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**Substance Abuse Treatment
of the Juvenile Offender**

**Report to the Joint Standing Committee
On Criminal Justice**

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In May 2000, the 119th legislature passed a resolve instructing the Department of Corrections (DOC), and the Department of Mental Health, Mental Retardation and Substance Abuse (now known as the Department of Behavioral and Developmental Services) to develop a comprehensive system to provide treatment to the substance abusing juvenile offender.

The Department of Behavioral and Developmental Services (BDS), Office of Substance Abuse (OSA) has been working with the DOC to meet the requirements of the resolve and improve services to juvenile offenders. This report outlines the current status of the process and highlights work that still needs to be done.

Screening, Assessment, and Treatment:

Currently, all youth sentenced to either Long Creek or Mountain View Correctional Facilities are screened for substance abuse treatment needs with a tool called the Juvenile Automated Substance Abuse Evaluation (JASAE). In calendar year 2000, 113 youth were screened at Long Creek, and 124 were screened at Mountain View. Youth identified as in need of treatment by the JASAE are referred for a comprehensive assessment by Day One, a treatment agency for adolescents contracted to provide treatment at both facilities.

Youth are assessed as to what intensity of treatment they need and then an individualized treatment plan is developed. There are 5 ½ substance abuse counselors at the Long Creek facility, and beginning in January of 2002 there will be 3 substance abuse counselors at Mountain View. Treatment can take up much of a youth's day for his entire stay at the facility, or it can be a part of his education program depending on level of need.

There has been much controversy over the so-called intensive treatment program at Long Creek detention facility. The Board of Overseers confronted Day One and Long Creek staff over the delayed implementation of this program, a confrontation that was captured on tape by Charlotte Renner of Maine Public Radio. Day One designed a long term, intensive treatment program to work with the intensive corrections program that was designed, but whose implementation was deferred until after the move to the new facility. The program design did not fit with the length of stay of most of the youth incarcerated at Long Creek and was therefore not implemented. Recently, treatment has become more individualized, and there are not specific programs, but individualized treatment plans that address each child's treatment needs.

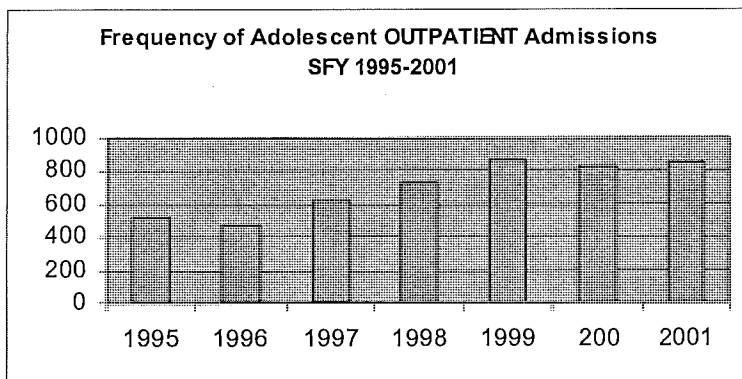
Treatment Networks:

There are four regional networks, one in each of the Department of Corrections regions. The regional networks combine to make a statewide network managed by the agency, Day One.

This network was begun with a competitive federal grant in 1997. It currently includes 55 substance abuse providers from Kittery through Presque Isle and from Rumford to Calais. The grant funds will run out in June 2002 and will be replaced by tobacco settlement funds.

The network acts as a payer of last resort for adolescent treatment. If the child does not have Medicaid or insurance, the network contractor will pay a previously negotiated rate for treatment.

As the following graph indicates, the treatment network expanded access to treatment for adolescents in the criminal justice system. Over the course of the period measured, treatment capacity has expanded by 40%.



However, the increased availability of treatment does not guarantee state of the art treatment services. As part of the evaluation of the Treatment Capacity Expansion (TCE) Grant program, OSA has identified the need for increased provider training in adolescent development, criminality, and specific treatment modalities such as Motivational Enhancement Therapy, cognitive behavioral models, and family therapy. Currently OSA is applying for federal funds from the Drug Court Program Office for approximately \$100,000 per year for two years most of which will go towards improving training for treatment providers.

