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 juvenile facilities provide a social services program that makes available a wide range of resources appropriate to the needs of juveniles, including, but not limited to: individual, group, and family counseling; drug and alcohol treatment; and special offender treatment. The Chief Administrative Officer at each facility shall ensure an effective continuum of social services and counseling, considering the residents served, legal requirements, and facility goals, is attained through the use of staff and volunteers.

IV. CONTENTS

Procedure A: Social Services and Counseling, General

V. ATTACHMENTS

None

VI. PROCEDURES

Procedure A: Social Services and Counseling, General
1. A comprehensive social services program shall be provided to all residents and the program shall be administered and supervised by a person qualified and trained in the social or behavioral sciences.

2. Social services programs can assist residents with family and personal problems through supportive guidance and professional assistance. Such programs may include individual, group and family counseling, social skills, problem solving and coping skills, cognitive restructuring, family planning and parent education, prenatal care, crisis intervention, drug and alcohol treatment and special offender treatment. The Director of Classification & Collateral Services shall annually assess these programs to ensure the collective needs of all residents are being addressed and that the facility is maximizing the delivery of services.

3. Services for residents shall be drawn from every area available to ensure that the needs of every resident are being met. These areas shall include, but are not limited to:
   a. Facility personnel;
   b. Medical and Mental Health professionals (e.g., psychiatrists, psychologists, therapists, etc.);
   c. Community agencies (e.g., Day One, Alcoholics Anonymous, Narcotics Anonymous, etc.);
   d. State agencies (e.g., Department of Health and Human Services); and
   e. Any other resources deemed necessary for the overall resource requirements and rehabilitation of the residents entrusted to the care of the facility;

4. Facility staff shall be familiar with the various programs so that they may refer residents when indicated.

5. The social services programs shall be provided to all residents in order to foster an appropriate and adequate adjustment while at the facility and to increase their probability of functioning within normal limits of socially acceptable behavior. These programs shall include assessment, diagnosis, development of the case plan, crisis intervention, group therapy, outpatient and in-patient treatment, as well as assisting in the preparation for transition to the community upon release/discharge.

6. Caseworkers shall be a liaison between residents and the facility's Department of Health and Human Services liaison when family issues relate to social service functions. Social Workers shall coordinate meetings with the appropriate Social Services staff and/or family members as necessary.

7. It shall be the responsibility of caseworkers, to inform residents in a timely manner of the verifiable death or critical illness of an immediate family member.
VII. PROFESSIONAL STANDARDS

ACA:

4-JCF-3A-17 A juvenile is informed in a timely manner of a verifiable death or critical illness of an immediate family member. In case of the critical illness of an immediate family member, the juvenile is allowed, whenever statutes and circumstances allow, to go to the bedside under escort or alone.

4-JCF-5C-01 The social services program is administered and supervised by a person qualified and trained in the social or behavioral sciences.

4-JCF-5C-02 Social service programs are provided that make available a wide range of resources appropriate to the needs of juveniles, including individual, group, and family counseling, as well as treatment based on assessed risk and need. Special programs are provided to meet the needs of juveniles with specific types of problems. Facility staff identify the collective service needs of the juvenile population at least annually.

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-04 The facility has a formal mechanism to determine appropriate levels of social services staffing. The mechanism used to determine such staffing levels includes at a minimum:

1. Type of juvenile population served
2. Type of facility
3. Legal requirements
4. Goals to be accomplished

The facility's use of a team approach and use of paraprofessionals, volunteers, and students also may influence the number of professional staff required.

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. Measureable 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.

4-JCF-5C-07 Social services staff members are available to meet with juveniles on a regularly scheduled basis at least once a month and at the juvenile’s request.
Individual contacts are documented in the form of an individual contact note in the juveniles' record.