justice a juvenile must be held accountable for the harm done. Many youth are required to pay restitution to their victims; others perform community service. Some youth may be required to face a victim panel, where victims explain how it felt to be the victim of a crime. Other youth may participate in a community resolution team meeting where volunteers from the community listen to a victim and his/her supporters and the offender with his/her supporters and then decide how the offender should repair the harm done.

Throughout the period of supervision the JCCOs not only supervise juveniles, but also assure identified services are accessed, and evaluate how effectively the plans are meeting the needs of the juveniles. The case plans are adjusted with the changing needs of the juveniles. Ideally fewer and fewer community services should be needed as the juvenile learns positive social behaviors and coping skills.

Diversion

Juveniles enter the juvenile justice system when they are charged with committing a crime. A law enforcement officer investigates to determine initially whether there is sufficient evidence to support a formal charge. If there is, the officer has two options: he/she may decide not to pursue a “systems” response and work out an acceptable resolution between a juvenile and a victim or, an officer may issue the juvenile a summons, write a report and refer to the Juvenile Community Corrections Officer (JCCO).



The above graph shows the numbers of arrests involving juveniles over the past two decades. Although arrests hit a peak in the mid-90's, at the end of 2005, the number of arrests is one of the lowest in the total time period and fewer than in 1986, the beginning of this time period.

When a JCCO receives a referral in the form of a police report, he/she sets up a preliminary investigation appointment with the juvenile and his/her parent(s) or legal guardian. At the investigation interview the JCCO discusses with the family the offense charged and explains the juvenile's rights and responsibilities. The JCCO will begin collecting information from the juvenile and his or her parents in order to conduct an in-depth risk and needs assessment. From the assessment the JCCO determines whether the best interests of the juvenile and the victim will be best served by diversion from the formal legal system.

Diversion can be accomplished through either:

- A. **Sole Sanction:** When the risk assessment indicates there is very little risk of recidivism, the Juvenile Community Corrections Officer may advise the juvenile of the consequences of future delinquent behavior and take no further action. In other cases, when the risk is low, but the victim has requested compensation to cover costs related to the crime or evidence of taking responsibility for the behavior, the

JCCO may require the juvenile comply with a sole sanction. Upon completion of that sanction, the referral will be diverted from court. Examples of sole sanctions include:

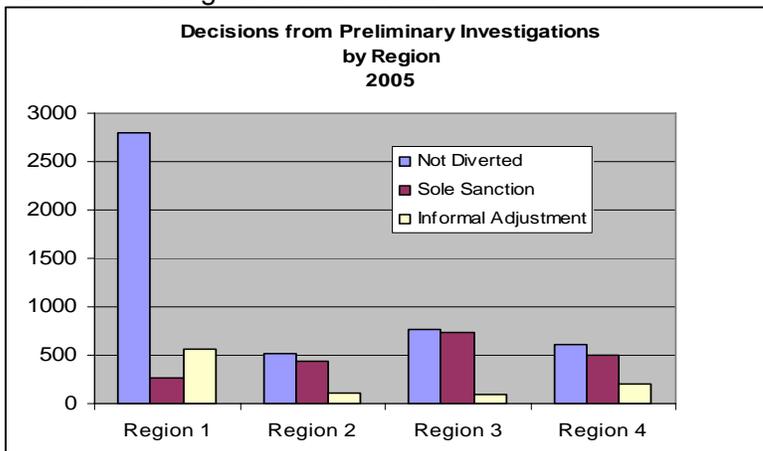
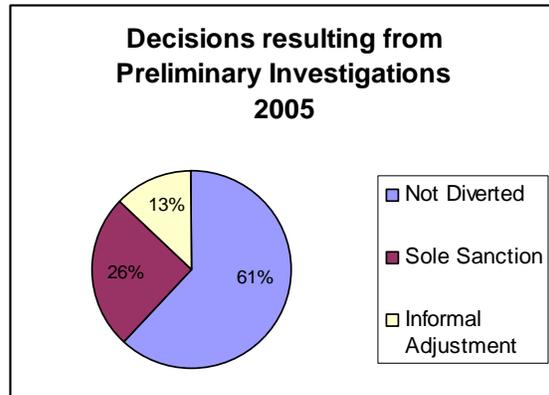
- ◆ restitution to cover costs incurred by the victim
- ◆ payment of a charity donation
- ◆ writing a report describing the effects of delinquent behavior
- ◆ writing a letter of apology

The JCCO usually expects the juvenile to complete the assigned task within 30 days.

The assignment of the sole sanction is carefully crafted to assure that it is within the developmental capabilities of each youth and assists the youth to understand the impact of his or her behavior on a victim. It is also designed to teach new skills to the youth to assist in preventing repeated behavior.

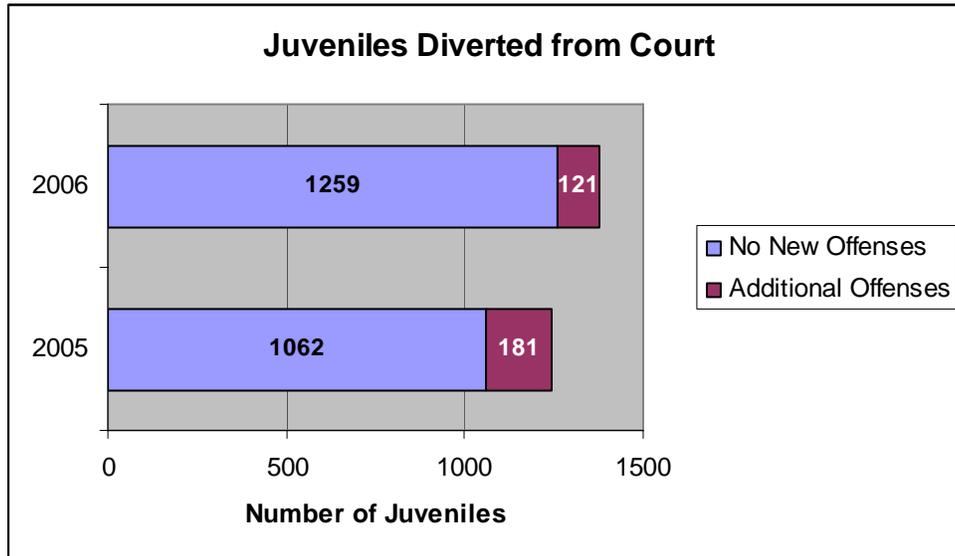
B. Informal Adjustment: This option may be used when the risk assessment is still in the low range, but may indicate areas of some risk. A JCCO will develop a plan with a juvenile and his or her parents designed to address the identified risks. This plan is converted into a contract between the JCCO and the juvenile, with the parents' agreement. When a juvenile complies with the terms of the contract, the Juvenile Community Corrections Officer, in exchange, will recommend that the case not be referred to court. The agreement can include participation in identified services. The JCCO assists by referring the youth to appropriate community providers. These contracts may be in place for up to six months.

The JCCO monitors the juvenile's progress and periodically reassesses his or her risk and needs. Case plans and conditions may be adjusted as necessary. Sanctions included within the original contract, such as curfews, community service work, etc., may be modified in response to the youth's ability to comply. Rewards such as reduced restrictions and early termination may be used as incentives for goal achievement.



The graph to the left shows the decisions resulting from the preliminary investigations by region.

The number of juveniles who have not been charged with new offenses within six months of completing their court diversion program measures the relative success of this program. In the time period of July 1, 2004 to June 30, 2005 a total of 1243 juveniles accepted a court diversion program. Of those 1062 or 85% did not get charged with a new offense. In the next year, between July 1, 2005 and June 30, 2006, 1380 juveniles participated in a diversion program. Ninety-one percent (91%) or 1259 received no new charges within the 6-month period following completion of their programs



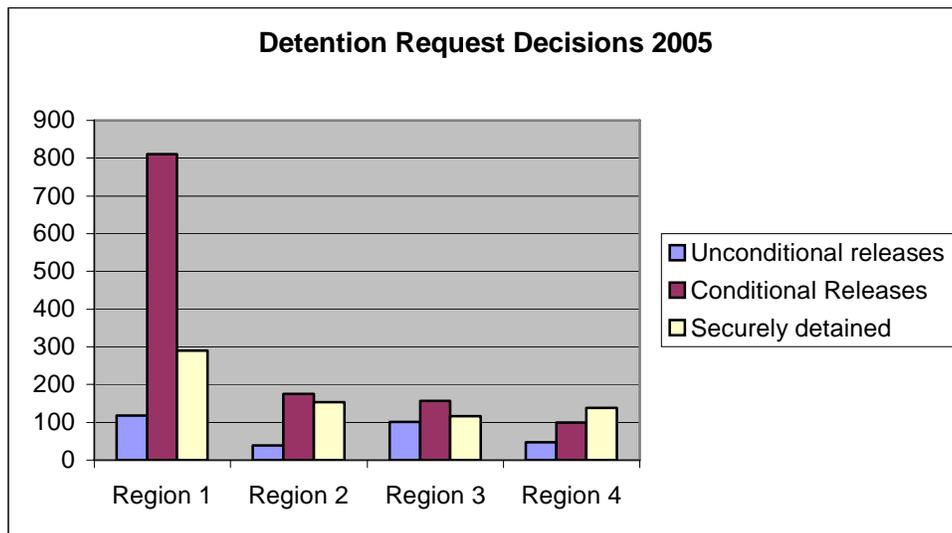
Detention

Detention Requests

When police officers arrest juveniles, they may decide that detention of that juvenile is necessary to assure the juvenile appears for their court hearing or to maintain community safety. The officer will contact the JCCO covering that town or the duty officer (a JCCO assigned the responsibility for the week) to request the juvenile be detained. The JCCO will review the circumstances to decide if the detention criteria and purposes, as mandated by law, are met. If detention criteria and purposes are met, the JCCO will complete a detention risk assessment instrument before making the decision as to whether to securely detain a referred juvenile.

