FINAL REPORT

REVIEW OF MAINE YOUTH CENTER

For:

COMMISSIONER, MAINE DEPARTMENT OF CORRECTIONS

And

MAINE YOUTH CENTER BOARD OF VISITORS

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Review of Maine Youth Center (MYC)

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BACKGROUND OF REVIEW

This review of conditions of confinement at the Maine Youth Center (MYC) was requested by the Board of Visitors of the MYC and the commissioner of the state Department of Corrections (DOC). An independent inquiry was initially urged by Amnesty International in a July 22, 1998 letter from Javier Zuniga, program director of the Americas Regional program, to Governor Angus King. In his letter, Mr. Zuniga informed the governor that Amnesty International had received disturbing reports concerning the poor living conditions at MYC, including inadequate programs and services to rehabilitate and educate children or care for their physical and mental health needs and ill-treatment of many children by staff, including violence.

The letter also identified three specific problem areas based on reports that the human rights agency had received:

- An inadequate number of suitably trained and experienced staff to supervise and to provide physical and mental health and other essential services and programs;
- Some staff members' inappropriate and excessive use of force, restraints and isolation and verbal abuse of children and
- Lack of an independent authority with responsibility to monitor the center's compliance with standards to investigate complaints and to take action to rectify problems.

Prior to Amnesty International's writing to Governor King about the reports it received, Eve Richardson, The DOC advocate, (a half-time employee assigned to the MYC) wrote a memorandum on March 31, 1998 to Lars Olsen, who had recently been appointed acting superintendent of MYC. The residents' advocate brought to the acting superintendent's attention complaints that she had received from a number of youths at MYC that they were being strapped into the center's restraint chair for excessively long periods of time and that confinement in the chair was being used as a threat for minor misbehavior. The advocate's attachments to the communication to Mr. Olsen contained the length of time residents spent in the chair and notations about the resident's behavior while in the chair that were recorded from special incident reports and other restraint document forms. The documentation demonstrated that the use of the restraint chair did not conform to the department's Policy and Procedures on the Use of Mechanical Restraints concerning the purpose for its use and the length of time juveniles could remain in the chair.

Publicity about the revelations made by Amnesty International and the DOC advocate has turned the spotlight on MYC and has provoked intense debate by legislators, the media and the public.

The department first asked the American Correctional Association (ACA) to review policies, procedures and practices regarding the use of all restraints, including the restraint chair, that are permitted at MYC and the use of the Special Management Unit. The ACA report, published in December 1998, was considered too limited in its scope and too general in its conclusions. Hence, the Board of Visitors and DOC have requested this inquiry into the operation of the center and living conditions for the nearly 200 youths confined in the institution.

Loughran and Associates has been asked to evaluate conditions of confinement at the Maine Youth Center and to include the following specific areas of inquiry:

a. Assessment of the use of restraints and special management unit at MYC, known as ICU.
b. Detailed assessment of mental health issues of juveniles detained and committed to the Youth Center.
c. Review of continuum of response to unmanageable behavior.
d. Evaluation of line staff training curricula with respect to behavior management, restraints, and isolation.
e. Review of intake, assessment diagnostic and orientation process.
f. Assessment of current resources available to manage residents.

INTRODUCTION: AN HISTORICAL PERSPECTIVE

An unpublished history of the Westboro School for boys (renamed The Lyman School) in Massachusetts, the first public reform school in the United States, reveals a cyclical process that often repeated itself during its 124-year existence. When it first opened in 1848 as a alternative to adult prison for juvenile offenders, the school enjoyed a period of calm where staff and youths interacted and youths made progress in education and the acquisition of vocational skills. That calm was usually followed by overcrowding of the institution and/or commingling of older predatory youths with younger more vulnerable ones, and the next period was marked by youths assaulting other youths and staff, intimidated staff becoming retaliatory toward the youths, deteriorating living conditions and escapes from the institution. Next followed the exposure of incidents and underlying problems by the media and advocates, which usually triggered an investigation by state and federal authorities. Each investigation produced a series of reforms that returned the institution to its previous state of calm and productivity.

MYC, opened in 1853, has outlived its Massachusetts prototype, which closed in 1972. Press clippings of MYC over the last quarter century chronicle stages of a similar cycle of calm, unrest, investigation and reform that characterized the Westboro School.

Indeed, during this review, veteran staff and volunteers spoke wistfully about a time (1970s through the early 1980s) when MYC offered specialized programs in cottages that had a purpose (substance abuse, mental health and sexual offender treatment). Also during this era "reality therapy" was the counseling technique where groups were held regularly in each cottage. One staff person lamented that reality therapy just petered out and nothing else filled the void. Others spoke of a school that offered a rich vocational education program with classes in welding, automotive repair, photography, electricity/electronics, carpentry/industrial arts, graphic design and cosmetology/barbering.

According to staff, prior to the severe budget reductions in 1992, MYC had a vibrant afternoon, evening and weekend recreational program that was conducted by four recreational specialists and four specially-trained training school counselors (TSC). Also, a 1989 article in the Portland Press Herald mentions a grant from the University of Maine to MYC in the 1970s that permitted the center to add new programs and better train staff (the funding eventually ran out.) This nostalgia for the past should be tempered by a 1989 headline in the Portland Press Herald "Problems Plague Youth Center - Staff at All-Time Low as Population Registers High - 260." This was three years before the MYC budget was reduced from $10.2 million in FY'92 to $8.0 million in FY'93 (see Attachment 2).

Until the First Defense fence was erected around the campus perimeter in 1995, escapes were common place. According to the press, more than 500 youths bolted from the institution in 1986. In 1991 the number of escapes was reduced to 128 from 253 in the previous year.

Maine's program of choice for juvenile offenders, like many other states, is the institution. MYC has been in operation for 145 years. Although Maine has explored other alternatives, the state has not significantly ventured beyond the institutional setting to test other options until recently. This is evidenced by the profile of 167 offenders at MYC, based on the risk classification, that ranges from community level (2), low level (32), moderate level (103), high risk level (74) and special management (6).

CHANGES UNDERWAY IN MAINE JUVENILE CORECTIONS

The Maine DOC recognizes that juvenile justice research over the last two decades supports the development of a balanced system of juvenile corrections. Studies have demonstrated that states as diverse as Massachusetts and Utah have reduced further law-breaking by juvenile offenders by developing a continuum of programs and services with a proportionate number of secure beds (secure center) and community-based alternatives (group homes, decentralized supervision through intensive case management and day/evening reporting centers.)

In 1995, the state Legislature, in a special session, appropriated $1.7 million to increase community-based services within the DOC's juvenile division. These funds have been used to develop a statewide detention diversion program, more intensive probation services and aftercare services. The Governor and the Legislature also have embarked on a $50 million juvenile justice capital project, the construction of a 166-bed facility on the grounds of MYC to serve southern Maine and a 140-bed facility in northern Maine. The projects were approved in the Fiscal Year 1999 capital budget.

The DOC has chosen the recently-opened Ferris School in Wilmington, Delaware, as the prototype facility. The Ferris School has won praise from architects and juvenile justice professionals for its attention to the programmatic needs of youths in its overall design, especially in the residents' housing units, school, medical services area and recreational facilities.

Maine juvenile corrections also has recently recognized that the juvenile offender of today presents a complex profile. A youth's offense itself is not the sole indicator of the level of supervision and services that will be required to change the youth's behavior. Today's juvenile offender is more likely than not to have experienced domestic and community violence in his or her formative years, exposure to serious alcohol and drug abuse in the family and school failure.

The DOC has been collaborating more in the past two years than ever before with other state agencies, such as the departments of Mental Health, Human Services and Education. This review comes at a time when the change process in the way Maine treats its juvenile offenders is well underway but dramatic results have not been achieved. The change is bumping up against an existing culture that evolved over a century and a half. This critique of MYC is offered so that the administration will have a guide in the form of specific recommendations to create a new culture and rehabilitative approach in time for the opening of the new facilities in the spring of 2001, just two years from now.

PROGRAM CULTURE AT MYC

In recent years, MYC has replaced its rehabilitative culture with a prison-like culture. The loss of programs that followed the draconian budget cuts in Fiscal Year 1992 and additional ones in Fiscal Year 1996 have reduced the institution to a warehouse for troubled and dangerous youths. The former state representative from South Portland, Cushman Anthony, stated in 1992 that youths emerge from MYC feeling more angry and criminal than when they arrived. "There is little for them inside (the center) and little for them outside. Why should they feel any better about life?" said Mr. Anthony seven years ago.

Interviews with several youths, staff and volunteers during this review and observation of life at MYC in 1999 indicate that many youths who are sent to the center are returning to the community in worse shape than when they initially entered.

The failure rate for first time commitments to MYC is high. Of the 167 committed youths at the center on January 22, 1999, 45 percent (76) had a previous commitment to the institution and 48.6 percent (37) of these returnees had between two and six returns. New crimes represented 83 of the revocations; technical violations of parole accounted for 56 of the repeat placements. Some of the revocated youths returned with a new law violation as well as a parole violation.

FACTORS THAT CONTRIBUTE TO THE PRISON-LIKE CULTURE AT MYC

- **Inadequate staffing**

Two rounds of budget cuts in the early-and mid-1990s have decimated the staff, especially the direct care, educational and recreational staff at the center. After 1992, virtually all of the recreational staff, most of the vocational teachers and more than a dozen TSCs were eliminated from the budget. Annual daily population counts averaged 225 per year throughout the 1990s.

Today the center is authorized and budgeted to have 119 TSCs on the payroll. On January 22, there were 13 unfilled TSC positions pending the continuous hiring process. On most shifts, there are only two TSCs on duty in a cottage to supervise an average of 30 youths (staff ratio of one TSC for 15 youths.) On each shift, one TSC per-cottage is designated to respond to a crisis in another housing unit, which leaves only one TSC to handle the entire cottage population. Late afternoon and evening have been the peak times for major incidents that precipitate a youth's removal from a cottage. Anticipation of incidents and the loss of the second staff person in the cottage have virtually eliminated any regularly scheduled out-of-cottage recreational activities after school or in the evening.

The TSCs are overworked and many are burned out from having too many youths to supervise with too little program support. The absence of supervision and clearly articulated policies for many functions in the center as well as periodic retraining and review, especially for veteran staff (34% of TSCs (40) have worked at MYC for 10+ years) results in inconsistent application of the rules in cottages. Youths, staff and volunteers who were interviewed singled out the disparate interpretation and enforcement of cottage rules among the housing units and across shifts in the same cottage as a significant problem that fuels acting out behavior by residents. Each cottage seems to have a different set of rules and different sanctions for rule infractions. Youths find little or no continuity between shifts or when they move from one cottage to another.

- **Imbalanced training of TSCs**

The role of the TSC has shifted away from that of rehabilitative counselor to a correctional officer. A starting salary of $8.86 an hour makes it difficult to attract college graduates who have some educational background in adolescent psychology or staff who have previous work experience with troubled and delinquent adolescents. Staff are trained to be correctional officers rather than rehabilitative counselors who must be attentive to both treatment and security issues. The training curriculum, virtually the same for correctional officers who work in adult prisons, focuses almost exclusively on the custodial and control facets of a TSC's duties that encompass safety, order, security and legal issues. A section on "Supervision of Special Needs Offenders" that emphasizes suicide prevention and an overview of the components of the MYC treatment program (education, vocation recreation, work, religious services social services and medical services) constitute the only pre-service training in the rehabilitative mission of the center.

There are no sections in the Training Manual that deal with adolescent psychology, theories of delinquency, post-traumatic stress disorder in children exposed to loss and violence, or the establishment of a normative culture in an institution.

- **Excessive use of restraints and isolation**

A review of incident reports and the MYC's own analysis of the use of restraints and isolation since May 1, 1998, revealed:

- An exceedingly high use of mechanical restraints (plastic handcuffs, metal hand cuffs, leather wrist cuffs, metal leg shackles, waist belts for use with wrist or handcuffs and restraint chairs),
- An exceedingly high use of the temporary removal of youths from the program to Intense Care Program (ICP) status in the Special Management Unit (SMU), and
- Extended confinement in SMU and ultimately the transfer of a youth to the 28-bed program for unmanageable youths in the New Secure Building (NSB).

States such as Massachusetts, Missouri and Delaware have dramatically reduced the use of restraints and isolation through the establishment of a positive or normative culture as well as a strong clinical program that emphasizes group work with youths.

A 10-step continuum of behavior control policy directive, revised by MYC in October 1998, enumerates six non-coercive steps that staff should employ to manage the behavior of disruptive youths. However, the use of ICP or SMU placements has occurred 1,219 times or an average of 4.4 times a day between May 1, 1998 and January 31, 1999. Use of restraints or isolation in order to gain control over acting out residents has lost its effectiveness as a behavior management tool of last resort. Youths have grown so accustomed to restraint and isolation that its use does little to serve as a deterrent to self injurious, assaultive or obstreperous behavior. "Racking off," the residents' term for an activity by which one youth begins screaming and banging his fists on the door of his room in order to incite others, occurred frequently during the 10-day site visit (see attachment 3).

- **Boredom**

Staff, residents and volunteers who were interviewed singled out boredom as the culprit behind much of the turmoil and tension between youths themselves and youths and staff at MYC. Many residents spend endless hours each day in crowded, decaying and unsanitary cottages with virtually nothing to do but play cards, banter back and forth when conversation is permitted or sit and stare blankly at the wall during frequent periods of silence.

Many residents do not have the full five hours of academic instruction required by the state Department of Education. Youths participate in either a four-block or a three-block educational program. Each block of instruction runs for 80 minutes Also, teacher absenteeism with no substitute teacher available to fill in occurs frequently according to those interviewed. Consequently, many youths sit the cottage day room during school hours with nothing constructive to do.

Residents receive large muscle exercise during only three physical education classes each week. Athletic recreational activities seem to be at the discretion of the TSCs. Some TSCs try to take youths who are on higher levels (based on good behavior) to the gymnasium in the evenings and on the weekend, but many do not.

It is not surprising that the peak hours for the use of restraints and isolation are between 6 p.m. and 10 p.m. After school youths are restricted to the large day room in each cottage from 2:40 p.m. until lights out at 10 p.m., with a substantial amount of non-productive time. Youths must spend an "hour of reflection" writing goals four times a week. Many youths complained about the monotony of this exercise. The only groups held in the evening are level-related groups that occur twice a week.

