

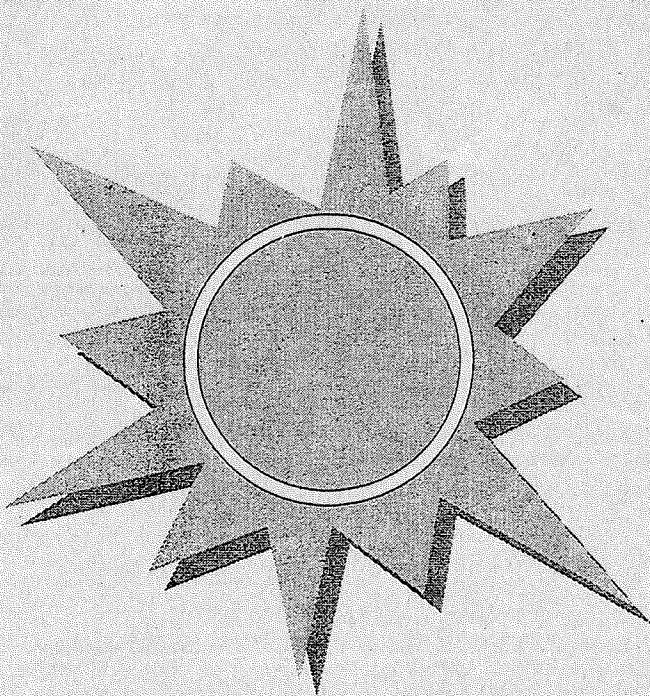
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*Mental Health Services
for Juvenile Offenders*



Report
of the
Juvenile Mental Health Services
Committee

February 1998



for the
Maine Department of Corrections
Division of Juvenile Services
Augusta, Maine

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Introduction

Maine Department of Corrections, Associate Commissioner, Mary Ann Saar, in collaboration with the Departments of Mental Health and Mental Retardation, the Office of Substance Abuse, Department of Human Services, and the Department of Education, established the Juvenile Mental Health Services Committee in October of 1995 to review existing mental health services for juvenile offenders in Maine and to recommend what needs to be done to assure appropriate services to this group of children.

The letter appointing members selected from the participating state agencies raised a number of questions that were to be addressed by the group:

- What are the expected outcomes for mental health services in the juvenile correctional system?
- What is the appropriate avenue for these services?
- What treatment methodologies work with this population?
- How do we treat mentally retarded youth within this system?

The specific task for the Committee was to review and restructure mental health services within the Department of Corrections. The restructuring would look at three levels of services:

1. Services to be provided to juveniles within the proposed secure Maine Youth Center.
2. Services to be provided in the open programs "outside the fence," that is, residential programs in the community, and
3. Services to be provided on an outpatient basis to juveniles in the community.

The Committee met almost monthly from its inception to accomplish the work assigned to it. Having established a theoretical framework the Committee struggled with the ways to implement such a service system. This report summarizes the theoretical construct and provides mechanisms for implementing a service system for providing mental health services to youth within the juvenile correctional system.

Theoretical Construct

Who are the juveniles with mental health problems?

The committee began its work by considering some traditional approaches to defining this group of children.

- Psychiatric diagnosis alone is not sufficient information on which to base a definition of this population. All residents of the Maine Youth Center either have a diagnosis, or could get one. Oppositional Defiant Disorder or Conduct Disorder applies to many youth at MYC and in the juvenile corrections systems.
- History of mental health services may also help to define this population. However, a history of outpatient mental health services, of psychiatric hospitalization, or residential treatment apply to many youth in the system. For some youth, hospitalization has been used as a placement alternative. In those instances, multiple hospitalizations may not necessarily indicate a mental illness.
- History of out-of-home placements may be a risk factor for criminal behavior, but does not necessarily define this population.
- Special Education Services, for behavioral reasons, learning problems, or multiple disabilities also characterize many youth involved in the juvenile corrections system.

The committee struggled to find a straightforward way to define the population of juvenile offenders with mental health problems. Some of the major mental illnesses do not develop until young adulthood. As the list above indicates, no single factor or combination of factors seemed to adequately describe the needs of the children who receive services.

The Department of Corrections developed risk and needs assessment instruments for juveniles, to inform treatment, placement and supervision decisions. The approach taken by these assessments was helpful to the committee in its attempts to define juveniles with mental health problems. The assessments will be administered to all youth in the juvenile corrections system to help identify individual needs.

- Youth with low risk and low need should be in the community, not at MYC, or in residential care.
- Youth with low risk and high need are a focus of major concern. These youth may present a range of needs related to mental health, family, peers, substance use, etc.

- Those with high risk and low need in the juvenile corrections system have a high potential for criminal behavior and for recidivism. For these youth, supervision rather than mental health service should be the primary focus.
- Juvenile offenders with high risk and high need require extensive individual evaluation. They require intensive supervision, and intensive treatment in a variety of areas.

RISKS

NEEDS

	Low	Medium	High
Low	X		X
Medium			
High	X		X

By focusing on risks and needs, we are able to look beyond traditional mental health categories and solutions. Instead, we are able to focus on individual combinations of interventions which are known to work with juvenile offenders.

Services for Juvenile Offenders

Based on the individualized approach described above, the committee drew the following conclusions:

- Services are best delivered in an individualized way.
- A comprehensive, individualized assessment is the cornerstone of good service planning and delivery.
- Housing and treatment issues may be separate. The child's needs for a safe and appropriate living environment should be considered and addressed separately from needs for other services.
- Housing decisions for juvenile offenders must consider not only a safe and appropriate environment for juveniles, but the risk a juvenile presents to the community.
- Treatment and other services can be provided in a variety of different environments.
- Grouping youth with similar problems together in residential programs may not produce good treatment outcomes.
- Youth should be served in their communities wherever possible.
- Skills generalize best when they are learned or practiced in the settings in which those skills will be used.
- Services in juveniles' homes and communities are particularly important for youth making the transition to adulthood.
- When safety issues require that a youth be placed in a residential setting, aftercare becomes critical in moving the skills learned in the residential setting back into the community.

Based on the risk and needs assessments, the Committee developed a list of “life areas” to consider in determining individual needs. Certain items in the Department’s risk and needs instruments address each of the areas, as shown in the Table. See Risk and Needs Assessment in Appendix A. Service needs, then, are determined on the basis of information from the Life Areas Assessment.

Life Areas Assessment Table

Life Areas	Scale
Risk Management (Level of Supervision)	Risk Assessment tools developed by DOC (detention, community, & institution)
Living Arrangement	F3 on needs assessment
Family Life	F1, F2, F4, F5, F6, F7 on needs assessment
Peer Relations	Y2 on needs assessment & 8 on risk assessment
Physical Health	Y11 on needs assessment
Education	Y3, Y4,, Y5 on needs assessment & 10 on risk assessment
Mental Health	Y6 & Y7 on needs assessment
Substance Abuse	Y1 & F1 on Needs Assessment & 9 on risk assessment,
Sexual Behavior	Y8 on needs assessment

The Life Areas Services Matrix provides the framework for individualizing service planning. The Services Matrix and the Assessment Matrix were deliberately designed containing the same categories. Therefore, in combination with the information developed via the Department’s various risk and needs assessments, each juvenile’s needs in the various life areas can be identified on the matrix. The Services Matrix then is used to guide decisions about the types, frequency and intensity of services that might be appropriate to build a comprehensive plan for the youth.

