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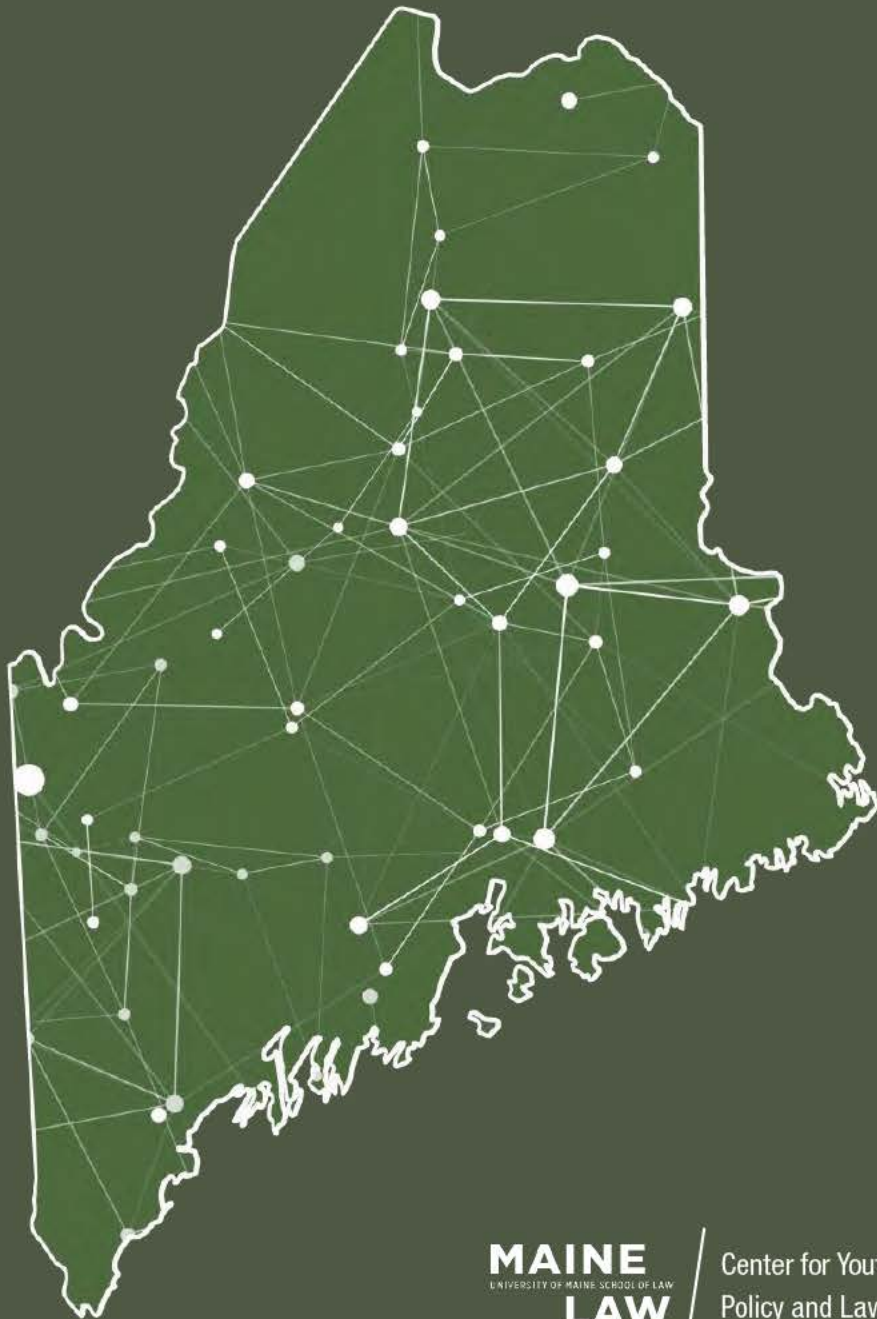


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REGIONAL CARE TEAMS YEAR TWO UPDATE

Cross Systems Collaboration to Improve Positive Youth Outcomes

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Introduction

The Place Matters project¹ at the University of Southern Maine (USM) aims to support the state of Maine and its communities in designing, implementing, and evaluating an equitable, place-based, community-based continuum of care through systems innovation, data resources, and community and youth-led change. The goal is for all Maine transition-aged youth and young adults (ages 14- 24+) to experience a fair, equitable, and responsive system of care that creates a genuine sense of belonging and prepares them to thrive in adulthood. To accomplish this goal, we partner with policymakers, organizations, youth leaders, and community members to collectively work across systems to align resources and efforts into a continuum of care that is responsive to the needs of Maine's communities.

Previous Place Matters publications² have outlined guiding principles for a continuum of care that include six specific recommendations to **align results, authorize leadership, assess continuously, accept inclusion, allocate resources, and act strategically**.³ These principles and recommendations envision for Maine an array of community-based services that build on the strengths of communities as well as best available data, national research and models, and local expertise.

To date, research reveals a shortage of services and supports in many Maine communities for community reintegration and transition to adulthood, particularly for youth returning after a period of incarceration, residential treatment, hospitalization, or housing instability. This lack of resources further fractures social and human capital during a key period of adolescent brain development for older youth.

The Regional Care Team (RCT) initiative started, in part, as a response to the global COVID-19 pandemic and is grounded in those guiding principles and recommendations as well as informed by previous work across the state. Initiated by the Maine Department of Corrections in partnership with the Place Matters team at USM, and the Maine Center for Youth Policy and Law (MCYPAL), the goal of the RCT initiative is to help sustain system-involved youth in their communities by facilitating shared accountability for their health, safety, and wellbeing. This report summarizes what has been learned over the first two years of the initiative⁴ and includes recommendations for statewide systemic changes that could improve youth, program, and population outcomes.

1 For more information visit placemattersmaine.org

2 See placemattersmaine.org/report-series

3 Sanchez, M., King, E., and Ward, J. (2019). Place matters: Aligning investments in a community-based continuum of care for Maine youth transitioning to adulthood. Retrieved from [placemattersmaine.org/ report-series](https://placemattersmaine.org/report-series)

4 The reporting period for the first year of the initiative and this report is from July 2020 through July 2022.

Overview

In 2021, 13.8% (30,923) of children under age 18 were living in poverty in Maine. Many of these children and youth face housing instability, food insecurity, and childhood trauma. Much like the rest of the U.S., children of color in Maine experience poverty at much higher rates. In 2021, the poverty rate for African American or Black children was disproportionately high, estimated to be at 31.5%, compared to the overall national child poverty rate of 17%. The effects of systemic racism are also apparent in the high rate of poverty for Maine families who identify as American Indian: between 2017 and 2021, the American Indian child poverty rate in Maine was estimated to be 32.4%.⁵

An estimated 12,000 (8%) young people in Maine between the ages of 16 and 24 are disconnected from school and are not employed.⁶ Many of these youth face housing instability or are returning to communities from periods of out-of-home treatment or confinement. As youth age out of child-serving systems and programs they are often left without supports to help them navigate their transition into adulthood. Many young people with a history of justice system involvement face additional

barriers to employment and education, as well as a lack of opportunities. Youth in rural areas in Maine face even higher service gaps and fewer options.⁷ As of 2021, approximately 26% of high school students in Maine identify as LGBTQ+ and 3.6% identify as transgender. Many of these young people experience multiple challenges and barriers to wellbeing.⁸ Though Maine data is limited, nationally LGBTQ+ youth are disproportionately overrepresented in youth-serving public systems.⁹