- **Absence of a behavior management plan**

MYC has no written behavioral management plan that informs residents at admission to the center about the behavior that is expected of them. Cottage Nine, the sexual offender treatment program, and the New Security Building Program have developed and distributed to each resident a clear behavioral plan that consists of rules and expectations. The behavioral system for the other five cottages on campus is based more on the earning of enough credits for release than on any concrete behavior change that is reflected in a treatment plan.

- **Low staff morale**

MYC has had six superintendents or acting superintendents during the last three-and-a-half years. This instability at the top of the MYC hierarchy, coupled with severe budget cuts, have contributed to the loss of any sense of direction until the appointment of the current superintendent one year ago.

Low wages, insufficient staff and other resources, inadequate pre-service and in-service training, violent episodes by youths and a history of poor communication among the staff (administrators, clinicians, educators and cottage staff) contribute to what many of those interviewed described as a negative work environment.

Except for the NSB and the Sexual Offender Treatment program, each of the other three program managers has responsibility for two cottages. Each has had to assume the role of crisis manager with no time to build a treatment team in each cottage by actively training and supervising the case workers and TSCs.

The TSCs in particular have felt the brunt of the deficiencies at MYC. Those who were interviewed offered the following observations based on their experiences:

- Training for TSCs is inadequate for the many crises they face daily,
- There is a lack of support from clinical services by not conducting groups with youths or giving more individual counseling to youths,
- TSCs have been forced into the role of primary treatment providers,
- Many youths are not engaged by what is taught in the school. Consequently, school attendance is problematic,
- The turnover rate for TSCs is high: In 1998, 16 percent (19) of the TSCs left MYC employment.

Many TSCs were singled out by residents and volunteers as exemplary staff. When a resident or volunteer praised a TSC, it was primarily for his or her fairness in applying rules and willingness to engage youths in activities both on and off the cottages in an effort to reduce boredom. A number of TSCs volunteer for various program improvement committees the superintendent has established. Additionally, some of the TSCs use their own funds to purchase food for a special meal they will prepare for residents in a cottage or for games to be played during recreation hours.

Also contributing to low staff morale is the palpable hostility between labor and management. The union's distrust of the administration seems to be directly related to the working conditions that deteriorated in the aftermath of past budget cuts, rising institutional populations, lost programs for youths and the promise of new resources or approaches that never seem to materialize. These conditions have resulted in finger pointing and blaming.

CLINICAL SERVICES

As part of the general review of operations and services at MYC, Carlo Morrissey, Director of Clinical Services for the Massachusetts Department of Youth Services, examined the present psychological, psychiatric and counseling services offered. He spent three days at MYC interviewing staff and residents, reviewing records, psychological screening / needs assessments and attended quarterly progress review meetings. His findings are recorded below, his specific recommendations are contained in the Recommendation section of the report.

Assessment and Classification

Youths entering MYC are classified generally within four- to six-weeks of their commitment. Classification decides the number of credits a youth needs to earn in order to return to the community. Credits actually can be thought of as time assignments as the more credits required, the longer a youth will be at MYC. Classification also determines which cottage a youth will reside in. In order to make these decisions, the director of classification chairs a classification meeting that is generally attended by the juvenile caseworker, MYC caseworker, psychologist, tracker and Chaplain. Parents are encouraged to attend this meeting. Information is provided as follows:

The juvenile caseworker provides the offense history, social and family history and additional court evaluations when available.
The tracker is a training school counselor who has met with the client individually and in group settings during the youth's initial weeks at MYC. The tracker often develops behavioral goals for a client.
The Chaplain will often report on youth's adjustment and his/her thoughts regarding the victim.
An assessment of the client's substance abuse history and needs is completed by a staff from **Day One**, a contracted substance abuse treatment program at MYC. Youths often fall under two general groups regarding substance abuse. For those with less extensive histories of substance use, less intense services are offered. These youths would receive eight weeks of group work twice weekly for one-and-half hours per session. Those youths with more serious substance abuse histories receive the group work plus an hour of individual counseling.
The MYC caseworker reports on past criminal history and committing offense. In all of the records reviewed a risk/need evaluation, which is completed by the caseworker was included.
Teaching staff will submit an education report that comments on functioning levels and any special needs a child may have.
The psychologist will make recommendations as to services needed based on the results of the Problem Oriented Screening Instrument for Teenagers (POSIT), Minnesota Multiphasic Inventory for Adolescents (MMPI-A), interview with the client, review of the available records and interviews with staff.

From the classification meeting, credits needed for discharge from MYC, cottage placement and treatment goals are determined. Treatment goals tended to be quite similar for most youths at MYC, focusing on thinking errors, managing aggression, peer relations, family, victimology, education and vocational needs. Treatment plans tended to be general with rather vague or more global goals.

General Services

The psychology staff (two Ph.D.'s, one M.A.) at MYC are involved primarily in the initial classification assessment, quarterly clinical reviews and the assessment of youths who have either voiced suicidal thoughts or behaved in ways that have elicited staff concern regarding their risk to harm themselves.

The MYC serves a very diverse population of young offenders. As with most large juvenile justice programs, there are several need areas that are commonly found and MYC's population concurs with what is generally seen in such facilities. Youths tend to have problems in the following areas:

- self-regulation,
- peer association,
- decision making,
- substance use,
- family relations,
- school, and
- use of leisure time.

Other than the Day One services, sex offender treatment and the school program, there was little evidence of the clinical staff being involved in either cottage-based or individualized interventions, or in the training of training school counselors to more effectively address these needs with the youths at MYC.

Special Populations

There are several subgroups of youths at MYC who have particular needs that should be addressed both through specific and general rehabilitative interventions. These special populations include:

- youths with mental health needs,
- sexual offenders,
- substance abusers,
- severely traumatized youths,
- cognitively limited youths and
- youths posing serious behavioral problems.

MYC does provide specific interventions to meet the needs of youths who have substance abuse problems or who have been committed on a sexual offense. The mental health services at present are woefully inadequate for a facility the size of MYC, which serves the state's most serious young offenders. With one psychiatrist working eight hours a week, the psychiatry services can best be described as triaging rather than a service that is integrated into an overall treatment approach for youths who can benefit from psychopharmacological interventions. From a review of several records, interviews with residents and staff and knowledge of similar populations across the country, it appears that MYC has a high percentage of youths with mental health needs such as attention deficit disorder hyperactivity, post traumatic stress disorder and depression. It would not be surprising to find significant numbers of youths who manifest symptoms of borderline personality and bi-polar disorder within the population as well.

During this review at MYC, 42 youths were being treated with psychotropic medications. This represents approximately 25% of the total population. These youths' psychiatric treatment should be integrated into their overall treatment. In order to do this, psychiatrists need to be available to work closely with cottage-based clinicians who are implementing specific behavioral and counseling interventions and who are collecting data on target behaviors being addressed through psychopharmacology.

Because of a combination of low levels of programming, overcrowded living conditions, inadequate staffing levels and a reliance on seclusion to manage behavioral problems, the quality of life at MYC may contribute to a deterioration of a youth's mental health. There is also a need to provide MYC with more resources so that services will be able to address treatment needs rather than be focused on crisis management. MYC has three major clinical issues that need to be addressed:

1) Specialized Programming for Mentally Ill/Serious Emotionally Disturbed Youths

Psychologists should continue to review the histories of youths entering MYC and those who have been treated recently for mental health problems should be assessed regarding their present needs. Youths whose behaviors are presenting either depressive symptoms or are unable to participate fully in programming, or present safety risks to themselves or others should be assessed for their particular needs and individualized treatment plans should be developed. In some cases a referral for psychiatric services will be necessary. It is important for the psychiatric services to be integrated into a youth's overall treatment. Youths who are being treated with psychotropic medications should have treatment plans that define the target behaviors that are being addressed and there should be regularly scheduled follow up reviews by the psychiatrist with the client. The psychiatrist should be available for regular case conferences with the psychologist and other treatment providers.

2) Specialized Programming for the Core Group of Youths with Behavior Management Problems

Approximately 15 percent (25) of the youths at MYC are involved in the majority of restraints and use of isolation. Persistent behavioral problems should be assessed by a psychologist. Psychologists should be taking the lead in developing specific treatment plans and interventions that are aimed at reducing acting-out behaviors and increasing pro-social behaviors. These plans should identify and assess specific behavioral problems. There should be specific, measurable short- and long-term goals for each problem area. Clear descriptions of the interventions to be used should be contained in the plan and staff should be trained by the author of the plan in its implementation. Ideally, training school counselors should be able to collect baseline data on behaviors and record ongoing rates of frequency for target behaviors once treatment has commenced. A preliminary estimate of the number of youths who would need individualized behavioral plans as described above is approximately 20%.

3) Assessment of Youths who are Experiencing Post Traumatic Stress Disorder

Many of the youths at MYC have extensive histories of abuse and neglect. In recent years there has been a growing awareness of the relationship between past trauma and abuse to juvenile offending behavior. Several recent studies have found rates of between 25% - 40% of serious juvenile offenders meet the diagnostic criteria for post traumatic stress disorder (PTSD). Part of the psychological assessment should be an assessment of a youth's trauma history. It is extremely important for youths who have PTSD to be placed in safe, well-structured environments that allows them to begin to trust others and lower their defenses. Current staffing patterns at MYC drastically impair staff's ability to create the therapeutic environment that would foster recovery for those who have been severely traumatized. Training staff in a curriculum that promotes pro-social skills, anger management and moral reasoning would help to improve the overall milieu. Instituting specific groups that address these areas and providing enough staff who can model the pro-social behaviors would improve the entire culture.

Unfortunately the MYC presently provides little in the way of therapeutic group work. This situation is worsened by the poor staffing patterns that make it difficult for training school counselors to involve youths in regular physical recreational activities. Because of the serious gaps in programming and the lack of supervision, youths are often involved in behaviors that pester each other. This seems to lead in some cases to major behavioral and or attitudinal problems.

The response to persistent behavioral problems or an episode of disruptive behavior is usually to remove the youth from his cottage and place him in isolation at the Special Management Unit or for a longer stay at the New Security Building (NSB). Because of the low levels of programming and overcrowded conditions in the cottages, for some youths, placement in the isolation unit or at NSB is rewarding. Several youths mentioned how they at least have some privacy, get a chance to think and at NSB, enjoy higher levels of programming. For many youths who adjust to the isolation of room confinement - and many offenders do - MYC offers no effective interventions to change behavior.

In addition, many of these youths have uncertain futures once they leave MYC, therefore increasing the credits they need to earn may also fail to motivate them to change. These youths need intensive services that incorporate operant conditioning, social learning and cognitive behavioral approaches. A psychologist should be assigned to work closely with the youths at NSB and all of the youths should be receiving the intensive services described in the steps above. Many of the youths at MYC present with extremely complex profiles and histories, however, it would be a disservice and inaccurate based on the present methods of intervening at MYC, to conclude that many of these youths have psychopathic personalities. Characterizing these youths as psychopaths, justifies less-intensive psychological and counseling services to the most needy youths at MYC.

All of the youths interviewed complained of boredom and the need to have on going counseling. Another common complaint was the youths' feeling ill-prepared to leave MYC. There needs to be much more in the way of transitional services and community experiences as youths begin to prepare to leave MYC. By not engaging the youths in meaningful activities and not assisting them in the process of sorting out their lives with professional counselors, MYC at best is only managing crises or treading water. A possible model of how to better engage youths in treatment is to be found in Cottage Nine (sexual offender treatment unit). The youths are engaged in group work and their treatment goals are addressed through work outside of the group. A similar model can be adopted for other offender groups.

EDUCATIONAL SERVICES

In December 1997, the state Department of Education (DOE) issued its School Approval Report after an extensive review of the education program at MYC. As a result of the DOE report, which listed numerous deficiencies in the MYC school program, accreditation was revoked and the school was placed on probation. Major problems included the general disrepair of the center's two school buildings (Gould and Purinton); no separate budget for the school program; absence of a tracking system to monitor the operational cost of the school other than administrators' and teachers' salaries; lack of a written curriculum for each area of instruction; less than a five hour school day; and no library services.

The school was also cited for staffing insufficiencies such as: no guidance counselor, no special education coordinator, no educational technician positions and too few vocational trade teachers.

A review of three interim reports to the DOE indicates that substantial progress in meeting the requirements of the corrective action plan for MYC has been achieved. The former reading instructor who also taught at the Maine Correctional Center in Windham was promoted to principal in September 1998. She is aggressively implementing the action plan. Additionally, the DOE assigned a three member technical assistance team composed of learning system, curriculum and vocational specialists.

Significant improvements in the school include a renovated and well-resourced library and media center, overall improvement in the physical plant through establishment of a regular maintenance program; development of a budgetary cost center to track and project educational expenditures; creation of a fine arts room; design of a campus wide literacy program; alignment of the MYC school curricula with the state's Learning Results initiative and the addition of a business skills elective course.

The following positions in the school program have been filled: Special Education Coordinator, Guidance Counselor, graphic arts teacher and five teacher aids. If the pending supplemental budget for DOC is approved by the legislature, a job classification for the guidance counselor and librarian will be created (teachers currently fill these roles).

Despite the progress that has been made as the center continues to respond to the DOE corrective action plan, certain problems concerning the school day were observed. Because of insufficient classroom space, some students participate in only three instruction blocks each day (four hours). Additionally, teacher absenteeism with no substitute teacher available forces students back to the cottages where no constructive activities are conducted. A visit to Cottage Three at 11 a.m. on a January school day found nearly a dozen residents who either had no scheduled class for the 80-minute block or a class had been cancelled because of the teacher's absence. Residents, staff and volunteers who were interviewed stated that students are routinely in cottages during school hours. Finally, when youths are placed in the isolation unit, neither academic instruction nor educational materials are supplied to the residents.

According to the Isolation (SMU/ICP) report from May 31 to January 31, 1999, 51 youths, an average of slightly more than one per week, were removed from school and placed in confinement. The MYC administration recently assigned a TSC to be present in the school to assist teachers in working with problem youths.

