

# MAINE STATE LEGISLATURE

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DEPARTMENT OF CORRECTIONS  
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AUGUSTA MAINE  
04333-0111

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To: Charlotte Warren, House Chair Joint Standing Committee on Criminal Justice and Public Safety  
Susan Deschambault, Senate Chair Joint Standing Committee on Criminal Justice and Public Safety  
Members of the Joint Standing Committee on Criminal Justice Public and Safety

From: Randall A. Liberty, Commissioner of the Maine Department of Corrections

Cc: Maryann Turowski, Senior Policy Advisor Governor Mills

Date: October 21, 2021

Re: Response to questions sent to MDOC on 9.30.21

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On behalf of the Maine Department of Corrections (MDOC) and especially those dedicated staff working at Long Creek Youth Development Center (LCYDC), thank you for the opportunity to speak with you last month.

I hope you had many takeaways from our time together in September, including the vital role a secure facility plays in ensuring public safety. As you've heard, and now many of you have seen firsthand, there are juveniles in Maine committing serious crimes. The secure facility, and the dedicated staff within, provide youth with the needed programs and services to help foster a shift in behavior.

It's not everyday I get an opportunity to speak in such a public way about the operations of the facility or the rehabilitative nature of services at LCYDC, including behavioral health treatment, psychoeducational support, trauma informed care, education, and life skills designed to prepare young people for life beyond the system.

Like you, I do not want juveniles in LCYDC who do not belong there. That's why the department supported the juvenile justice reforms last session in the Governor's budget. We agree that youth who are ready to succeed in less restrictive placements should be moved to such placements. The LCYDC staff, the juvenile community corrections staff, and colleagues within the Office of Children and Family Services know too well the effort that goes into helping youth with complex and often dangerous histories find alternative placement.

In corrections we don't choose our clients. People are sent to us with seemingly intractable challenges. My staff are trained to face these complex histories with fortitude. They are trained to guide, to mentor, and to support the individual, through the good days and bad. The CJPS committee has asked a lot of questions about the bad days, but rest assured, there are good days too. There are success stories. There is hope.

Many of you witnessed some of these successes when you were onsite this month. Some of you met a young man who was very cognizant of the impact his past behavior has had and understood now how to take steps to make amends, and was seeing the payoff of his efforts as he readied to move up a level. Others of you met with staff who were just that morning able to place a resident in a mental health setting, and the joy everyone felt in knowing he was going to a facility that could better provide for him. Some of you met with the joyous psyche-

social worker on the detained unit whose office looks like a relaxing lounge, designed to help juveniles feel comfortable as they work through their behavior and feelings.

As you've seen now for yourself, the staff at LCYDC engage with youth to ensure each individual has the opportunity to develop positively, be it within their behavioral health needs, their education or vocational programming, in how they engage with peers, family, and within the community. The juveniles in our care require highly specialized services, which we provide to ensure each youth develops a positive identify of themselves, one with healthy relationship and boundaries and a prosocial empowered future.

I look forward to our continued work and shared commitment to a balanced approach to juvenile justice.

Below you will find response to the thirteen questions posed to the MDOC on September 30 from the Criminal Justice Public Safety Committee.

**CJPS Question 1:** Please provide information on the assessment tools and methodologies used at Long Creek. If different tools and methodologies are used for different purposes, please provide information on each purpose, tool and methodology. If any use is made of the specific charge on which a youth is held, please provide information on that use.

**MDOC Response to Question 1:** The screening and assessment tools are described through the link found [here](#).

**CJPS Question 2:** Please provide information on the assessment levels of youth at Long Creek, distinguishing youth in detained status and youth in committed status.

**MDOC Response to Question 2:** The assessment level of the youth on the population snapshot found [here](#) is as followed:

- 14 classified as high (including all the detained youth)
- 3 classified as moderate (all committed)
- 1 classified as low (committed)

**CJPS Question 3:** Please provide information on how many youth at Long Creek have been subjected to restraint in a prone position face down on the floor and for what periods of time in the past year.