In addition, research indicates that youth, their families, and the social structures that support them have been significantly impacted by the COVID-19 pandemic. Many of the individual and environmental protective factors like regular in-person schooling and the ability to access pro-social activities were disrupted by the pandemic. The consequences of these disruptions can be seen in the results of the 2021 Maine Integrated Youth Health Survey, which show that fewer young people across the state feel a sense of self-esteem and belonging now than they did before the pandemic.¹⁰ The impact of COVID-19 on support structures and, subsequently,

5 Maine Children's Alliance. (2021). Maine KIDS COUNT, Annie E. Casey Foundation, Augusta, Maine. <https://datacenter.kidscount.org/about/state-providers/details/20-maine-childrens-alliance>

6 The Annie E. Casey Foundation. (2020). KIDS COUNT Data Center, National KIDS COUNT, Baltimore, MD. <https://datacenter.kidscount.org/data/tables/9292-youth-not-attending-school-and-not-working-by-age-group?loc=21&loc=2#detailed/2/21/false/1729,37,871,870,573,869,36,868,867,133/4121,4122,4123/18399,18400>

7 Sanchez, M., King, E., & Ward, J. (2019). Place Matters: Aligning Investments in a Community-Based Continuum of Care for Maine Youth Transitioning to Adulthood, University of Southern Maine, Cutler Institute, Portland, ME. <https://placemattersmaine.org/wp-content/uploads/2020/09/AligningInvestments.pdf>

8 Maine Department of Health and Human Services. (2021). Maine 2021 MIYHS High School Report. https://www.maine.gov/miyhs/sites/default/files/2021_Reports/Detailed_Reports/HS/MIYHS2021_Detailed_Reports_HS_State/Maine%20High%20School%20Detailed%20Tables.pdf

9 See <https://youth.gov/youth-topics/lgbt> for more information.

10 Maine Integrated Youth Health Survey. (2021). Detailed Reports – Comparisons by Gender, Age, Grade,

mental health challenges were felt acutely among young people involved in the justice system. While many states, including Maine, rightfully worked to divert youth from secure care settings during the pandemic, this put additional strain on existing community-based alternatives.

Research and assessments of Maine's justice system recommend investments in community-based programs and services to improve the wellbeing of youth and the communities in which they live.¹¹ An aligned approach to provide a community-based continuum of care with a wide range of appropriate, place-based services for youth ranging from prevention to intensive interventions is supported by research and national best practices.¹² This research has informed the RCT initiative.

RCT Background

On February 25, 2020, the Center for Children's Law and Policy (CCLP), the Juvenile Justice Research and Reform Lab at Drexel University, and the Center for the Study of Social Policy released the Maine

Juvenile Justice System Assessment.¹³ This report was the culmination of a year-long process funded by the Maine Juvenile Justice Advisory Group (JJAG) and facilitated by the statewide Maine Juvenile Justice System Assessment and Reinvestment Task Force.¹⁴ With report recommendations in hand, and detention and confinement populations at historical lows, the Maine Department of Corrections (MDOC) faced new and rapidly developing set of priorities as the reality of the COVID-19 pandemic began to impact Maine in March of 2020. One clear, pressing priority was to reduce, to the greatest extent possible, the use of secure confinement in light of the risks posed by COVID-19. Additionally, a recurring theme within the Maine Department of Corrections Executive Team that aligned with the findings of the CCLP report was the need for greater cross-system collaboration.¹⁵ The multi-stakeholder structure of the RCTs meets this priority by keeping young people safely in community and out of secure confinement.¹⁶

Hispanic Ethnicity, Race, Sexual Orientation, and Transgender Identity. Maine Department of Health and Human Services and the Maine Department of Education. https://www.maine.gov/miyhs/sites/default/files/2021_Reports/Detailed_Reports/HS/MIYHS2021_Detailed_Reports_HS_State/Maine%20High%20School%20Detailed%20Tables.pdf, page 805

11 See the most recent report: Center for Children's Law and Policy. (2020). Maine Juvenile Justice System Assessment. <https://irp-cdn.multiscreensite.com/de726780/files/uploaded/Maine%20Juvenile%20Justice%20System%20Assessment%20FINAL%20REPORT%202-25-20.pdf>

12 Sanchez, M., King, E., & Ward, J. (2019). Place Matters: Aligning Investments in a Community-Based Continuum of Care for Maine Youth Transitioning to Adulthood, University of Southern Maine, Cutler Institute, Portland, ME. <https://placemattersmaine.org/wp-content/uploads/2020/09/AligningInvestments.pdf>

13 Center for Children's Law and Policy et al. (2020). Maine Juvenile Justice System Assessment. Retrieved from <https://irp-cdn.multiscreensite.com/de726780/files/uploaded/Maine%20Juvenile%20Justice%20System%20Assessment%20FINAL%20REPORT%202-25-20.pdf>

14 See <https://www.mainejjtaskforce.org/> for more information.

15 See Center for Children's Law and Policy (2020) page 64 for more information.

16 See Place Matters [website](#) at the meeting guide, and an information sheet.

This structure was informed by prior MDOC and Children’s Cabinet models of cross-disciplinary collaboration that had demonstrated success but were discontinued by prior administrations. The Regional Care Teams provide a container for many of the middle manager stakeholders across Maine who tend to have more longevity in managing the existing continuum of care and its resource gaps than more senior agency leaders who are frequently replaced or move one when administrations change.

In April 2020, USM and MCYPAL convened and co-facilitated weekly conversations focused on community reintegration with interested members of the Task Force and stakeholders who had signed up for the Task Force email list.¹⁷ These community reintegration conversations started out as a way for the Place Matters and MCYPAL teams to collaborate with local stakeholders working in our system of care. They were intended as a place to share information, prioritize needs, collaborate, and problem-solve. This happened informally at the onset of a racial uprising and a pandemic that changed mental models of how we used juvenile justice system resources. These meetings also occurred after several national consultants influenced Maine’s system of care, including the System Assessment and a parallel Vera End Girls Incarceration Initiative¹⁸ group discussion around reentry of girls held at Long Creek Youth Development Center (LCYDC).

TIMELINE

- **FEBRUARY 2020**
Maine Juvenile Justice System Assessment Report is released.
- **MARCH 2020**
COVID-19 pandemic reaches Maine; MDOC looks to streamline and expedite community reintegration.
- **APRIL 2020**
The Place Matters team at USM and the Maine Center for Juvenile Policy and Law (MCJPAL) convened and facilitated weekly community reintegration conversations with Task Force members and stakeholders from the Task Force listserv.
- **MAY–JUNE 2020**
Planning and development of the structure and function of Regional Care Teams.¹⁹
- **JULY 2020**
Regional Care Teams hold first regional meetings and the first youth are referred to the RCTs.

These meetings led to more formalized community reintegration conversations focused on problem-solving, information sharing, and support for system-involved youth both in the community and those transitioning back to communities who needed additional supports like housing, education, and employment to be successful.

¹⁷ The Task Force met regularly from May 2019 to February 2020 and advised the CCLP assessment process.

¹⁸ The Vera Institute of Justice’s End Girls Incarceration Initiative awarded the Maine Department of Corrections a no-cost technical assistance grant and worked with Maine stakeholders in 2019 and informed the Maine Juvenile Justice System Assessment at pp. 70–71.

¹⁹ See <https://placemattersmaine.org/our-work/#rct> for forms, meeting guide, and information sheet

Also in April 2020, the Maine JJAG obtained approval from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to allocate approximately \$62,000 in unspent federal funds for emergency COVID-19 response to help community service providers keep youth safely in the community and out of secure residential settings. The approval called for multidisciplinary and multi-agency local community response teams (Corrections, Health and Human Services, Education, and Labor) to determine how funds could be spent in each MDOC region to best assist in keeping youth in the community. In June 2020, through a cooperative agreement with the USM and in partnership with MCYPAL, the Maine Department of Corrections formalized the creation of Regional Care Teams and helped developed a public facing referral process, group facilitation and confidentiality procedures, and the state's first public facing data dashboard to track needs and outcomes that inform current and future investments in the continuum of care.