HEALTH SERVICES

A medical health services review at MYC was conducted in September 1998 by Jacqueline Moore, Ph.D., R.N. as part of a review of Maine's two juvenile facilities (MYC and Northern Maine Juvenile Detention Center). The review focused on the services provided by Prison Health Services, a private healthcare company under contract with MYC and services provided by state employees.

Her the report was furnished by the superintendent of MYC. Given Dr. Moore's review in close proximity to this inquiry and the thoroughness of her evaluation, no further investigation of medical health services seemed necessary. A summary of the Health Care Report and recommendations follows:

Summary and Conclusion

"It is clear that there are contractual deficiencies regarding communication, program implementation, documentation and client satisfaction. Programs, which have not been implemented fully, are intake screening, chronic care, staff and juvenile education, medical record management, STD testing, policies and procedures and quality assurance.

Areas which are implemented and are in need of review and modification include: dental services, history and physicals, quality assurance reviews."

Recommendations

- Identify suitable space for clinic area at MYC. Either revamp the current clinic for a private exam room or establish exam rooms in the housing areas of MYC, which would increase productivity of this unit and maintain the privacy of care provided.

- A current policy and procedure manual, which has been approved by the State, should be developed and implemented in both facilities.

- A nursing supervisor position should be established at each facility as the responsible health authority and that position should be accountable to monitor performance of all staff under contract to the current vendor.

- Tracking mechanisms should be established to monitor juveniles requiring chronic care and annual physical exams.

- Treatment plans and juvenile educational material should be provided during chronic care.

- Procedures and staffing patterns should be adjusted so that all new juveniles receive an intake screening immediately upon their arrival at MYC.

- Implement a CQI program at all institutions and address CQI issues separately from administrative issues. Have on-site staff, particularly physician's conduct chart audits.

- Develop a training schedule for in-service education. Suggestions for topics could include documentation, physical assessment and sensitivity to patient's needs.

- Revise the formulary so that it contains more medication specific for a juvenile population.

- Re-evaluate dental staffing patterns. Implement a dental priority system.

- Review mental health on a more in-depth level particularly in regard to the appropriate use of restraints, seclusion and psychoactive medicines.

- Implement a state policy, which prevent providers from entering into services or situations that present conflict of interest, e.g. nurses doubling as officers, psychologists conducting parole hearings.

- Develop a system wide medical record system that is organized with appropriate tabs for care rendered.

NOTE: A corrective action plan, developed by MYC administration in December 1998 is presently being implemented by Prison Health Services. Many of the tasks have been completed by the provider.

VOLUNTEER SERVICES

The MYC has a long tradition of incorporating volunteers and "Friends of the MYC" into the daily life at the center. A half-time volunteer coordinator recruits, trains and supervises approximately 130 volunteers who principally mentor and tutor youths at MYC. Currently between 20 to 30 youths have tutors and 30 residents are paired with mentors. This fiscal year's MYC supplemental budget contains a request to extend the volunteer coordinator's position to full-time.

The Friends of MYC consists of 140 dues paying members who raise funds to purchase equipment for individual cottages not included in the annual appropriation for MYC. Approximately 20 Friends attend monthly meetings at MYC that feature a guest speaker from the center who educates the Friends about programs for residents. The superintendent also regularly attends monthly meetings. The Friends enjoys active support and involvement of parishioners from many churches in southern Maine. A newsletter, "The Friendship", keeps the many members who can't participate in meetings involved in the group's work.

The volunteers who spend numerous hours in the cottages tutoring, mentoring and preparing special meals or cookouts for residents clearly recognize the existing problems at MYC. Many of them feel a disconnection when the gate slides open and they enter an adolescent world that is so drastically different from the one their own children and teenagers in their communities experience. They are frustrated by the vast amounts of idle time, especially on weekends, youth's lack of interest in school, the infrequent use of the center's recreational facilities and the over reliance on restraints and isolation for disruptive youths.

The volunteers who include successful business people are frustrated that a "can't do" attitude sometimes paralyses staff. Interviews with the volunteers revealed that they have many creative ideas to improve the quality of life at the center and help staff do a better job of preparing youths to reenter their communities especially with respect to acquiring job skills and seeking productive employment.

Over the years many of the volunteers' ideas have gone unheeded due to the instability at the center (six MYC administrators in the last three years). The current superintendent has been trying to develop more opportunities for volunteers to participate in the change process he has undertaken, especially at the school. For example, volunteers served on the recently concluded Literacy at MYC committee that produced a final report with recommendations in December 1998. Other volunteers serve on the ad-hoc Committee on Vocational and Applied Learning Results in order to bring the center's vocational education program into compliance with state standards. The administration at MYC would benefit from more structured opportunities to hear from volunteers and to channel their ideas into the management function at the center.

OTHER ISSUES

Review of Continuum of Response to Unmanageable Behavior

The administration at MYC revised its continuum of behavior control directive in October 1998. The document indicates that the policy had been in place for some time but was being revised to provide a clear understanding of the procedures and to resolve areas of inconsistency in the application of the steps. The behavior control continuum at MYC (an adaptation of the eight step reality therapy model - no longer used for groups at MYC) consists of 10 steps of progressive responses to misbehavior. (See Attachment 4) The first three steps appear to be the center's philosophical underpinning of the behavior control policy (i.e. acknowledging resident's positive behavior from time to time, staff's ability to question his/her own approach with residents and staff's flexibility to search for alternatives for behavior control.) The next five steps involve verbal communication with the resident, a request for reflection on the resident's unacceptable behavior and imposition of a time out at a separate table for a writing exercise. The final two steps result in removal from the program to room control or Intense Care Program Status and placement in the Special Management Unit.

Although confinement in the restraint chair is not mentioned in the Continuum of Behavior Control directive, youths who continue to act-up while in isolation by yelling, cursing and banging on the room's metal door as depicted in video tapes of confinement that were reviewed, end up in the restraint chair.

The MYC administration's attempt to educate staff on the use of progressive discipline that involves attempts to get youths to think and reflect about their actions and the consequences of those actions is a good first step in the effort to reduce the use of restraints and isolation. However, the tracking reports on the use of restraints and isolation indicate that this approach is not having much of an impact on reducing these extreme interventions. Reports do show that restraints declined significantly during August, September and October 1998, immediately after Amnesty International's letter to Governor King. But use of restraints have been steadily climbing since November 1998. In January 1999, the restraint chair was utilized 30 times and isolation occurred 134 times. The current continuum of responses to unmanageable behavior is not working.

Information reviewed and the interviews with staff, residents and volunteers indicate that incidents are triggered by too many youths in close quarters with minimal interaction between short-handed staff and residents and resident's having too much time with no constructive activities during the late afternoon, evening and weekend. Incidents at the youth center seem to occur spontaneously and are occasioned by youths needling one another or staff initiating a write-up for a rule infraction that will result in the loss of a level. As mentioned earlier in this report, youths experience inconsistent application of rules from cottage to cottage and from shift to shift and therefore are conditioned to react negatively to a perceived injustice to them.

The behavior control policy is not reinforced by in-service training for all TSCs in implementing the policy's progressive steps; a co-existing system of rewards for positive behavior and on-going groups that teach youths to control their anger and let youths experience that control in role playing sessions.

The MYC administration also has taken an important second step in improving its ability to measure the reduction of utilization of restraints and isolation by aggregating and analyzing data on these staff interventions. The superintendent's office has designed a data base that records the use of all types of restraints and isolation by cottage (including NSB), day of week, time of day, staff on duty and youth involved. For the first time, the administration has been able to establish trends in the reliance of these extreme measures to control a youth's behavior.

According to the report that tracked restraint and isolation incidents from May 1, 1998 to January 31, 1999, Cottage Six (younger male adolescents – ages 11 to 15 with noted behavioral problems) and Cottage Three (older males – ages 16 to 20 with extensive histories in the state's juvenile justice system) are restrained and/or isolated more than two times the average of the other five programs on campus. Cottage Four, the intake program for newly-committed males and those whose parole status has been revoked, had the third highest use of restraints and isolation. (See Attachment 3.) These and other trends should help the MYC administration pinpoint the problem cottages and units, times and staff in order to take concrete steps to reduce restraints and isolation.

Staff Training Curricula with Respect to Behavior Management, Restraints and Isolation

The 1999 training curriculum for new employees has been revised to include a training module: Intensive Care Unit, Restraints and "Chair" Training. This one hour training component utilizes a 20-minute video of an actual restraint to demonstrate improper and proper restraint techniques. This new training curriculum also contains a crisis prevention intervention component that utilizes de-escalation techniques in behavior management.

A supervision of juvenile offenders module is also taught at the training academy. This training deals with controlling the behavior of juveniles and utilizes the eight steps of reality therapy that are embodied in the center's Continuum of Behavior Control directive.

Given the over reliance on restraints, including the restraint chair, and isolation in the SMU, it seems that the training session should be at a minimum a three-hour session that would deal with more than the mechanics of proper restraint procedures. It would be very instructive for new staff to review the incident reports in connection with a video taped restraint in order to discuss how the precipitating event could have been defused and physical intervention averted.

The superintendent is investigating a training component called Non-Abusive Physical and Psychological Intervention (NAPPI). A similar training, called Safe Physical Management (SPM), which is a system of crisis intervention and de-escalation theory and passive restraint skills, is taught in the Kentucky Department of Juvenile Justice Training Academy.

Residents Handbook (obligations and rights)

MYC does not have a resident handbook that explains the residents' obligations and rights while confined at the institution. Most youths who were interviewed indicated that they learned about the rules from other youths or the TSCs in the cottages. Written instructions for obtaining care for health, mental health and substance abuse problems were also not given to youths at intake. Youths do learn verbally about the Day One Program.

Residents do not receive a copy of the Client Grievance Policy (revised in 1989). No resident interviewed remembered that one of the documents he/she signed upon admission was an acknowledgment of his/her right to file a grievance. It was not surprising therefore to learn that residents filed only two grievances in 1996, none in 1997 and 1998 and one so far in 1999. Ironically, staff filed 17 grievances last year. The manager of correctional operations is the appointed grievance review officer. He stated that he interviews each youth in his office who has filed a grievance to better understand the youth's complaint, especially since the grievance is not always by the youths' hand. This practice is not stated in the grievance policy and gives the appearance of intimidation considering the official title and function of the grievance review officer at the MYC.

New Secure Building

The New Secure Building (NSB), a 28-bed facility which opened in September 1996, is the ultimate sanction in the MYC behavior control continuum. The program has been designed to handle assaultive and escape-risk youths who no longer can be managed in open cottages. Although removal from a cottage to the NSB is a sanction that can be imposed by the center's Disciplinary Board, the decision to transfer a youth to the NSB is made at a special meeting of the classification and clinical services group. Youths who are transferred to the NSB remain there for an average of six months. Some youths are returned to their cottages, others are discharged home.

The facility is divided into two 14-bed units (A and B). The staffing ratio for direct care staff is one TSC for seven youths. Six TSCs are on duty on the first and second shifts (two TSCs per unit, one "rover" and one in the control room). The NSB shares two teachers with the regular school. The Day One substance abuse counselor conducts two group sessions each week. The caseworker position has been vacant since the previous caseworker was promoted to program manager of the Sexual Offender Treatment Unit.

A review of the use of isolation report indicates that a significant number of youths transferred to the NSB continue to have behavioral problems and are frequently removed from their room on the unit and placed in the SMU. Between May 1 and January 31, 120 youths were removed representing 9.8% of all SMU/ICP placements. In January 1999, the NSB accounted for 22.4% (30) of all SMU/ICP placements.

Considering that the NSB is the most modern and best physical structure on campus with individual bedrooms and an activity room on each unit, classrooms, a spacious function room between the units and a gymnasium, one questions its current utilization.

Given the nature of this "end-of-the-line" program at the center, youths' movement in the building, despite its maximum security, is the most restrictive of all MYC programs. Youths are "locked down" several times during the day – usually before and after meals. The large function room off the units is rarely used by residents. Also despite youths having individual rooms, a core group of youths (between seven and nine) are frequently transferred to the SMU because of the disruptive "racking off" behavior.

Ironically, many youths adjust to life in the NSB, are happy to have a private room and actually like much about the unit. Some of the youths interviewed felt that at least in this program, they know staff's expectations up-front. Receiving written rules that spell out minor, moderate and serious offenses and consequences for violations are a part of the NSB orientation. One volunteer who was interviewed mentioned that he had recently met with a youth he mentors soon after the youth had been transferred to the NSB. When the youth had been in one of the cottages he was depressed and morose, listless and uninspired. After a few days at the NSB, he was smiling, pleased with the treatment he was getting from staff, reading book upon book and asking the program manager if he could spend the rest of his time in the NSB rather than going back to his cottage.

The NSB under its current leadership and responsive staff could be redesigned into a rehabilitative program for youths who enter the MYC with significant and complex treatment needs. A treatment program would produce a far better return on the state's recent capital investment. Also, a model therapeutic program at the center for youths as they enter MYC would reduce the number of disruptive youths in the cottages who must be removed temporarily or permanently.

The CORE Program

The CORE Program, a cognitively-behavioral program, has been developed at MYC over the last four years. Its components include:

- Pro-social culture of the community/normative culture;
- Therapeutic individual work, including written program work;
- Therapeutic group work;
- Level system;
- Rules and their consequences;
- Residential/staff relationships;
- Consistency among staff; and
- Goals based on recidivism prevention.

The program will reintroduce group sessions to the rehabilitative effort at the center. Groups will include thinking errors, non-violent social problem-solving skills, anger management, feelings management, victim empathy, behavioral management and relapse prevention skills.

The CORE program is the department's chief strategy to change the current culture to a normative one where staff model pro-social behavior for youths and youths model similar behavior for each other - especially as new youths enter the center.

Interviews (especially with staff) revealed a level of skepticism that the program will ever be adopted because of its prolonged development and the projected training schedule of a full year before all staff have received training in all of the components. A representative group of staff and volunteers from each discipline in the center received a "train the trainers" exposure to the CORE curriculum last year. Training resumes in March 1999. Additionally, a five-member committee has been assembled by the superintendent to implement the CORE program this year.

