Maine Department of Health and Human Services

221 State Street
State House Station 11
Augusta, ME 04333-0011

John Elias Baldacci
Governor

John R. Nicholas
Commissioner

January 13, 2006

Senator Arthur F. Mayo, III, Chair
Representative Hannah Pingree, Chair
Members, Joint Standing Committee
on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Dear Senator Mayo, Representative and Committee Members:

In accordance with provisions in PL 2003 Ch. 689, Part B, section B-1, sub-section 11, An Act To Establish the Department of Health and Human Services, I am pleased to present to you the attached report.

As required by the legislation, my report contains recommendations regarding the delivery of juvenile justice services.

If you have any questions regarding the report, please do not hesitate to contact me. For additional copies of this report, you can contact my office at 287-3707.

Sincerely,

John R. Nicholas
Commissioner

cc: John E. Baldacci, Governor
Jane Lincoln, Chief of Staff
Patrick Ende, Policy Advisor
Brenda Harvey, Deputy Commissioner

Commissioner's Report on Juvenile Justice Services
January 13, 2006

Report Recommendation

Maintain Juvenile Justice within the Department of Corrections and strengthen current collaboration. The Commissioners of the Department of Health and Human Services and Department of Corrections will appoint an interdepartmental work group to continue to explore and implement continuous improvement in the juvenile justice system. An ad hoc advisory group will be invited to advise this effort.

History: A number of study committees and commissions over the past 10 to 15 years have discussed including Juvenile Corrections Services as part of a single department of child and family services. One group, the Advisory Council for the Reorganization and Unification of the Department of Human Services and the Department of Behavioral and Developmental Services, following such a discussion recommended:

> "Strong consideration should be given to setting in motion a thorough and formal process, involving internal and external stakeholders, that results in a recommendation and determination regarding the location of the administration of (Juvenile Justice) preventative (sic), rehabilitative, residential and community services. The Department of Corrections should retain responsibility for assuring public safety through the provision of detention and incarceration of children and youth who pose a significant threat to public safety. " [1]

The Legislature established the Department of Health and Human Services (PL 2005 Ch. 412,) which included many children's services entities under an Office of Child and Family Services. However, it was decided that the issue of the administrative placement of juvenile corrections services would be reviewed by the Commissioner of Health and Human Services in cooperation with the Commissioner of Corrections.

Legislative Expectation: The Legislature required the Commissioner of Health and Human Services to work with the Commissioner of Corrections to review the delivery of juvenile justice services. The Commissioner of Health and Human Services was directed to submit a report including recommendations and any necessary legislation to the Governor and the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 31, 2006. Following receipt and review of the report, the committee may report out legislation to the Second Regular Session of the 122nd Legislature. *(PL 2003 Ch. 689, Part B, section B-1, sub-section 11. See Appendix A>)*

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[1] Report of the Advisory Council for the Reorganization and Unification of The Department of Human services and the Department of Behavioral and Developmental Services submitted to Governor John E. Baldacci on January 5, 2004

Recommendation and Review Process: Department of Health and Human Services Commissioner Jack Nicholas invited representatives from the system serving youth and their families involved in the juvenile justice system to review an overview of the current state of juvenile justice services and advise him on the future delivery of those services. This advisory group met on October 17, 2005 and November 21, 2005 and recommended to the Commissioner of Health and Human Services that Juvenile Corrections Services remain in the Department of Corrections. There have been many very positive system improvements over the last several years. The group believes that the system design was solid and that our resources should be devoted to improving the systems and interdepartmental coordination that currently exists. The group identified opportunities for improvement. A summary of their findings follows.