These community reintegration conversations and subsequent Regional Care Teams:

- identified the critical unmet needs of youth;
- met needs swiftly with the support of emergency resources;
- strengthened local cross-sector agency and community organization collaboration;
- advanced successful youth outcomes;
- reduced overreliance on secure confinement and congregate care

APRIL 2020 MEETING DISCUSSION WORD CLOUD SUMMARY



models, which were especially urgent in the COVID-19 public health context; and

- provided community-based responses and blended/braided cross-systems and community needs at a hyper-local level in partnership with a statewide network of policymakers and thought partners.

In addition to working across systems and in collaboration with community partners to support youth and families, the RCT initiative was designed with a second purpose in mind: to identify, prioritize, and address systemic policy and practice barriers. This is consistent with the historical practice of the Maine Children's Cabinet its current stated goal that "all Maine youth enter adulthood healthy, connected to the workforce and/or education," and the plan to enact strategies that accelerate measurable progress

toward this result.²⁰ Further, the RCT initiative aligns with recommendations included in the Juvenile Justice System Assessment as well as other recent system assessments²¹ and Place Matters reports.²²

Maine has a long history of interdepartmental collaboration between youth and family serving public systems, including the historic regional Children’s Cabinet structure, local case resolution committees, Integrated Case Management,²³ past cross-disciplinary training initiatives, and the Community Partnerships for the Protection of Children (CPPC).²⁴ These efforts and historical partnerships all informed the co-design of the RCT initiative.

In November 2021, USM Place Matters Team, in collaboration with MCYPAL, released a report on Year 1 of the RCT initiative describing the initiative, documenting outcomes, and making recommendations for areas of improvement – both in the referral process and in addressing gaps in the continuum for youth.

This report recaps the structure and process of the RCTs and builds on the findings and recommendations from Year 1.

RCT Structure & Process

The RCTs are organized according to the three MDOC administrative regions, authorized by the MDOC Regional Corrections Administrator (RCA), and co-facilitated with USM and MCYPAL. Each RCT meets monthly to share information, review statewide and regional data trends, discuss rotating topics, develop and refine policies and processes, and support referrals. Youth who are referred to the RCT process are approached using a case consultation protocol²⁵ that involves reviewing strengths, needs, and leveraging resources, including emerging funding not available from other sources to meet identified needs. In some cases, emergency meetings have occurred outside of the regular meeting time to address urgent youth needs. USM Place Matters team tracks all strengths, needs, barriers, decisions, and investments and aggregates them to inform quality improvement efforts and annual reports.

20 Governor’s Office of Policy Innovation and the Future. (2020). 2020 Maine Children’s Cabinet Report. Retrieved from https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/GOPIF_CC_Report_2020_0.pdf

21 Office of Child and Family Services. (2023). Children’s Behavioral Health Services Annual Report. Maine Department of Health and Human Services. <https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/system-improvements-initiatives/childrens-behavioral-health-evaluation-improvement>

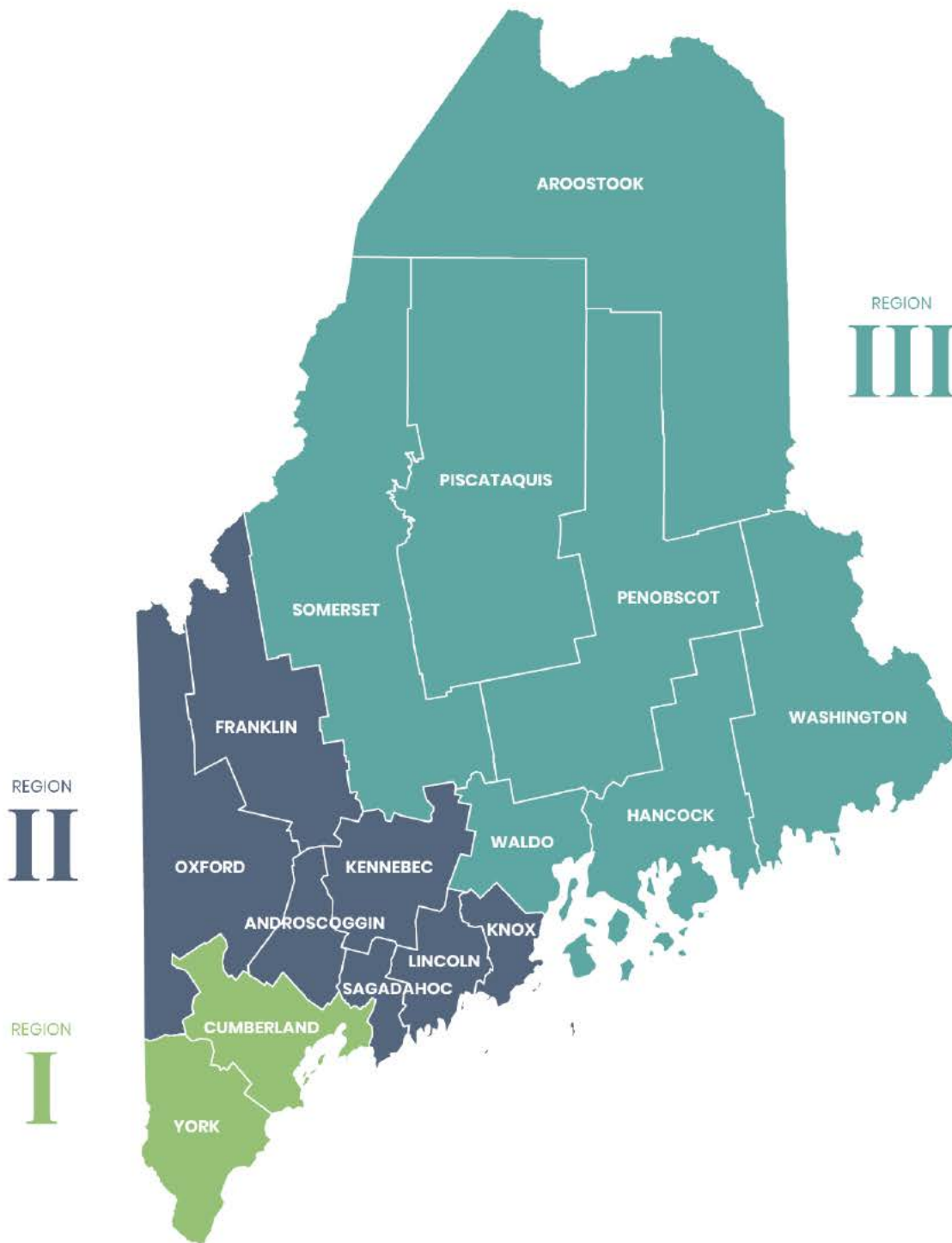
22 See the Place Matters Maine website at <https://placemattersmaine.org/report-series/>

23 See <http://muskie.usm.maine.edu/helpkids/pubstext/caseman.htm>

24 See <https://cppcmaine.org/>

25 Based on national models developed and utilized by multiple organizations. As one example, see <http://schoolreforminitiative.org/doc/consultancy.pdf>

MAINE'S REGIONAL CARE TEAM REGIONS





The composition of each RCT, in addition to the RCA chairperson, includes a facilitator and documenter from USM or MCYPAL and the Regional Correctional Manager (RCM) from that region. In addition, each RCT has representatives from the Department of Health and Human Services (DHHS), Office of Children and Family Services (OCFS), the Department of Education (DOE), the Department of Labor (DOL), a housing or homeless service provider, a disability rights advocate, a wraparound service provider and often an array of other community providers who serve older youth across the boundaries of youth and adult systems and referral criteria. Other providers and advocates, some unique to each region or even specific to a particular youth, may attend meetings in each region by invitation

or request, based on the specific needs identified in the referral.