Integration of the CORE program faces formidable obstacles. It has been developed under a number of MYC superintendents. Staff shortages, especially at the level of program manager, teacher and TSC, will make participation in training difficult even though the current TSC work schedule has been changed specifically to accommodate training needs. Finally, commitment to the model is uneven. It will be important in the months ahead for the superintendent to continue to give the program high priority and to be open to staff ideas concerning its substantive components and implementation. The National Institute for Corrections Training Academy in Longmont, Colorado, developed a cognitive skills curriculum for juvenile correctional programs that could be a technical assistance resource.

RECOMMENDATIONS

Staffing:

1. Staffing ratios of direct care staff to youths should be 1:8-10 in the open cottages and 1:4-5 staff to youths in the NSB.

Note: The American Correctional Association (ACA) Standards for Juvenile Training Schools does not establish an ideal staff to youth ratio in institutions because of significant differences in facilities (i.e., size of population, physical plant configurations, use of dormitories v. private rooms). However, inquiries into staffing patterns in a number of facilities around the country suggests 1:8-10 staff to youths per shift in open cottage settings instead of the current 1:15 ratio and 1:4-5 staff to youths in a secure unit instead of the current 1:7 ratio is more appropriate.

2. Increase the staffing salary of TSCs to the average starting salary of direct care staff in other New England States.

3. Three additional program managers are required in order to provide adequate supervision to the case managers, TSCs and youths in each cottage as well at to build a responsive treatment team.

Note: The department has a request in the pending supplemental budget to upgrade one unit director and add two program managers.

4. Add one MSW level position to the sexual offender treatment program

Note: Group work is the foundation of this program. Currently the program manager conducts three groups per week, while the case manager conducts two. The program manager plans to add two more groups with the addition of an MSW level caseworker if the supplemental budget is approved.

5. Each cottage and the NSB should have a master's level clinician to provide on going therapy.

Note: Clinicians providing these services should work in conjunction with case managers and have access to psychological and psychiatric consultation.

6. There should be at a minimum one full time psychiatrist for MYC.

Note: One psychiatrist on campus eight hours a week for an institution that has 25% of its residents on psychotropic medications is inadequate.

7. A psychologist should be assigned to the NSB program who is responsible for developing intensive treatment plans and interventions for this difficult group of youths.

8. An investigator who reports directly to the Associate Commissioner for Juvenile Services should be appointed to investigate alleged abuse of residents.

Note: An investigator position is included in the pending supplemental budget. Program managers currently conduct investigations of peer's programs. The program managers do not have the time nor investigative skills to conduct internal investigations. This practice also leaves the MYC open to criticism.

Treatment Program:

1. The department should develop a specialized treatment program for mentally-ill or seriously emotionally disturbed youths away from the Maine Youth Center. The proposal to open a forensic unit at the Jackson Brook Institute has merit. This move would not only relieve the pressure on the cottages and NSB where these youths are currently dispersed but place these youths in a setting with staff prepared to meet their needs.

2. The department should develop a short-term revocation program (30 – 60 days) in a separate cottage for youths who are returned to MYC for a parole violation.

Note: The current practice of co-mingling revocated youths with newly committed youths in an orientation cottage is counter productive. Repeat returnees to MYC can negatively influence newly committed youths. Revocated youths require behavior stabilization and revision of their community reintegration plan.

3. The department should consider converting the NSB to a treatment program for youths who would be identified through the risk/need classification process upon admission to MYC.

4. Each youth should have a general service plan that is based on his/her individual needs.

Note: More specific treatment plans based on the individual needs should be developed. These plans should have measurable short- and long-term goals.

5. Psychiatric services need to be integrated into the overall treatment of youths.

6. Youths who are being treated with psychotropic medications should have treatment plans that clearly spell out the target behaviors that are being addressed.

7. Psychiatrists and psychologists should have a systematic and regular review of cases needing psychiatric services.

8. The psychology department should develop a standardized psychosocial instrument in order to identify juveniles' psychosocial needs, problems and

progress in the following areas: mental health, education problems, history of family abuse, neglect or violence and history of sexual abuse.

9. The psychology department should prepare an annual written summary of data on residents' psychosocial needs, problems and progress in order to make program improvements in needed areas.

10. MYC needs to conduct groups in the housing units that address pro-social skills, anger management, substance abuse and moral reasoning.

Note: The CORE program will address these issues, however, there are some problems with its pending implementation (i.e., the coordination of training staff and the unproved nature of the curriculum). The administration should select an already established curricula such as Aggression Replacement Training and Cognitive Skills Development, train staff and begin groups as soon as possible.

Training:

1. The policy review process under way at MYC should be completed as soon as possible. An up-to-date policy book should be available to staff at the training center and at every work station.

2. The MYC pre-service training curriculum should be expanded to include modules on adolescent psychology, post traumatic stress disorder in children exposed to loss and violence, anger management, causes of delinquency, developing a therapeutic community and a normative culture in an institution.

3. Incorporate non-abusive physical and psychological intervention training in the pre-service and in-service training program.

4. Develop training modules for pre-service and in-service training that utilize tapes of restraints and incident reports in order to teach staff how to defuse volatile incidents.

5. Staff who evidence excessive use of restraint and isolation should be required to participate in an in-service training program that teaches non-confrontational approaches.

6. Staff who use profane or demeaning language towards residents should be reprimanded, supervised specifically on this issue and offered interpersonal skills training.

Quality of Care:

1. Physical Exercise: Each Resident should have one hour of large muscle exercise daily on week days and two hours on weekends (e.g., basketball, soccer, running, workout, etc.)

2. A resident handbook that includes a general orientation to MYC, grievance policy, rules and regulations, behavior management plan, daily schedule and how to access medical and mental health and substance abuse services.

3. The institutions' grievance policy should be posted in every cottage and unit in the NSB.

4. A daily schedule should be posted in every cottage and unit of the NSB.

5. Institute an employee of the month award to recognize staff who consistently perform above and beyond their required duties, such as preparing special events and meals for residents, serve on various facility/school improvement committees, and the like.

6. Continue to place volunteers on committees formed to improve services at MYC.

Attachment 1

Methodology

To gain an understanding of the program at MYC in order to recognize deficiencies and ineffective practices and offer recommendations for change, the following methodology was employed:

- Interviews with administrators, staff, residents, volunteers and legislators
- Review of statutes governing operation of MYC
- Review of policies, procedures and other documents that pertain to operations at MYC
- Review of press reports of the last two decades about MYC

Site Visits:

Edward J. Loughran – January 4 – 8, 20 and 21, 1999
Carlo Morrissey – January 4, 5 and 16, 1999

Persons Interviewed:

Mary Ann Saar, Associate Commissioner of DOC/Juveniles
Lars Olsen, Superintendent – MYC
Robert Lancaster, Manager of Correctional Operations
A. L. Carlisle, Director of Rehabilitative and Administrative Programs
Dr. Barbara Heath, Chief Psychologist
Michelle Roy, Department of Mental Health Liaison to MYC
Elizabeth Albert, Director of Classification
Eve Richardson, DOC Advocate
Dan Mercer, Volunteer Chaplain
Linda Johnson, Chief of Volunteer Services
Roberta Niehaus, Principal
Thomas Perron, Assistant Principal
Margo Wright, Special Education Director
Dick Kempton, Registrar and Technology Coordinator
Pam Creamer, Program Manager – Cottages Seven and Eight
Roy Guzman, Program Manager – Cottage Four and Pre-trial Detention Unit at the Cumberland County Jail
Wealthy Jordan, Program Manager – Cottages Three and Six
Ewa Lewandowska, Program Manager – Cottage Nine
Daniel Nee, Program Manager – New Secure Building
Susan Lombardo, Day One Program Manager
Scott DeWitt, Area Supervisor
Brian McDougal, Area Supervisor
Janice Sabin, Correctional Caseworker – Cottage Six
Claudia Stanley, Correctional Caseworker – Cottage Nine
Tammy Grabofsky, TSC – New Secure Building

James Bell, TSC – Special Management Unit
David Clock, TSC – New Secure Building
Mike Mack, Area Supervisor
Robert McCormick, TSC – Cottage Nine
Peter McDermott, TSC – Cottage Six
Edward O'Connor, TSC – Cottage Four
Richard Rogers, Area Supervisor
Michael Whaeln, TSC - Cottage 7
Kim Coit, Volunteer/Mentor
Dan Reardon, Volunteer/Mentor
Dick Schwepee, Volunteer/Mentor
Ramsay Fifield, Former Volunteer
Michael Brennan, State Representative
Edward Povich, State Representative
Michael Quint, State Representative
Eliza Townsend, State Representative
David Lakari, Chair - Board of Visitors
Berger Johnson, Member – Board of Visitors
17 Youths from the various cottages and NSB

Resident-Related Documents Reviewed:

- Seven Complete Records
- Nine Psychological Screening/Needs Assessments
- Several Treatment Progress Reports that are used in Cottage Nine with the sexual offender population
- Several Incident Reports
- Several video tapes of use of isolation and restraints

Meetings Attended:

- Two Quarterly Progress Review Meetings
- Program Managers' Meeting
- Review of Isolation (SMU/ICP) Report Meeting
- Pupil Evaluation Team Meeting (Update IEP)

Documents Reviewed:

- MYC Training Manual
- CORE Program Training Manual
- DOC Policies and Procedures

➢ Use of Mechanical Restraints on Special Management Residents (Rev. 4/25/97)
➢ Client Grievance (Rev. 8/89)
➢ Resident Disciplinary Procedures (draft 10/2/98)
➢ Clinical Services (draft 12/30/98)

- Isolation (SMU/ICP) Report for May 1, 1998 – January 31, 1998
- Continuum of Behavior Control (Rev. 10/98)
- New Secure Building POD Rules and Regulations and Level system

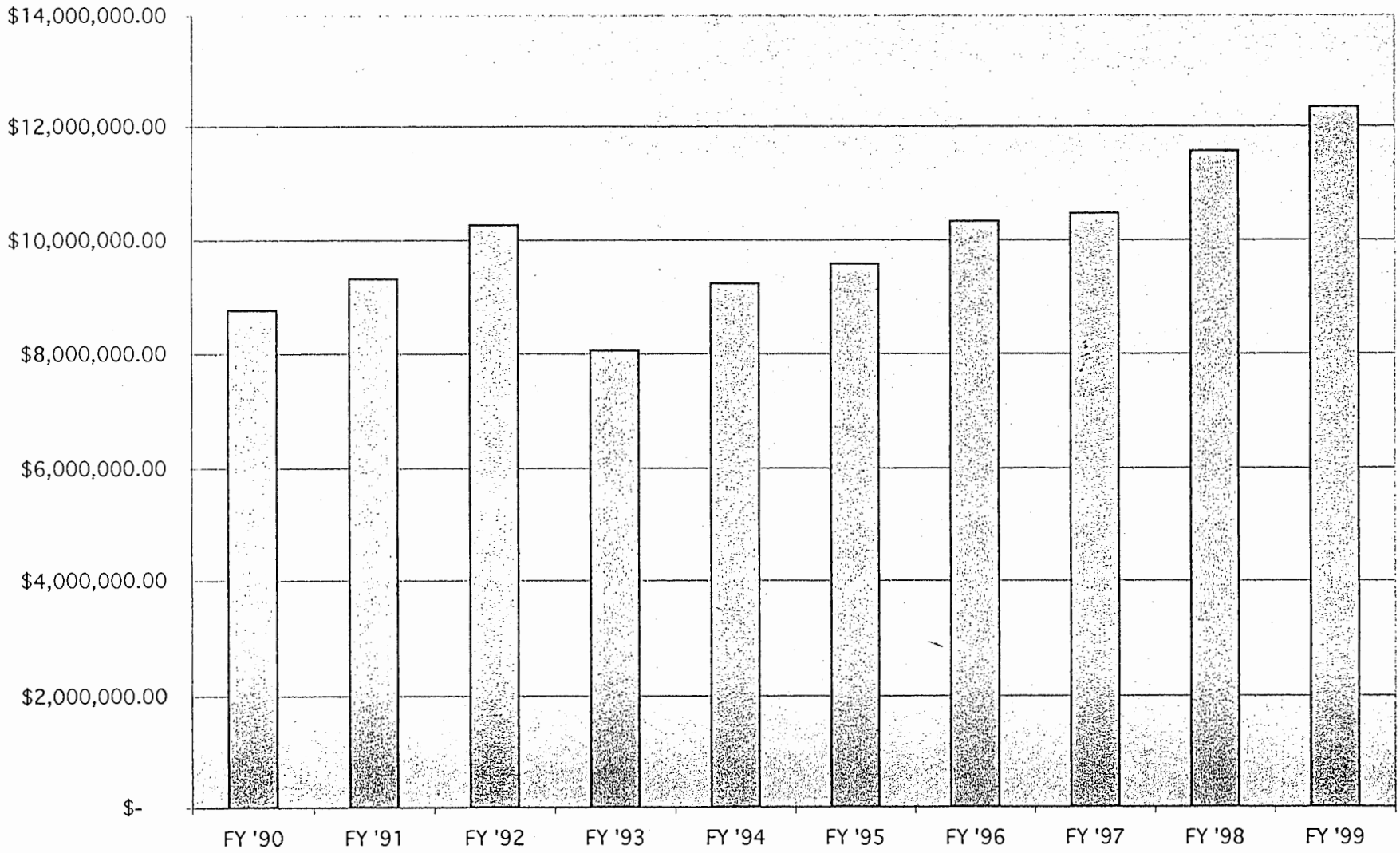
- Sexual Offender Treatment Program (Cottage Nine) Rules and Regulations and Program description
- Review of Health Care Report at Maine Juvenile Facilities (September 14-18, 1998 by Jacqueline Moore, Ph.D., R.N.)
- MYC Action Plan in Response to the Moore Report, December 1998.
- MYC Educational Corrective Action Plan
- MYC Education Program Interim Report to Maine Department of Education (10/13/98)
- A.R. Gould School Interim Report to Maine Department of Education (12/1/98)
- A.R. Gould School Interim Report to Department of Education (1/6/99)
- A Plan for Children's Mental Health Services, Maine Department of Mental Health, Mental Retardation, Substance Abuse Services (12/15/97)
- A Procedural Guide to the Children's Behavioral Health Care System Part I (draft 1/99)