Summary of What's Working Well

The Advisory Group reported significant gains in the delivery of Juvenile Correctional Services. The current juvenile services in Maine are summarized in the accompanying report entitled Juvenile Services In Maine. Specifically the group wished to highlight the following improvements:

- Departments have shared values about service delivery: evidence-based and promising practice approach, family is at the center, collaborative integrative approach, and measurement of outcomes.
- Service delivery design at the overarching level is solid.
- There is a sincere willingness to collaboratively improve services. There have been significant collaborations to meet other needs of youth in Juvenile Corrections Services. These initiatives are outlined starting on page 9 of the accompanying report, Juvenile Services in Maine.
- System improvements are seen as a continual process.
- The system has made strides to move from a child focus to a child in the family focus.
- The system welcomes outside evaluation and has done very well in national comparisons.
- Increasing early childhood initiatives are primary prevention for reducing the number of youth requiring juvenile justice services in the future.

Opportunities for Improvement:

"Imagine how a youth and family view the system if it is this confusing to professionals. Youth and families are supposed to be the center of the system. We could send a powerful message by having an understandable system."

The Advisory Group recommended system improvements in the following areas:

A: In Practice: The system design does not always hold up at the grass root level where decisions need to be made within time constraints. Lack of options presented to the court can result in a juvenile being detained in a more restrictive setting than necessary. There needs to be a process for operational cooperation on the front line for the judge to refer complex cases for system collaboration. Family Systems Team, Family Team and /or Integrated System Team Leader approaches are promising practices which could make recommendations available to the judge. However, the judge needs input at the initial appearance.

"I am faced with a decision to detain or to let go. I would feel better letting a youth go, if I knew that there would be a family team meeting in the next few days so the youth would have something positive rather than just an opportunity to commit another crime. " (District Court Judge)

The new Juvenile Detention Alternative Program is another promising practice to help assure a youth commits no new offenses while waiting for a court hearing without being securely detained.

Additional practice improvements recommended include:

- Improving community reintegration throughout the state.
- Upgrading substance abuse and behavioral health services.
- Accommodating gender and culture.
- Developing a more comprehensive mental health screening tool and standard assessment tools throughout the system.

B. Evidence Based / Promising Practices: Practice must move towards evidence-based practices with fidelity to the model even after implementation. Use evidence -based or promising practice only when the model is appropriate for the population to be served. Incorporate outcome evaluations for services provided as part of a continuing improvement process.

C. Research:

- Take a coordinated look at the higher % of youth in the juvenile justice system that have head injuries and develop appropriate recommendations for overall service improvement.
- Consider other research possibilities.

D. **Confidentiality:** Access to information is a barrier to integration. Review the statutes and regulations relating to confidentiality and develop a shared understanding of what can be shared and under what circumstances sharing information across service systems is allowed.

E. **Disposition**: Review the current protocol (C - 5) for children who have been committed to the custody of the Department of Health and Human Services under a juvenile order and identify improvements.

F. **Resources**: Review to determine if the State of Maine is optimizing available funding. In the short term we will be continually challenged to provide more juveniles with thorough services with limited resources. However, future demographic changes predicting fewer youth should be factored into our long range plans for system improvement and resource allocation.

G. **Prevention:** Look deeper into early intervention to prevent juvenile crime. Specifically, concern was expressed about the needs of boys. Boys and men make up most of the criminal and juvenile justice population. The culture needs to address how we can move them away from domestic violence and other crimes.

H. **Medical Home**: Develop better collaboration with the medical community and work to develop medical homes for juveniles. "A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary (medical) care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective."[2]

[2] http://www.medicalhomeinfo.org/

Appendix A

PL 2003 Ch. 689, Part B, section B-1, sub-section 11

"(t)he Commissioner of Health and Human Services (to) work with the Commissioner of Education and the Commissioner of Corrections to review the delivery of child development services and juvenile justice services. By January 31, 2006, the Commissioner of Health and Human Services shall submit a report including recommendations and any necessary legislation to the Governor and the joint standing committee of the Legislature having jurisdiction over health and human services matters. Following receipt and review of the report, the committee may report out legislation to the Second Regular Session of the 122nd Legislature."