Life Area Services Matrix

Life Areas	High	Medium	Low
Risk Management Level of Supervision	Secure e.g. MYC	Intensive community supervision e.g. JISS	Regular supervision by JCW
Living Arrangement <ul style="list-style-type: none"> Family (goal is to assure safe living situation for family) Youth (based on Youth need when no family to return to) 	<ul style="list-style-type: none"> Family Intensive case management, advocacy Individual Supervised independent Living, structured group living arrangement 	<ul style="list-style-type: none"> Family intensive case management, group home Individual supervised independent living, group home, foster care 	<ul style="list-style-type: none"> Family own family home or relative home Individual low supervision independent living, self-support groups

Family Life	intensive in-home family counseling - short or long term	intensive case management, very flexible services, respite care	minimal to no services to family, family support groups, parenting classes, family mediation
Peer Relations¹ To assist in identifying sustainable activities and provide support for youth to be involved.	<u>low social skills</u> - programs that teach and model social skills; <u>antisocial leadership</u> - co-opt or redirect to positive leadership; change in environment (may need relocation)	identify community recreation activities and support in selecting activities that occur outside of school hours; non-school related activities	school co-curricula activities, sustainable activities
Physical Health	health education with heavy emphasis on safe sex/teen parenting skills; referral to health services as needed	health education with heavy emphasis on safe sex/teen parenting skills; referral to health services as needed	health education with heavy emphasis on safe sex/teen parenting skills; referral to health services as needed
Education	vocational education/nontraditional; job mentoring, alternative education; special education, if appropriate	Link with school student assistance teams, guidance counselors	partnerships between corrections and schools
Mental Health	intensive counseling/tx; Psychiatric services; crisis services; RTC; intensive home supports; medication monitor; partial hosp.	day treatment; outpatient counseling; family wraparound services (e.g. WINGS); medication monitoring	low level family support; group counseling; medication monitoring
Substance Abuse	milieu substance abuse treatment - high intensity (daily)	milieu substance abuse treatment in flexible settings, closely coordinated with school	school prevention/education programs, regular JCW supervision
Behavior - (status offenses)	JISS (close supervision); group counseling; intensive family supports; behavior modification	day treatment; intensive supervision; adventure-based prog.; family support; community recreation	ensure participation in school and community activities
Sexual Behavior²	secure milieu sex offender treatment, intensive treatment/diversion	milieu sex offender treatment, intensive treatment /diversion; outpatient group treatment	general supervision; sex education; health education

Planning by using the Service Matrix offers many advantages:

- It forces people doing service planning (i.e., case managers, juvenile caseworkers, correctional caseworkers, program managers) to look at the individual needs of the child, rather than at prepackaged programs,

¹important area

²Difference in services between high and medium may be primarily in terms of frequency and intensity. Females have different issues than males requiring differentiated treatment. Also there is a difference between offending behavior and sexually inappropriate behavior and treatments may be correctional or mental health or a combination of both.

- The matrices' emphasis on many life areas virtually requires a team approach to service planning,
- it creates a plan based on information which is more objective than subjective,
- it provides for a consistent means for assessing the youth's needs, and then provides a consistent means for translating the needs into a comprehensive and individualized service plan, and
- the use of the matrices focuses service planning on risk-based intervention.

The committee, using this theoretical construct, was then able to proceed with the development of a mental health services plan for youth within the juvenile correctional system.

The Plan for Mental Health Services to Youth in the Juvenile Correctional System

Community Services

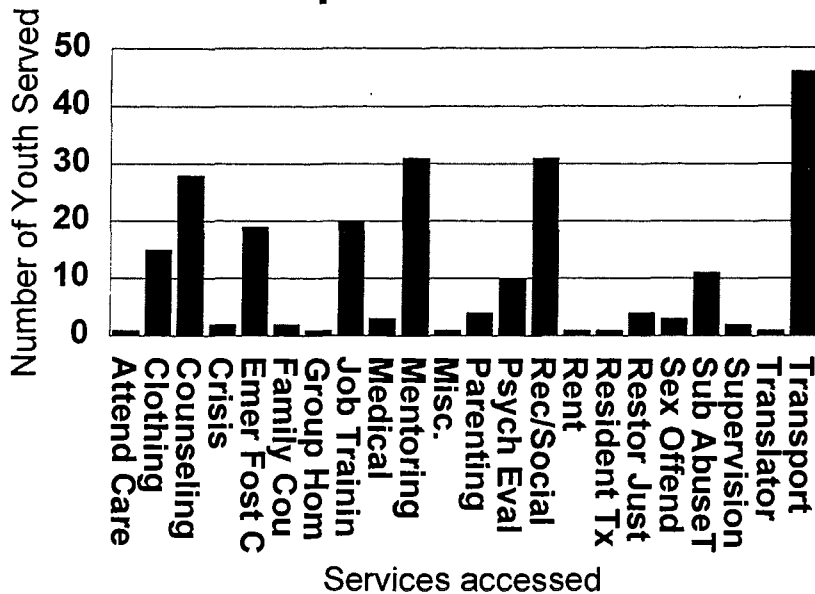
The Division of Juvenile Services of the Maine Department of Corrections provides correctional supervision services in the community in four separate regions, each having one Regional Correctional Administrator, a Resource Coordinator, between nine to twelve Juvenile Caseworkers and clerical support. Responsibilities include diverting juveniles from the correctional system, supervising youth on probation, making detention decisions, and supervising youth on aftercare or conditional release. To accomplish these tasks Juvenile Caseworkers complete risk and needs assessments, develop case plans, access appropriate resources, and monitor the case plans. Resource Coordinators manage contracted resources, develop additional resources and assist Juvenile Caseworkers in the development of case plans and accessing needed resources.

Resources available to juveniles in the community include those provided within a juvenile's family, his or her school and community, and those accessible through private insurance or Medicaid. Other services may be available through special programs funded by other state agencies or funded directly with federal funds. Close working relationships with these entities ensures a collaborative plan that maximizes use of resources while maintaining a uniform message from all those that work with a particular juvenile.

The Division has also contracted with a number of community agencies to make services available for juveniles under the supervision of the Division. In most cases services are purchased on a fee-for-service basis. In other cases grants are given to agencies to ensure the development of specific services to meet the needs of juvenile offenders. These contracted services may be funded by a variety of funding sources including general funds, Medicaid, Title IV-E of the Social Security Act, funds from the Office of Juvenile Justice and Delinquency Prevention, or other special grants. See Appendix C for a full list of contracted services.

In addition to the contracted services the Resource Coordinators are each allocated an annual amount of funds to be used to purchase items and/or services that will complete a juvenile's case plan that are not available through other means. The chart on the following page shows the types of services that were purchased during the Division's first year of operation under this system.

Wraparound Service



The variety of services purchased with these funds demonstrates how Juvenile Caseworkers have addressed the myriad of needs presented by those under their supervision.

Recommendations:

1. The Division of Juvenile Services should continue using the "Wraparound" case planning approach and maintaining a flexible fund to ensure case plans can be implemented.
2. The Division should continue working collaboratively with other state agencies, particularly with the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), to assure a comprehensive approach to the development of case plans and to ensure appropriate access to a variety of services.
3. A mental health consultant, with specific responsibility to work with Juvenile Justice clients, should be out stationed in each of the DMHMRSAS's regions as a component of the proposed Children's Mental Health Service System developed in response to LD 1744. This would assure access to appropriate services, while maintaining the focus on eliminating criminal behavior.

Maine Youth Center

The Maine Youth Center, under different names, has been serving youth since the middle of the nineteenth century. Its very beginning was the result of a reform movement to keep young boys out of mischief by providing them with something to do, hence the name, the Industrial School for Boys. Since that time when young boys made bricks for many of the buildings still standing in the city of Portland, the institution has experienced a number of reforms. It is about to go through another reform.