**MDOC Response to Question 3:** The use of prone positioning is not in and of itself against policy. In order to identify how many youth have been placed in a prone position during a 12-month period it would require staff to review hundreds of pages of administrative records and hundreds of hours of video, looking specifically for key words and/or actions and then commencing a hand count. Even if the MDOC had the staff time to devote to this type of arduous review, it's more than likely that the information would be considered confidential under 34-A MRS 1216(1), 15-A MRS 3008-A, and 5 MRS 7070(2)(E).



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**CJPS Question 4:** Please provide information on the recidivism rates for persons who previously resided at Long Creek, distinguishing youth in detained status and youth in committed status, for the most recent 2 years that data is available.

**MDOC Response to Question 4:** MDOC contracts with The Muskie School of Public Health for reports on juvenile recidivism. We anticipate the most recent report to be available sometime in October. The 2017 report by Muskie is available online, linked [here](#).

**CJPS Question 5:** Please provide information on actions/improvements taken by the Department of Corrections in response to the 2017 Long Creek Conditions Assessment report and recommendations. Please identify the specific recommendation relevant to each action/improvement.

**MDOC Response to Question 5:** Long Creek Youth Development Center was assessed by the Center for Children's Law and Policy (CCLP) in September 2017 using standards created by the Juvenile Detention Alternatives Initiative, found [here](#).

CCLP made nearly 200 recommendations within the 2017 assessment including areas pertaining to: Intake, Health Care, Access, Programming, Training and Supervision, Environmental Issues, Restraints, Physical Force, Chemical Agents, Room Confinement.

The Division of Juvenile Services (DJS) engaged in follow up discussions with the CCLP in the weeks after receiving the 2017 assessment. DJS staff began the work of remediation by prioritizing next steps and developing workplans to address many of the recommendations.

As of 2021 the MDOC's Division of Juvenile Services has completed and/or implemented the suggestions of over one third of the recommendations, including:

- Expanded the amount of data collected at intake.
- Increased contact with family from intake through discharge.
- Added Psychiatric Social Worker/Family Engagement Specialist.
- Improved treatment plans, behavior cards, coaches report and behavior stabilization plans.
- Higher frequency of psychiatric care.
- Improvement in psychoeducation for HIV/ STDS.
- Improvements of workflow to improve customer service.
- Improvement of Behavior Management Program.
- Addition of Trauma Informed Effective Reinforcement (TIER) system, fully integrated in the female locations.
- Implemented SAVORY risk assessment.
- Improved programming including the addition of Cognitive -Behavioral Interventions - Core Youth (CBI-CY).
- Incorporated the CBI-CY to allow for targeted treatment recommendations to occur prior to step down into lower level of care.

- Expanded levels of care. Operations of community-based setting: Bearings and Steps.
- Improved handbook with participation of residents, added graphics and had translated into Spanish in 2019.
- Resumed off grounds pass and activities, including work off grounds and community service.
- Elimination of strip searches after visits.
- Commissioner's Directive regarding chokeholds in 2020.
- Blended hourly schedules to help improve blending of junior and senior staff.
- Improved education for detained youth, making education services normalized into regular class / teacher rotations.
- Hired a Field Training Officer to assist with training and retention.
- Improved training in multiple areas, including, staff in the facility received a new implemented 3-hour Adolescent Trauma module starting in 2019; staff in the facility received a full-day training "Creating Equity for LGBTQ Youth" in 2020.
- Advocated successfully with Maine Criminal Justice Academy to be able to propose separate Juvenile specific certification. BCTP Program Curriculum Proposal almost complete. BCTP proposal includes improvements on Developmental Disabilities and Residents with Disabilities, specific to youth, Adolescent Development, Resident Programs & Services and Behavior Management, Diversity, Culture & Communication which includes gender-specific needs of youth in custody, as well as updated lesson plans on Drugs & Drug Recognition, and Substance Use Awareness.
- Completed recommended policy changes.
- Increased access to legal counsel. All committed youth are assigned a lawyer who follows them throughout their commitment and joins the multi-disciplinary team.
- Increased sharing of information with Disability Rights Maine.
- Increased transparency through sharing monthly incident analysis report.
- Reduction in room confinement.
- Improved data collection of primary language for residents and family members.
- Designated security staff participated in Use of Force committee.
- Training on Use of Force revised.
- Environmental improvements: creation of two Bears Dens, specially designed rooms to support youth in learning emotional regulation skills.
- Reduced number of forces.
- Decreased number of youths engaging in self-harm.