Appendix B

Juvenile Justice Services Advisory Group Participants

PL 2003 Ch. 689, Part B, section B-1, sub-section 11

Representative Carol Grose
Joint Standing Committees on Criminal Justice and Public Safety and Health and Human Services

Nancy Connolly
Department of Education

Shelley Reed
Department of Education

Ronald S. Welch, Executive Director
Maine Asso. of Mental Health Services

Dean Crocker, VP for Programs
Maine Children's Alliance

Carrie Horne
NAMI-ME

Mellissa Gattine
NAMI-ME

Paul Vestal, Children Services Director
Catholic Charities

Diane Smith, Esq.
Disability Rights Center

Quinn Patricia Kelley
Maine District Attorneys Association

Ken Smith
Assistant District Attorney

Sheriff Scott Story, President
Maine Sheriff's Association

Diane Sleek, Assistant Attorney General
Office of the Attorney General

Chief Jerry Hinton
Brunswick Police Department

Judge Charles C. LaVerdiere
Maine District Court

Cheryl Rust
Citizen

Jack Nicholas, DHHS
Commissioner

Marty Magnusson, Commissioner
Department of Corrections

DOC

Barry Stoodley, Associate Commissioner, DOC

Denise Lord, Associate Commissioner, DOC

Roxy Hennings, Juvenile Justice, DOC

DHHS

Nancy DeSisto, Assistant to Commissioner, DHHS

Joan Smyrski, Children's Behavioral Health Services, DHHS

Lucky Hollander, Legislative Relations< DHHS

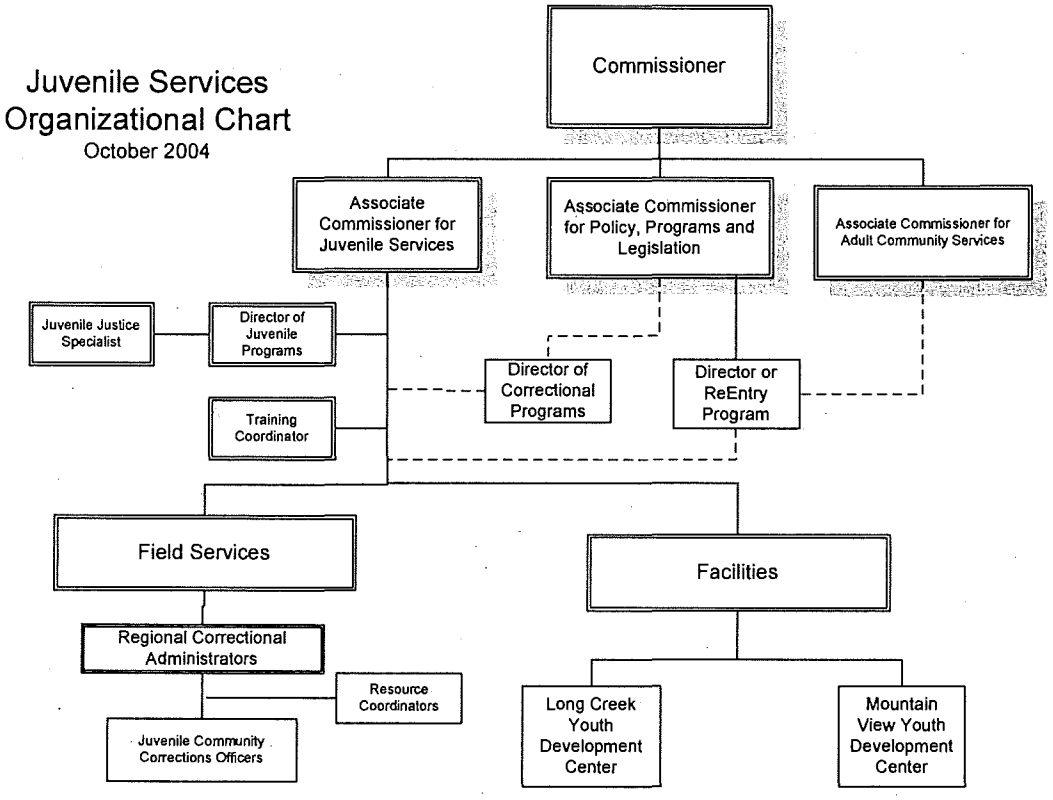
Jim Beougher, Child and Family Services, DHHS