Attachment 2

Maine Youth Center Annual Budget History

FY '90	$ 8,766,894
FY '91	$ 9,318,458
FY '92	$ 10,264,516
FY '93	$ 8,051,172
FY '94	$ 9,234,804
FY '95	$ 9,580,321
FY '96	$ 10,327,774
FY '97	$ 10,476,608
FY '98	$ 11,562,472
FY '99	$ 12,348,146

Attachment 2: Maine Youth Center Annual Budget History

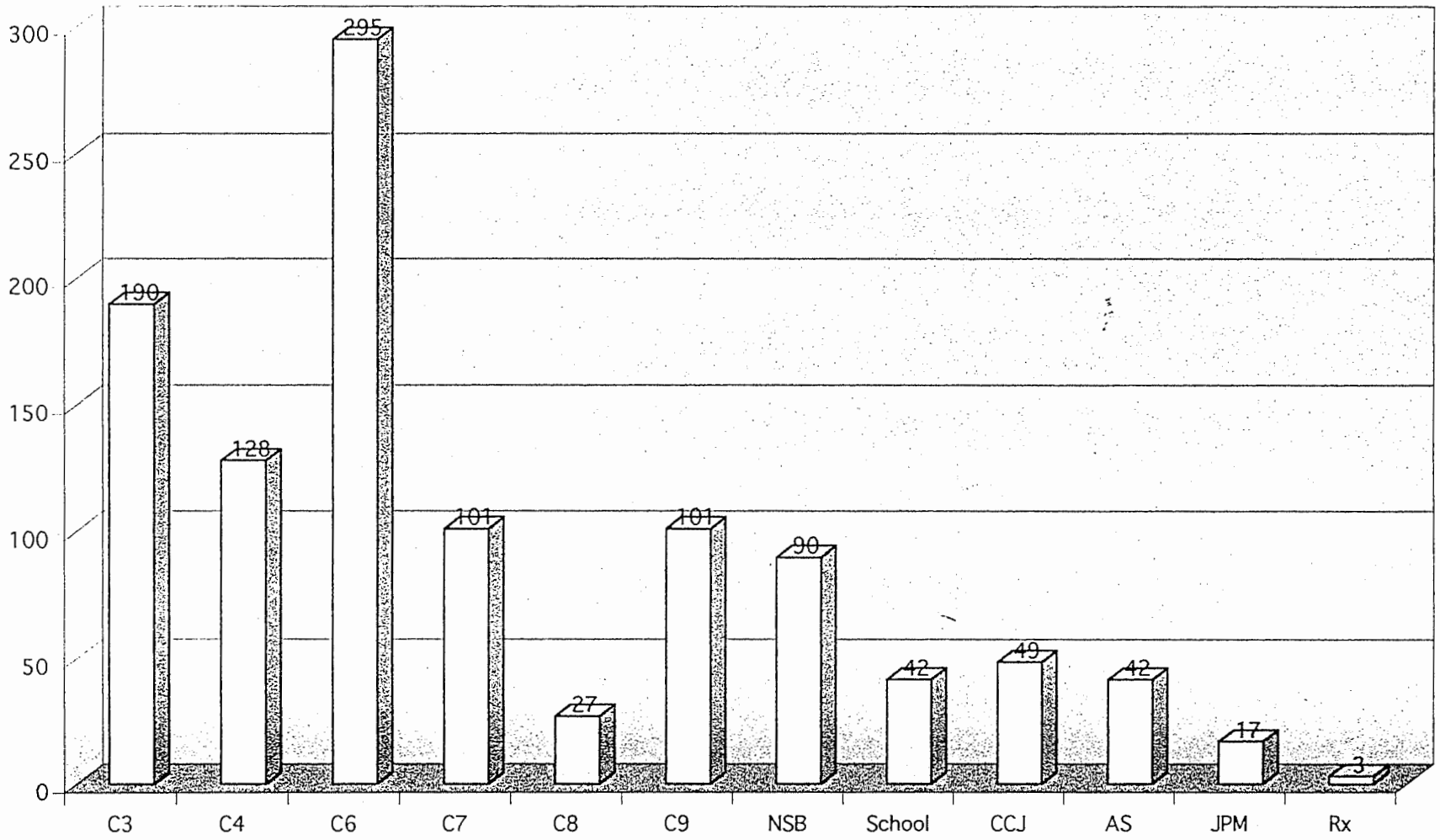


Attachment 3

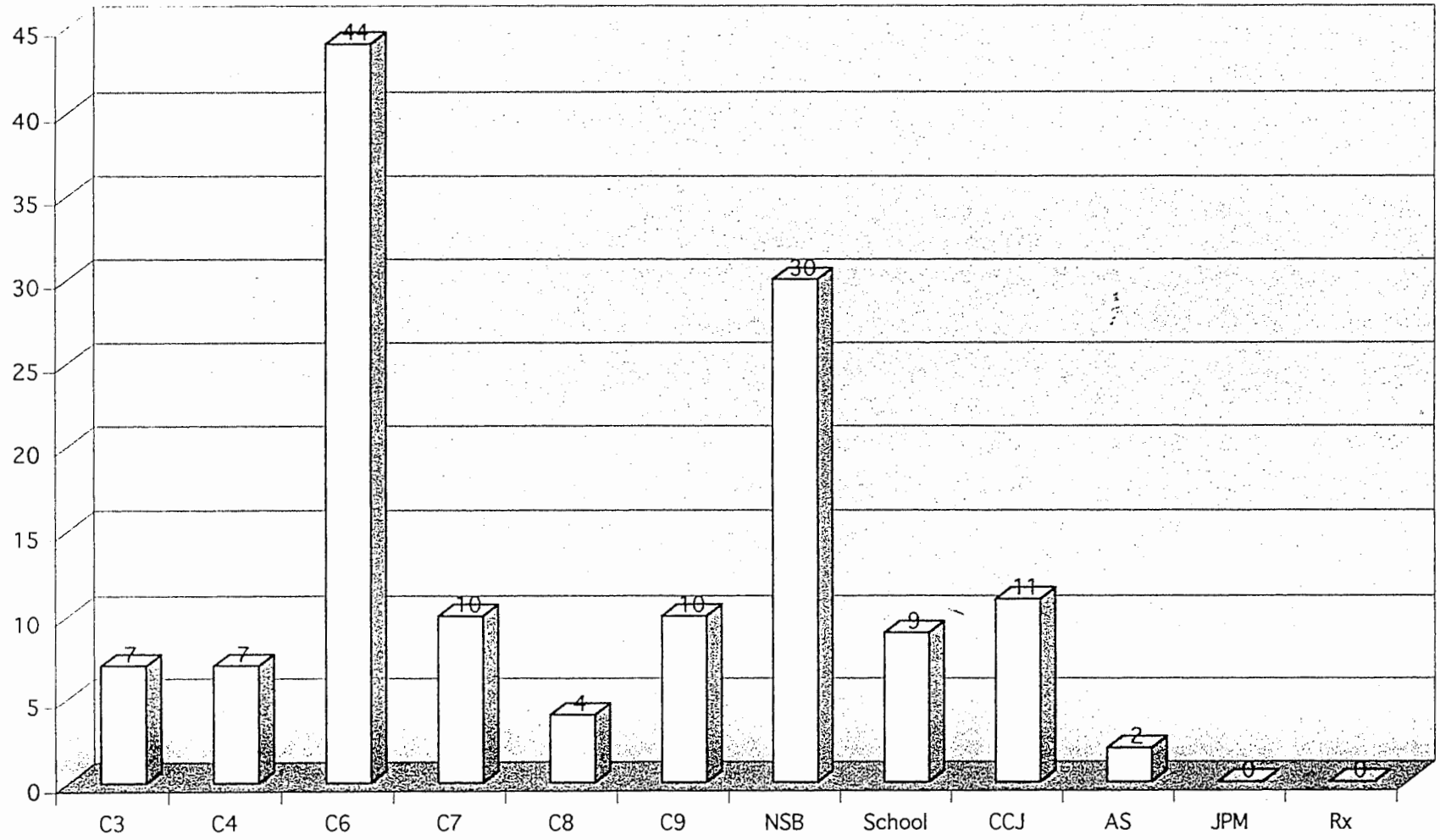
Maine Youth Center Position Requests and Timetable for Appointments

Added to Fiscal Year 1999 budget:	10 Training School Counselors 1 Area Supervisor 1 Caseworker 4 Teachers 5 Teacher Aides
To become effective 7/1/99:	Internal Investigator Information System Support Specialist Juvenile Program Manager Guidance Counselor Teacher Clerk Typist II Training School Counselor Supervisor Staff Development Specialist III
To become effective 7/1/00	Accountant III Clerk Typist III Juvenile Program Manager Chief Volunteer Services (1/2) Master Social Worker Psychologist II
To become effective 1/1/01	Building Control Specialist Storekeeper I Correctional Cook Librarian II
To become effective 5/1/01	Vocational Trades Instructor

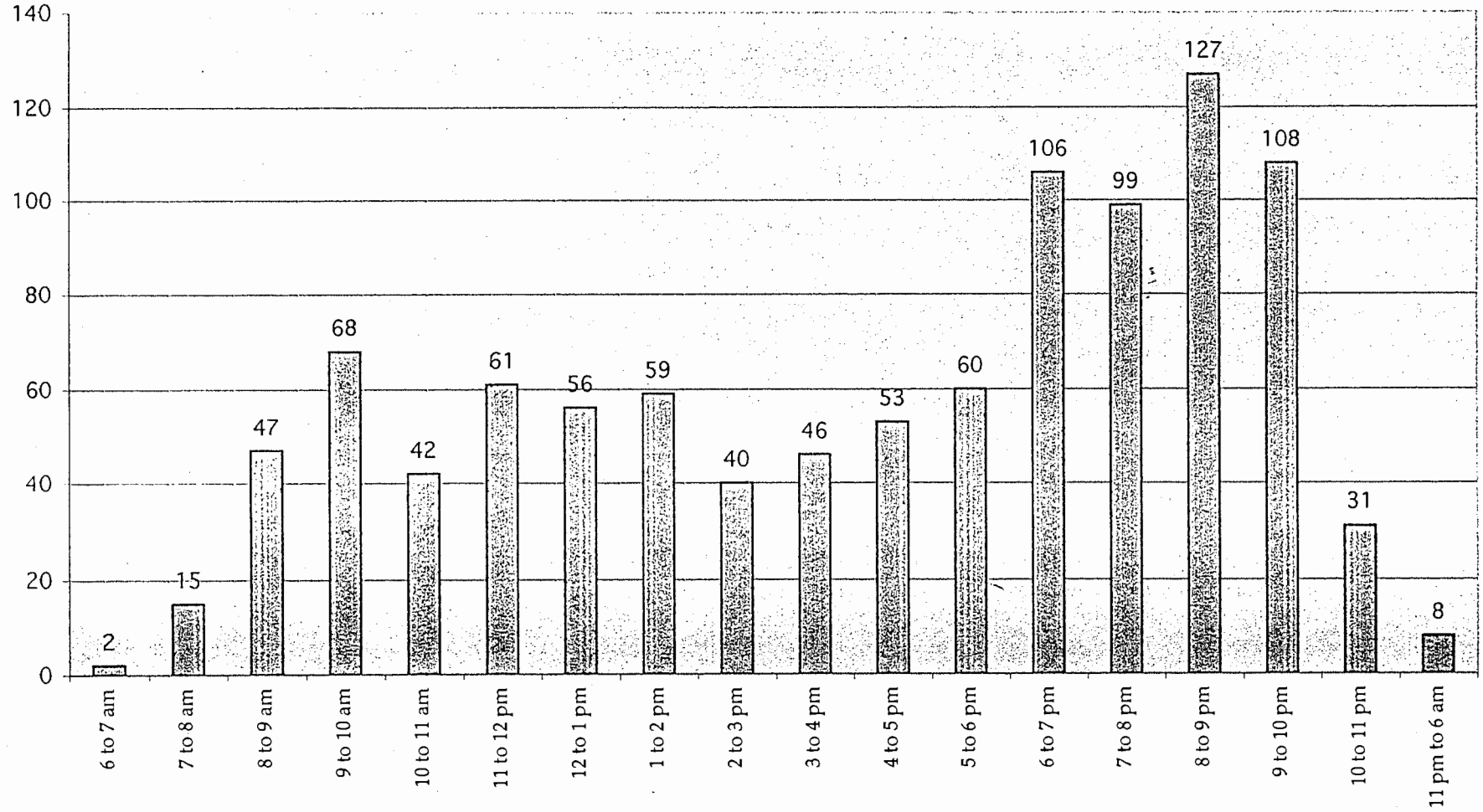
Attachment 4
Special Management Unit - Intensive Care Status
Utilization Totals by Work Areas 5/1/98-12/31/98