Youth sentenced by a court to be committed to the Youth Center serve an indeterminate sentence, that is, the Superintendent of the Youth Center has the authority to release youth from the Center. To assist in the decision making regarding when youth should be released the Youth Center for the past number of years has required most of its residents to earn a specified number of credits, assigned primarily in relation to the seriousness of the crime(s) committed, before they could be released. Credits could be earned by behaving responsibly, following the rules, and accomplishing program assignments, such as writing an in-depth autobiography, completing school homework assignments, or writing victim reports. The credit system required residents to behave responsibly over the period of time it took to earn the credits assigned to them. However, it did not address in any structured way the issues of learning to identify and correct thinking errors in order to make better choices, nor did it help residents to understand nor focus on the harm their choices have caused to their victims.

Although the Department of Corrections has insufficient data to determine the rate of recidivism for youth committed to the Youth Center, the perception persists that it remains too high. That perception along with the perception of insufficient programming for the youth at the Center has resulted in a decision to develop a cognitive-behaviorally based treatment program, now known as the Core program. The program is less a program than an overall treatment approach to be applied in all aspects of Youth Center activities. The concept of "thinking errors" provides the underpinnings of this approach. Assisting these youth to recognize and correct their thinking errors, according to this theory, will eliminate the criminal activities. This is coupled with a program to develop and practice new skills and attitudes in the areas of victim empathy, developing and using support networks, and problem solving, while making amends to their victims and their communities.

All staff at the Youth Center, including school, administrative and support staff, will be trained to implement this approach. Training School Counselors will not only provide supervision, but may intervene with a youth exhibiting "thinking errors." They, with MYC Correctional Caseworkers, will also be facilitating psychoeducational groups covering topics which will form the basic elements of the program. Successful completion of groups, as well as progressing through their individualized intervention plans, allow youth to progress through the various levels of the program by practicing and demonstrating understanding of the new concepts and skills. Youth who complete four levels of the program successfully will be released from the Youth Center to an aftercare status, where they will be assisted to successfully practice, with support from the community, the skills they acquired during their stays at the Youth Center.

Youth committed to the Center will be assessed during the first few weeks of their stay. Youth found to be low risk will be placed in the community in an appropriate setting to meet his or her needs and an appropriate level of supervision. Youth of low to medium risk with mental retardation or serious emotional disturbances will be placed in appropriate treatment programs in the community. All other youth will remain at the Youth Center. Although all youth will be expected to participate in the Core program, each youth will have his/her individualized treatment plan developed during the assessment phase. These plans will identify specific skills which that youth needs to learn which may require additional services such as mental health counseling, substance abuse treatment, medication, or specialized instruction in order to successfully return to the community.

The basic concepts of this approach sets the framework for using the theoretical construct set out by the Committee. Since all youth will have individualized plans, with expectations that implementation of the complete plan will differ from youth to youth, it would be most appropriate to use a "wraparound" approach to fulfilling the "mental health needs" of each youth. Those with specific needs, such as unresolved grief, would be provided individual treatment or placed in specialized treatment groups. Contractual arrangements with individual community based providers would assure specific needs of individual youth are addressed without incurring ongoing costs. In this manner only services specifically needed by the current residents of the Youth Center would need to be provided. The major advantage is that services needed on an individual basis would be provided to the youth rather than trying to use existing services to meet their needs even when they do not fit well.

During this past year the Clinical Services Committee at the Youth Center, on a trial basis, used this process to meet the needs of a few individuals with mental health problems. For these youth "wraparound" conferences were held. Staff at the Youth Center who had worked with the youth, parents, local providers, teachers from the school, and others involved with that youth were called together to figure how to best meet the needs of a youth. A special account was set aside to meet the needs identified. Once everyone at the table agreed which services would best meet the needs of a juvenile, the special account was used to purchase the necessary items or services.

An example of a wraparound plan for a youth at the Center shows how effective this approach can be, while avoiding the establishment of entire programs. Lonny (not his real name) had been sentenced to the Youth Center for committing a sex offense. He had been placed in the sex offender treatment cottage, but had made little progress, primarily due to his low functioning level. However, recently he had begun understanding the need for treatment and how to engage in the process. Staff at the Center were very encouraged about his progress, but recognized that if he were to continue this process, individualized attention would be needed to reinforce the group learnings. Hearing of his interest in golf, the plan included hiring a case aide, who was also interested in golf, to work with Lonny at least an hour every day while practicing golf with him.

The development and implementation of a wraparound plan that meets the needs of individual juveniles is enhanced when people from various disciplines and agencies work together along with a juvenile and his/her family. These collaborative efforts ensure a wide breadth of

knowledge of services and resources that can be accessed for a juvenile. The Department of Human Services has out stationed a worker at the Youth Center to specifically work with those juveniles in the custody of that Department. He is often available to discuss other resources available through that Department. The Department of Education has provided for one liaison person who is assigned to work at the Youth Center to work with local school districts to coordinate education programs for juveniles and to assist in the transition planning when a juvenile is released. The Office of Substance Abuse of the Department of Mental Health, Mental Retardation, and Substance Abuse Services has contracted with a private provider to provide substance abuse assessment and treatment services for youth at the Center. This provider operates from the Youth Center and also assists in providing assessment and treatment services for juveniles in the community, while assisting in the development of treatment networks in the community with specific knowledge of treating juvenile offenders.

The Youth Center has developed a special procedure for accessing and using so-called "wraparound" funds to meet the needs of juveniles when no other resource is available. These procedures are included in Appendix D. With the implementation of the Core Program all juveniles will have an individualized intervention plan which will be completed during the reception and diagnostic phase of residents' stays at the Youth Center. Those services that are not available at the Youth Center and are not accessible through one of the other agencies would be obtained by using the procedure to access "wraparound" services. Through this process youth identified as having special mental health needs can receive individualized treatment, while participating in the Core Program.

Youth with mental health problems or with mental illness may experience times when they are not able to remain with the general population. Such times may include the need to modify medication, manage psychotic episodes or suicidal ideation, or de-escalate out-of-control behavior. At those times youth can be placed in the Special Management Unit until the problems are brought under control. Services can be brought to the youth in the Special Management Unit using the process outlined above. Once the situation has been stabilized the youth would return to a regular housing assignment.

When the situation can not be handled in the Special Management Unit, the youth would be removed from the Youth Center and placed in a hospital or other appropriate setting until the acute phase has passed, when he/she would be returned to the Center.

Recommendations:

1. The Core Program should be implemented as soon as possible to allow for individual treatment of all residents at the Youth Center.
2. Youth committed for sex offenses and in the specialized treatment program should continue be housed and treated separately in order to focus on the specific issues associated with sex offending behavior.
3. Youth with mental health problems do not need to be housed separately from the general population except when there is a problem with medication management,

behavior management, or some specific issue that requires specialized intervention. Those youth should return to their regular housing assignments once the issue requiring removal is brought under control.

4. A special account should be established to assure the provision of specialized services as they are identified in the individual's intervention plan. Services or items purchased through this account should be limited to those that can not be accessed through other means.
5. The Department of Corrections should work closely with the Department of Mental Health, Mental Retardation, and Substance Abuse Services and other child-serving agencies to implement the comprehensive children's mental health services that was developed in response to the Resolve that resulted from the passage of LD 1744.

Aftercare Services

When youth are admitted to the Maine Youth Center, preparation for release begins. During the reception and diagnostic phase of a youth's stay at the Center information is gathered regarding family resources and family experiences in addition to information regarding the specific risk a youth may present to the community. Those youth presenting low risk will be released to the community with an individualized plan that addresses both risks and needs of the youth. Mental health services will be identified in the case plan and Juvenile Caseworkers will be responsible for assuring all appropriate services are obtained in the community and for managing the case plan.