The aim of RCT case review is twofold. First, RCTs align agency and other community resources across the region to support the local team working directly with the youth in providing more options for their care and transition plan. Meetings also serve to leverage and inform place-based, data-informed investments in the continuum of care.²⁶ The person initiating the referral consults with the young person and/or guardian to obtain consent to the process. When desired, the young person or parent/guardian attends the monthly RCT meeting and actively participates in the problem-solving discussion. Otherwise, the information shared in the meetings is de-identified to protect the youth's identity

26 For a more detailed description of the Place Matters Community-Based Continuum of Care, refer to the Place Matters: Aligning Investments in a Community-Based Continuum of Care for Maine Youth Transitioning to Adulthood report available at <https://placemattersmaine.org/wp-content/uploads/2020/09/AligningInvestments.pdf>

and confidentiality norms that are included in the meeting guide are reviewed at each meeting.²⁷

It remains an aspirational area of growth to more frequently and effectively engage youth and family in the process. This is a practice that should be defined in partnership with youth going forward and could also include representative youth advocates and credible messengers.

Any stakeholder concerned about a youth involved in the system or at risk of involvement is able to make a referral to the Regional Care Teams. Referrals forms are available online and are sent to regional MDOC staff. The RCA for the region reviews the initial referral form and works with the facilitator team²⁸ to identify and invite appropriate individuals from the larger RCT network to provide expertise, consultation, and contribute towards finding creative solutions for the young person referred.

Each RCT is shaped by the region and composition of partners and perspectives at the table. However, each team follows a common structure and process. Over the

past two years, a fact sheet, a meeting guidance document, referral forms, a funds request protocol, and a care team review request protocol have been developed with input from all three regions.²⁹ Proposal-based decision-making³⁰ was adopted as a tool to allow for those with various levels of decision-making authority to participate.

Evaluating Outcomes & Impact

To inform the analysis of the first two years of the RCTs (July 2020 to July 2022), the project team tracked and analyzed both quantitative and qualitative data collected and compiled from:

- RCT meeting minutes;
- Notes from development and reflection meetings with partners;
- Data from youth referral and funding requests;
- Parallel investments in the continuum of care from the MDOC, the Maine JJAG, and other federal and local partners.

This report summarizes the findings from all of these sources.

27 The Regional Care Teams Meeting Guide can be found at <https://placemattersmaine.org/wp-content/uploads/2021/08/Regional-Care-Teams-Meeting-Guide-Doc-FINAL-9.8.20201.pdf>

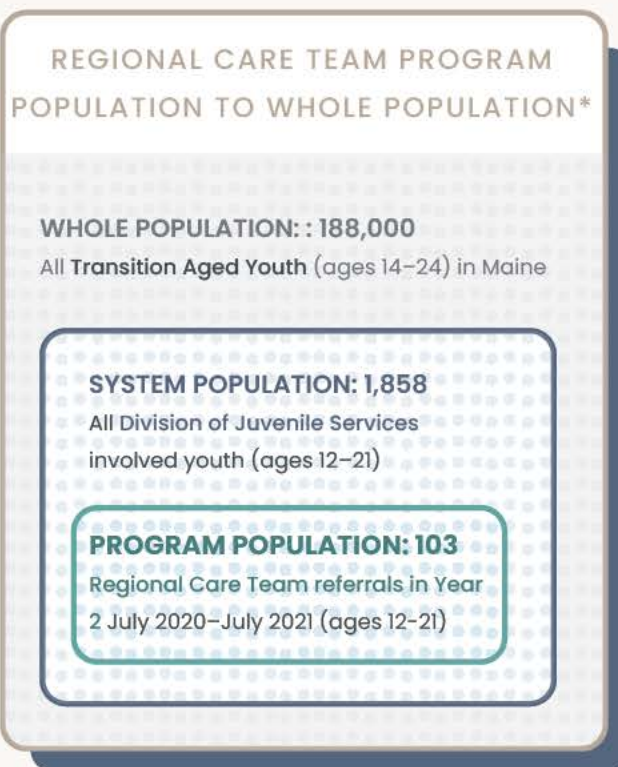
28 The facilitator team for each region includes the facilitators (from USM and the RCA) as well as a representative from The Opportunity Alliance (Regions 1 and 2) and Wings for Children and Families (Region 3), who process funds requests.

29 Based on national models developed and utilized by multiple organizations. As one example, see <http://schoolreforminitiative.org/doc/consultancy.pdf>

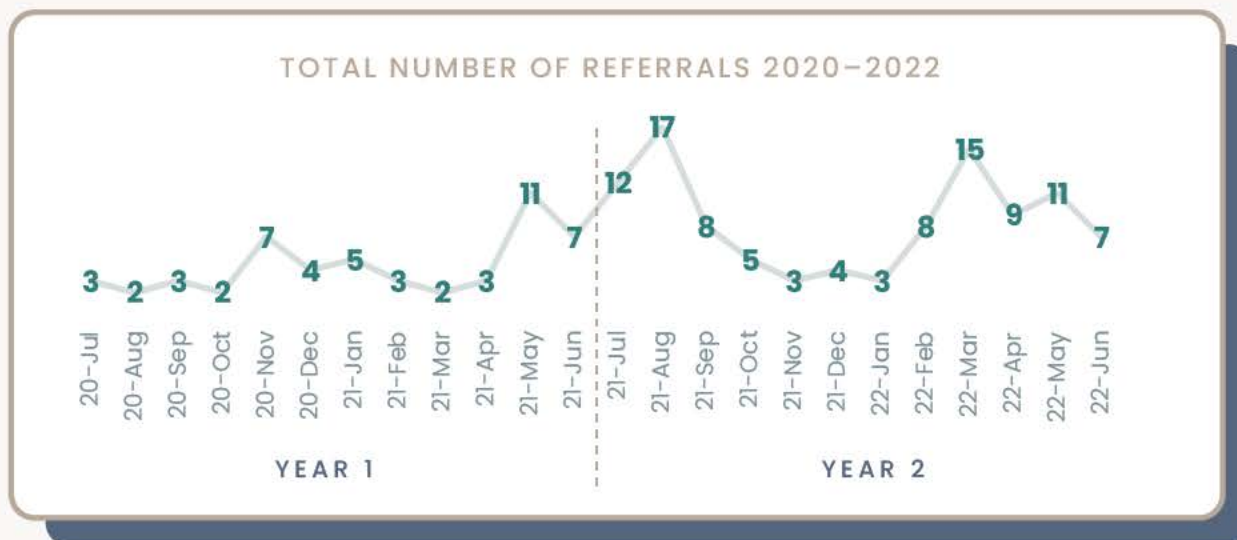
30 See <https://www.aecf.org/blog/new-leadership-video-improve-decisions-with-proposal-based-decision-making>

Regional Care Team Impact

In the first two years (July 2020–June 2022) of the Regional Care Teams initiative, 113 young people were served through over 154 referrals and nearly \$55,000 has been allocated to support keeping these youth in their communities. A link to the report on Year 1 can be found [here](#). The following section provides a summary of the data from Year 2.³¹



**This graphic is not meant to proportionally represent the population size*



³¹ Programs years are aligned with the state fiscal cycle and run from July 1st through June 30th. For the purposes of this report, Year 2 is defined as July 1, 2021 through June 30, 2022. While the focus of this report is on Year 2, data from other time periods is provided as necessary for context.