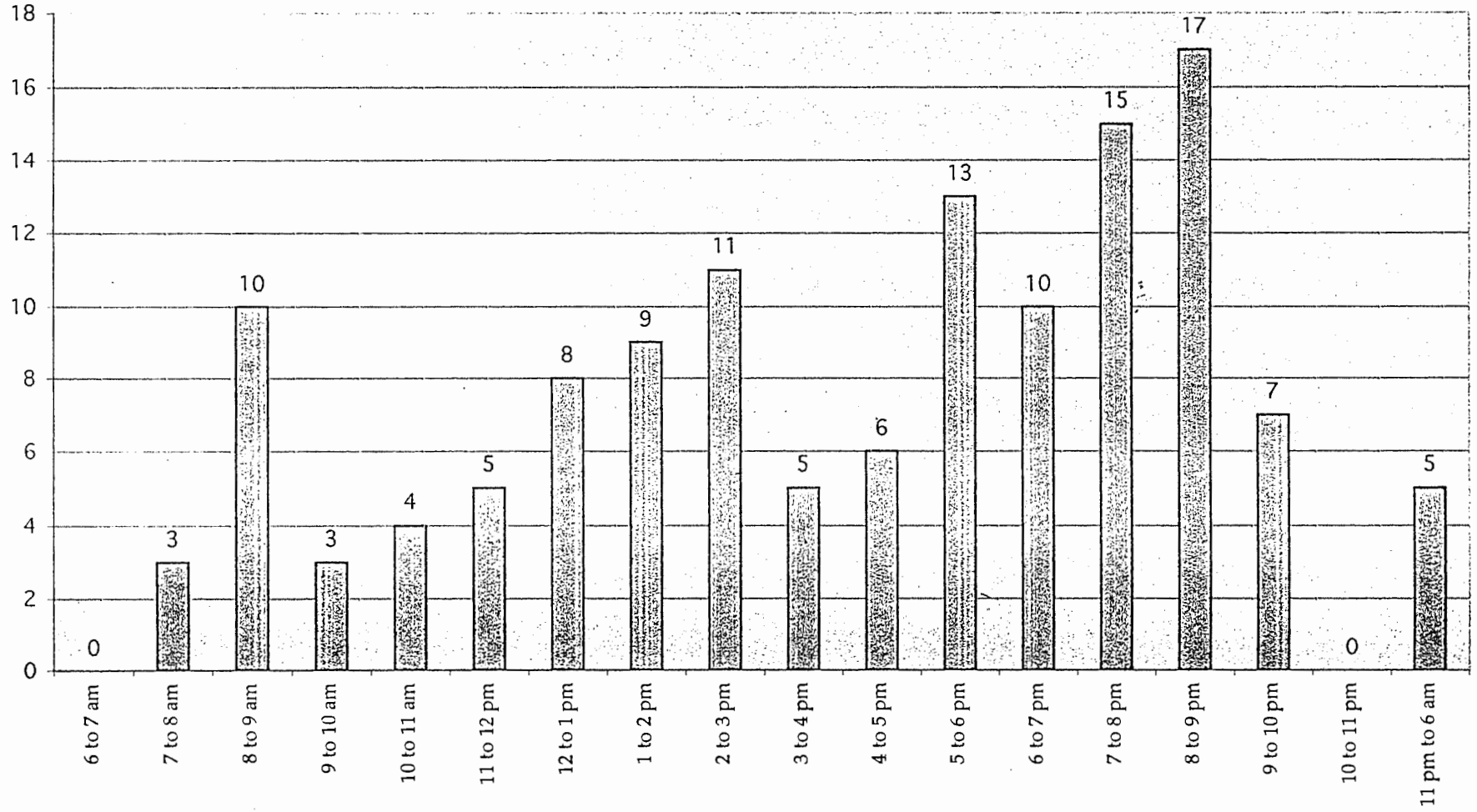
Attachment 4
Special Management Unit - Intensive Care Status
Utilization Totals by Work Areas January 1999



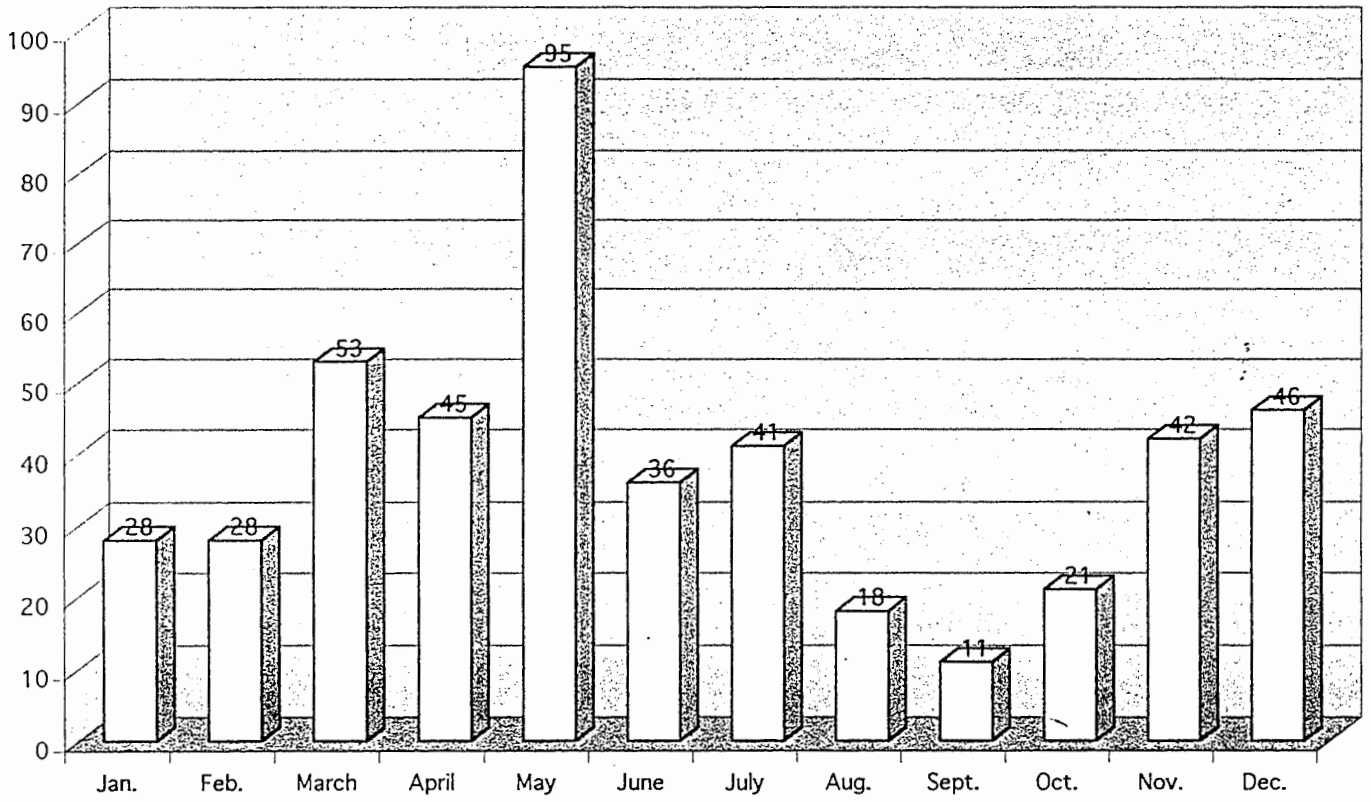
Attachment 5:
Special Management Unit - Intensive Care Status
Utilization by Time of Day
5/1/98 - 12/31/98



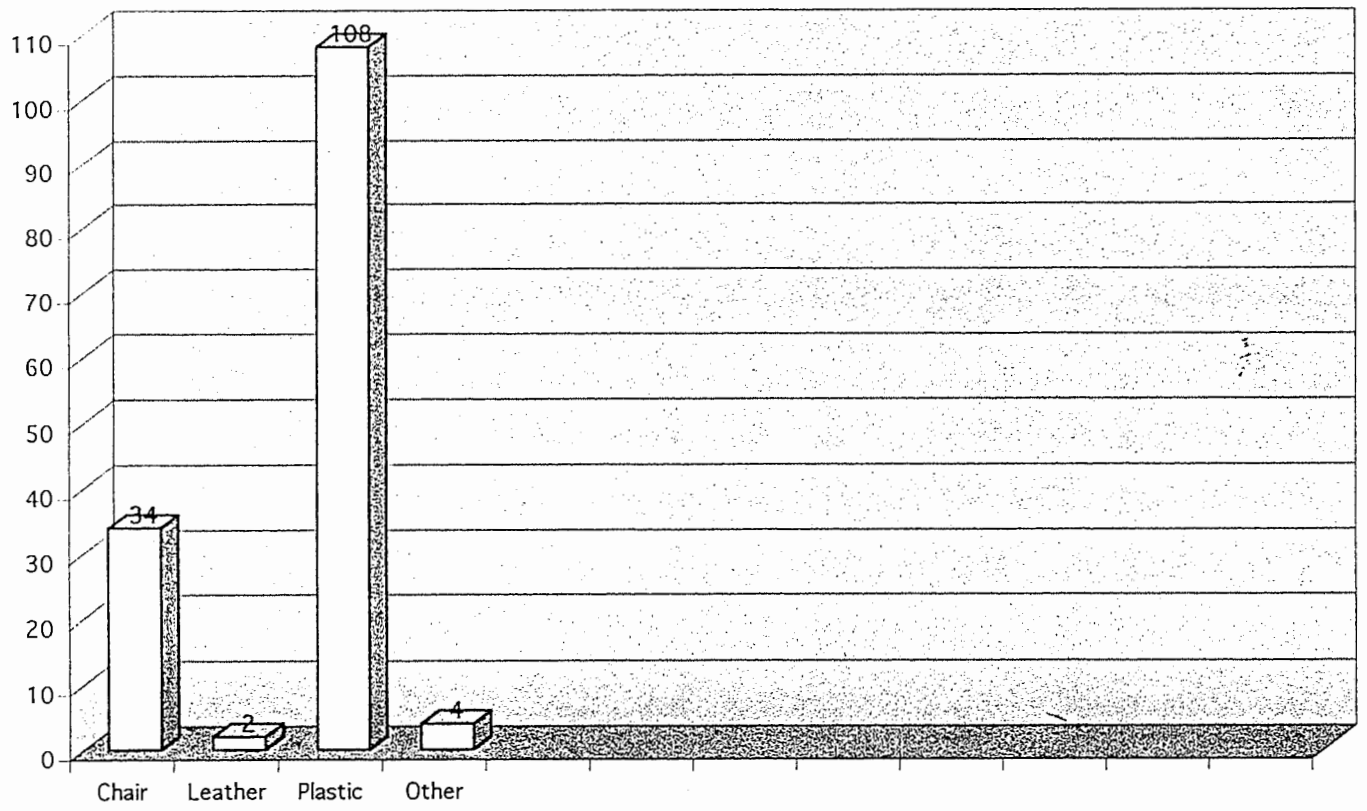
Attachment 5:
Special Management Unit - Intensive Care Status
Utlilization by Time of Day
January 1999



Attachment 6
Use of Restraints
1998



Attachment 6
Use of Restraints by Type
January 1999



(Rev: 10/98)

CONTINUUM OF BEHAVIOR CONTROL

The ten (10) steps of behavior control have been in effect for some time now at the Maine Youth Center. The purpose of this document is to provide a clear understanding of the procedures to resolve areas of inconsistency in the application of the steps. Therefore, this procedure is relevant to all Maine Youth Center staff, and everyone will be accountable for following the established procedures. The procedures outlined are a component of the Reality Therapy treatment approach and have been developed within those guidelines.

It is the expressed intent of this Continuum of Behavior Control to make every effort for this process to be a therapeutic intervention approach that brings about, as far as possible, pro-social skills, as stated in the philosophy.

Ten Steps of Behavior Control

Step 1 **Recognize good behavior -- Let residents know when they are doing well.**

It is easy to criticize but often not to take notice when improvements are made. We have certain standards and expectations which we expect to be met. However, we are dealing primarily with residents who have not previously fulfilled expectations and/or standards. So, when they do, we need to recognize the achievement in a way that acknowledges to them that we notice changes.

Step 2 **What am I (we) doing? What, as a team or individual counselors, are we trying to do with the residents -- at meals, showers, recreation, group counseling, etc. Are the residents aware of our goals?**

This step means we must take a look at ourselves and our programs. Ask yourself questions like: a) Is what I am doing with the resident(s) stimulating his/her thinking or am I controlling/intimidating? b) Am I creating a learning environment or a punitive environment? c) Am I being a helper or am I increasing someone's pain? d) Am I showing respect, cooperation, and patience?

Step 3 **Is it working? Are we, as staff, being effective in meeting our goals? Are our efforts at behavior control effective? If not, what is wrong? How can we be more effective?**

If our efforts with a resident, or group of residents, are not working, we have to look at alternative approaches. If a resident continues to misbehave, if nothing seems to make a difference to him/her, or if losing privileges has no effect on behavior, then we have to explore alternative approaches. If what we are doing is not working, we must look for something that will work.

Step 4 **Ask what you are doing -- When a resident is doing something to disrupt the program, ask him/her to describe what he/she is doing.**

What are you doing? Is it going to help you meet your goals? Is it against the rules? Avoid all the excuses by asking, "What did you do?" When you ask (instead of telling), the resident has to think and take responsibility for identifying his/her behavior.

For very minor behavior problems, a verbal commitment by the resident to stop that behavior is appropriate. There is no isolation necessary; the problem is dealt with on the spot, corrected, and resolved. Use this step before trying any further steps.

Step 5 **Tell the resident what he/she was doing -- If Step 4 fails and the resident continues using excuses, e.g., he/she started it; we're just fooling around, etc., then you tell him/her what you saw.**

Keep in mind that this step is used only after you have made every attempt to have the resident identify his/her behavior. If the resident responds at Step 4, there is no need to use this step.

Step 6 **Work it out -- Have the resident commit himself/herself to some alternative behavior, using the "Plan to do Better" form.**

The overall objective of this step is for the resident to have sufficient opportunity to reflect upon his/her behavior and develop the strategies through which he/she is able to correct his/her misbehavior, so that, upon reintegration into the program, these behaviors will hopefully be corrected by the resident.

Step 7 **Isolation #1 -- If Steps 4 through 6 do not stop the disruptive behavior, separate the resident from the group by placing him/her at a separate table where there will be no peer reinforcement for acting out. The staff may ask the resident to complete a writing exercise.**

This step is for minor incidents. Response at this step demonstrates responsibility by the resident. The isolation is only a short time out. When the student writes an acceptable written exercise, which may include a Plan to do Better, he/she returns to the group.

Step 8 **Isolation #2 -- This step is a stronger behavior control step than Isolation #1. This step is for continued negative behavior. It is similar to a time out but will typically be longer than the previous step.**

If the disruptive behavior continues at Isolation #1, the resident must continue with his/her written assignment, to include a Plan to do Better, before returning to the program.

Step 9 **Isolation #3 -- Removal from Program - Room Control or Intense Care Program (ICP). If a resident continues disruptive behavior or seriously acts out, then he/she should be removed from the program. This move will be documented on a Special Incident Report (SIR). The resident will be held in Room Control or in the Special Management Unit (SMU) on ICP status to stabilize his/her behavior.**

Once the resident gives a verbal commitment to behave, the resident will return to the program to complete the written assignment that should have been done correctly on Step 8, Isolation #2. Removal from the program can be for up to three hours.

Step 10 **Removal from Program -- Special Management Unit. This step is the strongest step in the behavior control procedure. Should the resident fail to successfully complete all the previous steps and should his/her behavior deteriorate to the point where he/she becomes a danger to self and/or others, he/she may be removed from the unit to Special Management Unit or to the Special Management area of a unit. This move will be documented on a SIR.**

Once the resident's behavior stabilizes, as evidenced by the resident maintaining acceptable behavior long enough to earn Step 2 privileges, and the resident is no longer considered a danger to self and others, the resident may be returned to his/her unit/program.