Youth who remain at the Youth Center will complete their individualized case plans while progressing through the Core Program. As an individual approaches level five, plans will be developed with all appropriate persons including the youth, his or her family, the Juvenile Caseworker, and any Youth Center or community persons who are or will become involved with the youth. The plan, as is the case for those released after the diagnostic assessment, will address all life areas and will identify any mental health services which will be needed in the community. Again, Juvenile Caseworkers will be responsible for managing the case plans.

During fiscal year 1997 contracts were developed in Region III with two homebased family services programs to provide services to juveniles and their families to ease their transitions home. Youth placed at the Youth Center may learn a variety of new skills to better manage their behavior, get along better with others, or to participate more successfully in school. Family members, who have not been involved in the program, will not know how to support their children in practicing these new skills nor will they necessarily even be ready to receive their children back home upon their releases. These contracts for homebased services are specifically designed to work with the Youth Center, the juvenile, the family, and the Juvenile Caseworker before a youth's release to ensure a successful transition home and lessen the potential for recidivism. The programs are currently in operation and have already worked with a few families.

Juvenile Intensive Supervision Services (JISS) programs are operating in most areas of the state. These programs enable Juvenile Caseworkers to provide a higher level of service and supervision than can be provided through regular correctional supervision. They are designed to divert youth from the correctional system and can be instrumental in transitioning youth from the Youth Center through a carefully constructed individualized program of surveillance, accessing resources to meet identified needs, graduated sanctions and rewards, and advocacy. Mental health services can be incorporated into a juvenile's plan to meet identified needs to assure a comprehensive release plan.

A specialized JISS program was developed for youth in DHS custody. Time in the program has been extended to about six months and incorporates a dual diagnosis treatment component.

Recommendations:

1. "Flexible" funds should continue to be made available to assure access to needed mental health services which are identified in a wraparound planning process.
2. JISS programs should be made available statewide and used to assist youth with mental health needs being released from the Youth Center to their own homes, relative or foster homes, and independent living arrangements.
3. Homebased Family Services should be made available for youth being released to their homes statewide.
4. Youth would benefit from consultation services provided by staff of DMHMRSAS Children's Services stationed at the Youth Center to assist in the development of release plans, identifying resources to meet a youth's needs, and monitoring the quality of services provided as described in the Children's Mental Health plan developed in response to LDI744.

Conclusion

The Committee fully supports the direction of the Department of Corrections in its efforts to refocus its resources on the most needy clients, while individually responding to juveniles under its supervision. The Department of Corrections' recognition that some youth will present a risk to the community while others may be safely held accountable for their behaviors in the community has resulted in an overall directional change for the Department. Specific components represented by this directional change include:

- The introduction of risk and needs assessments at various decision points to assure the expenditure of resources is directed to those at high risk of criminal behavior or harm to the community,
- The shift to wraparound planning to assure youth's needs are addressed using a strengths-based approach,
- The recognition of the need to work collaboratively with other state and local agencies at the individual and program level to maximize the effectiveness of correctional programs and services,
- The creation of flexible funds that assure the provision of services or items that enable the implementation of individualized case plans,
- The efforts to access other funding sources to expand the availability of services to youth within the correctional system without forcing parents to give up custody,
- The development and implementation of JISS programs and the expansion of Homebased Family services that focus on working more intensively with youth and their families,
- The emphasis on community oriented services,
- The development of the Core Program for moderate to high risk youth who require treatment in a secure setting to protect the community, and
- The recognition of the critical importance of providing aftercare services to assure the appropriate reintegration of youth who have been placed outside their own homes.

While the Department of Corrections has been changing its overall directions the other state agencies have also been experiencing restructuring and reorganization. The Office of Substance Abuse has been moved administratively within the Department of Mental Health and Mental Retardation, now named Department of Mental Health and Mental Retardation and Substance Abuse Services (DMHMRSAS). That Department has moved to a more locally operated system of services with greater input regarding service delivery from clients and their families. The Department of Education has regionalized its consultants to allow the development of closer

relationships between schools and their consultants and, therefore, better communication and working relationships. The Department of Human Services is sharing a Service Center with the DMHMRSAS to reduce conflicts and redundancies in contracting, auditing and licensing functions.

In the last legislative session a Resolve was passed as a result of LD 1744 that mandated the DMHMRSAS to establish an interdepartmental committee with active participation of families, providers and other interested persons to create a comprehensive children's mental health services system. That effort is expected to report to the Legislature in January of 1998.

All of these efforts are happening simultaneously and the end result seems uncertain, except that there seems to be a number of recurrent themes. It may not be too much to expect that many more services provide to children and adolescents will incorporate a wraparound planning approach, collaboration, emphasis on families and how agencies can help them help their children, and flexible funding.

In light of all of these changes the Committee would like to add to the recommendations in the body of this report with the following:

1. The Department of Corrections should continue its efforts to change the direction of the Department to concentrate its efforts on high risk youth and to appropriately redirect lower risk youth.
2. The Department should continue to participate in the collaborative efforts underway to assure that juvenile offenders with mental health problems have their needs met within existing systems of services when appropriate while assuring accountability for criminal behavior.

Appendix A

Committee Members

Juvenile Mental Health Services Committee

Members

Rachel Only, Chair

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Appendix B

Maine Youth Center

Risks and Needs Assessments

CLASSIFICATION MANUAL FOR THE MAINE YOUTH CENTER

Prepared by

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August 19, 1996

NATIONAL COUNCIL ON CRIME AND DELINQUENCY



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RISK ASSESSMENT INSTRUMENT

RISK ASSESSMENT INSTRUMENT

I. Identification

NAME: _____ MYS#: _____
 (Last) (First) (MI)
 Housing/Cottage Unit: _____ Date of Birth: ____/____/____
 Sex: Male Female Race: Nat-Am White Hispanic Black Other: _____

II. Risk Assessment

1. CURRENT ADJUDICATIONS

Highest Severity 4
 High Severity 3
 Moderate 2
 Low 0

 score

2. CURRENT ADMISSION TYPE (Select the most serious reason.)

New Adjudication/Probation/Parole Revocation 2
 Placement Return/Status Offense/CHINS 0

 score

3. CURRENT AGE

12 or Less 4
 13 to 15 2
 16+ 0

 score

4. TIME TO RELEASE FROM MYC CUSTODY

19+ mths 3
 6 - 18 mths 2
 0 - 6 mths 0

 score

5. NUMBER OF PRIOR MAJOR INSTITUTIONAL MISCONDUCT REPORTS

11+ 3
 4 - 10 2
 1 - 3 1
 0/No prior out-of-home placements 0

 score

6. NUMBER OF RUNAWAYS/ESCAPES FROM PRIOR PLACEMENTS

Two or more 3
 One 1
 None 0

 score

7. SEVERITY OF PRIOR ADJUDICATIONS

Highest Severity 3
 High Severity 2
 Moderate 1
 Low 0

 score

8. NUMBER YEARS OF SCHOOLING COMPLETED

Lt 5 3
 6 - 8 2
 9 - 11 0
 12/GED -1

 score

9. NEEDS ASSESSMENT LEVEL

High 4
 Moderate 3
 Low 0

 score

TOTAL SCORE

III. Risk Score (Circle the risk level that corresponds to the youth's total score.)

-1 - 3 Points on Items 1-9	= Community	- 1 - 12 Points on Items 1-9 w/Highest/High Offense	= Moderate Risk
4 - 12 Points on Items 1-9	= Low	13 - 16 Points on Items 1-9	= Moderate Risk
-1 - 12 Points on Items 1-9	= Moderate Risk	17 + Points on Items 1-9	= High Risk

w/pending case(s)

I. RISK ASSESSMENT

A. Purpose: The Risk Assessment Instrument establishes a youth's recommended classification rating upon his/her commitment to the custody of the Maine Department of Corrections (MDOC). This custody rating is based upon an assessment of nine items that are scored on a numerical scale. These items have been found to be associated with institutional conduct and, thus, help identify the types of risk likely to be presented by the youth. When considered together, the items also help determine the extent of risk likely to be presented by the youth. The Risk Score is used, in combination with the Needs Assessment instrument, when making decisions relating to the youth's housing assignment, program needs, and supervision requirements. The final custody rating recommendation may be altered due to management considerations that warrant special attention or intervention by staff.