If the JCCO finds that the detention criteria and purposes have not been met or that the juvenile does not present an unacceptable risk to the community, he or she will release the juvenile unconditionally or with conditions designed to assure community safety or court appearance. In the latter case the JCCO may require conditions such as curfew if the juvenile was arrested late at night or no use of drugs or alcohol if the youth had been using substances at the time of the offense. The JCCO may also refer the juvenile to a service or program as a condition of release if it pertains to either of the goals of community safety or court appearance.

The following chart shows the responses to detention requests by region for 2005.



Detention Alternatives

One such program, called the Juvenile Detention Alternative Program (JDAP), funded by the Department of Corrections and MaineCare, develops plans with juveniles and their

families to assure the juveniles' presence in court without tampering with witnesses and without additional charges while awaiting his or her court hearing. The program uses a case management approach which includes a brief assessment to determine level and extent of supervision required to achieve these goals.

Services provided by JDAP revolve around the development of a plan to assure an appropriate level of supervision prior to the youth's court appearance. Plans are usually developed by bringing together a group of people who have some involvement with the juvenile and identifying which persons can perform which roles in providing the necessary supervision. People at the meeting are usually identified by the family and could include neighbors, relatives, friends, school personnel, recreational program personnel or others that know the youth. An example of a plan that could be generated from this meeting might have a school guidance counselor checking in with a youth when he or she arrives at school and before leaving in the afternoon. An after school program might provide supervision until mother gets home from work. Weekends might have the juvenile spending time with a local mechanic helping to change tires. For youth with greater supervision needs, the program can provide electronic monitoring or check-ins by staff. In some cases, the youth might need a short term residential placement until a plan can be developed.

Jurisdictional Team Planning

In 2004 the Department of Corrections undertook an initiative to reduce reliance on secure detention. The initiative, referred to as Jurisdictional Team Planning, comprises three core groups with an oversight executive committee. The three core groups, one in each of Cumberland, Kennebec and Piscataquis Counties, involve the many stakeholders in the detention process coming together to review the data around numbers of detentions, lengths of stay, reasons for secure detention, demographic data of youth detained and any other available data. From the review the Core Group identifies an area that it would like to analyze in more depth, particularly as it relates to high numbers of youth days in secure detention. From the analysis, the Core group can then identify ways to change systems or processes that are affecting numbers of securely detained youth and their lengths of stay.

An example of this process was the recognition that some youth had longer lengths of stay, because they had to wait for court hearings. The group offered an alternative: when judges order detention, they can write in to the order that the juvenile may be released by the JCCO, once a plan is put into place assuring community safety and court appearance. Another group analyzing their data found that some youth were being securely detained when police were called to homes of youth with mental health problems who were in crisis situations. A model protocol was developed between law enforcement officers and crisis programs that allowed police officers to call crisis programs rather than arresting the youth and requesting secure detention. The crisis programs could respond and either establish a crisis plan or assist in placement in crisis programs or hospitalization depending on the needs of the youth and his or her family. The implementation of this protocol has, in some cases, avoided arresting the youth while obtaining appropriate treatment.

Two of the three core groups continue to function on a regular basis and report to the executive committee two to four times a year. The third group has submitted a final report which indicates significant reductions in detention stays. Reports can result in

sharing successes from one community to another. Behavioral Health Sciences Institute has assisted all three groups by providing administrative support as well as technical assistance in meeting, providing research, and assisting in data analysis.

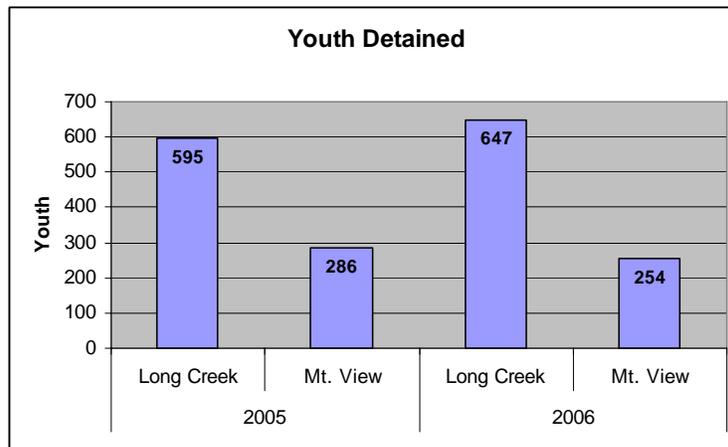
Detained Youth

Youth are securely detained at either of the Division's two facilities: Mountain View Youth Development Center in Charleston or Long Creek Youth Development Center in South Portland. Both facilities detain juveniles prior to their court hearings. In some cases juveniles are detained as a result of an arrest, while others are detained because of non-compliance with conditions of a release or probation.

While in detention, youth will receive needed medical attention and crisis mental health services. Project Impact, a collaboration between the Department of Education and the Division, assures continuation of educational programs by contacting each youth's home school to collect information about what subjects they are taking, books being used, progress in the program, and any special education needs. From this information the detention teachers develop individualized programs for each youth during their stay. Youth will also have access to religious services, volunteer services provided within the unit, and grievance procedures.

When staff or volunteers are available, youth in the detention unit participate in special classes such as Prevention of Sexually Transmitted Diseases, Anger Management, Conflict Resolution Skills, Substance Abuse Education, Domestic Violence Awareness, and Social Skills.

The following chart shows the number of youth detained in each facility for the year ending June 30, 2005 and the year ending June 30, 2006. Some youth may have been detained more than once during either or both of the time periods.

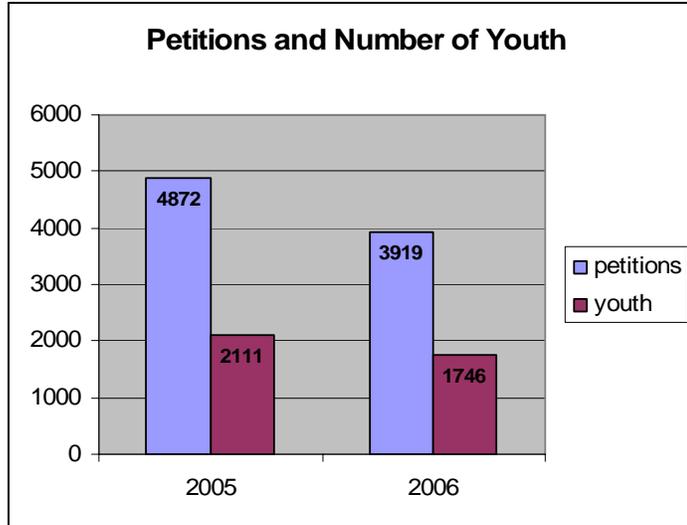


In the year ending in June of 2005 Long Creek detained 76.2 youth per 10,000 youth in their catchment area and 83.43 youth per 10,000 in the year ending June 30, 2006. Mt. View held 44.32 youth per 10,000 youth in their catchment area in the year ending June 30, 2005 and declined to 39.37 per 10,000 in the following year.

Probation

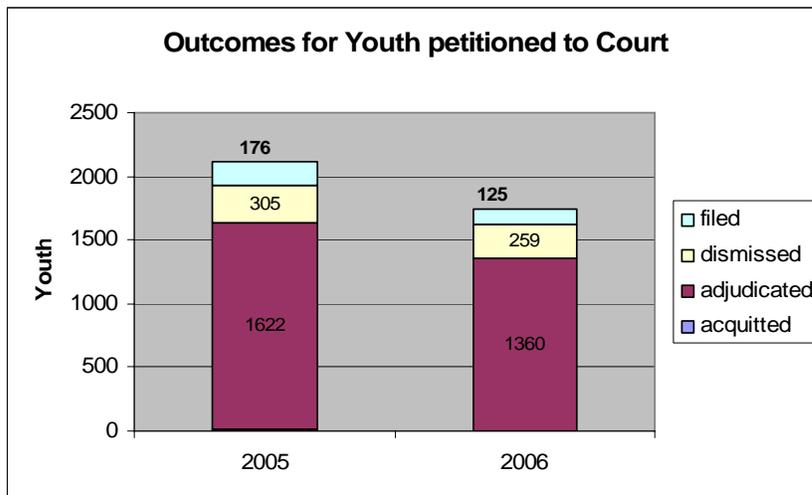
Upon completion of the preliminary investigation and the risk assessment, a JCCO may decide that diversion is not appropriate and will request that the District Attorney file a Petition. After review, the District Attorney determines whether the case warrants formal prosecution in District Court.

In other cases youth and their families may choose to have their cases heard in court rather than participate in the diversion process, which requires admission of involvement in the charged offense.



JCCOs may also revoke diversion agreements with youth unable to comply with the terms of their agreement and forward the case to the court system.

From July 1, 2004 to June 30, 2005 there were a total of 4,872 juvenile Petitions filed in District Court involving 2111 youth averaging 2.31 petitions per youth. In the following year the total number of petitions dropped to 3,919 petitions involving only 1,746 youth. The average number of petitions per youth also dropped to 2.24 petitions per youth.



When a petition is filed, the court determines whether the youth committed that offense. The chart to the left shows the outcomes for youth who went to court. Youth may have had only one charge or petition or several, either once during the year or several times during the year. If a youth was adjudicated of

one charge, he or she is counted as having been adjudicated. Youth may have had charges dropped or dismissed. If all charges for a youth were dropped or dismissed, he or she is counted as a youth with dismissed charges. Youth, whose charges or petitions

were all “filed,” are counted in the filed category. Seven youth were acquitted of all offenses during the year July 1, 2004 to June 30, 2005 and in the following year, July 1, 2005 to June 30, 2006, only 2 youth were acquitted of all charges.