Juvenile Services in Maine

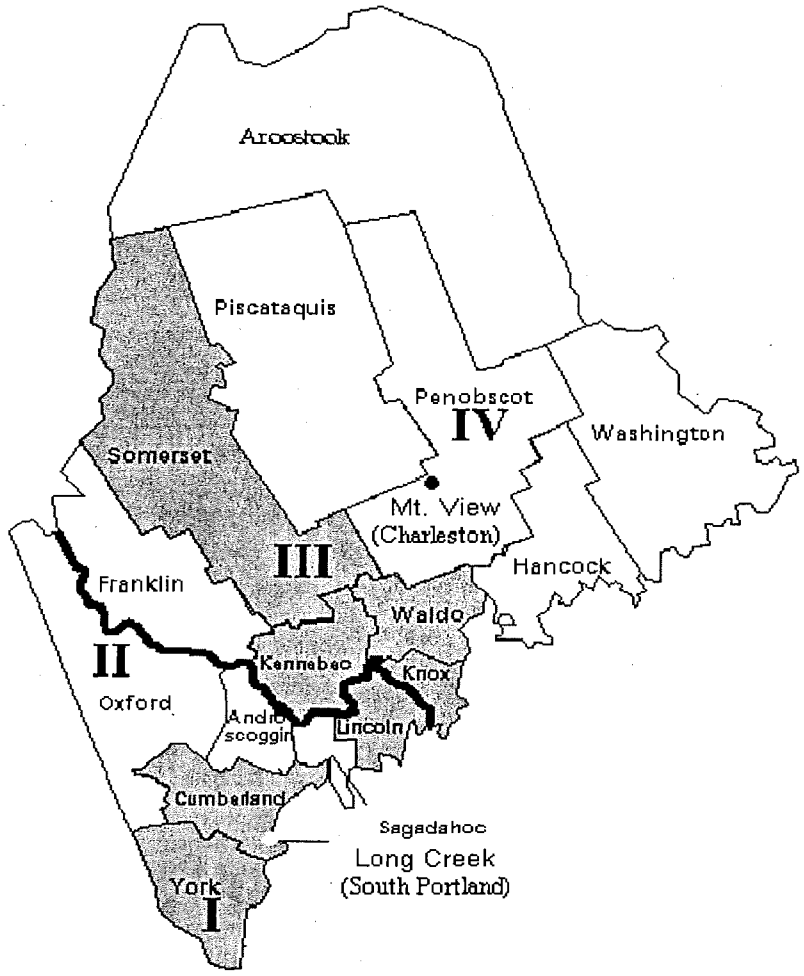
Mandates, Organization, Relationships, Success

The Division of Juvenile Services carries out the mandates of the Department of Corrections related to Juveniles, defined as persons who have not yet attained the age of 18. The Statutory responsibilities include a wide range of functions and include the development of a prevention plan, diversion of youth from court, authorizing secure detention, diverting youth from secure detention, supervising youth on conditional release or probation as ordered by the court, securely detaining juveniles, incarcerating juveniles committed to correctional facilities, supervising youth released from facilities to reintegrate into their home communities, and managing the Interstate Compact for Juvenile. These obligations are detailed in Titles 15 and 34A of the Maine Statutes.

To carry out all of these functions the Department organized itself to provide a continuum



of care to youth within the system. All juvenile functions report to an Associate Commissioner of Juvenile Services. Regional Correctional Administrators manage functions in the field and Superintendents of the two facilities manage the functions of detention and commitment within the facilities.