B. Completion Policy: The Initial Risk Assessment Instrument should be completed within two (2) weeks of the youth's commitment to the custody of the MDOC. The needs assessment and initial classification forms must be completed before a youth is moved from the orientation/reception housing area.

C. Instructions:

I. Identification

Name: Enter the youth's full name, ie., last name followed by first name and middle initial.

MYC#: Enter the youth's current institutional number that was assigned during the reception process of the MYC. This number must be used on all subsequent classification forms.

Housing Unit/Cottage: Indicate the housing unit/cottage where this assessment occurs.

Date of Birth: Enter the month, day, and year of the youth's birth.

Sex: Circle the gender of the youth.

Race: Circle the youth's race. If the youth's race is not listed, mark "Other" and indicate the appropriate race.

II. Risk Assessment: Items 1 through 9 are intended to identify the youth who presents a serious risk to the safety, security, and orderly operation of the facility.

1. Current Adjudications: Consider all offenses for which the youth was committed to the Youth Center to determine the most serious current adjudication, detainer, or warrant against the youth. If the youth was incarcerated for conspiracy, accountability, or a violation(s) of parole/probation, the severity of the adjudication is based on the underlying

offense(s) for which the youth was originally adjudicated. (See Appendix A for the Offense Severity Index.) Enter the number of points associated with the severity category into which the youth's most serious adjudication falls. Example case:

Case 1: If the youth was committed for Aggravated Assault and Burglary, score the Aggravated Assault.

Enter 4, if the most serious adjudication is a Highest Severity offense.

Enter 3, if the most serious adjudication is a High Severity offense.

Enter 2, if the most serious adjudication is a Moderate Severity offense.

Enter 0, if the most serious adjudication is a Low Severity offense.

2. Current Admission Type: Consider the most serious reason for which the youth was currently committed to the MYC.

Enter 2, if the most serious admission type was new felony adjudication, parole/probation revocation, or a hold for court on new felony charge.

Enter 0, if the most serious admission type was a placement return, status offense, or CHINS.

3. Current Age: Consider the current age of the youth. (Do not round up, if a youth is 12.5 years, score as 12 years.)

Enter 4, if the youth is age 12 years or less.

Enter 2, if the youth is between the ages of 13.01 and 15.99 years.

Enter 0, if the youth is age 16.0 or higher.

4. Time Remaining Until Release from MYC Custody: Consider the time remaining that the youth will be under the custody/supervision of the MYC. For example, if the youth is currently 16, and he/she was committed to the custody of the MYC until age 18, he/she has 2 years until release from the MYC.

DO NOT consider any time prior to his/her current admission that he/she was under the supervision/custody of the MYC. For example, if the youth was committed to the MYC at age 14, but he/she is currently 17, there are 12 months remaining until his/her release from custody MYC.

Enter 3, if the youth has 19+ mths remaining under MYC custody.

Enter 2, if the youth has between 6 and 18 mths remaining under MYC custody.

Enter 0, if the youth has 5.99 or less months remaining under MYC custody

5. Number of Prior Major Institutional Misconduct Reports: Consider the number of Major I or Major II SIRs (Serious Incident Reports) that the youth received during prior incarcerations at the MYC or a court-ordered out-of-home placement. (See Appendix B for the institutional misconduct severity scale.)

Enter 3, if the youth received 11 or more Major SIRs.

Enter 2, if the youth received 4 to 10 Major SIRs.

Enter 1, if the youth received 1 to 3 Major SIRs.

Enter 0, if the youth had no prior Major SIRs during previous incarcerations/out-of-home placements or has no prior incarcerations/out-of-home placements.

6. Number of Runways/Escapes: Consider the number of adjudications and institutional reports that the youth has for escape, attempted escape, or runaway from a correctional facility or court placement.

Enter 2, if the youth has runaway, escaped, or attempted escape two or more (2+) times.

Enter 1, if the youth has runaway, escaped, or attempted escape one time.

Enter 0, if the youth has not runaway, escaped, or attempted escape.

7. Severity of Prior Adjudications: Consider all of the youth's prior adjudications to determine the most serious prior adjudication. If the youth was adjudicated for conspiracy, accountability, or a violation(s) of parole/probation, the severity is based on the underlying offense(s) for which the youth was originally adjudicated. (See Appendix A for the Offense Severity Index.) Enter the number of points associated with the severity category into which the youth's most serious prior adjudication falls.

Enter 3, if the most serious prior adjudication is a Highest Severity offense.

Enter 2, if the most serious prior adjudication is a High Severity offense.

Enter 1, if the most serious prior adjudication is a Moderate Severity offense.

Enter 0, if the most serious prior adjudication is a Low Severity offense or he/she has no prior adjudications.

8. Number Years of Schooling Completed : Consider the number of years of schooling that the youth has completed. For example, the youth is currently enrolled in sixth (6th) grade, he/she has completed 5 years of schooling.

Enter 3, if the youth has completed 5 years or less of school.

Enter 2, if the youth has completed between 6 and 8 years of school.

Enter 0, if the youth has completed between 9 and 11 years of school.

Enter -1, if the youth has completed 12 years of school or has a GED.

9. Needs Assessment Level: Using the NCCD validated Needs Assessment instrument, enter the number of points associated with the youth's Need Score.

Enter 4 points, if the youth's Need Score is 25 or more points.

Enter 3 points, if the youth's Need Score is between 16 and 24 points.

Enter 0 points, if the youth's Need Score is less than 16 points.

Total Score: Enter total score from Items 1 through 9 on line.

III. Risk Score

1. Risk Level Indicated by Scale: Circle the Risk Level indicated by the youth's Total Score on the Risk Assessment Instrument.