If the Court finds that the juvenile committed a juvenile offense(s) at the adjudicatory hearing, the court holds a separate hearing to decide the disposition, similar to a “sentencing” hearing in the adult criminal court. The Court may order a Pre-Dispositional Report be completed by the JCCO, or the Court may order a Forensic Evaluation be completed to assist the court in determining the most appropriate disposition for the juvenile. Then the judge, based on the information presented at the hearing, will decide what disposition to impose on the youth. The judge may commit to a Department of Corrections juvenile corrections facility, suspend that disposition and place the youth on probation for a specified period of time, usually one to two years. Judges may commit youth to an indeterminate term up to the age of 18, but may also extend the indeterminate commitment up to the youth’s 21st birthday.

In other cases the Juvenile Court may order another disposition; such as payment of a fine; participation in a community service work program; commitment to a period of incarceration, no more than 30 days; or commitment to the Department of Health and Human Services.

The Court may determine that reasonable efforts have been made to prevent or eliminate the need for the youth’s removal from the home, and that it is contrary to the welfare of the youth to remain in his or her family’s home. The court may then order the youth placed outside his or her home either while parents’ retain custody of their son or daughter or the court may also order that custody be granted to Department of Health and Human Services. To assure an orderly process for the latter situations the Division of Juvenile Services entered into an Interagency Agreement, called the C5 Protocol, with DHHS to determine whether a commitment to the DHHS is the most appropriate disposition for the youth. The protocol requires the completion of a home study and for state agencies to explore all other reasonable alternatives that may eliminate the need of the youth’s removal from the home.

Another option for six Courts throughout the state is the Juvenile Drug Treatment Court (JDTC). Upon agreement of the parties, high risk juveniles with significant substance abuse problems may participate in the JDTC as an alternative to a probation revocation, commitment to a Youth Development Center, or as part of a release plan for youth committed to a Youth Development Center. Youth enter into a voluntary agreement to enter the JDTC program and are subject to intensive substance abuse treatment, case management services and frequent review by the Court. The Department of Corrections, the Maine District Courts and the Office of Substance Abuse within the Department of Health and Human Services collaboratively developed and oversee this program.

Youth placed on probation are subject to ongoing reassessment by the JCCO to monitor progress of each youth in reducing their risks using the YLS-CMI. Other assessments can more specifically define risks. The Juvenile Automated Substance Abuse Evaluation (JASAE) screens for substance abuse and the Massachusetts Youth Screening Instrument (MAYSI) looks for potential mental health issues. The JCCO uses the results of the assessments to develop an individual plan of care that outlines specific steps and interventions to address the identified risk factors.

For more complex cases or when there is no agreement with all providers and family to develop a plan, the JCCO may incorporate a wraparound approach through the use of

the Family System Team process. This model brings the key players together with an independent facilitator to work through the conflicts in a deliberate manner which works to address every one's concerns while fostering joint commitment to the success of the plan.

Youth who successfully complete the terms of probation are discharged from supervision at the end of the specified term, or, they may be discharged earlier upon review and approval of the Court. Youth that fail to comply with the conditions of probation may be subject to probation revocation proceeding upon motion of the JCCO and approval of the District Attorney. If the Court at the hearing finds that the juvenile inexcusably violated the terms of probation, the Court may impose further sanctions including a commitment to a short term of secure incarceration, referral to the juvenile drug court, or commitment to a Department of Corrections Youth Development Center for an indeterminate term ordered at the time of disposition.

Community Services

In the past two years the Division of Juvenile Services pursued a goal of purchasing community services that use evidence-based practice. Nationally juvenile justice systems are increasingly limiting their services to those with evidence indicating effectiveness. Described as Evidence Based Programs or Practice or EBP these programs use models that have been researched and demonstrate that they produce better outcomes than traditional programs. In corrections adherence to EBP ensures interventions help reduce offender risk and subsequent recidivism. Ultimately EBP leads to improved public safety. The movement to EBP has led to less reliance on long term residential placements while emphasizing youth and family interventions that are risk focused and strength-based.

Functional Family Therapy (FFT)

Functional Family Therapy FFT is an evidenced-based, systematic family-based model for working with at risk adolescents and their families. FFT is outcome-driven and targets youth who have demonstrated acting out behaviors. FFT is one of 11 nationally recognized Blueprint Programs through the Juvenile Justice and Delinquency Prevention (OJJDP) that have met a strict scientific standard of program effectiveness. Successful FFT programs include programs emphasizing diversion, probation, alternatives to incarceration, and reentry from high-security, severely restricted residential placements.

In 2003 Catholic Charities of Maine, St. Michaels Center introduced FFT to Central and Eastern Maine. By July 1st of 2006 this program worked with 115 juveniles and their families to successfully complete treatment. The program has now expanded to Aroostook County.

Two other agencies are now pursuing implementation of this model in the southern areas of the state.

MultiSystemic Therapy (MST)

MultiSystemic Therapy (MST) is a pragmatic and goal-oriented treatment that specifically targets those factors in each youth's social network that are contributing to his or her antisocial behavior. MST is overseen by MST Services, an organization established in collaboration with Family Services Research Center (FSRC) and the Medical University of South Carolina (MUSC). MST interventions are usually adapted and integrated from pragmatic, problem-focused treatment that have at least some empirical support, including strategic family therapy, structural family therapy, behavioral parent training and cognitive behavior therapies.

Treatment is intensive, time limited and typically aims to improve caregiver discipline practices, enhance family affective relations, decrease youth association with deviant peers, increase youth association with prosocial peers, improve youth school or vocational performance, engage youth in prosocial recreational outlets and develop an

indigenous support network of extended family, neighbors and friends to help care givers achieve and maintain such changes.

The Division of Juvenile Services collaborated and supported the development of evidence based treatment services by specifically targeting and supporting the development of MST services for correctional youth by working with community mental health agencies. Presently, two community agencies (Kennebec Valley Mental Health Center & Tri-County Mental Health) are providing MST services in Central and Western Maine. Twelve families completed the MST program in Central Maine with DJS funding, while a number of others participated in the programs with MaineCare (Medicaid) funding.

Additionally, in Central Maine, Kennebec Valley Mental Health Center participates in a national research project using MST with youth who have been identified as exhibiting sexual behavior problems.

In December of 2006 Washington County Psychological Associates completed the training to implement the MST model in Washington County and expect to start serving clients in early 2007.

Multidimensional Treatment Foster Care (MTFC)

Multidimensional Treatment Foster Care MTFC, an evidenced-based treatment intervention, works with at risk youth and their families. While the program removes the youth from his or her own home, he or she resides in a foster home where the foster family trains skill building and problem solving. An important aspect of the program is the work with the family to which the youth will be discharged to assure continuity of treatment. The program builds on strengths and reinforces positive behavior.

Youth Alternatives introduced MTFC to Maine and offers the program in Southern Maine. The youth served by MTFC will primarily be from Cumberland and York County. The program, still in its infancy, currently serves two youth with two more who are awaiting licensure of the family homes.

Juvenile Drug Treatment Court

In 1999 Maine used its Juvenile Accountability Block Grant funds to develop a Juvenile Drug Treatment Court. Currently six District Court Judges are assigned to six Juvenile Courts located in York, Cumberland, Androscoggin, Kennebec, Penobscot, and Sagadahoc counties. This Court is a special court responsible for handling cases involving moderate to high-risk adolescent offenders with documented substance abuse histories. The goals of the Juvenile Drug Treatment Court are:

- Improve public safety;
- Increase the juvenile's accountability;
- Build a better family unit;
- Increase collaboration among the juvenile justice system, substance abuse providers, educational systems and ancillary services; and

- Have juveniles become responsible community members.

New admissions to the Drug Court rose from 65 in 2003-2004 to 84 in 2004-2005 resulting in an increase of 30%. The overall graduation rate for JDC is 42% compared with a national average of 29%. Ninety-three (93%) of all Drug Treatment Court participants were assessed as moderate to high risk for recidivism as well as demonstrating a substantial substance abuse problem.

Community Sexual Behavior Treatment (SBT)

In 2004, Division of Juvenile Services began working with the University of Maine (UM) to improve the assessment and treatment of youth who exhibit sexual behavior problems and youth who are charged with committing sexual offenses. The discussion culminated in a financial agreement between DJS and UM that resulted in a series of conferences featuring University staff in conjunction with Dr. Susan Righthand, Ph. D, an internationally recognized expert under contract with DJS.

The University, with the assistance of Dr. Righthand, developed a three-part training curriculum, which offered Continuing Education Units, and delivered the series of trainings in Northern and Southern Maine. The community response was excellent and participants included staff from DJS, DHHS child protective and mental health, and community agencies that provide case management, evaluation, treatment, foster care and residential services. Clinicians presently providing evaluation and treatment services to youth with sexual behavior problems for DHHS and DOC represented a substantial number of attendees.

The three-part series included:

- Risks & Resilience: Youth Who Commit Sex Offenses
- Risks & Resilience: Assessing Youth Who Have Committed Sex Offenses
- Risks & Resilience: Treating Youth Who Have Committed Sex Offenses

In all, more than 255 people received training and as an ongoing initiative, DJS, UM and Dr. Righthand are collaborating in providing on-going Peer Professional Consultation for interested clinicians on a quarterly basis. Additionally, DJS's use of ITV has made this opportunity readily available to clinicians working in the most rural areas of Washington and Aroostook Counties.

Juvenile Risk Reduction Program

The Juvenile Risk Reduction Program (JRRP) operated by Spurwink in Regions I, II, and III uses a case management approach to identify resources and monitor provision that focus on the assessed risk factors of moderate to high risk youth. As a part of the referral JCCOs forward a copy of the YLS/CMI completed assessment. The program completes more in-depth assessments in areas of identified risks to better define the cause(s) of the risk. Once more fully defined the program identifies resources to ameliorate the risk. The program uses wraparound service planning including natural

supports to coordinate a service plan. The program monitors the effectiveness of the implementation of the plan and adjusts as needed.