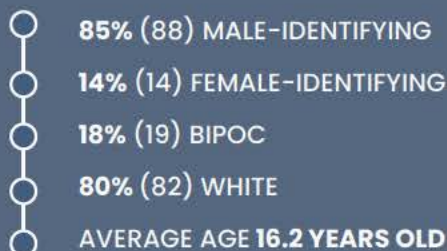
Youth Referred to the Regional Care Teams in Year 2

Between July 1, 2021, and June 30, 2022, the RCTs received 103 referrals for 75 youth in need of services and supports, more than double the referrals in the previous year. There were 15 referrals for Care Team reviews and 88 for funds requests. Nineteen youth were referred multiple times for additional needs.

Of the total referrals, 29% were referred to Region 1, 28% to Region 2, and 43% to Region 3. Region 1 received eight case review requests during this period, more than the other two regions.

Of the youth who were referred to the RCTs in Year 2, 14% identified as female and 18% as BIPOC (8% Black or African American, 7% Latinx or Hispanic, 2% Middle eastern or Arab, 1% Native American or Indigenous, and 1% Multiracial). Youth ranged in age from 12 to 20 years old, with an average age of 16.2 years old. While there is no data available at this time³² on the youth referred who may identify as LGBTQ+, national data suggests that as much as 20% of all youth in juvenile justice facilities identify as LGBTQ+.³³

DEMOGRAPHIC BREAKDOWN OF YOUTH REFERRED:



Most of the youth referred had a history of involvement with state agencies and other public systems: 78% (80) with juvenile justice; 41% (42) with child welfare; and 33% (34) with school discipline.

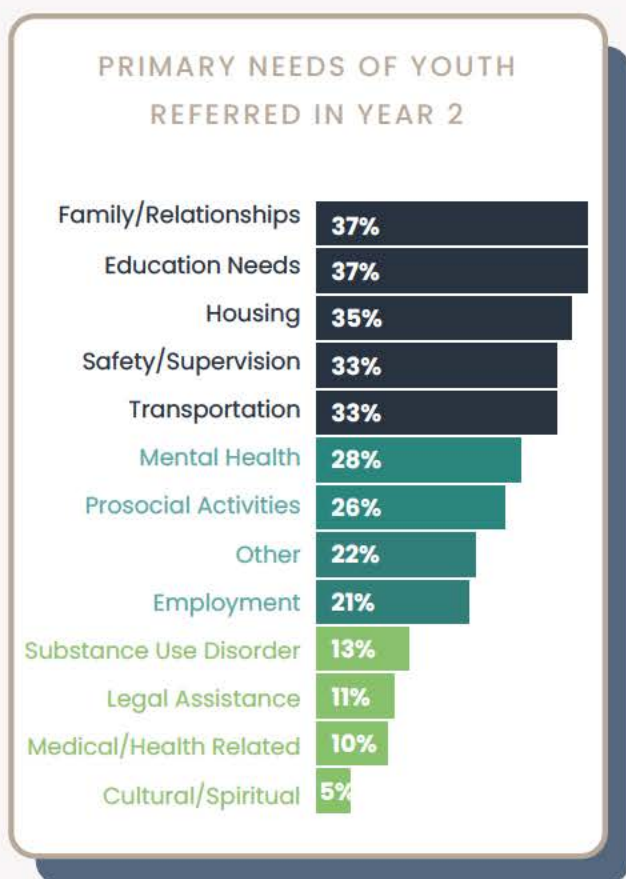
Of those referrals, 40% (41) of the requests were made to prevent secure detention or commitment. Notably, this number is down from 92% last year, a downward trend that may demonstrate how the RCTs are impacting the MDOC's effort to help divert youth earlier in the process.

³² The referral forms were updated in 2021 to include a question to identify whether it was known if a youth identified as LGBTQIA+. The numbers are not reported here due to small sample sizes.

³³ Movement Advancement Project. (2017). Unjust: LGBTQ youth incarcerated in the juvenile justice system. <https://www.lgbtmap.org/file/lgbtq-incarcerated-youth.pdf>

Primary Needs of Youth Referred in Year 2

Of the 103 referral forms submitted³⁴ to the RCTs in Year 2, the top areas of needs identified were in **family and relationship support** (37%) and **education** (37%). In addition, approximately one-third of referrals called for housing, safety, or transportation related supports.³⁵



In Year 2, the RCTs received 15 forms requesting a care team review. The top areas of supports identified on those forms were in **housing** (87%) and **mental health support** (73%). Many young people involved in the care team review process had intersecting needs: in addition to housing and mental health support, these often included support for the young person’s family, education, prosocial activities, substance use treatment, or transportation. A review of the qualitative notes from the referrals and RCT meetings further supports the needs highlighted in the data.

HOUSING

The need for housing options for system-involved youth continues to be a recurring subject of discussion. Across regions, young people were impacted by restrictive housing markets and staffing shortages for residential programs. Building on last year’s work, the Regional Care Teams identified existing housing vouchers available to justice-involved youth.

The housing needs surfaced through RCT referrals and discussions have informed targeted investments in transitional housing. One such investment is MDOC’s piloted expansion of Preble Street’s federally and locally funded First Place model. This model serves justice-involved youth,

34 Both the funds requests and care team review request forms are structured so that the referent can select from multiple of the above needs categories. These forms can be found at placemattersmaine.org/regional-care-teams.

35 The categories “Family or Relationships” and “Safety and Support” were not explicitly defined on the referral form. Referrals under the former category primarily concerned young people who required services to compensate for an absent family or support system, or to support a family or guardian(s) in stabilizing a young person. Referrals for the latter category constituted young people who were at risk of harming themselves or others, and in precarious situations exacerbated by homelessness, substance use, and mental illness. These referrals also included funds requests for basic needs to help young people and their families (i.e., heating, utilities, housing, technology). More research is needed to fully understand how these categories were defined as areas of need, and what this may mean for this population more broadly.

including unaccompanied youth, who can be inequitably impacted by long lengths of stay as they await placement or release to guardians who are unavailable or unable to care for them. The MDOC expanded the number of youth First Place can serve between the program's first and second year of operation.

Concurrently, a collaboration between the Region 2 MDOC Regional Administrator and Day One resulted in the development of the Unity House in Region 2 as a temporary, place- and community-based alternative to assess and address different needs, and to provide attendant care on emergency temporary basis for young people in community and transitioning out of LCYDC. **These investments in housing stability will help more young people successfully return to or remain in the community.**

In addition, a multidisciplinary Advisory Committee (which includes representatives from OCFS, Maine Housing, and other partners) which was formed under the OJJDP Second Chance Act grant awarded to MDOC³⁶, has also informed resource and policy development strategies in this critical need area. These conversations reflect the need to expand development of more transitional living and housing programs to support independent living for youth under 18, as well as to emerging adults above age 18 as they transition to adulthood and have the housing stability needed to avoid the adult criminal justice system.

MENTAL HEALTH & SUPPORT

Another theme that arose during care team review meetings were the challenges that justice-involved young people face with mental health and gaps in their support networks. **The COVID-19 pandemic disrupted critical educational, pro-social, and healthcare networks for young people, resulting in a diminished sense of belonging and self-worth, especially among young people in rural areas.**³⁷ For justice-involved youth, these disruptions were magnified. In addition to the mental health fallout precipitated by the pandemic, young people referred to the RCTs had to navigate other barriers to wellbeing such as housing instability and the impacts of generational trauma. Workforce shortages and long waitlists across crisis response and case management services exacerbate the obstacles for these young people and their families to access the mental health support they need. Across all regions, the RCTs proposed creative solutions to help young people find stability while on waitlists for more comprehensive services. These included informal peer support networks and funds to support participation in prosocial activities, from sports to job apprenticeships.