Targeted Capacity Expansion:

The targeted capacity expansion grant was a three-year competitive bid federal grant awarded to the Office of Substance Abuse in 1997. The purpose of the grant was to expand treatment to adolescents through the development of a network of treatment providers funded on a fee for service basis as a payer of last resort for youth who do not have access to insurance or Medicaid funded services.

This grant expired in September 2001, but a no-cost extension was granted through June 2002. After this time, funds from the federal tobacco settlement are earmarked to continue funding the network. In addition to ongoing funding of the network, which provides outpatient treatment statewide, OSA has targeted tobacco funds to provide increased treatment services at the expanded northern Maine youth center, Mountain View, beginning in January 2002.

The drug courts and an increase in opiate abuse across the state have led OSA to the realization that additional residential services for adolescents are also necessary. In January 2002, a Request for Proposals will be issued for the provision of short term (up to 90 days) residential substance abuse treatment services for youth between 12 and 18 years old. This program will be funded with tobacco settlement dollars. We estimate the cost to be \$500,000 for up to 15 beds. While the RFP does not identify juvenile offenders as the primary target for services, the expectation is that the majority of referrals will come from drug courts and other juvenile offender programs.

Drug Treatment Courts:

The first juvenile drug treatment court opened in February 2000. As of December 30, 2001 128 adolescent offenders had been admitted to the program, with 16 having graduated at this time from the yearlong program. Five drug courts were opened in the first year, one in Biddeford, Portland, Augusta, West Bath, and Bangor. An additional juvenile drug treatment court was opened in December 2001 in Lewiston.

Funding for the juvenile drug courts is primarily through the Juvenile Accountability Incentive Block Grant received and managed by DOC. OSA provides the required 10% state fund match. The total cost of the program is \$379,500, which covers the management of the six juvenile drug courts. Treatment is funded separately through Medicaid, insurance, and network payments. Additional courts would cost approximately \$65,000 each.

Each participant in JDTC has regular substance abuse counseling, ongoing urine drug testing, and weekly meetings with the judge and other drug court participants where they are either rewarded for good behavior with gift certificates or increased freedoms, or sanctioned for substance use or criminal conduct with sanctions that can range from early curfews to a month at the youth center.

The Juvenile Drug Treatment Court has a strong evaluation component. This evaluation has identified a number of system needs. One of the primary needs identified was further training on the drug court model and collaboration between systems for all the systems connected with drug court including the treatment providers, judges, corrections officers, and prosecutors and defense attorneys.

OSA submitted a grant to the Robert Wood Johnson foundation in the spring of 2001 to address the training and collaboration needs identified in the evaluation. While the application made the first cut, it did not make the second and was turned down in October. In December, OSA as the lead applicant, applied for federal funds from the Drug Court Programs Office to

provide training for all professionals involved in drug courts. The grant will bring national experts into Maine to train the drug court collaborators on the ten key components of a drug court, best judicial practice, best treatment practice, and how to collaborate across systems with different values and beliefs.

Current funding levels are adequate to meet current need, and a sustainable level of system expansion. The allocation of tobacco funds to OSA allowed it to continue existing programs begun with short term grants, and to add new services that are necessary to meet the treatment needs of juvenile offenders. Currently all offenders that are incarcerated are screened and assessed for treatment need, and treatment is available. Not all offenders outside of the facility are receiving JASAEs. As the JASAE is the entry into the treatment system, it is the critical first step in getting treatment to the juvenile offender. DOC is working with the Juvenile Community Corrections Officers to ensure that all youth are screened, but only about 60% of offenders are screened currently. As DOC reaches its goal of 100%, there may be a need for more funding to expand access to treatment.

Additionally, there are continued discussions between the two departments regarding information sharing, and ensuring that no child falls between the cracks because of uncooperative systems. The good news is that the systems are in place, and the Departments have formed a cooperative relationship to work out differences and systems glitches. The legislative resolve led to a positive outcome.