The behavior that leads to the use of these steps may also result in the initiation of the disciplinary process, in accordance with Policy 15.1, Disciplinary Procedures.

Attachment 8
Juvenile Interview

Questions and Responses on Policies and Procedures
Section 3

	Yes	No	Don't Know Refused
1. Were you given a written copy of facility rules upon admission?	6	5	
2. Were the facility rules discussed with you upon admission?	9	2	
3. Do you understand the facility rules?	11		
4. Were you given a written copy of your legal rights upon admission?		11	
5. Were your legal rights discussed with you upon admission?	1	10	
6. Did you receive a copy of the facility's behavior management plan?	2	9	
7. Do you understand the facility's behavior management plan?	10	1	
8. At admission, were you given written instructions for obtaining care for health, mental health and substance abuse problems?	1	10	
9. At admission, were you given verbal instructions for obtaining care for health, mental health and substance abuse problems?	7	3	
10. Do you understand how to obtain care for health, mental health and substance abuse problems?	10		
11. Did the facility create a treatment plan for you? If "No," "Don't know," or "Refuse" skip to question 14.	5	4	
12. Were you given a copy of the treatment plan?	2	3	
13. Is your treatment plan being followed?	4	1	

Juvenile Interview (continued)

	Yes	No	Don't Know Refused
14. Have you ever participated in a fire drill during the period of your confinement?	7	2	
15. Have you ever filed a complaint alleging a violation of your legal rights? If "No," "Don't know," or "Refuse" skip to question 17.	5	4	
16. Were you satisfied with the outcome of the complaint?	2	2	
17. Are staff fair in applying the rules governing telephone calls?	1	4	

Questions and Responses on Programs
Section IV

1. On weekdays, do you receive at least 1 hour of large muscle exercise (e.g., basketball, running, etc.)?	1	9	
2. On weekends, do you receive at least 2 hours of large muscle exercise (e.g., basketball, running, etc.)?	3	7	
3. Have you received conflict resolution or anger management training (i.e., classes or workshops on how to control your temper and avoid fights)?	4	3	4

Questions and Responses on Staff
Section V

1. Are rules and policies fairly and consistently applied?	2	9	
2. Do staff members use profanity?	8	2	
3. Do staff members use demeaning (i.e., disrespectful) language?	6	5	
4. Do staff members use racial/ethnic slurs?	1	9	
5. Are juveniles ever handcuffed to walls, beds or fixtures? This does not include restraint beds or restraint chairs or apparatus specifically manufactured for restraining.	1	9	

Juvenile Interview (continued)

Questions and Responses on Access to Attorney Section VI	Yes	No	Don't Know	Refused
1. Have you ever requested to see, call or write your attorney? If "No," "Don't know, or "Refuse" skip to question 3.	6	4		
2. Was your request granted?	3	3		
3. Have you ever written a letter to or received a letter from your attorney? If "No," "Don't know," or "Refuse" skip to Section VII.	4	6		
4. Do you believe staff read your letters to and/or from your attorney?	2	2		

Questions and Responses to Safety and Security Section VII	# of times	0	1	2	3	4 +
1. Since being admitted, how many times have you been involved in a physical altercation or fight? This does not include verbal exchanges or arguments.		1	2	2	2	4
2. Since being admitted, how many times have you been injured by a staff member?		7	2	1		1
3. Since being admitted, how may times have you been injured by another juvenile or juveniles?		8	2	1		

4. Are any of the following used within the facility by you or others, including staff?

	Either by staff or by residents
Alcohol	4
Cigarettes/Tobacco	6
Marijuana	6
Other Illegal drugs	3*

	Yes	No	Don't Know	Refused
5. Do you fear for your safety?	6	5		

*Some youths "cheek" pills to give the medication to other youths.

TSC Interview

Questions and Responses to Policies and Procedures
Section III

	Yes	No	Don't Know Refused
1. Were you given a written copy of facility rules upon being hired?	7		
2. Were you given a written copy of your legal rights upon being hired?	1	6	
3. Do you receive a copy of the facility's behavior management plan?	5	2	
4. Are rules and policies fairly and consistently applied?	3	4	
5. Have you ever filed a complaint alleging a violation of your legal rights? If "No," "Don't know," or "Refuse" skip to Section IV.	1	6	
6. Were you satisfied with the outcome of the complaint?	1		

Questions and Responses on Programs
Section IV

1. Is annual aggregate and summary educational data used to plan and improve the facility and its educational programming?	1	6	
2. Is annual aggregate and summary psycho-social data used to plan and improve the facility and its educational programming?	1	6	
3. Are treatment plans implemented during confinement?	5	2	
4 Are treatment plans continued in the reintegration plan?	4	1	2

TSC Interview (continued)

Questions and Responses to Safety and Security Section V	Yes	No	Don't Know	Refused
1. Are juveniles ever cuffed to walls, beds or fixtures? This does not include restraint beds or restraint chairs or apparatus specifically manufactured for restraining juveniles.		7		
2. Do you fear for your safety?	3	4		

	# of times	0	1	2	3	4+
3. Since being hired, how many times have you been injured by a juvenile or juveniles?		3		1	1	4

4. Are any of the following used within the facility by you or others, including both staff and juveniles

	Either by Staff or Residents
Alcohol	5
Cigarette/Tobacco	6
Marijuana	3
Other illegal drugs.	2*

*Some youths "cheek" pills to give the medication to other youths.

Glossary of Terms

ACA - American Correctional Association

DOC - Department of Corrections

ICP - Intensive Care Status (short-term placement in the special management unit)

MYC - Maine Youth Center

NSB - New Secure Building (houses youths with behavior management problems for the long-term)

SMU - Special Management Unit (also referred to as Intensive Care Unit)

TSC - Training School Counselor (direct care staff)

EDWARD J. LOUGHRAN

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SUMMARY OF QUALIFICATIONS:

Twenty-six years of administrative experience in state juvenile correctional and private non-profit agencies as senior manager and chief executive.

PROFESSIONAL EXPERIENCE

1996-Present **President**
Loughran and Associates, Boston, Massachusetts

Provides consulting to juvenile justice systems and agency executives to solve today's problems from overcrowded facilities to shortage of resources. Specializes in the continuum of care model.

1995-Present **Executive Director**
Council of Juvenile Correctional Administrators (CJCA)

One of the founders of the national non-profit organization representing chief executive officers of juvenile correctional agencies. Manages operations, including publications and membership services.

1993-1996 **Director, National Juvenile Justice Project**
Robert F. Kennedy Memorial

Managed a national juvenile justice reform initiative funded by several foundations, federal, state and municipal governments. Project sites included: Connecticut, Los Angeles County, Maryland, Nebraska, Wayne County, Michigan, and Washington, D.C. Worked in these jurisdictions based on the success of the Massachusetts system, in particular, on the continuum of care model that provides for the gradual reintegration of juveniles back to their communities and schools.

1985-1993 **Commissioner**
Massachusetts Department of Youth Services

Responsible for the management and direction of the state's juvenile correctional agency with a budget of $60 million, 600 state employees, 1,300 private agency employees and custody of 2,000 offenders. In 1989, the National Council on Crime and Delinquency declared DYS the most cost-effective juvenile justice agency in the country, with the lowest recidivism rate.

Responsibilities included:

o Establish policies and oversee operations of secure and residential facilities, field offices and 45 private providers.
o Develop various constituencies, including the legislature, courts, law enforcement and advocacy groups.
o Speak at local and national professional conferences; write articles on juvenile justice issues for local media.
o Serve on numerous boards, commissions and committees concerned with juvenile justice.

1980-1985 **Deputy Commissioner**
Massachusetts Department of Youth Services

Supervised the bureau of Administrative Services, Facility Operations, Community Services, Support Services and Training. Responsible for the day-to-day management of a $40 million service delivery system.

1977-1980 **Director, Program Management Services**
New York State Division for Youth

Supervised program management units, including foster care, policy development, program utilization and community-based programming. Set the standard for the rehabilitative policies of the agency.

1975-1977 **Director, Long-Term Unit,**
Bronx Children's Psychiatric Center

Planned, directed and organized an innovative program for 20 emotionally disturbed adolescents. Administered federal grant of $1.8 million.

1970-1975 **Director, J. Stanley Sheppard Youth Center**
New York State Division for Youth

Responsible for the operation of a community-based residence for 30 male adolescents. Trained staff in care and treatment of delinquent and pre-delinquent youth. Formed community advisory board and enlisted community support for the program.

EDUCATION:

Fordham University, Bronx, New York
Master of Religious Education, 1968

Mary Immaculate College, Northampton, Pennsylvania
Master of Divinity, 1967

Saint Joseph's College, Princeton, New Jersey
Bachelor of Arts, 1963

PROFESSIONAL MEMBERSHIPS:

American Correctional Association, Chairman
Juvenile Detention Committee, 1988-1990

Correctional Education Association of Massachusetts, 1992-Present

PUBLICATIONS:

Loughran, E.J., "How Do We Make Sense of Changing Juvenile Crime?; Corrections Management Quarterly, Volume 1, No. 1, 1997.

Guarino-Ghezzi, S., and E. Loughran (1995). Balancing Juvenile Justice. New Brunswick, N.J. Transaction Press.

Loughran, E.J., and S. Guarino-Ghezzi (1995). "A State Perspective." In Managing Delinquency Programs That Work, ed. A. Goldstein and B. Glick, Laurel, Maryland: American Correctional Association.

"Restructuring Youth Corrections Systems: A Guide for Policymakers," University of Michigan: Center for the Study of Youth Policy, Hubert H. Humphrey Institute of Public Affairs, 1991.

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Education

Ed.D. Clark University (1990) Hiatt School of Psychology, Dept. of Education
M.A. Anna Maria College (1982) Counseling Psychology
B.S. Clark University (1979) Psychology and English
B.S. Worcester State College (1972) Education and History

Employment

Massachusetts Department of Youth Services, 1980 to the present
Director of Clinical Services from 1992 to the present
Responsible for the coordination and quality of counseling, mental health, and substance abuse services to the 3,000 youth committed to the Dept. of Youth Services. Coordinate clinical trainings, assess program services throughout the state. Oversee the development of policies and standards related to issues of quality of care, assessment, and treatment..

Director Worcester Secure Treatment, 1988 to 1993
Duties included the oversight of daily operations for a 22 bed secure treatment facility with an operating budget of over one million dollars. Other duties; staff training, program development, lead sexual offender group, supervision of policy implementation.

Clinical Director, Westboro Detention, 1984 to 1988
Provided supervision of clinical and educational services, interns, and volunteers, inservice training for all staff, coordination of admissions and discharges.

Clinician, Worcester Secure Treatment, 1980 to 1983
Duties included ; individual and group counseling, development of treatment plans, intake interviews and discharge planning, and psychological testing.

Adjunct Faculty Appointments

Quinsigamond Community College, 1982 to the present
Sociology/Criminal Justice:Theories of Criminology, Juvenile Delinquency, Social Problems, People in Society
Psychology: Alcohol Use and Abuse, Introduction to Psychology, Introduction to Counseling, Abnormal Psychology, The Psychology of Life Threatening Behaviors.

Fitchburg State College, July, 1996 to the present
Criminal Justice, graduate school; Mass Murder, Psychology of the Violent Offender, Treatment Issues and Interventions in Forensic Case Work

Worcester State College, January, 1996
Psychology of Adolescence

Clinical & Consulting Experience

Consultant to the Council of Juvenile Correctional Administrators,
Robert F. Kennedy Memorial, June, 1996 and Sept. 1998
Consultation on standards regarding programming for juvenile offenders. Review standards on mental health services and suicide prevention for juvenile detention programs

Therapist for CARE, Worcester, Ma. March, 1994 to March, 1996
Provide group and individual therapy to adult sexual offenders (part-time)., majority of clients are court referred.

Behavioral Consultant,
Justice Resource Institute, February, 1992 to May, 1995
Behavioral and psychological consultation to group homes for mentally retarded adults

Behavioral Consultant,
St. Vincent Hospital, April, 1990 to May, 1992
Provide psychological assessment, individual and group counseling with obese clients in an outpatient program.

Principal Psychologist, Dept. of Mental Health
Monson Developmental Center, March, 1983 to November, 1984
Duties included; psychological testing and assessments, development of treatment plans, individual and group counseling, staff training.

Senior Social Worker, Dept. of Mental Health
Worcester State Hospital, March, 1979 to August, 1980
Provided case management services for geriatric and mentally retarded patients, individual and group counseling, outreach work with families, and discharge planning.

Mental Health Assistant, Dept. of Mental Health
Worcester State Hospital, June, 1977 to March, 1979
Provided direct care services to chronic mentally ill patients.

Teacher of Social Studies, West Australia Public Schools
Belmont Senior High School, 1974 School Year
Taught World History, and Geography grades seven and nine.

Certifications and Licenses

School Psychologist, Ma. Department of Education
Licensed Mental Health Counselor, Commonwealth of Ma., License #130.
Teacher Behavioral Sciences, English, History, Social Studies, Ma. Dept. of Ed.

Presentations

"The Relationship of PTSD Symptoms to the Criminal Offender Cycle" McMackin, Cusack, Morrissey, The International Society for Traumatic Stress Studies, 14th Annual Meeting, Washington, D.C., Nov. 1998

"Trauma, Youth, and Delinquency" Joseph Martin Institute, Stonehill College, October, 1998.

"Changing Behaviors: Reducing Violence With Juvenile Offenders" Morrissey & Kay Symposium on Criminal Justice, Fitchburg State College, May, 1998

"Juveniles in Adult Corrections" American Jail Association Annual Meeting, Cincinnati, April, 1998

"Violence Different Forms/Different Settings" panel member, **Juvenile Violence and Clinical Practice** Cambridge Hospital Continuing Education Series, March, 1998

"Trauma Exposure and Delinquency: A Dialogue on Models of Prevention and Intervention" McMackin, Morrissey, and Cusack, The International Society for Traumatic Stress Studies, 13th Annual Meeting, Montreal, Nov. 1997

"Cognitive-Behavioral Treatment Approaches" Morrissey and Burke, Correctional Association of Massachusetts, 13th Annual Training Conference, Mansfield, Ma., October, 1997

"PTSD and Multiple Trauma Among Juvenile Offenders" Daly, McMackin, Morrissey, Newman, Erwin, & Keane Academy of Criminal Justice Sciences Annual Meeting, Louisville, Ky. March, 1997

"Assessment of PTSD Among Criminally Involved Male Adolescents" Newman, McMackin, Morrissey, Daly, Erwin, & Keane 12th Annual Meeting International Society for Traumatic Stress Studies, San Francisco, November, 1996.