Most youth are able to complete the program within five to nine months. At the end of the program, the natural supports, whether they be parents, neighbors, school personnel, will continue to support the youth in participating in local programs and appropriately using the new skills. During the first year of operation the program served 275 youth and their families.

Case Management Funds

Each region maintains a limited account to assure provision of services or resources needed to implement a case plan. These funds are used to purchase treatment services, either community-based or residential, for non-MaineCare recipients as well as a variety of other goods and services.

Commitments

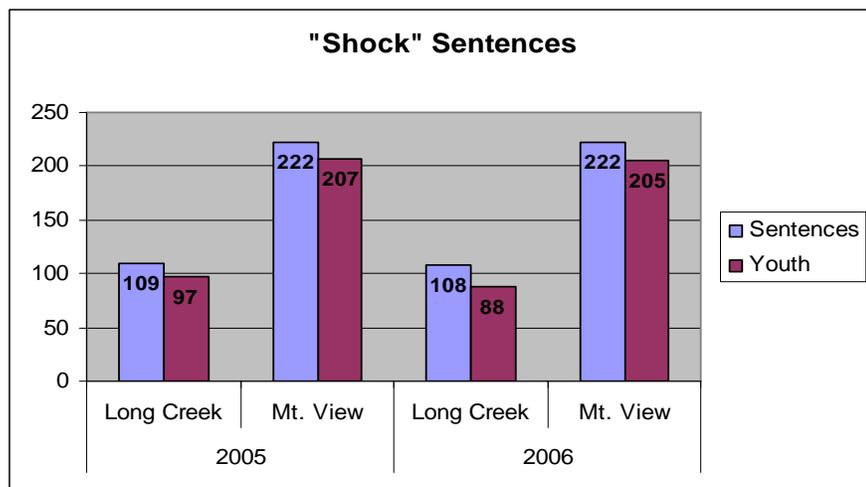
Youth adjudicated of juvenile offenses and committed to the Department of Corrections are placed in either of the Division's two facilities. Courts may impose indeterminate sentences to a youth's 18th birthday or extend to no later than their 21st birthdays. The court may also impose a determinate sentence of no more than 30 days or, for youth in the drug treatment court program, a stay not to exceed seven days.

The youth committed for an indeterminate sentence must remain in the facility until a decision is reached that he or she has successfully completed the program and is ready for release to the community.

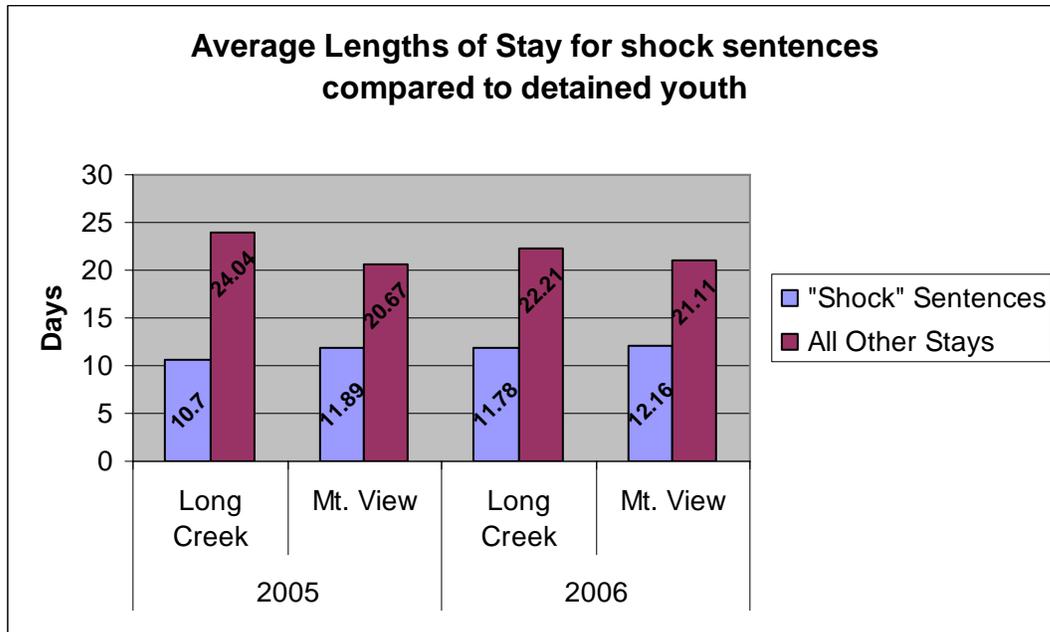
Long Creek covers 183,000 square feet of space and can house up to 163 youth. Mountain View, a somewhat smaller replica facility, accepts youth from the northern areas of the state with a total capacity to house 140 youth. Both facilities house detained and committed youth of both genders.

Youth adjudicated of having committed an offense might be given a determinate sentence as allowed by the Juvenile Code of no more than 30 days. These dispositions are commonly referred to as "Shock Sentences," the supposition being that once youth faced the reality of being "locked up," they will change their ways and commit no more offenses. Because of the short-term nature of the sentence, these youth serve their sentences in the detention unit.

Since some youth may receive more than one "shock" sentence within a year, the number of sentences exceeds the number of youth. As can be seen in the chart more youth are given this type of sentence from the Northern areas of the state than those from the South.

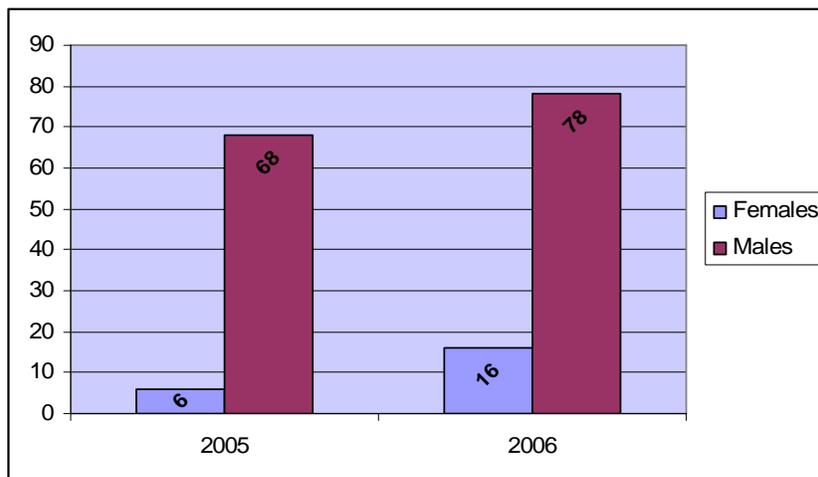


The average length of stay for youth who have received “shock sentences” approximates half the average length of stay for youth in detention units for any other reason.



Both facilities provide programming to youth committed to their facilities for indeterminate sentences. Youth remain in the facility until it is determined by the Superintendent that they are ready to be released to the community. Once released the youth remain committed to the facility and, if unable to comply with their conditions of release, will return to the facility for additional treatment and programs. Youth reaching the end of their indeterminate sentence while still in the facility will be discharged without the benefit of the aftercare or community reintegration program.

The number of youth committed to the Division's juvenile facilities during calendar years 2005 and 2006 are shown below.



The opening of the two new facilities brought a new philosophy for treating residents: the Maine Operating Approach (MOA). The role of MOA is to foster changes in thinking, feeling and behavior in order to promote responsibility and accountability through a variety of therapeutic programs. MOA integrates all of the programs provided at the facility: behavior management, Collaborative Problem Solving, cognitive skills, education, mental health and substance abuse treatment, volunteer and religious programs.

The facilities are structured to assess the risks and needs of each juvenile, formulate a plan to address these risks and needs using the programs and staff within the facility, and to monitor each youth's progress in acquiring skills that will enable them to be safely released to the community.

Classification System

Youth committed to a facility are classified to assure provision of an appropriate level of supervision and treatment programming. The Classification system also monitors case plans to assure they are individualized to address the specific needs of each resident and that youth are progressing in accordance with their plans. The initial classification hearing is scheduled following the 30-day comprehensive assessment and orientation process. Based on the information from the assessment the Classification Committee decides whether the youth's treatment needs can best be met within the facility or if placement within a community therapeutic placement would be more appropriate

The Classification Committee oversees each resident's treatment progress and ensures that programs and services described in a resident's Case Plan are being provided in a manner that best serves the interest of each resident and the facility. Through a series of monthly reviews and quarterly meetings the Classification Committee monitors quality and delivery of all services described in a case plan. The Classification Committee determines whether youth proceed through the four levels of programming and determines when the youth is ready for release.

All Classification meetings provide a supportive environment inclusive of each youth's family in the preparation, planning, treatment, and transition of the youth to their family home or community placement.

Behavioral Health Program

Although the Division employs psychologists to provide direct service and assist staff in working with its residents, mental health services availability is expanded by a collaborative agreement with Children's Behavioral Health Services of Department of Health and Human Services as well as hiring contractors to provide treatment. Children's Behavioral Health Services staff consult with facility staff to develop appropriate treatment plans for youth in the facility and upon release. Their connection with the mental health service system assures continuity of treatment as well as appropriateness of referrals. Contractors provide the majority of behavioral health treatment at the facilities including substance abuse, mental health, and psychiatric treatment. All treatment providers pursue the goal of reducing the risk of the residents committing crime when released to the community.