The following recommendations are in progress:

- Trauma Informed Effective Reinforcement in process of implementation for male programming.
- Changes in the electronic health record have been requested. Due to current limitations of the EHR the treatment plan has to be enhanced in the MDOC offender management system, called CORIS instead of the Global Case Plan section. This impacts many recommendations including having only one integrated working treatment plan which includes all vendors, includes all services and referrals, includes discharge planning, and includes strengths.
- Treatment plan includes IEP information. This is currently captured through the Assessment and Orientation Process due to limits of CORIS and limits of confidentiality.
- Multiple recommended policy changes in progress.
- Specific social skill competencies are tied to recreational activities.
- Expanding mental health services to have more mental health services on units, have mental health staff involved in the de-escalation of behavioral issues.



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- Creating a recruitment plan involving internships and recruiting programs through schools of social work, psychology programs, and local colleges. Involve testimonials from youth who benefitted from the help and guidance that Long Creek staff provided to them.
- Increase retention.
- Rename or reclassify Juvenile Program Worker (JPW) role to reflect an emphasis on working closely with youth to effect behavioral change and skill development, such as Youth Development Specialist or Youth Behavior Specialist.
- Create a tracking system of bilingual staff.

A number of recommendations by the CCLP did not necessitate action as they were already in place at the time of the assessment, including:

- Recommendations for additional information at intake were gathered by a clinician, doctor or nurse seen following intake.
- Due to HIPPA and other confidentiality issues certain pieces of information that were recommended to be shared openly must be kept private from Wellpath and Special Education.
- Ensure RNs review the medication room monthly to ensure no outdated medications are present, with at least quarterly review by a pharmacist.
- Medical quality assurance process in place and working.
- Interpretation service recommendations already in place.

A number of the CCLP's recommendations were such that the MDOC was not able to entertain or maintain due to statute, finances, and/or child serving system authority, including:

- It was recommended that staff do not scan mail for suspicious content. The security team felt strongly this should stay in place.
- It was recommended that resident calls not be recorded. The security team felt strongly this should stay in place.
- Recommendations made regarding Use of Force and Pepper Spray were brought to the Department's Use of Force Committee for review. Changes were made regarding prone restraints and clarification on use of chokeholds.
- Calls are available free of charge.
- Address potential safety concerns by creating a staffing plan and including sufficient staff supervision. Staffing recommendations to increase 3 JPW's to a unit were denied.
- Remodeling intake unit not completed due to financial concerns, MDOC can reach goals of recommendations in current space.
- Director of Education was added to help ensure appropriate service delivery for special education students and provide quality assurance but then eliminated as there is a Principal.
- 5 Behavioral Health Technicians (BHTs) and 3 Acuity Specialist were added to address the high mental health acuity. All but one BHT was eliminated due to decreased population.



**CJPS Question 6:** Please provide information on whether the Department of Corrections has a policy or had a policy prior to 2017 prohibiting or discouraging a corrections officer from calling in a behavioral health clinician in the event of a situation in which tensions are rising significantly between a corrections officer and a youth or a crisis on a unit. What is the policy now? If there is currently a policy prohibiting or discouraging calling in a behavioral health clinician, please explain the reasons for the policy.