"Competency Development: Improving Juvenile Offender Academic and Social Skills" Juvenile Justice in Massachusetts Historical and Future Perspectives, Stonehill College, October, 1996.

"The Prevalence of PTSD and Trauma Exposure Among Male Adolescents Involved in the U.S. Criminal System" Newman, E., McMackin, R., Morrissey, C., Billikas, C., Daly, M., Franklin, J., Erwin, B.A., Kaloupek, D.G., & Keane, T.M. Poster accepted at the Second World European Conference of the International Society for Traumatic Stress Studies, Jerusalem, Isreal, June, 1996.

"The Effects of Trauma on Adolescents" McMackin & Morrissey, Concord Assabet Family and Adolescents Services, Spring Colloquium, April, 1996.

"Group Dynamics: In Sex Offender Treatment" Morrissey & Wenhold, presented at the Massachusetts Adolescent Sexual Offender Counselors annual training workshop, Auburn, Ma. March, 1996.

"The Relationship of Substance Abuse to Adolescent Sexual Offending" Morrissey & Jasmin, paper presented at the Academy of Criminal Justice Sciences Annual Conference, Las Vegas, March,1996.

"The Effects of Multiple Trauma on Development" Department of Youth Services Conference on Working with Cognitively Impaired Offenders, Westboro, Ma., November, 1995.

"Cognitive Mediators to Violence, What Works" Department of Youth Services Conference on Working with Cognitively Impaired Offenders, Westboro, Ma., November, 1995.

"Developmental Issues Addressed Through the Milieu" Department of Youth Services Conference on Violence Prevention, Westboro, Ma., 1995.

"Different Treatment Emphases for Violent Adolescent Sex Offenders" Finding Better Ways: Working With High-Risk Youth and Their Families, National Conference, Albert E. Trieschman Center, Cambridge, Ma., 1995.

"Homogeneous vs Heterogeneous Treatment of Adolescent Sexual Offenders" panel discussant at the Massachusetts Adolescent Sexual Offender Coalition Training Conference, Assumption College, 1994.

"Relationship of Substance Abuse to Sexual Offending Behavior", Morrissey and Jasmin, Drug and Alcohol Treatment Association of Southern New England, 2nd Annual Conference, Newport, Rhode Island, 1994.

"Treatment of Adolescent Sex Offenders" Workshop moderator, Correctional Association of Massachusetts, 10th Annual Training Conference, Brandeis U.,1994

"DYS Response to Violence", panel discussant at the 9th Annual Correctional Association of Massachusetts Training Conference, Brandeis University, 1993.

"Long Term Treatment of Juvenile Offenders" presented at "Conference '92: The Community and the Criminal Justice System", sponsored by the Connecticut Department of Corrections, Hartford, Ct., 1992.

	Loughran Recommendation	MDOC Plans	Current Services Budget	Proposed Part II/ Change Package	Cost of Loughran Recommendations Not Proposed in Part I or Part II
	Staffing				
1	Staffing ratios of direct care staff to youths should be 1:8-10 in the open cottages and 1:4-5 staff to youths in NSB.	The Juvenile Service Master Plan includes enhanced staffing, but not to the level recommended in the report.	Part I budget. Days: 12-1 Evenings: 12-1 Nights: 19-1	Part II, including change package. Days: 12-1 Evenings: 9-1 Nights: 18-1	To bring existing staffing levels to recommended levels we would need to add 48 line staff at a cost of $1,876,500 in FY02. 76 positions would be laid off when the new SMJF is completed and a portion of the committed population is transferred to the new Northern Maine Facility.
2	Increase the staffing salary of TSCs to the average starting salary of direct care staff in other New England States.	The Bureau of Human Resources will assess the impact that changing duties and associated qualification and training standards may have on current classification and salary grade assignments and to the extent to which career ladders are adequate to recognize and reward the increasing value of staff to the Institution as new skills are developed and refined through experience and continued training and development. These assessments may result in changes to base salary ranges for Training			

	Loughran Recommendation	MDOC Plans	Current Services Budget	Proposed Part II/ Change Package	Cost of Loughran Recommendations Not Proposed in Part I or Part II
		School Counselors in accordance with the State's standard salary setting practices. In addition, the DOC and BHR will determine eligibility for a recruitment and retention stipend to meet labor market demand.			
3	Three additional program managers are required in order to provide adequate supervision to the case managers, TSCs and youths in each cottage as well as to build a responsive treatment team.	The Department concurs. We are currently reclassifying one unit director to program manager and have requested two additional program managers in the Part II budget.	Part I budget includes funding for five program managers	Part II budget includes two additional program managers	
4	Add one MSW level position to the sexual offender treatment program.	The Department concurs. The Juvenile Services Master Plan includes this position.	None	Part II budget includes funding for this position	None
5	Each cottage and the NSB should have a master's level clinician to provide on going therapy.	The Department recommends existing social workers with appropriate peer review.	None	None	6 Psychologist II's $369,408
6	There should be at a minimum one full time psychiatrist for MYC.	We have included funds for enhanced psychiatric services in our Part II budget, including the change package. 8 hrs. to	Part I budget	Part II budget including the change package. Reassign 4 hours from DMHMRSAS	Cost associated with increasing psychiatric services from 28 to 40 hours: FY00: $56,160 FY01: $58,126

	Loughran Recommendation	MDOC Plans	Current Services Budget	Proposed Part II/ Change Package	Cost of Loughran Recommendations Not Proposed in Part I or Part II
		24 hrs. and 4 hrs. from DMHMRSAS for 28 total			FY02: $60,160
7	A psychologist should be assigned to the NSB program who is responsible for developing intensive treatment plans and interventions for this difficult group of youths.	We are currently redesigning the NSB program as a high risk treatment program and will use, in part, resources currently supporting sex offender unit	Reassign portion of the time of the psychologist assigned to sex offender unit.	Funding in Part II	See recommendation #5.
8	An investigator who reports directly to the Associate Commissioner for Juvenile Services should be appointed to investigate alleged abuse of residents.	We have included this position in our Part II budget. Reporting structure to be developed.	None	Included in the Part II budget	
	Treatment Program				
1	The department should develop a specialized treatment program for mentally-ill or seriously emotionally disturbed youths away from the Maine Youth Center. The proposal to open a forensic unit at the Jackson Brook Institute has merit. This move would not only relieve the pressure on the cottages	We agree that we need additional resources outside the Maine Youth Center to meet the needs of the mentally ill and seriously emotionally disturbed. We are currently working with the Department of Mental Health, Mental Retardation and Substance Abuse Services on this issue.	None	None	Unknown

	Loughran Recommendation	MDOC Plans	Current Services Budget	Proposed Part II/ Change Package	Cost of Loughran Recommendations Not Proposed in Part I or Part II
	and NSB where these youths are currently dispersed but place these youths in a setting with staff prepared to meet their needs.				
2	The Department should develop a short-term revocation program (30-60 days) in a separate cottage for youths who are returned to MYC for a parole violation.	The Department concurs. A short term revocation program is included in our Juvenile Services Master Plan	None	To be included in the next biennial budget.	Projected future costs in FY2002 $2,089,973 FY2003 $2,152,672
3	The department should consider converting the NSB to a treatment program for youths who would be identified through the risk/need classification process upon admission to MYC.	The Department concurs. The Juvenile Services Master Plan includes this program for both new juvenile facilities	Part I budget includes funding for NSB		
4	Each youth should have a general service plan that is based on his/her individual needs.	The Department concurs. We will be instituting a reception/diagnostic assessment program at MYC this summer	Part I includes some funding for the reception/diagnostic program	Part II includes the funding for fully bringing up this program	
5	Psychiatric services need to be integrated into the overall treatment of youths.	The Department concurs. Additional psychiatric services, as proposed, will accomplish this objective	8 hours under medical contract and 4 hrs. from DMHMRSAS	Part II (change package) includes adding 16 hours to 28 hours total	40 hours weekly $79,880. This is the difference between 24 and 40

	Loughran Recommendation	MDOC Plans	Current Services Budget	Proposed Part II/ Change Package	Cost of Loughran Recommendations Not Proposed in Part I or Part II
6	Youths who are being treated with psychotropic medications should have treatment plans that clearly spell out the target behaviors that are being addressed.	The Department concurs. Included in above recommendation.	Included in 8 hours and the 4 hours from DMHMRSAS	Additional hours in change package.	
7	Psychiatrists and psychologists should have a systematic and regular review of cases needing psychiatric services.	The Department concurs. We are implementing this as psychiatric services are expanded as noted above.	3 psychologists; 12 hours of psychiatric time	1 additional psychologist in Part II and psychiatric hours in change package	
8	The psychology department should develop a standardized psychosocial instrument in order to identify juveniles' psychosocial needs, problems and progress in the following areas: mental health, education problems, history of family abuse, neglect or violence and history of sexual abuse.	The Department concurs. Currently working with DMHMRSAS to identify instruments. The entire population will be assessed by the summer of 1999. Newly committed residents will be assessed in the planned reception/diagnostic assessment orientation program	Psychology Dept. at MYC and MH Coordinator and staff at DMHMRSAS and contracted assessors.	None needed	
9	The psychology department should prepare an annual written summary of data on residents' psychosocial needs, problems and progress in order to make	The Department concurs. This will be assigned to the Psychologist IV.	Existing position	None needed	

	Loughran Recommendation	MDOC Plans	Current Services Budget	Proposed Part II/ Change Package	Cost of Loughran Recommendations Not Proposed in Part I or Part II
	program improvements in needed areas.				
10	The MYC needs to conduct groups in the housing units that address pro-social skills, anger management, substance abuse and moral reasoning.	The Department concurs. This is included in the treatment program to be implemented in March of 1999	CORE program developed with existing resources; staff serve as trainers	None needed; included in MYC's treatment program	
	Training				
1	The policy review process under way at MYC should be completed as soon as possible. An up-to-date policy book should be available to staff at the training center and at every work station.	The Department concurs. Policy and procedures in draft form and under review by the department's AAG		None needed	
2	The MYC pre-service training curriculum should be expanded to include modules on adolescent psychology, post traumatic stress disorder in children exposed to loss and violence, anger management, causes of delinquency, developing a therapeutic community and a normative culture in an institution.	The Department concurs. We are revising and enhancing the pre-service curriculum to include the recommended areas.	Existing staff	Staff Development Specialist in Part II; Training Coordinator to be funded with federal block grant	

	Loughran Recommendation	MDOC Plans	Current Services Budget	Proposed Part II/ Change Package	Cost of Loughran Recommendations Not Proposed in Part I or Part II
3	Incorporate non-abusive physical and psychological intervention training in the pre-service and in-service training program.	The Department concurs. We currently train all staff in CPI (Crisis Prevention and Intervention), a nationally recognized de-escalation and intervention program.	Within existing resources		Working on training costs and will present future funding requests
4	Develop training modules for pre-service and in-service training that utilize tapes of restraints and incident reports in order to teach staff how to diffuse volatile incidents.	The Department concurs. As we revise our pre-service curriculum, we will include this as a component	Existing staff		Same issues as above
5	Staff who evidence excessive use of restraint and isolation should be required to participate in an in-service training program that teaches non-confrontational approaches.	The Department concurs. We have developed a data base that tracks all restraints and placement in special management by staff, housing unit, date, time, resident, conduct, etc. and we regularly analyze the data to determine if inappropriate use or placement has occurred. Improving the supervisory to staff ratio will address this recommendation by providing greater monitoring and oversight.	Within existing resources	Adding one supervisory and 2 Juvenile Program Managers in Part II	Same issues as above

	Loughran Recommendation	MDOC Plans	Current Services Budget	Proposed Part II/ Change Package	Cost of Loughran Recommendations Not Proposed in Part I or Part II
6	Staff who use profane or demeaning language towards residents should be reprimanded, supervised specifically on this issue and offered interpersonal skills training.	The Department concurs. Improving the supervisory to staff ratio will also address this recommendation by providing greater monitoring and oversight.	Not sufficient	Adding one supervisor and 2 Juvenile Program Managers in Part II. Goal is to have a program manager in every unit	
	Quality of Care				
1	Physical exercise: Each resident should have one hour of large muscle exercise daily on week days and two hours on weekends (e.g., basketball, soccer, running, workout, etc.)	The Department concurs. The master plan includes more physical exercise activities. The Department will accelerate hiring a Recreation Coordinator. This will greatly improve our ability to program physical activities for residents and make better use of existing facilities		Recreation coordinator included in the Part II staffing package	
2	A resident handbook that includes a general orientation to MYC, grievance policy, rules and regulations, behavior management plan, daily schedule and how to access medical and mental health and substance abuse services.	The Department concurs. We are currently developing a resident handbook	Within existing resources	None needed	
3	The institutions' grievance policy should be posted in	The Department concurs. Grievance policy will be	Within existing resources	None needed	

	Loughran Recommendation	MDOC Plans	Current Services Budget	Proposed Part II/ Change Package	Cost of Loughran Recommendations Not Proposed in Part I or Part II
	every cottage and unit in the NSB.	posted in March of 1999 in every housing unit			
4	A daily schedule should be posted in every cottage and unit of the NSB.	The Department concurs. Daily schedules will be posted in every housing unit in March of 1999	Within existing resources	None needed	
5	Institute an employee of the month award to recognize staff who consistently perform above and beyond their required duties, such as preparing special events and meals for residents, serve on various facility/school improvement committees and the like.	The Department concurs. We will review this recommendation with staff for suggestions on its implementation	Within existing resources	None needed	
6	Continue to place volunteers on committees formed to improve services at MYC.	The Department concurs. We include volunteers in many areas of the institution's operations and will continue in planning for the future	Within existing resources	None needed	