Day One provides a comprehensive continuum of substance abuse treatment services that are integrated and supported by the facilities' programming. The services include assessment, individualized treatment planning, individual counseling, group counseling, family treatment, and assistance in development of community reintegration plans. All of the residents at the facilities are assessed for substance abuse issues, since it is one of the eight risk factors for recidivism as identified through the YLS/CMI risk assessment. Many of the youth in the facilities have a high risk factor of substance abuse and are provided substance abuse treatment by the Day One provider.

Sweetser, the current contractor for mental health services, provides individual, group, and family therapy to identified residents and their families. All residents receive a comprehensive mental health and family assessment upon commitment to the facility. One purpose of the service is to ensure the emotional and behavioral adjustment to the facility, while the major goal is to improve the mental health functioning of the residents and their families, specifically as it relates to reducing delinquent behavior. Sweetser also helps residents and their families prepare for the resident's transition back into the community.

Board-certified child psychiatrists provide needed psychiatric care to residents including psychiatric evaluations and ongoing medication management for residents with mental health issues. These providers work collaboratively with community providers to ensure continuity of care with each resident when transitioning to the community.

To improve the behavioral and mental health services to youth, the facilities are piloting a number of behavioral health screening tools. One of those tools is the Juvenile Victimization Questionnaire (JVQ). The JVQ is a structured interview designed to assess abuse and maltreatment of juveniles including physical abuse, sexual abuse, neglect, and exposure to domestic violence.

Raymond Knight, PhD and Judith Sims-Knight, PhD developed a computerized assessment tool called Multidimensional Inventory of Development, Sex, and Aggression (MIDSA) to assess developmental history, social and anti-social behavior, sexual abuse and experiences and attitudes and behaviors supporting various sexually abusive behaviors. The MIDSA report includes narrative descriptions and reports of scales that assess particular characteristics of each youth's answers. Long Creek and Mountain View agreed to become BETA test sites for the MIDSA, that is, they will assist in testing the operational aspects of this automated assessment instrument. The Sexual Behavior and Assessment/Orientation teams were trained to administer the MIDSA.

Cognitive Behavioral Skills

Each youth committed to a facility must complete a cognitive behavioral skills program. The manualized program has a number of modules, each module building on the skills learned in the previous module. Behavioral health care workers co-lead the groups and help the youth complete homework assignments. The program assists the youth in recognizing thoughts, emotions, and triggers that lead to unacceptable behaviors. They then learn and practice new skills that lead to more appropriate, pro-social behavior.

The completion of the various modules of the program is tied to each youth's advancement in phases and levels, leading to the reduction of criminogenic risk, and eventually to the release of the resident to the facility.

Collaborative Problem Solving

The Division of Juvenile Services, with the help of the Juvenile Justice Advisory Group, embarked on a mission to deliver the best possible care to the juveniles under its supervision. To that end, both the Mountain View and Long Creek Youth Development Centers have worked very closely with Dr. Ross Greene and the Center for Collaborative Problem Solving for over two years.

Dr. Ross Greene, Director of the Collaborative Problem Solving Institute in the Department of Psychiatry at Massachusetts General Hospital and an Associate Professor in the Department of Psychiatry at the Harvard Medical School, developed the Collaborative Problem Solving (CPS) model. Under this model Dr. Greene proposes that challenging behavior should be understood and handled in the same manner as other recognized learning disabilities. In other words, difficult children and adolescents lack important cognitive skills essential to handling frustration and mastering situations requiring flexibility and adaptability. The CPS model helps staff teach these skills to the youth and allows staff and residents to work toward mutually satisfactory solutions to the problems causing conflict.

Thanks to grants received from the Juvenile Justice Advisory Group, both juvenile facilities have had the opportunity to work hand in hand with Dr. Greene through numerous on-site trainings and weekly supervisions via video-conference. Both juvenile facilities are actively implementing the model in all committed housing units.

Gender Responsive Programming

Few girls are committed to either facility. At Long Creek all girls reside in one unit with two separate areas, one for the detained and another for the committed. At Mt. View, detained girls are placed in a separate living area of the detention unit, while the committed girls reside in their own separate unit.

Some staff in the girls' units have attended training in working with girls in the juvenile justice system and have learned of the need to respond to their unique needs. Many girls in the juvenile justice system have suffered from physical or sexual abuse or some other trauma. Almost all of the girls committed to the facility have abused substances and more than $\frac{3}{4}$ are in need of mental health treatment.

Girls react to the relationships in their lives and have a greater need to talk out their issues in order to deal with them. Girls also have many other needs dissimilar to those of boys. Their medical needs are greater; some have experienced pregnancy or have children. Their interests often differ vastly from boys. Their developmental levels are different from the boys in the facility of the same age.

Separate programs have been developed at both of the facilities to address the specific needs of this small group of youth. Volunteers often offer specialized programming to deal with specific issues or interests, such as:

- Girls' Circle Group
- Women and Girls' film festival
- Book group led by the facility librarian
- The Center for Grieving Children

A specialized Cognitive-Behavioral Skills program was developed for the girls, usually delivered individually, because of the small numbers. The program is divided into four phases that developmentally builds to competent use of prosocial skills.

Some of the education programs are held separately for girls to allow them to learn without the presence of boys. These programs also allow for topic areas to focus on the accomplishments of women in various fields to show models of successful women.

Sexual Behavior Treatment Program

The Sexual Behavior Treatment (SBT) Program reduces the risk of sexually inappropriate behavior by providing developmentally appropriate, empirically based treatment for adolescents who have engaged in sexually offensive behavior. The SBT program is founded on the principle that sexually abusive and exploitive behaviors are learned behaviors. Through treatment, youth who have engaged in such offensive behaviors can learn healthy, age appropriate, respectful, and responsible behaviors that replace the abusive, inappropriate, and irresponsible behavior patterns associated with offending. The program uses cognitive behavioral therapy with additional empirically supported treatment approaches as indicated.

The SBT Program uses a holistic approach to treatment to reduce the risk of all forms of violent and illegal behavior and help youth develop responsible, respectful, law-abiding, and rewarding lifestyles. From the time a resident is committed, the SBT Program strives to assure that youth are placed in the least restrictive, most appropriate setting possible that best addresses their individual treatment needs. The SBT Program is dedicated to treating all youth, regardless of race, ethnicity, or sexual and gender orientation, with respect and dignity throughout the facility.

Program Participants include all residents who have engaged in sexually inappropriate behavior. Participants include youth who have:

- been adjudicated for sexual offenses,
- plead to a nonsexual charge after having been charged with a sexual offense,
- not been adjudicated of a sexual crime, but have histories of sexual offending,
- been adjudicated of a nonsexual crime with sexual overtones (e.g., stealing undergarments) or
- engaged in other sexually offensive behaviors, such as sexual harassment.

Youth who deny their sex offenses, but who have been adjudicated for a sexual offense, may be admitted to the SBT Program and may continue in treatment as long as they make progress on their assessed treatment objectives.

The SBT Program provides gender-specific treatment for both boys and girls, but are treated separately. In addition, youth who require specialized treatment or modifications due to cognitive limitations, mental health concerns, or other factors will be provided with appropriate services.

The SBT Program is designed to provide specialized sexual behavior treatment that supplements the general treatment approach at the Youth Development Centers, known as the Maine Operating Approach (MOA). Like the MOA, the SBT Program follows four phases of treatment.

Individualized treatment objectives may include the objectives described below. And other treatment objectives may be added to meet individual needs.

1. Motivation to Change
2. Appropriate Sexual Interests
3. Positive and Effective Social Skills
4. Resolution of Personal Maltreatment History
5. Victim Impact/Empathy
6. Pro-social Attitudes/Beliefs
7. Emotion/Impulse Management
8. Positive/Stable Self-image
9. Responsible Behavior
10. Positive Family Relationships/Supports
11. Positive Peer Relationships/Supports
12. Positive Community Supports
13. Risk Management (Relapse Prevention)

Education

The Arthur R. Gould School, located within the Long Creek Youth Development Center, and the Mt. View School, located within the Mountain View Youth Development Center, are fully approved by the Maine Department of Education and accredited by the American Corrections Association. Both schools use the program model called Learning for Life, a model based on research that indicates that youth learn best in safe, project-based environments where students are directly involved in their own learning process. Youth served span grades nine through twelve and beyond. Most classrooms contain about 8 youth.

The average age of residents in the facilities is over 16 years, while average stay is 9 months. During that time progress averages 1.2 years of growth. Approximately 55% of the students are designated as special education. The curriculum incorporates Maine's Learning Results standards. During the last school year nine students graduated from high school. Fifty students studied for and attained their GEDs. Twenty seven students were placed in jobs in the community before release.

The schools are organized around interest areas such as Carpentry, Culinary Arts, Action Technology, Small Engines, Agriculture, Science Adventures and Graphic Arts. Each has a vocational component and core subjects with a team of teachers including a special education teacher. Working together they deliver an individualized, hands-on, project-based program. Computers are readily available allowing students to work on projects. Teams develop extensive personal learning plans for each student based on

the results of a series of tests. Students select their interest areas after shadowing other students in all of the interest areas and discussing with the guidance counselor.

Interest area develops projects based on themes. This approach helps students begin to make connections in the real world. As an example, world cultures could be the theme for culinary arts and the project might center on Mexico. Students study math in connection with the economy of Mexico then move to English class where they study Mexican writers. The students would examine crops and land in social studies and in the culinary kitchen students develop menus and cook Mexican food. In each area teachers strive to give students many choices in the curriculum.

Students with high school diplomas access college courses through distance learning.

All programs share the same goal of successful community reintegration upon release from the facility. A Memorandum of Agreement between the Department of Corrections and the Department of Education describes the roles and responsibilities of the two departments as well as the school systems to assure youth returning to their home schools successfully reintegrate into the school program. The Memorandum of Agreement is referred to as the Interagency Model Project for Academic and Correctional Transition or Project Impact. Under the agreement the Department of Education funds a staff person in each facility to coordinate school plans for each returning youth. Through Project Impact schools receive all of the information needed to determine the appropriate school program for the returning youth. Development of the plan uses a team approach including the Juvenile Community Corrections Officer from the community. This coordinated approach assures that all aspects of a student's school life is carefully planned to encourage success.