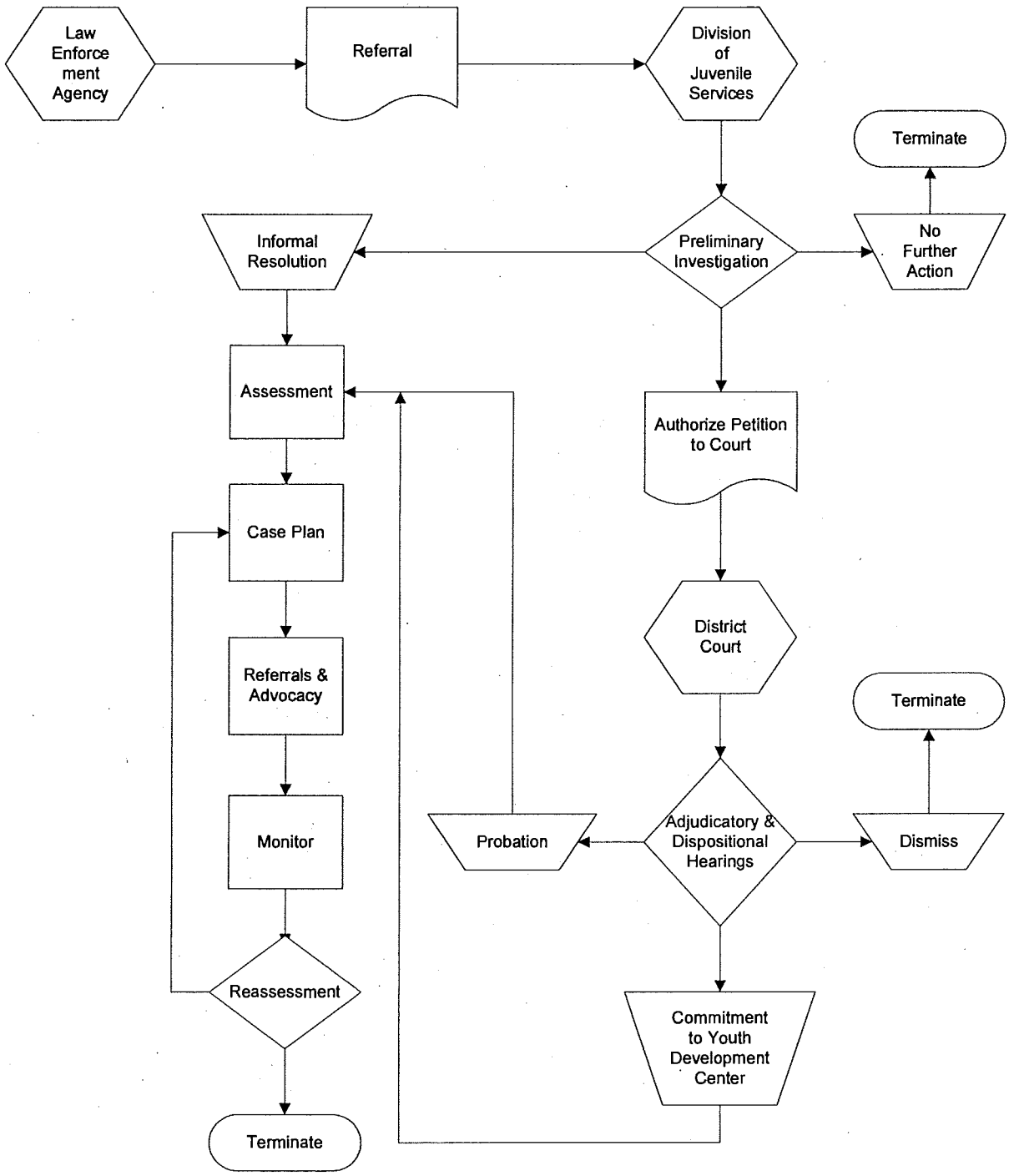


Field Services manage youth in the community on conditional release, informal adjustment, probation, aftercare, and carry case management responsibility for detained or incarcerated youth. Four Regional Correctional Administrators each supervise one of the Division's four regions. Resource Coordinators identify resources, develop and manage contracts for services, and assist staff in developing and implementing case plans designed to reduce the risk of recidivism. Juvenile Community Corrections Officers supervise youth in the community through a case management process.