Community	=	-1 - 3 points on Items 1- 9
Low	=	4 - 12 points on Items 1- 9
Moderate	=	-1 - 12 points on Items 1- 9 with pending case
Moderate	=	-1 - 12 points on Items 1- 9 with Highest/High Severity Offense
Moderate	=	13 -16 points on Items 1- 9
High	=	17+ points on Items 1- 9

RISK REASSESSMENT INSTRUMENT

RISK REASSESSMENT INSTRUMENT

I. Identification

NAME: _____
(Last) (First) (MI)

MYC#: _____ SS#: _____

Placement: _____

Date of Birth: ____/____/____

Current Risk Level: Community Low Moderate High Sp. Management

Prior Classification Date: ____/____/____

II. Risk Reassessment

1. CURRENT ADJUDICATIONS

Highest Severity	3	
High Severity	2	
Moderate Severity	1	
Low Severity	0	
		score

2. TYPE OF PRIOR COMMITMENTS OR PLACEMENTS

Any Prior Out-of-home placement	2	
No prior out-of-home placements	0	
		score

3. NUMBER OF RUNAWAYS/ESCAPES (Last 3 months) Actual Number: _____

One or more	2	
None	0	
		score

4. NUMBER OF PRIOR ADJUDICATIONS

3+	2	
1-2	1	
None	0	
		score

5. SEVERITY OF PRIOR ADJUDICATIONS

Highest Severity	2	
High Severity	1	
Moderate Severity	0	
Low	-1	
		score

6. NUMBER OF MAJOR MISCONDUCT/VIOLATION REPORTS RECEIVED (Last 3 months) Actual Number: _____

11+	4	
4-10	3	
1-3	2	
None	0	
		score

7. MOST SERIOUS MISCONDUCT/VIOLATION REPORT RECEIVED (Last 3 months) Total # Misconducts: _____

Major I	4	
Major II	3	
Minor	2	
No Problems	0	
		score

8. WORK/PROGRAM PARTICIPATION (Last 3 months)

Noncompliant/Disruptive	4	
Poor Performance (Attends assigned programming, NO progress toward trt goals)	3	
Good Performance (Attends assigned programming and progressed toward trt goals)	0	
Excellent Performance (Attained goals within assigned programs)	-1	
		score

9. FURLOUGH/DAYS OFF EXPERIENCE (Last 3 months)

Completed furlough unsuccessfully	2	
No furlough	0	
Completed furlough successfully	-1	
		score

TOTAL SCORE

III. Risk Score (Circle the risk level that corresponds to the Total Score.)

-3 - 3 Points on Items 1-9	= Community
4- 12 Points on Items 1-9	= Low
-3- 12 Points on Items 1-9 w/pending case(s)	= Moderate Risk
-3- 12 Points on Items 1-9 w/Highest/High offense	= Moderate Risk
13- 16 Points on Items 1-9	= Moderate Risk
17 + Points on Items 1-9	= High Risk
50 + Major SIRs	= Special Management

Case Worker

Date

II. RISK REASSESSMENT

A. Purpose: The Risk Reclassification instrument is used to update and review a youth's previous risk assessment. A risk reassessment does not necessarily change the custody rating or housing assignment. It primarily functions to monitor the youth's adjustment and bring attention to problems that may have arisen.

Custody reassessment is similar to the initial risk assessment, but places greater emphasis on institutional conduct to reflect the youth's actual behavior while confined. It is important that youth who spend long periods of time within the MYC have the opportunity for reduced custody levels based on compliance with institution requirements.

B. Completion Policy: The Reassessment should be every three months, in conjunction with the youth's programming evaluation. There are two special circumstances which may prompt the need for a Reassessment in addition to the regular reassessment:

1. Major Disciplinary Report: Reassess 48 hours prior to the youth's return to general population from special management.

OR

2. Upon Receipt of New information: Reassess within 48 hours of receiving information that potentially effects the youth's custody level (conviction on a new charge, detainer, or major disciplinary infraction).

C. Instructions

I. Identification

Name: Enter the youth's full name, ie., last name followed by first name and middle initial.

MYC#: Enter the youth's current institutional number that was assigned during the Youth Center reception process. This number must be used on all subsequent classification forms.

SS#: Enter the youth's social security number. This number is used to link the youth's institutional record with subsequent probation/placement information.

Placement: Indicate the cottage where this youth is currently housed.

Date of Birth: Enter the numbers representing the month, day, and year of the youth's birth.

Current Custody: Circle the custody level of the youth at the time of this assessment.

Prior Classification Date: Enter the numbers representing the month, day, and year of the youth's most recent assessment.

II. Risk Re-assessment: Items 1 through 9 are intended to identify the youth who presents a serious risk to the safety, security, and orderly operation of the facility.

1. Current Adjudications: Consider all adjudications for which the youth was committed to the MYC to determine the most serious current detainer, adjudication, or warrant against the youth. If the youth was incarcerated for conspiracy, accountability, or a violation(s) of parole/probation, the severity of the adjudication is based on the underlying offense(s) for which the youth was originally adjudicated.

Enter the number of points associated with the severity category into which the youth's most serious current adjudication falls. Example case:

Case 1: If the youth was committed for Aggravated Assault and Burglary, score the Aggravated Assault.

Enter 3, if the most serious adjudication is a Highest Severity offense.

Enter 2, if the most serious adjudication is a High Severity offense.

Enter 1, if the most serious adjudication is a Moderate Severity offense.

Enter 0, if the most serious adjudication is a Low Severity offense.

2. Number of Prior Institutional Commitments or Placements: Consider the type of prior institutional commitments or placements the youth has experienced within Maine or another state. Exclude the current commitment.

Enter 2, if the youth has previously been committed to a state juvenile correctional/detention facility (Maine or other state) or placed in a residential placement by a Court/DOC.

Enter 2, if the youth has a prior out-of-home placement by a Court or DOC.

Enter 0, if the youth has no prior out-of-home placements/commitments.

3. Number of Runways/Escapes: Consider the number of adjudications and institutional reports that the youth has for escape, attempted escape, or runaway from a correctional facility or court placement during the last 3 months.

Enter 2, if the youth has or attempted to run away or escape during the last 3 months.

Enter 0, if the youth has not run away, escaped, or attempted escape during the past 3 months.

4. Number of Prior Felony Adjudications: Count the prior felony adjudications against the youth. Exclude the current adjudication(s) and status offenses. Each count of a case is considered one adjudication.

Example: If the youth was convicted of multiple counts of the same offense on a single case, sum the number of counts across each type of offense (e.g., 5 counts of Sale of Controlled Substances and 3 counts of Possession of Controlled Substance equals 8 adjudications).

Enter 2, if the youth has three or more (3+) felony adjudications.

Enter 1, if the youth has one or two (1-2) felony adjudications.

Enter 0, if the youth has no (0) prior felony adjudications.

5. Severity of Prior Adjudications: Consider all prior adjudications against the youth. If youth was incarcerated for conspiracy, accountability, or a violation(s) of parole/probation, the severity of the adjudication is based on the underlying offense(s) for which the youth was originally adjudicated. Enter the number of points associated with the youth's most serious prior adjudication falls.

Enter 2, if the most serious prior adjudication is a Highest Severity offense.

Enter 1, if the most serious prior adjudication is a High Severity offense.

Enter 0, if the most serious prior adjudication is a Moderate Severity offense.

Enter -1, if the most serious adjudication is a Low Severity offense.

6. Number of Misconduct/Violation Reports: Enter number of points associated with the number of disciplinary reports against the youth during last 3 months. Enter the actual number of misconduct reports on the line indicated, "Actual #: _____."

Enter 4, if the youth received 11 or more (11+) SIRs.

Enter 3, if the youth received between 4 and 10 (4-10) SIRs.

Enter 2, if the youth received between 1 and 3 (1-3) SIRs.

Enter 0, if the youth received zero (0) SIRs.

7. Most Serious Misconduct/Violation Report Received: Consider youth's disciplinary record during the last 3 months. Enter the actual number of misconduct reports on the

line indicated, "Actual #: _____." (See Appendix B for the institutional misconduct severity scale.) Enter the number of points associated with the severity of the youth's most serious SIR during the last 3 months.

Enter 4, if the youth's most serious SIR was a Major I Misconduct report.

Enter 3, if the youth's most serious SIR was a Major II Misconduct report.

Enter 2, if the youth's most serious SIR was a Minor Misconduct Report.

Enter 0, if the youth received no misconduct reports during the last 3 months.

8. Work/Program Participation (Last 3 months): Consider the youth's performance in educational, work, or programming during the last 3 months. When scoring a youth who recently returned on a probation/placement revocation, do not consider work, school, or treatment performance in the community. Focus only on institutional behavior.