The Jobs for Maine's Graduates (JMG) developed a program for the Long Creek and Mt. View Youth Development Centers. Four components prepare students for the world of work:

1. A curriculum that covers career exploration, job searching strategies and preparation, interviewing skills, workplace etiquette, and financial literacy for up to forty residents.
2. Employment opportunities developed at various businesses throughout Maine for eligible students.
3. Hands-on community service volunteer experiences for job-training exposure as well as opportunities to support various local agencies.
4. Community leaders and professionals as guest speakers and leading workshops.

Keeping Maine's Children Connected (KMCC), an initiative sponsored by the Maine Children's Cabinet, promotes success for youth who experience disruption in their educational programs. KMCC developed a standardized system of communication using a website to provide contact names of people in all systems to ensure educational plans are well-coordinated. As of this year 180 KMCC Liaisons represent regional state agency offices, juvenile correctional facilities, in-patient psychiatric hospitals and 95% of the school districts. More will be done to familiarize the public and agencies about the liaison network system. Division staff serve on the Advisory Committee for KMCC.

Medical Services

Correctional Medical Services, a private contracted vendor, provides medical services to residents at both facilities. The scope of service ranges from primary care, dental care and oral surgery, mobile X-Ray, laboratory, and optometry services. Separate contractors provide psychiatric care.

PharmaCorr, another private vendor, generally ships medications within a 24-hour time period. The facilities access medication for acute needs through local pharmacies.

Community-based physicians provide specialty services such as, orthopedic, surgical, infectious disease, cardiology, radiology, oncology, dermatology and obstetric gynecological services, to residents who are transported to their offices or clinics. Youth in need of acute care are transported to local hospitals.

Nursing staff provide medical supervision at both facilities 24 hours a day. The Chief Pediatrician provides services at both facilities one day per week.

A sample of medical services delivered to residents of both facilities for the time period of January through May of 2006 includes:

• Physician Visits	175
• Nurse Visits	1322
• Dental Visits	54
• Hygienist Visits	72
• Lab Studies	357
• Off-Site Consultations	5
• Emergency Room Visits	3

Advocacy

The Department of Corrections employs an Advocate to assure the rights and dignities of residents at both facilities are protected. The Advocate listens to the concerns or complaints of residents and works with them and staff to resolve problems and issues as they arise. The Advocate also assists residents with filing grievances, understanding the Disciplinary Policy, and dealing with Disciplinary Board procedures.

The Division is currently piloting a *Guardian Ad Litem* (GAL) Project established by legislation to determine whether the advocacy of *guardians ad litem* improves the outcomes of juveniles committed to correctional facilities. Beginning in January of 2006 Long Creek began offering residents, who have limited parental or guardian support, chronic and/or severe mental health problems, substance abuse issues, mental retardation or significant learning disabilities, the opportunity to participate in the pilot project. At the same time Mountain View offers residents meeting the same criteria the opportunity of similar services provided by the Department's Advocate. An evaluation of the two-year project will determine the effect of both types of advocacy. The project hopes to be particularly effective with the younger residents at the facilities. The pilot hopes to serve at least 15 youth at each facility.

Recreation

Both facilities provide a variety of recreational activities and opportunities to the youth throughout the year. A regular recreation schedule gives all students in each housing unit the opportunity to use the gymnasium, activity room and athletic fields on a daily basis. The students participate in a wide range of sports some of which include basketball, softball, volleyball, flag football, soccer, ultimate Frisbee, floor hockey, jogging, weight lifting, aerobics, badminton, and tennis. The recreation department also creates programs for students who have interests in music, the arts, cooking and other hobbies. The activity room offers games such as pool, table tennis, foosball, dome hockey and movies. Upon request, students have access to BINGO, board games, card games, arts & crafts supplies, and a variety of sports equipment. As part of the re-integration process students have the opportunity to go on field trips to professional and college sporting events, tournaments, parks, plays and museums.

Through an adventure-based counseling program, experienced adventure staff help students learn about teamwork, communication, trust, problem solving and establishing community. Games, initiatives and problem-solving activities combined with a climbing wall and other high elements allow students to excel in personal growth by focusing on individual strengths. Eligible students can continue the adventure program off grounds by participating in field trips that include rock climbing, hiking, snorkeling, swimming, fishing, exploring, boating, snowshoeing, and cross country skiing.

The Recreation Supervisors work with volunteers, universities, colleges, companies and facility staff to create many programs to suit all residents' interests, identified through frequent surveys of residents and staff. Additionally, Recreation Supervisors work with schools, local YMCA's, and city recreation departments to help students become involved in positive activities in their own communities when released.

Chaplaincy

Each facility employs a full time chaplain to respond to all religious needs of residents regardless of religious affiliation. A volunteer chaplain at Long Creek expands the amount of services available at Long Creek. The Chaplains are available on an on-call basis for bereavement and emergency issues with residents, offer on-going spiritual direction, and one-on-one pastoral counseling to all residents and staff, when needed. Chaplains visit each unit weekly to invite residents to participate in religious programs.

Programs offered by religious services in both facilities include:

- Weekly Catholic and non-denominational services
- Weekly Bible Studies provided by Straight Ahead Ministries in each unit
- Biannual "in-house retreats by Kairos Retreat ministry
- Religious Mentors who meet with residents weekly
- Center for Grieving Children provides two 8-week support groups for residents dealing with traumatic loss annually

Other programs offered at one or the other of the two facilities:

- “Kick-It”—faith-based and scripture-based substance abuse weekly meetings provided by volunteers
- Cross Road Youth Outreach—weekly Bible Study offered to boys committed to the facilities
- “Christian Leaders Program”—weekly meetings provided by Salvation Army
- Weekly Support group offered in each unit by Chaplain and volunteers.

Volunteer Services

A Chief of Volunteer Services in each facility coordinates the multiplicity of services and programs staffed by volunteers. They mentor youth, tutor them, take them to community activities, bring gifts on holidays, teach youth to crochet, help them to participate in community service and a whole range of other services too numerous to describe. The chiefs through open house events and tours and other public information programs interest people in the community in participating in the facility programs.

All interested persons are screened with background checks before being trained. Volunteers receive an orientation to the facility to learn about the mission and goals of the facility as well as all the rules required of the youth and the volunteers. The Chiefs reviews the performance of all volunteers and reassign individuals as necessary in order to provide volunteer satisfaction while meeting facility goals and objectives.

Both facilities have trained approximately 200 volunteers. In 2005 Mt. View counted 6,790 hours of volunteer time provided to their facility.

Community Reintegration

Community Reintegration begins at the point of commitment. A fundamental reality of the juvenile correctional system is that every youth will return to the community. The juvenile corrections system provides opportunities for youth and their families to learn new skills and make long term sustainable changes in their attitudes, beliefs and behaviors, so that they return to the community as pro-social and productive members of society.

Facilities comprehensively assess each youth upon commitment to a facility. From this information the Orientation and Assessment staff develop individualized case plans to teach skills residents will need when they return to the community. As each youth achieves treatment goals, he or she youth is eligible for consideration for release to the community through community reintegration (formerly known as aftercare).

The Unit Treatment Team oversees implementation of plans, ensuring that each component of residents' case plans is provided and that residents gain skill sets associated with the treatment goals. Once the Classification Committee decides the youth is ready for release the Unit Treatment Team begins the transition process. The JCCO is a member of the Unit Treatment Team and offers information about the family and community both in terms of risks and strengths as the youth progresses through the facility program.

The Team, which includes the youth and his or her family, develops a Release Plan. All areas of risk are identified within the Release Plan with specific action steps and persons assigned responsibility for completion. Strategies for managing risk and for continued improvement build upon the strengths of the youth and the family. Natural supports will be identified to carry out components of the plan, to enhance a plan, and extend the support beyond the legal supervision phase. Formal services are arranged prior to release and providers are asked to begin the services within the facility to ease the youth's acceptance and ensure retention within the program. The community services available to youth on informal supervision or probation are also available to the team in developing community reintegration plans.

Project Impact, a project funded by the Department of Education, arranges transfer to the home school, providing records, assisting with registration, and helping the youth with the transition.

Prior to release the youth, his or her parents or legal guardian, Juvenile Community Corrections Officer, and the facility Superintendent sign a Community Reintegration Agreement that details conditions for each youth to remain in the community. Violation of the agreement terms could result in either modification of the agreement or return to the facility.

The JCCO resumes primary responsibility for monitoring the case plan, reassessing the youth once returned to the community, and modifying the case plan using the case management process used for all youth under supervision.

Organizational Development

Corrections Information System (Coris)

In November of 2003 the Department of Corrections transferred all its client information to a web-based database that serves the whole department. Regardless of the location or status of a particular client, any staff person with access to a computer can find necessary information to appropriately perform assigned responsibilities. As clients move from one facility to another, one region to another, or from facility to region or vice versa, the information is immediately available.

Coris contains information about all persons under the supervision of the Department, their offenses, demographic information, assessments, case plans, notes, conditions of supervision, and a variety of other data elements that assist the department in carrying out its mandates. A restitution component monitors client payments. A complete financial component was added to monitor supervision fees, canteen funds, and a variety of other financial transactions. The system is designed to tie these various components together for each client in order to assure a comprehensive, consistent approach that reduces the risks of recidivism.