**MDOC Response to Question 6:** The MDOC has never had a policy prohibiting or discouraging juvenile facility security staff from calling or otherwise seeking assistance from behavioral health staff in the event of a crisis with a juvenile. The two most relevant policies to this question are identified and linked below:

- [Policy 10.2](#), specific to suicide and self-injury situations and has extensive references to the role of licensed clinicians for that specific type of crisis.
- [Policy 13.6](#), in the policy statement, requires that the facility’s mental health program include crisis intervention.

**CJPS Question 7:** Commissioner Liberty agreed to have DOC post on its website a line item breakdown of the budget for Juvenile Justice including Long Creek Youth Development Center for 2021-2022.

**MDOC Response to Question 7:** We will publish this on our website. For now it can be found [here](#).

**CJPS Question 8:** Please provide the staffing levels each month (how many and what their jobs were) for mental health clinicians working at Long Creek, whether employed by DOC or through its contract with Wellpath for the past two years. Please confirm that there have been no clinicians on DOC or Wellpath staff working hours at LCYDC for the past two months.

**MDOC Response to Question 8:** Clinicians have been onsite at LCYDC during the past two months, and clinical resources have also been available. The chart below identifies the *behavioral health* clinical staff working at LCYDC in 2020 and 2021, and the vacancies for these positions. In addition Wellpath has more general clinical staff, i.e., healthcare professionals qualified in the clinical practice of medicine, who are included in the chart below.

POSITION	FTE	2020	Vacancy 2020	2021	Vacancy 2021
Physician	0.20	Filled	0	Filled	0
Dentist	0.05	Filled	0	Filled	0
Health Services Administrator	1.00	Filled	0	Filled	0
Dental Assistant	0.05	Filled	0	Filled	0
Dental Hygienist	0.10	Filled	0	Vacant	1
RN	4.20	Partial-Fill	1	Partial-Fill	2
LPN	2.80	Partial-Fill	2	Partial-Fill	1
Psychiatrist	0.05	Filled	0	Filled	0
MH Director - Psychologist	1.00	Backfilled	0	Backfilled	0
MH Counselor (2021)	1.00			Vacant 4/21	1
MH Counselor (2020)	2.00	Filled	0		
Behavioral Health Technician (2021)	1.00			Filled	0
Behavioral Health Technician (2020)	2.00	Filled	0		



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**CJPS Question 9:** Please indicate whether an individual needs assessment will be conducted through the Regional Care Teams for each child currently incarcerated in LC?

**MDOC Response to Question 9:** Regional Care Teams do not engage in assessment with juveniles. Their role is more akin to triaging situations needing swift response or connections. The link for more info on RCT can be found [here](#).

**CJPS Question 10:** You indicated that the survey and the Task Force will inform how the 6 million dollars is spent in the community. Please provide who drafted the survey and the definition of each of the options provided for funding and what the drafted meant by each of these options?

**MDOC Response to Question 10:** As outlined in the [Division of Juvenile Services February 2020 Action Plan](#), the MDOC identified a goal of repurposing funds from the LCYDC budget to community-based services and residences. The survey, which is linked [here](#), was created by the MDOC’s Division of Juvenile Services (DJS) with input from Jill Ward. MDOC’s Division of Juvenile Services provided an overview of the findings of the survey on October 15, 2021 during the Juvenile Justice Advisory Group meeting.

**CJPS Question 11:** Please confirm the population at STEP in South Portland, for the past two years. How many girls, how many boys, resided there each month and how many children have been deemed inappropriate for STEP for the past two years, how many children exited STEP back to the community, how many children exited STEP back to LC?

**MDOC Response to Question 11:** Please see below for population of Steps by year.

Steps Population 2020

January	4 (all male)
February	5 (all male)
March	3 (all male)
April	0
May	0
June	0
July	3 (all male)
August	4 (all male)
September	4 (all male)
October	3 (all male)
November	0
December	3 (all female)
All males released to community with the exception of two.	