36 The Maine Department of Corrections (MDOC), in collaboration with Youth Advocate Programs (YAP) and the University of Southern Maine, Catherine Cutler Institute (USM) was awarded an OJJDP FY19 Second Chance Act Youth Offender Reentry Grant in 2019. The purpose of the project is to provide supports to Maine youth reentering their communities from the justice system to help them thrive as they transition into adulthood. The Advisory Committee serves to provide strategy and vision for this project.

37 See Maine Youth Integrated Health Survey (2021), page 805.

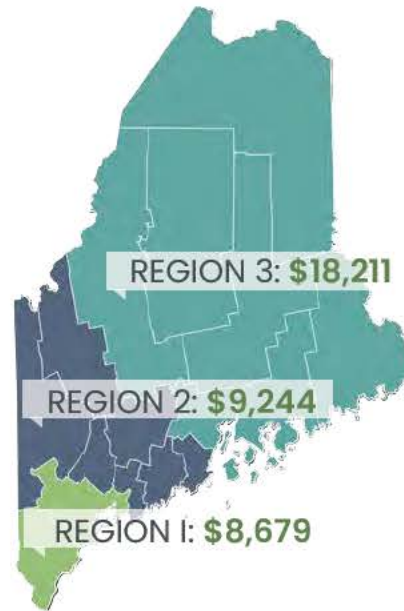
Funding Requests to Support Youth & Their Families

Since July 2020, referrals to the RCTs, either through youth and team consultation referrals or funding direct needs requests have resulted in the distribution of \$54,949³⁸ in funding which has gone to directly support youth and their families.³⁹ Region 3 has distributed 42% of the total funding to youth, totaling nearly \$23,000. Notably, the total spending across all regions increased from just under \$16,000 in the first RCT year (July 2020 to June 2021), to over \$36,000 in the second year (June 2021 to July 2022). Regions 2 and 3 had the most significant spending increases between the two years of the RCT program. In Year 2, an average of \$300 was spent per youth referral with a range of \$22–\$1,875 overall.

Continuing last year's trend, housing assistance was the primary support provided by these funds with over **\$10,600 (29%) spent on housing** supports such as rental assistance and short-term hotel costs. Almost **\$7,000 (19%) of funds requested were to provide basic needs** for young people, including clothing, heat, and school supplies. Requests to help young people cover the cost of technology and transportation also composed much of funds distributed in the past year.

Requests for **basic needs, technology, and transportation** were submitted with the intent to help a young person access educational and extra-curricular opportunities and to provide security, safety and promote wellbeing.

RCT YEAR 2 FUNDS ALLOCATED TO DIRECT YOUTH SUPPORTS



Youth received a variety of connections, supports, and services similar to those requested in Year 1, including:

- Connections to housing, rental assistance, residential treatment, and in home supports;
- Connections with case management, counseling, and medical care;
- Technology resources including laptops, hotspots, and cell phones;
- Facilitation of new foster care placement;
- Funds to supply clothing, sneakers, a weighted blanket, weights, drivers' education, art supplies, and pay a school bill to remove a barrier to educational access; and
- Security equipment to help youth stay safe in the community.

³⁸ Data on funding provided by the Maine Department of Corrections and includes funds requests from July 2020–January 2023.

³⁹ This has included MDOC and JJAG braided funding to support requests through the RCTs.

MAINE DOC STATEWIDE INVESTMENTS IN THE CONTINUUM OF CARE

In the past year, the Maine Department of Corrections has made investments with local community providers throughout the state to enhance the Continuum of Care, services that seek to prevent criminalization, intervene, and promote sustainable community reintegration. These investments align with many of the issues highlighted by the needs of young people referred to the Regional Care Teams.

In total, these investments have the capacity to serve **approximately 980 young people** statewide. The table below describes these partners.

County ⁴⁰	Number of MDOC Juvenile Provider Partners	SERVICE AREA									
		Hi-Fi-Wraparound	Restorative Justice	MST/MST-PSB ⁴¹	Family Functional Therapy	Diversion Services	Alternative Ed.	Community Service Projects	Emergency Shelter	Transitional Living	Independent Living Services
ANDROSCOGGIN	7	●	●		●				●	●	
CUMBERLAND	6	●	●	●				●			●
HANCOCK	6	●	●	●	●	●					
KENNEBEC	5	●		●	●	●					
YORK	5	●	●	●				●			●
AROOSTOOK	4	●	●		●		●				
KNOX	4	●	●	●							
LINCOLN	4	●	●	●							
OXFORD	4	●	●	●							
PENOBSCOT	4	●	●	●			●				
PISCATAQUIS	4	●	●	●			●				
SAGADAHOC	4	●	●	●							
WASHINGTON	4	●	●		●						
FRANKLIN	3	●		●							
WALDO	3	●	●	●							
SOMERSET	1	●									

40 This does not include the five organizations that support young people statewide: Catholic Charities Maine, Shaw House, Youth Advocate Programs, Opportunity Scholars Program, and Credible Messenger which collectively can serve approximately 60 young people per year.

41 Multi Systemic Therapy and Problem Sexual Behavior (MST/MST-PSB)

Region 1

Region 1 is made up of Maine's two most populous counties, which accounts for the relative abundance of organizations and resources located in the region. Stakeholder organizations made strides in supporting youth both in and outside Regional Care Team meetings. Service organizations presented resources for justice-impacted youth on areas such as mobile diversion, peer support, and substance use interventions.

The Opportunity Alliance and Preble Street increased the number of housing units available for justice-involved youth. Trainings for case managers were offered through collaborations with the Office of Children and Family Services (OCFS), the Office of Aging and Disability Services (OADS), and Disability Rights Maine (DRM).

Region 1 had regular conversations about how the RCTs can promote collaboration and resource sharing between different youth-facing services. In March 2022, the RCT reflected on recommendations made in last year's report which included an idea to house multiple agencies under "one roof" to improve accessibility to services. This is just one example of how Region 1 consistently reflects on its role as an advocate for youth needs in both the short- and long-term.

As we have seen previously, the Region 1 RCT has found success including young people directly in the conversation about their needs. Youth are always welcome to participate, but not every young person is interested or able to join a RCT for their

care team review. The RCT in Region 1 has shown leadership in this area and in acknowledging the power and importance of including young people at the table to the greatest extent possible.

LOOKING TO THE FUTURE

"We have had success because of the way we have driven the model. The RCT is sustainable and has great partners. Housing has been both a major success and challenge. This year, we expanded availability with community partners, but we always need more. Moving forward, I'd like to expand our use of the RCT to other young people who may be in need but not associated with the juvenile justice world."

JOHN COYNE

*Region One Regional Correctional
Administrator*

YOUTH STORY

Investing in youth strengths and non-traditional behavioral supports

A teenage youth was referred by their attorney. This young person has a supportive family but was facing obstacles to accessing critical behavioral resources. With a history of severe mental health challenges, it became paramount to put supports in place after two escalating encounters with the juvenile justice system. While on the waitlist for more intensive services (Youth Advocate Program and Home and Community Treatment), the young person and their family required short-term supports to avoid incarceration.

Given the long and unpredictable wait-times for services, the RCT responded by helping to access additional therapy and connecting the young person with pro-social activities, which in this case was with people in the fishing and boating industry, both areas of interest for the youth.