The Division of Juvenile Services established a Coris Infrastructure Committee to identify any issues and recommend changes to assure high quality of the data. The Committee, comprised of staff at all management levels and representing both facility and community, reviews requests for changes in Coris to assure that the change does not negatively affect data for any user at any level. The Committee reviews requests for ongoing reports or changes in reports, primarily to assure that the reports are not duplicative. Minor changes to existing reports may often meet the users' needs without the creation of an entirely new report. Trainers regularly attend Committee meetings to provide information about training needs, inconsistent data entry, concerns raised by users, and other information that helps the committee to understand the actual implementation of all data entry. Business Analysts, front line staff that work directly with the Coris developers, also attend the meetings. They report concerns to the developers as well as keep the Committee informed of the developers' progress and issues.

Continuous Quality Improvement

The Division over the past several years developed a number of initiatives to oversee the quality and effectiveness of its programs both within its own directly delivered and its contracted programs.

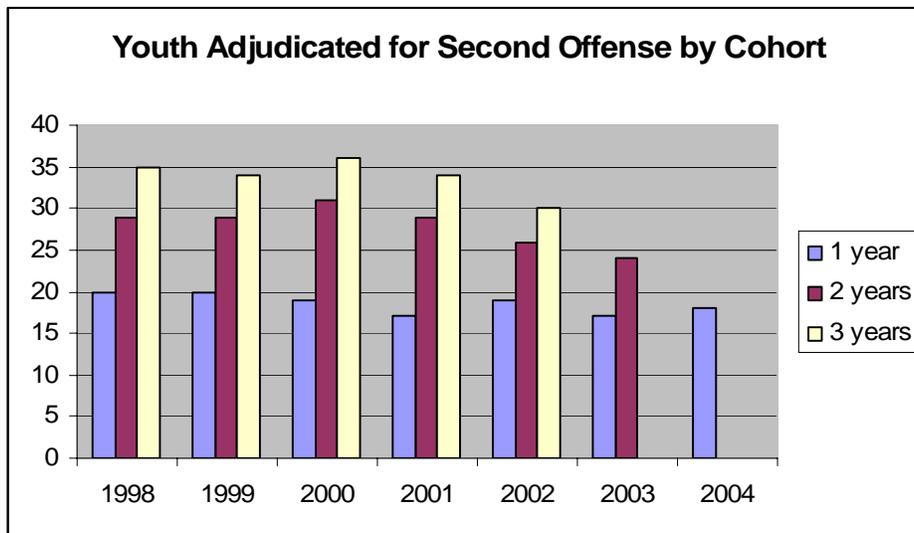
Recidivism Report

The Division of Juvenile Services collaborated with the Muskie School of the University of Southern Maine to monitor the recidivism rate of juveniles in the juvenile justice system in Maine. The Division chose to compare cohorts of youth from one year to the

next. Youth adjudicated of an offense for the first time in 1998 were selected for the first cohort. One year following the adjudication for that offense 20 % of the youth had been adjudicated of a second offense; 29% had been adjudicated of a second offense within two years of the first adjudication, and 35% had been adjudicated of a second offense within three years of their 1st adjudication. Additional cohorts in subsequent years allow the Division to determine whether their intervention efforts are affecting recidivism rates. The chart below suggests that the Division has reduced the recidivism rate of youth in the first year after their adjudication from 20% to 18%.

Cohorts	1998	1999	2000	2001	2002	2003	2004
1 year	185 (20%))	182 (20%)	269 (19%)	236 (17%)	245 (19%)	184 (17%)	227 (18%)
2 years	279 (29%))	273 (29%)	428 (31%)	393 (29%)	369 (26%)	255 (24%)	
3 years	333 (35%))	316 (34%)	507 (36%)	456 (34%)	413 (30%)		

The chart below shows the numbers of youth in each cohort after 3 years. The data is not yet available to determine how many youth committed second offense after three years for the youth with their first adjudicated offenses in 2003 and 2004.



Although the Division finds this information helpful, as with most data, it raises additional questions. Primary among the Division questions is whether there is a difference in recidivism rates for youth assessed at high risk of recidivism. The recidivism report for the 2005 cohort will begin to address this question by looking at the assessment scores for youth after their first adjudications.

Correctional Program Assessment Inventory (CPAI)

The Correctional Program Assessment Inventory developed by Dr. Don Andrews of Carleton University in Canada and Dr. Paul Gendreau, of University of New Brunswick, provides a format for looking at programs and assessing a program's level of compliance with the criteria developed for reducing recidivism of persons who have committed offenses. They developed this instrument after determining that people with certain risk factors were more likely to continue committing crimes. Therefore, programs to treat these persons had to be designed to specifically address these risk factors. Further, the CPAI incorporates criteria generally associated with quality programs. A study of programs with high scores on the CPAI found its participants had lower recidivism rates, fewer serious offenses, and fewer incarcerations.

The Division has entered into a collaborative agreement with the Muskie School at the University of Southern Maine to conduct a number of these assessments with both contracted and in-house services. The Division sees these CPAI assessments as tools to assist programs to improve the effectiveness and quality of their programs. Following completion of an evaluation with this tool, the program is expected to develop a quality improvement plan to address areas identified in the assessment that need improvement. The program undergoes a regular re-evaluation, every year or so, using the same tool. The program would be expected to obtain improved scores over time.

Targeted Case Management Quality Assurance

Juvenile Community Corrections Officers accomplish their work using a correctional case management approach. The use of this approach allows the Division to seek reimbursement from MaineCare for Targeted Case Management Services for juveniles under supervision. As providers of this service the Division is obligated to continually monitor the services delivered to assure they meet the requirements of the MaineCare rules. Currently, the Division is monitoring the case management services as recorded on Coris at the regional level. The Division plans to hire a Director of Continuous Quality Improvement to develop a consistent statewide process to be grounded in the principles of improving the quality of case management as well as other functions of the Division, thereby, improving the outcomes for juveniles under its supervision.

Performance-Based Standards (PbS)

The Long Creek and Mountain View Youth Development Centers participate in the Performance-based Standards Learning Institute, a non profit subsidiary of the Council of Juvenile Correctional Administrators (CJCA). The Conditions of Confinement Report released by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in the early 1990's indicated many problems in juvenile correctional facilities from overcrowding due to lack of services and education. Amongst the list of facilities with unacceptable conditions were a number of accredited facilities. In 1995, CJCA started to look at this situation and recognized accreditation had more to do with developing appropriate policy and assuring basic facility requirements and less to do with what was actually being accomplished with the youth in the facilities. Thus began the Performance-based Standards Project.

CJCA gathered people from around the country to develop a set of standards everyone agreed should be the goals for facilities holding youth. As an example a Safety standard reads “Protect staff and youth from accidental and intentional injuries.” Unlike the accreditation standards that relied on the need for written policy about maintaining safety, this standard strives to eliminate the injuries. Following the consensual development of the standards, CJCA then developed indicators to measure how well a facility was doing in trying to achieve this goal. One indicator to measure progress towards goal is “Injuries to youth by other youth per 100 person days of youth confinement.” The indicator is written to allow comparisons between facilities.

Twice a year participating facilities enter data to the web-based database. After all the data is entered, the database provides reports, with graphs that allow facilities to compare themselves to previous time periods and with the national average of all participating facilities. Flags indicate where programs are falling below the national average. Facilities can then analyze their reports and, using a collaborative approach of involving all staff in the facility, decide which indicators to address and develop an improvement plan to change the indicator to the right direction in the next reporting period.

The PbS goals, standards, outcome measures, and reporting tools have been designed to apply to both short-term detention and long-term correctional facilities. However, PbS also recognizes the different mandates and responsibilities of detention and correctional facilities and works to accommodate both by separating field averages according to facility type (for better comparison among facilities). PbS lists a total of 105 outcomes for correctional facilities and 59 for detention facilities. The outcomes reflect the quality of life in facilities through measures of safety, order, security, services such as health, mental health, and programming as well as the sense of justice and reintegration efforts.

In addition to creating two reports a year, PbS provides participating sites with tools and technical assistance to analyze the PbS data and use it to develop and implement improvement plans. One tool is the Performance Profile which provides an illustrative analysis of each site’s performance competencies in executing the PbS improvement methodology. Performance Profiles, constructed after each site completes the April and October data collection, are presented and reviewed with the site by the assigned PbS Consultant who suggests areas that might benefit from development of Facility Improvement Plans.

The John F. Kennedy School of Government of Harvard University named CJCA a Winner in the 2004 Innovations in American Government Awards competition for its work in developing and implementing this ongoing evaluative process.

Both Long Creek and Mountain View have ongoing Facility Improvement Plans based on the results of recent data collections. Examples of existing plans include efforts to reduce the amount of room confinement, ensure timely intake, mental health and suicide screening, and ensuring that residents understand their legal rights and the facility rules.

Staff Development

As the Division of Juvenile Services continues to move forward with the implementation of best practices aimed at reducing recidivism rates, much depends on the quality of the work of its staff. Staff development plays a crucial role in improving the performance of all staff. Over the past four years, much has been accomplished to support the mission of the Division.

The Department of Corrections shares one Staff Development Director for all its employees. The Director works with the Staff Development specialists at both of the facilities to assure all necessary training is provided to their employees. Both juvenile facilities received accreditation in 2006 from the American Correctional Association (ACA). To maintain accreditation many staff must complete forty hours of training annually. Trainings topic include Ethics, Security, Emergency Procedures, Use of Force and many others.

With the assistance of Behavioral Health Sciences Institute (a collaborative of Spurwink Institute and Southern Maine Community College), the Division completed the development of the new Juvenile Program Worker's (JPW) curriculum, and the Maine Criminal Justice Academy's (MCJA) Board of Trustees approved it as the new certification training for JPWs. To help ensure the credibility and quality of the training, the curriculum is delivered at the facility level, and MCJA staff administers the final exam.