### Steps Population 2021

January	2 (all female)
February	3 (all female)
March	3 (all female)
April	3 (all female)
May	3 (all female)
June	1 (all female)
July	0
August	0
September	1 (all female, detained)
October	1 (all female, detained)
November	TBD
December	TBD
All girls released to community with the exception of one.	

**CJPS Question 12:** You indicated that there is no SMU in Long Creek. Young people inside report that there are many children currently being held in 24 hour isolation, with 23 of those hours being in a cell and 1 hour being outside of a cell but away from all other children. Please confirm how many children, including length of stay, have been subjected to this form of DOC "care," whether you call it SMU or something different.

**MDOC Response to Question 12:** The correctional term *special management unit* or *special management housing* is used in different ways, depending on the population of reference, similar to the way the term *recidivism* is used in different ways depending on the type of correctional setting (i.e. federal, county, state). When the MDOC talks about recidivism, we are speaking exclusively about individuals returning only to the custody of the MDOC custody. It's important to define the context of correctional terms, as they often have different meanings.

Likely, the CJPS committee is used to hearing about the Special Management Unit (SMU) associated with the adult facilities. The Maine State Prison's SMU has been a point of interest, however there are significant difference between the SMU used as part of adult corrections and what is meant by the term in reference to the juvenile facility.

In adult corrections the term SMU references a temporary housing unit for a population for one of two reason: disciplinary or administrative. To be brief, a resident in an adult facility is brought to the SMU, placed on disciplinary segregation only after that person has been found guilty of a major violation of discipline rules that pose a direct threat to the safety and security of residents and or staff. The duration for this classification status is determined by the disposition from the disciplinary process, typically ranging from 15-45 days. The other status that would result in a resident in an adult facility being placed in the SMU is due to administrative status. Administrative status indicates the individual cannot be placed in a less restrictive status because the immediate safety and/or security of the facility, staff, residents would be at risk, or the individual poses an immediate escape risk.

Conversely, MDOC's Division of Juvenile Services does not utilize segregated housing for disciplinary matters. Disciplinary matters, when they come up are addressed in the current housing unit with appropriate staff members. While there is an area of LCYDC called the Special Management Unit it serves a very different purpose from the SMU in an adult facility. LCYDC's SMU is separated into two sides, as many of you saw during your visit. One side of the unit is used in conjunction with the infirmary. When a juvenile with a contagious medical issue need to be isolated for public health reasons (scabies, lice, MRSA, COVID, etc.) they may be moved into this unit. LCYDC's medical clinic and offices are literally adjacent, allowing quick and easy medical support for those youth in SMU for medical reasons.



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The other side of the unit is used for residents in the midst of a behavioral issue that cannot safely be addressed within the youth's housing unit. Sometimes the behavioral issues and subsequent move to the SMU may stem from a disturbance between residents, or staff. Sometimes an evening or weekend away from peers on the unit is all that's needed, other times, the resident requires longer time on unit to work through behavioral issues in a more concerted way with clinical and staff team. This unit may also be used if a resident requires regular observation due concerning behavior.

Whenever a resident is in this unit, be it for behavioral or medical reasons, the resident will have services brought to them if they are not able to leave.

The document found [here](#) identifies the total hours a juvenile spent in the special management unit at LCYDC to date in 2021.

**CJPS Question 13:** Have you talked with municipalities and the State, regarding publicly owned properties and land upon which smaller, more home-like facilities can be developed?

**MDOC Response to Question 13:** As part of the juvenile justice reforms passed in the Governor's budget, the MDOC has been very engaged in identifying possible sites for community-based secure, therapeutic residences. We have looked at land and vacant buildings, we've toured existing facilities that could be reformed for our purposes, and we've engaged in conversations with organizations intrested in partnerships. We will plan to report out our progress to the CJPS in November.