This referral highlights the larger systemic issue of crisis response and behavioral health care capacity in Maine. Negative reinforcement from a peer group at school combined with this young person's mental health challenges around self-regulation led to escalation within the juvenile justice system. Long waitlists mean this young person is at a higher risk of incarceration awaiting the appropriate support. This case exemplifies the need for statewide investment in crisis response that is accessible and supported by a robust case management workforce. It also speaks to the strengths of the Regional Care Teams to expand the thinking around resources available to a young person to build on their interests and connect them to adults that can act as mentors during these service gaps.

Region 2

Creativity in identifying solutions is a value that defines the Regional Care Team in Region 2. Made up of seven counties, Region 2 serves youth facing a wide range of needs across differences in geography and population density. The most populous area in Androscoggin County, and focus area for Region 2 services, are the towns of Lewiston and Auburn. Organizations and services are more naturally concentrated there, meaning that gaps arise in more rural parts of the region, which are often hours away from service providers and can be quite different demographically. This is reflected in the composition of the Region 2 RCT as most team members are familiar with and primarily serve young people in the Lewiston/Auburn area.

Access to housing and other supportive services were major challenges in Region 2 in Year 1 of the initiative and continued to be challenges in Year 2. Youth in the region's rural areas often require more crisis responses than are currently available, highlighting the need for rural workforce investment. Other resource gaps that surfaced during RCT meetings this year include culturally competent foster care options and gender-specific sexual abuse

therapy resources for girls and young women who are detained or transitioning back to their community. Stakeholders have taken steps to increase investment in these resource gaps, including adding new housing units for youth in transition and services in rural areas for justice system-involved youth.

LOOKING TO THE FUTURE

“This year, we have been able to problem-solve some complex cases in the rural counties. Moving forward, I would like for the RCT community to build capacity for any youth with needs to be able to access it without a reliance on DOC. I see DOC as having a seat at the table to help problem-solve.”

SUE NEE

*Region 2 Regional Correctional
Administrator*

YOUTH STORY

Leveraging resources for positive emotional development

A youth was referred to the Regional Care Team by their Juvenile Community Corrections Officer (JCCO) to help find support while on the waitlist for Home and Community Based Treatment (HCT). This young person does well in school, has a good sense of humor and enjoys comedy, and was interested in exploring different types of support. They struggled with aggressive behavior at home due to mental health challenges, straining the relationship with their mother.

The RCT considered supports that would play to this young person's strength, help deescalate crisis situations, and provide alternative outlets for aggressive behavior. The RCT also suggested an approach that would allow this young person to lead and drive the conversation around what their needs are. As a result of the meeting, this young person was connected to funds to purchase a punching bag. In addition to the other treatments being offered, this request allowed them to voice their needs and gain access to an emotional outlet that helped them feel confident and at ease. After completing court obligations and ending MDOC supervision, this young person thanked the JCCO for securing the punching bag, highlighting the importance of this development in this young person's life.

This story underscores the challenges posed by **long waitlists for essential mental and behavioral health services**. It also demonstrates how flexible funding opens opportunities for **positive incentives and emotional development** for young people.

Region 3

Region 3 encompasses seven counties that span a large geographical area in the northern section of the state. These counties are very rural and more sparsely populated, on average, than the other two regions, but have a strong history of collaboration and working together to address youth needs in innovative ways. All seven counties have active local collaboratives⁴² and there is also a deep history of wraparound service delivery which was piloted with Wings for Children and Families. This wealth of knowledge and expertise heavily informed not only the development of the Region 3 RCT, but the RCT initiative as a whole. The leadership of the Region 3 team shaped the structure for meetings and case consultation for all three regions. The first RCT care review request occurred in Region 3, and the Region 3 RCT met several times before either Region 2 or Region 1 began meeting. Those initial referrals and meetings provided invaluable lessons for the other two regions, demonstrating proof of concept, and helping guide the other regions to address gaps in team composition, outreach, and more.

The connection to local collaboratives is what makes the Region 3 RCT unique. This connection demands communication and is time consuming but creates a strong network and pays dividends when young people are referred. The connections are built on trusting relationships that foster

creative problem-solving for service-deprived areas.

This past year, the Regional Care Team in Region 3 continued to demonstrate its resourcefulness and creativity, as stakeholders collaborated to propose solutions and use funds to address challenging youth circumstances.

LOOKING TO THE FUTURE

“What has stood out to me about our RCT is its collaborative nature. State agencies and local non-profits come together in an incredible effort to provide support for the benefit of young people.

I want to see that collaboration continue and hopefully expand beyond just DOC clients as we have started to do. We’ve been invited to Penobscot Nation to share the success of our RCT and discuss what we can offer, and I’m looking forward to expanding that partnership.”

STEVE LABONTE

RCA Region 3

⁴² Examples of these collectives include The Aroostook County Collective, Helping Hands with Heart (Piscataquis County), Penobscot County Cares, Downeast Partners for Children and Families (Hancock County), and The Community Caring Collaborative (Washington County)

YOUTH STORY

Reducing risk and increasing housing access

A youth and their family were referred to the Region 3 RCT by a JCCO. As a result of an underlying charge, finding suitable housing was a struggle, so much so that one younger sibling was not living with the rest of the family at the time. The family was ineligible for a hotel voucher because their mother worked too many hours to qualify, further adding to the overall stress caused by a lack of stable housing and the specific impact it was having on this young person's behavior. The lack of stable housing also made supporting this young person's desire to attend online school more difficult to establish and support.

Following this meeting, funds requested through the RCT covered a short-term stay in a hotel. These funds paved the way for family reunification and allowed the mother to continue at her job in full capacity. Additionally, having a community agency pay for the hotel qualified the family for a hotel voucher. This way, the family could extend their stay at the hotel while they looked for permanent housing. Under these more stable housing conditions, this youth started to explore online school programs with their case manager and was able to attend outpatient counseling. At this time, the youth has remained successfully in the community following these interventions.

This young person's story demonstrates the advantages of a process that lets the needs on the ground lead and facilitates resource flows through public system staff. In this case, the collaborative infrastructure of the RCT was able to quickly identify this family's needs and approve funds that **secured housing and diverted a young person from deeper justice system involvement.**

Opportunities and Next Steps

For the past two years, Regional Care Teams of cross-system stakeholders have gathered monthly in each MDOC region to collaboratively and creatively support youth in their communities as they transition to adulthood. After the first year, the Regional Care Teams proposed a series of recommendations to better address the needs of all system-involved youth.

RCT YEAR 1 RECOMMENDATIONS

- Expand transition and community reintegration services to better support system-involved youth and young adults in Maine. Specifically,
 - Supportive housing units for youth.
 - Enhanced mobile crisis services.
 - Substance use intervention services.
 - Access to case management.
- Improve transition planning to support permanence, not just placement.
- Expand the availability of flexible funding.
- Invest in a statewide data management system and develop shared performance metrics.

This year, all three Regional Care Teams reflected on the first-year recommendations, identifying barriers and accomplishments statewide and in their regions. What follows is a summary of these reflections.

Challenges in Year 2

Resource gaps remain a major challenge in expanding transition and community reintegration services for referred youth. Workforce shortages strain the availability of services across all areas: transitional housing, crisis intervention, substance use treatment, and case management. In addition, a statewide limited housing supply presents a barrier to addressing housing needs for system-involved youth. These resource strains are felt most acutely in rural areas.

In areas where services do exist, access is not always possible. Children and youth involved in the justice system can be categorically excluded from services. For instance, young people who have been detained risk losing access to MaineCare to cover the cost of essential mental and behavioral health services which can impact re-entry. In addition, young people can spend months on waitlists for High Fidelity Wraparound or other intensive case management programs, with very few options for interim stability.