Enter 4, if the youth received deficiency reports for refusal to work/program, poor progress, and/or non-compliance.

Enter 3, if the youth has attended assigned programming, but has made little or no progress toward goals.

Enter 0, if the youth has attended assigned programming and progressed toward treatment goals.

Enter -1, the youth has attained current goals within assigned programs.

9. Furlough/Days off Experience (Last 3 months). If the youth has been eligible and participated in home/community furlough during the last 3 months, consider his/her performance.

Enter 2, if the youth unsuccessfully completed the furlough.

Enter 0, if the youth was not eligible or did not have a furlough during the last 3 months.

Enter -1, if the youth successfully completed the furlough during the last 3 months.

Total Score: Enter total score from Items 1 through 9 on line.

III. Risk Score

1. Risk Level Indicated by Scale: Circle the Risk Level indicated by the youth's Total Score on the Risk Reassessment Instrument.

Community	=	-3 - 3 points on Items 1- 9
Low	=	4 - 12 points on Items 1- 9
Moderate	=	-3 - 12 points on Items 1- 9 with pending case
Moderate	=	-3 - 12 points on Items 1- 9 with Highest/High Severity Offense
Moderate	=	13 -16 points on Items 1- 9
High	=	17 + points on Items 1- 9
Special Management	=	50 + Major SIRs

2. Case Worker: the instrument must be signed and dated by the case worker that completes this risk re-assessment.

APPENDIX A OFFENSE SEVERITY INDEX

Each offense within the Maine Penal Code has been ranked according to its severity for the purposes of the Maine Youth Center Classification System. Score the offense for which the youth's was incarcerated/adjudicated.

1. **Exceptions:** for the following offenses, score the underlying offense:

Charge/Enhancement:

Accountability for conduct of another
Accountability - conducting the offense
Aiding and Abetting
Accessory after the fact
Accessory before the fact
Attempted
Conspiracy to Commit (17-A:151)
Intent to Commit
Revocation of Parole
Revocation of Probation
Solicitation

2. **Highest Severity Offenses**

<u>Code</u>	<u>Offense</u>	<u>Class(es)</u>
17-A:201	Murder	A
17-A:202	Felony Murder	A
17-A:208	Aggravated Assault	B
17-A:253	Gross sexual assault	A/B/C
17-A:301	Kidnaping	A
17-A:651	Robbery	A/B
17-A:757	Trafficking in prison contraband	C
17-A:755	Escape - with violence	B

3. **High Severity Offenses**

<u>Code</u>	<u>Offense</u>	<u>Class(es)</u>
17-A:203	Manslaughter	A/B/C
17-A:207	Assault	C/D
17-A:210	Terrorizing	D
17-A:211	Reckless Conduct	D
17-A:254	Sexual abuse of minor	D/E
17-A:255	Unlawful sexual contact	D

3. High Severity - continued

<u>Code</u>	<u>Offense</u>	<u>Class(es)</u>
17-A:302	Criminal Restraint	D
17-A:303	Criminal Restraint by parent	C
17-A:503	Riot	D
17-A:752-A	Assault on an officer	C
17-A:755	Escape - without violence	C
17-A:802	Arson	A
17-A:803	Causing a catastrophe	A

4. Moderate Severity Offenses

<u>Code</u>	<u>Offense</u>	<u>Class(es)</u>
17-A:204	Aiding or soliciting suicide	D
17-A:208-A	Assault while hunting	D
17-A:209	Criminal threatening	D
17-A:256	Visual sexual aggression against a child	D
17-A:401	Burglary	C
17-A:553	Abandonment of child	D
17-A:554	Endangering the welfare of a child	D
17-A:554-A	Unlawful transfer of a firearm to a minor	D
17-A:555	Endangering welfare of a dependant person	D
17-A:556	Incest	D
17-A:756	Aiding Escape	C
17-A:805	Aggravated criminal mischief	C
17-A:1001	Criminal use of explosives	C
17-A:1002	Criminal use of disabling chemicals	D
17-A:1003	Criminal use of noxious substance	E
17-A:1051	Possession of machine gun	D
17-A:1055	Trafficking in dangerous knives	D
17-A:1103	Unlawful trafficking scheduled drugs	B/C/D
17-A:1104	Trafficking in or furnishing counterfeit drugs	C
17-A:1105	Aggravated trafficking or furnishing scheduled drugs	C
17-A:1106	Unlawful furnishing scheduled drugs	C/D
17-A:1107	Unlawful possession of scheduled drugs	B/C/D/E
17-A:1108	Acquiring drugs by deception	C/D
17-A:1109	Stealing drugs	D
17-A:1116	Trafficking or furnishing imitation scheduled drugs	D/E

5. Low Severity Offenses

<u>Code</u>	<u>Offense</u>	<u>Class(es)</u>
17-A:353	Theft by unauthorized taking/transfer	B: \$10,000+ or weapon
17-A:354	Theft by deception	C: \$2-10,000
17-A:355	Theft by extortion	D: \$1-2,000
17-A:356	Theft of lost, mislaid or mistakenly delivered property	E: < \$1,000
17-A:357	Theft of services	
17-A:358	Theft by misapplication of property	
17-A:359	Receiving stolen property	
17-A:360	Unauthorized use of property	
17-A:402	Criminal Trespass	E
17-A:403	Possession of burglar's tools	E
17-A:404	Trespass by motor vehicle	E
17-A:405	Burglary of motor vehicle	C
17-A:432	Criminal invasion of computer privacy	D
17-A:433	Aggravated criminal invasion of computer privacy	C
17-A:451	Perjury	C
17-A:452	False swearing	D
17-A:453	Unsworn falsification	D
17-A:454	Tampering with a witness, informant, victim or juror	C
17-A:455	Falsifying physical evidence	D
17-A:456	Tampering with public records or information	D
17-A:457	Impersonating a public servant	E
17-A:501	Disorderly conduct	E
17-A:502	Failure to disperse	D/E
17-A:504	Unlawful assembly	E
17-A:505	Obstructing public ways	E
17-A:506	Harassment by telephone	E
17-A:506-A	Harassment	E
17-A:506-B	Violation of protective order	D
17-A:507	Desecration and defacement	D
17-A:507-A	Interference with cemetery or burial ground	D
17-A:507-B	Illegal possession/sale of gravestones	C
17-A:508	Abuse of corpse	D
17-A:509	False public alarm or report	D
17-A:511	Violation of privacy	D
17-A:512	Failure to report treatment of a gunshot wound	E
17-A:513	Maintaining an unprotected well	E
17-A:514	Abandoning an airtight container	E
17-A:515	Unlawful prize fighting	E
17-A:516	Champerty	E
17-A:551	Bigamy	E

