I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in Title 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Juvenile Facilities

III. POLICY

It is the policy of the Department of Corrections that a personalized program (Case Plan) be developed for and with each resident committed to the facility that includes measurable criteria of expected behavior and accomplishments and a time schedule for achievement. By building on strengths and addressing areas of need, each resident can acquire the skills and competencies to be successful. The Case Plan shall address the resident’s strengths and needs by using the information gained from assessments, observations, evaluations, the Juvenile Community Corrections Officer, and other available sources in the community.

IV. CONTENTS

Procedure A: Development of the Case Plan
Procedure B: Implementation of the Case Plan
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V. ATTACHMENTS

None
VI. PROCEDURES

Procedure A: Development of the Case Plan

1. Prior to a resident’s Classification Conference, the Juvenile Program Manager, or designee, shall ensure that all reports, evaluations, screenings, and summaries, with recommendations from persons responsible for performing these activities, are completed as outlined in the Assessment Plan. These reports form the basis for the Case Plan. The Case Plan shall outline the strengths and needs, goals and interventions, the specific programs and services needed, to include any necessary modifications, the means of achievement, the criteria for evaluation, and the time schedule for accomplishment.

2. The development of a Case Plan shall include:
   
a. **Review of Prior Case Plans:** If applicable, any prior Case Plans, including any Case Plan developed by the Juvenile Community Corrections Officer for a juvenile while under supervision in the community, any Case Plans developed by a Departmental juvenile facility during a resident’s prior commitment, and Case Plans, or their equivalent, developed by community service providers, as well as any modifications to those Case Plans, shall be reviewed.

   b. **Assessments:** These assessments shall ensure that all areas of the resident’s development are reviewed and shall provide the basis of the Case Plan.

   c. **Treatment:** Using the results of the assessments and all information gathered, the Unit Treatment Team shall determine the appropriate treatment programs, services, and activities for each resident, to include time frames and responsibility for the provision of each program, service, and activity.

   d. **Planning for Community Reintegration:** Community Reintegration is a key component of the Case Plan. The facility staff and the Juvenile Community Corrections Officer share responsibility in ensuring that required treatment continues as the resident transitions to the community. Treatment in this phase shall provide the resident with the skills to prevent relapse and help the resident to create a support network. Residents preparing for Community Reintegration shall have numerous opportunities to return to their community, either on a Furlough Pass or through a Furlough Leave.

3. The Director of Classification & Collateral Services shall coordinate a Classification Conference for each resident for the purpose of finalizing a Case Plan. The proposed Case Plan and the results of all assessments/screenings shall be presented to the resident, the resident’s parent/legal guardian, the Juvenile
Community Corrections Officer, and others, as deemed appropriate by the Director of Classification & Collateral Services. Input from the resident, the resident’s parents/legal guardian, and the Juvenile Community Corrections Officer shall be considered in finalizing the Case Plan.

4. The Case Plan shall be in a standardized format and shall address the resident’s criminogenic risk factors and needs. The Case Plan shall outline goals and interventions and the specific programs and services needed, as well as staff responsible for each program or service. Each goal shall be specified as either long term or short term and an evaluation method shall be determined. The resident shall be required to sign the Case Plan, indicating that he/she understands the Case Plan and its contents.

5. Necessary programs and services shall be indicated on the Case Plan, regardless of the current availability of a program or service.

6. The original Case Plan shall be placed in the resident’s Master Administrative Record, and copies shall be forwarded to the resident’s parents/legal guardian, the Juvenile Community Corrections Officer, Regional Resource Coordinator and the Juvenile Program Manager of the unit to which the resident is assigned. The Juvenile Program Manager’s copy shall be placed in the resident’s Case Management File and shall be made accessible to all Unit Treatment Team staff. The resident may review the Case Plan with a Unit Treatment Team staff person upon written request.

**Procedure B: Implementation of the Case Plan**

1. The Juvenile Program Manager for the unit to which a resident is assigned is responsible for ensuring that the Case Plan is implemented by scheduling the resident in designated programs and services, if available.

2. The Unit Treatment Team shall review the resident’s Case Plan, on at least a monthly basis, with the resident present, whenever possible. Each review shall be documented in the resident’s Case Management File, and the resident shall sign the Case Plan indicating that the review was completed and that any modifications to the Case Plan were explained. (See Procedure C)

**Procedure C: Modification of the Case Plan**

1. Once a Case Plan has been approved, it shall be implemented as written, within the resources of the facility. During a monthly review or when other pertinent information becomes available, the Unit Treatment Team may add new goals and/or interventions and/or change current goals and/or interventions. The Unit Treatment Team may designate different or additional programs and services. Any modifications shall be reviewed with the resident and the resident shall sign the
Case Plan indicating that the review was completed and that any modifications to the Case Plan were explained.

2. Any modifications to the Case Plan shall be forwarded to the Director of Classification & Collateral Services to be placed in the resident’s Master Administrative Record. Copies shall be forwarded to the resident’s parents/legal guardian and the Juvenile Community Corrections Officer. The Juvenile Program Manager shall retain a copy for placement in the resident’s Case Management File. All modifications shall be reviewed at the next Quarterly Review and/or Phase Advancement Review for decision by the Classification Committee.

VII. PROFESSIONAL STANDARDS

ACA:

4-JCF-5B-05 Juveniles with disabilities are provided with the following:

1. Housing that provides for their safety and security
2. Rooms or housing units designed for their use that provide for integration with other juveniles
3. Programs and services that are modified and/or specifically accessible to them
4. Staff members who are appropriately trained to assist juveniles who cannot otherwise perform basic life functions
5. Education, equipment, facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment

4-JCF-5C-03 Assessments are completed on each juvenile during an intake process. These assessments will identify risk/need areas and assist in the classification and future case planning processes.

4-JCF-5C-05 A case plan is developed for each juvenile that includes at a minimum:

1. A summary describing reason for commitment; background information such as family, education, and social history
2. Measurable criteria of expected, achievable behavior and accomplishments and a time schedule for achievement
3. A summary describing accomplishments and progress toward expected behavior

The plan is reviewed and updated as necessary and documented by staff and juvenile signatures.

4-JCF-5C-06 Relevant information and programming efforts in regard to juveniles will be communicated and established through a coordinated team approach. Each juvenile will be reviewed at least monthly. The outcome of these meetings shall be documented.