In collaboration with the Division, Dr. Ross Greene is helping all of Juvenile Services staff learn the skills of Collaborative Problem Solving (CPS). Ross W. Greene, Ph.D., is Director of the Collaborative Problem Solving Institute in the Department of Psychiatry at Massachusetts General Hospital. He specializes in the treatment of explosive, inflexible, easily frustrated children and adolescents. The CPS model helps staff and juveniles work toward mutually satisfactory solutions to the problems causing conflict.

All staff working in the community must complete an orientation course prior to working with a caseload on their own. Some of the course, which lasts about five weeks, is held in classrooms while the remainder is overseen by Field Training Officers who serve as coaches to the new employees until they have completed the training. Other trainings are offered in the field as the need arises. Recently the Division completed a review and update of the Juvenile Community Corrections Officer training curriculum, which will be incorporated into the regular training schedule.

The Department of Corrections, in recognition of the large proportion of senior management approaching retirement, entered into an agreement with the Behavioral Health Sciences Institute (BHSI), to create a Leadership Development Program to prepare lower level staff to assume greater responsibilities as the senior managers retire.

Juvenile Justice Advisory Group (JJAG)

Federal legislation, enacted in 1974, titled Juvenile Justice and Delinquency Prevention Act, enabled the creation of Maine's Juvenile Justice Advisory Group (JJAG), now in its twenty-second full year. Maine Statute authorized the JJAG in 1984, (34-A MRSA Section 1209), which is administratively located within the Department of Corrections.

The Maine JJAG comprised of members appointed by the Governor for four-year terms, serve in a voluntary capacity, providing input and direction to the state on issues concerning juvenile justice. The JJAG also serves as the state advisory group to the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) and provides assurances to that office that Maine is meeting the standards outlined in the Juvenile Justice and Delinquency Prevention Act. Three staff support the work of the JJAG, a Juvenile Justice Specialist, a Compliance Monitor, and an Assistant.

Primary responsibilities of the JJAG include:

1. Preparation and development of a state three-year juvenile justice plan,
2. Approval of juvenile justice and delinquency prevention grants made from funds provided to the state under the federal Act,
3. Monitoring of activities and accomplishments of funded state projects, and
4. Oversight of Maine's compliance with the core requirements of the Act.

The Federal Act Consists of Three Funding Categories:

1. Title II, Formula Grant Funds – The Act provides each state with formula grants which are allocated on the basis of each state's population under the age of 18. These grant funds are used to fund a variety of juvenile justice and delinquency prevention programs and services provided that the state remains in compliance with the core requirements of the Act. Maine's 2006 allocation is \$600,000 under the Title II Formula Grant category.
2. Juvenile Accountability Block Grant - The Act provides each state with a Block Grant for the purpose of providing financial assistance to eligible entities to carry out projects designed to hold juvenile delinquents accountable for their offenses. Maine currently funds Juvenile Prosecutors as a major component of the juvenile Drug Court Treatment Program with the 2006 allocation \$314,700
3. Title V – Delinquency Prevention Funds – As part of the 1992 reauthorization of the Act, Congress established a new funding category, Title V, Incentive Grants for Local Delinquency Prevention programs. Funds under Title V are designated for comprehensive delinquency prevention programming at the local community level. Title V funds are allocated to the states based on population under the age of 18. Maine's 2006 allocation is \$56,250 under the Title V Delinquency Prevention category.

Comprehensive Three Year Plan for Juvenile Justice and Delinquency Prevention Fiscal Years 2006 through 2008

The Comprehensive Three Year Plan, available at www.mainejjag.com, describes Maine's juvenile justice needs and the JJAG's work plan for the next three years. Three major areas of work include:

1. Identifying the mental health needs of pre-adjudicated youth,
2. Implementation of Collaborative Problem Solving in agencies and services who work with youth, and
3. Identifying disproportionate minority contact by law enforcement.

MAYSI-2 Pilot Project

While PL 790, "An Act to Improve the Mental Health Services to Children," was passed in 1998 with the intent of developing a comprehensive child's mental health service delivery system in Maine, many children involved in the juvenile justice system lack access to appropriate mental health services. Waiting lists for psychiatric and psychological services are often several months long. It is speculated that some children become further involved in the juvenile justice system due to lack of appropriate mental health assessment and treatment. Often a juvenile's mental health needs are not adequately addressed before commitment to one of Maine's two secure juvenile correctional facilities when they are screened for mental health problems and individualized intervention plans are developed. The State Forensic Services contracted with the Kennebec County Juvenile Court to provide "brief" psychological evaluations for juveniles identified as in need of mental health services. Such evaluations are available to the Juvenile Court within 30 days at approximately 50% of the cost of a more extensive evaluation, but nevertheless assist the Court in determining immediate needs of a juvenile and imposing an appropriate disposition.

Inherent in the process of providing comprehensive mental health evaluations and treatment, is the requirement that universal mental health screening be available at the first possible contact with an alleged juvenile offender. The process must be voluntary, and linked to the issues related to disposition and treatment. The JJAG has determined that the use of the Massachusetts Youth Screening Instrument 2nd Version (MAYSI-2) will provide an effective and empirically based juvenile mental health screening tool and has developed a pilot project in Kennebec, Penobscot, and Piscataquis Counties.

The JJAG has designated a juvenile Mental Health Steering Committee to work closely with the Department of Corrections to examine the most effective approach to identifying and evaluating juveniles who are 'flagged' as a result of the MAYSI-2 screening when it is employed by the Juvenile Community Corrections Officers in their first contacts.

As part of an on-going effort to address mental health concerns related to pre-adjudicated and adjudicated minors, the mental health steering committee proposed the JJAG work with the Kennebec, Penobscot, and Piscataquis County Judges by providing funding for 'brief' mental health assessments and to work with the Mountain View and Long Creek detention facilities to provide MAYSI-2 mental health assessments.

Collaborative Problem Solving

The JJAG supported the Department of Juvenile Services' work with Dr. Ross Greene, author of The Explosive Child and founder of the Collaborative Problem Solving Institute based at the Department of Psychiatry at Massachusetts General Hospital, in the implementation of the Collaborative Problem Solving (CPS) approach at both Long Creek and Mountain View Youth Development Centers.

Dr. Green provides ongoing case supervision at both Centers. CPS has a demonstrated history of successful outcomes for youth committed to child and adolescent psychiatric hospitals. Given the similarity of profiles of the youth incarcerated in Maine's correctional facilities to those committed to psychiatric hospitals (in fact about 25% of committed juveniles have a prior history of psychiatric hospitalization); we expect a similar level of success in Maine.

CPS is rooted in Social Learning Theory and provides a structured cognitive-behavioral approach designed to identify functional thinking skills related to problematical, antisocial and explosive behaviors. This approach, which challenges traditional beliefs supporting less effective intervention strategies, helps to focus on interventions designed to maintain order, security and adult authority while simultaneously teaching juveniles the lacking thinking skills needed to grow and prosper. This approach transcends traditional therapy and traditional sanction-based behavioral management systems. As such, it moves intervention strategies at

Maine's juvenile correctional facilities to a higher level based on the identified individual cognitive needs of each juvenile; it is responsive to the concerns and needs of both the staff and the resident and it prepares the child for transition and continuing growth.

The JJAG looks to 2007 for a community wide pilot implementation of Collaborative Problem solving.

Disproportionate Minority Contact

The JJDP Act of 2002, Congress required States participating in the Formula Grants Program to "address juvenile delinquency prevention efforts and system improvement efforts designed to reduce, without establishing or requiring numerical standards or quotas, the disproportionate number of juvenile members of minority groups, who come into contact with the juvenile justice system" (see section 223(a)(22)). In 2004, the JJAG initiated a comprehensive approach to build its capacity to report Disproportionate Minority Contact (DMC) statistics on a state-wide basis. Maine Department of Public Safety (MDPS), Maine Department of Corrections (MDOC), Maine Criminal Justice Academy, Maine Statistical Analysis Center (SAC) and other partners are assisting the JJAG to build Maine's capacity to provide accurate DMC reports to determine if minority youth are overrepresented in Maine's juvenile justice system.

The identification of Disproportionate Minority Contact in the Maine juvenile justice system is a core component of the Maine JJAG 2003-2005 strategic plan. Until recently, Maine's minority population did not meet the threshold required for DMC reporting. Now that every state is required to report out on DMC, Maine is required by federal law to analyze DMC at pre-defined decision points in the Maine juvenile justice system. Because the federally mandated DMC report standard recently changed from Confinement to Contact, this more complex standard necessitates a systems approach to collecting, analyzing and reporting DMC.

An analysis of 2004 DMC datasets revealed a number of limitations regarding collected data. The incompatibility of datasets, incomplete records, missing data, lack of uniformity in racial/ethnic categorization, and a limited number of cases caused limitations that may raise questions about the validity of the data.

Only arrest data has sufficient quality for analysis and this data is shown below.

- Black and African American juveniles were over 3 times more likely to be arrested or referred than white juveniles.
- Asian juveniles were 50% less likely to be arrested and referred than white juveniles.
- American Indian juveniles were 42% less likely to be arrested than were white juveniles.

No data is available to make initial findings on Hispanic/Latino.

Several challenges exist to the collection of accurate data to determine the extent, if any, of disproportionate minority contact:

Data shows a Black/African American-to-white disparity in juvenile arrest rates; however the validity of the data remains in question.

Community Grants

The Juvenile Justice Advisory Group funds community juvenile delinquency work through a competitive process. A yearly request for proposals is released for Delinquency Prevention, Alternatives to School Suspension and Expulsion and Alternatives to Detention research-based programs. Funding amounts vary due to allocation of funding from the Office of Juvenile Justice and Delinquency Prevention, but in 2006 \$362,581 is available.

Children and Youth Served by JJAG funding in 2005

As reported by sub-grantees on Quarterly Reports

Age	Total	Boys	Girls
10 and under	1387	561	862
11 to 14	735	366	369
15 to 17	302	138	164
Total	2460	1065	1395