5. Low Severity Offenses - continued

<u>Code</u>	<u>Offense</u>	<u>Class(es)</u>
17-A:552	Nonsupport of dependents	E
17-A:602	Bribery in official & political matters	C
17-A:603	Improper influence	D
17-A:604	Improper compensation for past action	D
17-A:605	Improper gifts to public servants	E
17-A:606	Improper compensation for services	E
17-A:607	Purchase of public office	D
17-A:608	Official oppression	E
17-A:609	Misuse of information	E
17-A:702	Aggravated forgery	B
17-A:703	Forgery	See Theft
17-A:704	Possession of forged devices	E
17-A:705	Criminal simulation	E
17-A:706	Suppressing recordable instrument	E
17-A:707	Falsifying private records	E
17-A:708	Negotiating a worthless instrument	See Theft
17-A:751	Obstructing government administration	D
17-A:752-B	Unlawful interference with law enforcement dogs	D
17-A:753	Hindering apprehension or prosecution	B/C/E
17-A:754	Obstructing criminal prosecution	C
17-A:804	Failure to control or report a dangerous fire	D
17-A:806	Criminal mischief	D
17-A:852	Aggravated promotion of prostitution	B
17-A:853	Promotion of prostitution	D
17-A:853-A	Engaging in prostitute	E
17-A:853-B	Engaging a prostitute	E
17-A:854	Indecent conduct	E
17-A:855	Patronizing prostitution of a minor	D
17-A:901	Deceptive business practices	D
17-A:902	Defrauding a creditor	D
17-A:903	Misuse of entrusted property	D
17-A:904	Private bribery	D
17-A:905	Misuse of credit information	D
17-A:906	Use of slugs	D
17-A:907	Possession or transfer of theft of services devices	D/E
17-A:953	Aggravated unlawful gambling	B
17-A:954	Unlawful gambling	B
17-A:955	Possession of gambling records	D
17-A:956	Possession of gambling devices	D
17-A:1056	Possession of armor-piercing ammunition	C

5. Low Severity Offenses - continued

<u>Code</u>	<u>Offense</u>	<u>Class(es)</u>
17-A:1057	Possession of firearms in an establishment licensed for on-premises consumption of liquor	D
17-A:1110	Trafficking in or furnishing hypodermic apparatuses	D
17-A:1111	Possession of hypodermic apparatuses	D
17-A:1111-A	Sale and use of drug paraphernalia	E

APPENDIX B

INSTITUTIONAL MISCONDUCT SEVERITY INDEX

This institutional misconduct severity index represents the classification of misconduct used for this validation of the classification system. Major I offenses were differentiated from Major II according to whether the youth was placed in lockup.

1. Major I Misconduct

- Destruction of State Property
- Assault
- Away With Out Leave (AWOL)
- Harming Self
- Escape
- Sexual Contact
- Threats
- Intimidation
- AWOL Planning
- Rioting
- Planning Riots
- Possession of Weapon
- Possession of Money

2. Major II Offenses

- Possession of Contraband: drugs, property belonging to another resident, money
- Gang Signs
- Stealing
- Destruction of State Property
- Disobeying an Order
- Failure to Program/Work
- Illegal Mail
- Gross Disrespect of Staff/Peers (verbal abuse)
- "Hands on"

3. Minor Offenses

- Talking on Silence
- Hygiene
- Swearing
- Messy locker
- Messy Bed
- Trading Clothes
- Disrespect of Peers/Staff
- Eavesdropping on Staff
- Disobeying Program Rules
- Manipulating Staff

Appendix C

*Community Contracted Services
Division of Juvenile Services*

Agency	Region	Service	Gender	TYPE
Christopher Home	4	Group Home	Boys	POS
Coastal Enterprises, Inc.	2	Community Restitution Services	Both	
Community Dispute Resolution Center	1	Mediation Services	Both	Grant
Community School	3	Residential Alternative School	Both	POS
Cumberland County	1	Juvenile Intensive Supervision	Both	Grant
Good Will- Hinckley	3	Group Home	Both	POS
Heritage Home	1	Transitional Group Home	Girls	Grant
Home Counselors	3	Homebased Family Services	Both	Grant
Kennebec County	2&3	Juvenile Intensive Supervision	Both	Grant
Merrymeeting Farm	1	Group Home	Girls	POS*
New Beginnings	2	Emergency Shelter	Both	Grant
New Beginnings	2	Residential Independent Living	Both	POS
NMGH	4	Group Home	Boys	POS
Penobscot County	4	Juvenile Intensive Supervision	Both	Grant
Pine Tree Council	1&2	Mentoring	Both	POS
Portland West	1	Community Restitution Services	Both	POS
Project Atrium	4	Group Home	Both	POS
Rumford Group Home	2	Group Home	Boys	POS
Rumford Ind. Living	2	Residential Independent Living	Boys	POS
St. Michael's Center	4	Juvenile Intensive Supervision	Both	Grant
Sweetser Children's Services	1	Assessments	Both	POS
Weymouth House	3	Group Home	One for Boys; One for girls	POS
Work Opportunities	2&3	Employment skills training	Both	POS
Your Choice	3	Group Home with substance abuse Tx.	Boys	POS
Youth Alternatives	1	Emergency Shelter	Boys	Grant
Youth Alternatives	1&2	Juvenile Intensive Supervision	Both	Grant
Youth & Family Services	3	Homebased Family Services	Both	Grant
Youth & Family Services	3	Emergency Shelter	Both	Grant

Appendix D

Procedures for Accessing Wraparound Services at MHC

PROCESS TO ACCESS MONEY FOR INDIVIDUAL RESIDENTS THROUGH CLINICALS

Requests for treatment for individual residents or groups of residents may be made by Correctional Caseworkers, Juvenile Program Managers, Teachers, Psychologists, etc. The process will be as follows:

1. The person requesting the treatment will complete the Proposed Treatment Plan Form (see attached) and submit it to the Director of Classification and Collateral Services.
2. The Director of Classification will send copies of the Form to Barbara Heath, A.L. Carlisle, and the Juvenile Program Manager and Correctional Caseworker of the cottage in which the resident resides.
3. The Director of Classification and Collateral Services will schedule a Special Clinical, if a regular Clinical is not scheduled within the next week.
4. The Director of Classification will notify those people listed on the Form, as well as other appropriate people, as to the date and time of the Special Clinical.
5. The Clinical Services Committee will approve, modify, or not approve the request, and the Director of Classification will complete the Form.
6. The Director of Classification will provide copies of the completed Form to those people listed on the Form and to the Business Services Manager and will file the original in the resident's file.
7. If Clinicals approves the request, the person making the request will contact the proposed provider, make arrangements for the provision of services, and provide the provider with the Agreement (see attached) to complete. A copy of the completed agreement will be sent to Wanda Pettersen.
8. Payment for services will be as follows:
 - a. Services Provided at MYC
 1. The person arranging the services will obtain a Vendor Form from the Business Office (Karen Charest) and have the service provider complete it, if the service provider is not already a Vendor for the State. The completed Vendor Form will be sent to Wanda Pettersen; and
 2. The provider will submit an invoice to Wanda Pettersen upon completion of the service.

b. Transition Services

1. The person arranging the services will obtain a Vendor Form for each provider, i.e., landlord, Metro, YMCA, YWCA.
2. Completed Vendor Forms will be sent to Wanda Pettersen; and
3. If the resident is to receive money, the resident must also complete a Vendor Form, which must be sent to Wanda Pettersen.

NOTE: It takes two weeks to cut a check.

If you have any questions about payment, please contact Wanda Pettersen.

PROPOSED TREATMENT PLAN

Name of Resident: _____ Cottage: _____

Proposed Provider, if known: _____

Identification of Need: _____

Goal: _____

Outcome Measure(s):

1. _____

2. _____

Number of Hours per Week: _____ Number of Weeks: _____

Cost per Hour: _____ Total Number of Hours: _____

Total Proposed cost: _____

Submitted by: _____ Date: _____

Approved by Clinicals: _____ Date: _____

cc: A.L. Carlisle, Dir. Rehab. & Admin. Pgms.
Dr. Barbara Heath, Psych. IV
Juvenile Program Manager of Resident's Cottage
Correctional Caseworker of Resident's Cottage

AGREEMENT

I, _____, agree to provide the following service(s)
to _____, a resident at the Maine Youth Center:

Type of Service: _____

Number of Hours per Week: _____

Number of Weeks: _____

Cost per Hour: _____

Total Cost: _____

Signature

Date

cc: Wanda Pettersen, Business Servs. Mgr.