Finally, there is an overreliance on programs not positioned or designed to meet youth needs. For example, the burden placed on local law enforcement and emergency rooms to respond to justice-involved young people experiencing a crisis could be alleviated by investments in youth-specific, 24/7 mobile response teams.⁴³ Similarly, many substance use intervention programs throughout the state do not serve young

43 Investments in mobile crisis teams were also recommended as an alternative to arrest in the 2020 Maine Juvenile Justice System Assessment report. Law enforcement interviewees agreed that this recommendation

people under 18. Other programs such as short-term foster stays and re-integration services need more gender-specific and culturally competent options to meet Maine's young people where they are.

Accomplishments in Year 2

There has been substantial progress in cross-system collaboration both within and outside the RCTs particularly in terms of prevention and supports for young people as they transition back to their community. In addition to referrals from JCCOs, the RCTs received referrals from emergency rooms, the judiciary, defense attorneys, DHHS adult complex care teams, and behavioral health services. The MDOC has increased investments in the continuum of care over the past year, including housing supports for youth through community partnerships like First Place and Preble Street. Additionally, co-occurring efforts under the MDOC's OJJDP Second Chance Act grant have brought together Youth Advocate Programs (YAP), Opportunity Scholars, and The Opportunity Alliance (TOA).

Across all regions, stakeholders noted the success of an intensive case management service approach. To further its impact, this year TOA expanded its high-fidelity offerings to include another case manager who covers a flexible age range and can support transition into adulthood for justice-involved youth.

Opportunities Moving Forward

Ongoing challenges and bright spots of progress inform our next steps to keep this population of youth in their communities. Generally, better integration of youth-serving agency budgets and programming would help the state overcome service gaps and other barriers to ensuring justice-system youth have access to the services they need. With that context, we offer the following suggestions for consideration:

Preventing youth criminalization and preparing for community re-integration requires including justice-involved youth in programs and services that are available to all youth. To account for gaps where the RCTs have found young people to be categorically excluded from programs, we recommend expanded access and the inclusion of specific resources to address the barriers that justice-involved youth face across housing, crisis services, substance use treatment, and case management.

We recommend investments in incentive programs to build out a rural workforce to reach young people in Maine's more remote counties. Young people who live in rural areas have a harder time accessing critical resources to ensure their wellbeing; this is especially true for justice-involved youth in these areas who can be categorically excluded from resources due to their unsealed records.⁴⁴ Additionally, we acknowledge and lift up the critical workforce shortage, specifically in Region 3 and the rural counties across Maine's coastal and western areas. One example of

was necessary to support youth. See Page 75 of the [Center for Children's Law and Policy \(2020\) report](#) for more information.

44 Hawes, S., King, E., Sanchez, M., & Shaler, G. (2017). *Unsealed Fate: The Unintended Consequences of Inadequate Safeguarding of Juvenile Records in Maine*. Portland, ME: University of Southern Maine, Muskie School of Public Service. <https://digitalcommons.usm.maine.edu/cgi/viewcontent.cgi?article=1014&context=justice>

this is the newly awarded Health Resources & Services Administration (HSRA) grant to the University of Maine Social Work program to expand the MSW rural workforce.⁴⁵ Similarly, related efforts can be leveraged to help expand and increase the accessibility of wraparound and high-fidelity case management services, including telehealth.

Mobile crisis response should be available to youth and families statewide as a starting point for establishing a sustainable youth stabilization plan that supports youth in their home and community. Emergency service providers are siloed between hospital and community settings, and without cross-communication, substantial geographic variations in the type and quality of services that are provided based on where you live, or who responds to you, will persist. This contributes to a pattern of justice by geography and results in inequities across the continuum. Emergency room visits for a young person in crisis play an important stabilizing role but are not always accessible and are often limited in their ability to connect youth to additional community support. Statewide efforts, like the OCFS pilot program Crisis After Care, are currently working to close this gap and ensure a sustainable transition home from emergency departments (among other out-of-home settings).⁴⁶

Specific service gaps identified during case reviews underscore the need for investment in youth-specific substance use intervention and treatment services.

The Regional Care Teams recommend the increase of peer mentors and leveraging the adult recovery infrastructure to support justice-involved youth. Focusing on young people impacted by the foster care system, the National Center on Substance Abuse and Child Welfare (2018) notes that peer support models have been shown to increase treatment access and engagement and reduce time in out-of-home care.⁴⁷ Increasing the availability of this model for justice-involved young people is a step toward keeping them in community.

Finally, case review meetings across all regions underscored the need for gender-informed and culturally competent services for young people. Girls and young women, LGBTQ+, and gender nonconforming youth require expanded gender-responsive, trauma-informed reintegration services to combat gender specific needs and risks, such as sex trafficking, victimizations, and economically motivated pathways to crime. Black, Indigenous and other youth of color need equitable and culturally responsive services, culturally competent housing, and mentoring support from credible messengers in Maine communities to support their economic and social wellbeing as they transition to adulthood.

45 Health Resources & Services Administration. (2022). HHS Invests Nearly \$60 Million to Address Workforce Shortages and Increase Access to Health Care in Rural Communities. <https://www.hrsa.gov/rural-health/grants/rural-community/fy2022-awards>

46 Maine Department of Health and Human Services, Office of Child and Family Services. (2023, page 4). Children's Behavioral Health Services Annual Report. <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2022%20CBHS%20Annual%20Report.pdf>

47 National Center on Substance Abuse and Child Welfare (2018). The Use of Peers and Recovery Specialists in Child Welfare Settings. https://ncsacw.acf.hhs.gov/files/peer19_brief.pdf.

Conclusion

Year 2 of the Regional Care Team initiative continued to demonstrate the efficacy of cross-system collaboration and its ability to meet youth needs and identify larger systemic barriers that prevent system-impacted youth from being able to thrive in their chosen community. Over the second year of the initiative, RCTs received an additional 103 referrals and allocated an additional \$36,000 in funds to meet emerging or urgent needs, ranging from housing to educational and mental health supports. The initiative continued to identify challenges in ways that informed state agency budget priorities and allocations, including increased investments in housing, substance use treatment, and crisis response services statewide.

Investment and leadership from the MDOC, contributions from the Maine JJAG, strategic partnerships between organizations and agencies that participate in the RCTs, and on-the-ground individual problem-solving for young people show the myriad ways that collaboration is having a positive impact.

Joint effort and teamwork are the only ways to strengthen and inform equitable, place-based investments in a community-based continuum of care that can be responsive to youth needs and align with statewide priorities.

Despite the growth and sustained strength of the initiative, ongoing needs, systemic barriers, and resource gaps remain. These continue to prevent justice-involved young people from accessing essential care and avoiding further system involvement. Nevertheless, in partnership with stakeholders across and beyond Maine, we hope to continue to inform investments and policy change that is designed to break down the barriers specific to this population and contribute to the system transformation that improves the wellbeing of system-involved youth, their families and their communities.

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ABOUT PLACE MATTERS

The Place Matters project aims to support the state of Maine and its communities in redesigning, implementing, and evaluating a community-based continuum of care through systems innovation, data resources, and community inclusion. Our work focuses on translating data and innovative practices into community-based solutions that are both responsive to local needs and supplement existing assets so that all transition-aged young people in Maine thrive into adulthood.

The Place Matters project is housed at the Justice Policy Program within the Cutler Institute at the Muskie School of Public Service, which is located at the University of Southern Maine and is comprised of a mix of researchers, policy advisors, data visualization experts, and directly impacted youth who collaborate to develop capacity for results-focused, data-informed solutions to social and justice policy issues in Maine.

Place Matters has produced a series of reports summarizing our research, community engagement and policy recommendations. The reports in this series are intended to inform and support the work of policy makers and community members dedicated to improving outcomes for Maine's youth. For more information about Place Matters and all published reports, please visit our website at placemattersmaine.org.

PLACEMATTERS