The Division manages two juvenile correctional facilities: one in South Portland and a second in Charleston. Both facilities provide for the secure detention of youth as well as incarceration of committed youth. Both facilities provide a developmentally appropriate, comprehensive array of services to include medical care, mental health and substance abuse treatment, education, vocational programming, as well as cognitive behavioral treatment to address identified risk factors.

Law enforcement agencies refer juveniles to the Division Field Services staff after arresting or issuing a summons. Juvenile Community Corrections Officers conduct preliminary investigations to determine whether to divert or authorize petitions to court. Following an arrest a law enforcement agent may request the Juvenile Community Corrections Officer to securely detain a youth. Upon completion of a risk assessment and a review of alternative resources the Juvenile Community Corrections Officer decides whether the juvenile should be released, securely detained, or provided with some other alternative.

Courts review all cases detention decisions and may concur with the Juvenile Community Corrections Officer, in which case the juvenile is returned to the facility, or may release the juvenile with conditions to be supervised by the Juvenile Community Corrections Officer. Youth adjudicated of having committed offenses may be placed on probation to

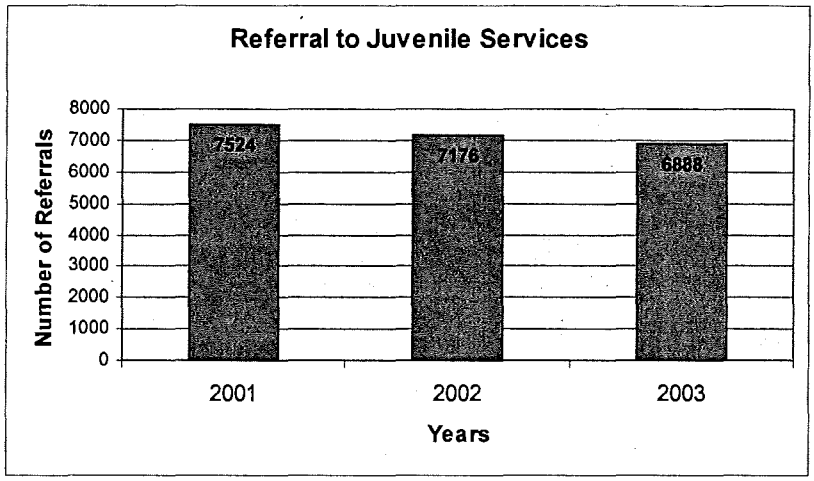


Maine Department of Corrections

Division of Juvenile Services

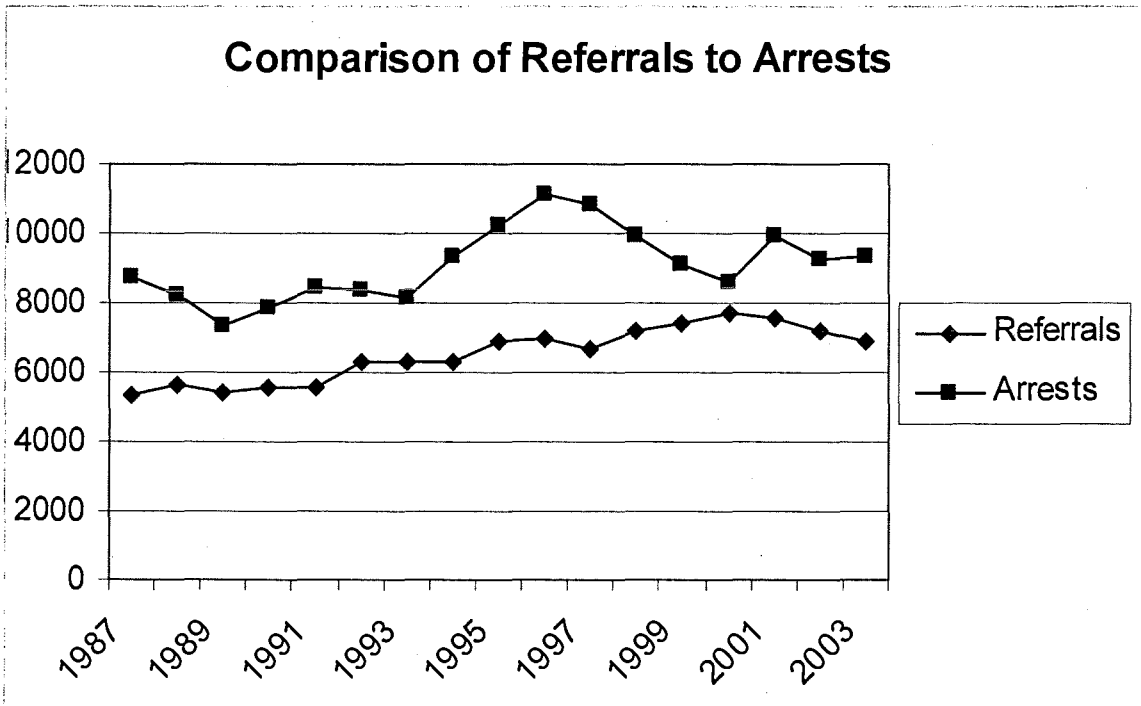
Case Management Flowchart

period or committed to a juvenile facility for an indeterminate time period, usually until their 18th birthdays. However, youth may be committed up to their 21st birthdays. The facility will complete a full assessment of a committed youth, develop a treatment plan, and monitor that plan until the youth's team, which includes the Juvenile Community Corrections Officer, determines that the youth is ready to be released. Once released, the Juvenile Community Corrections Officer will supervise the youth until the end of the commitment period.

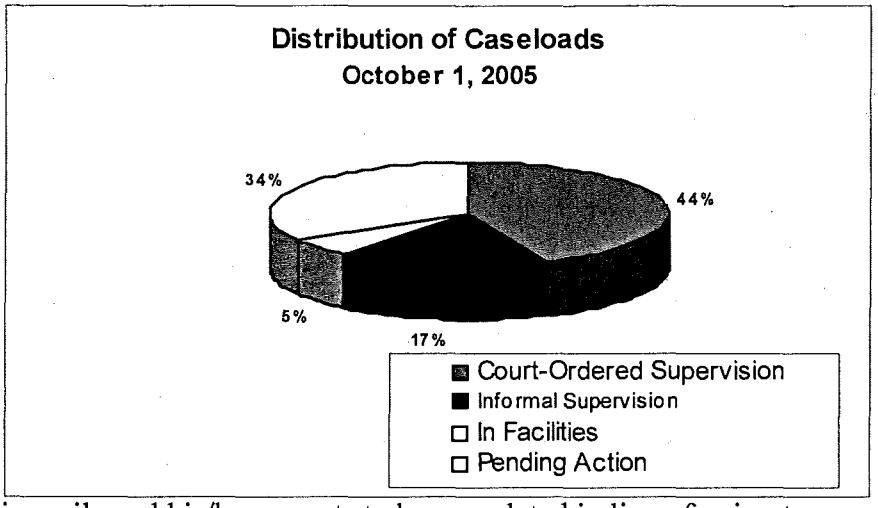


The chart on the left shows the number of referrals to the Field Services offices for a 3-year period of time.

"Arrests" in the chart below refers to the number of youth who were either charged with a juvenile crime or arrested of the crime. Law enforcement agents have authority to arrest or summon a youth, refer to the Division of Juvenile Services or divert the youth by referring to a local program or otherwise handling at the community level. The chart below shows the number of referrals by local law enforcement agents (the bottom line) versus the total number of arrests, the top line.



The pie chart to the right shows the distribution of caseloads. "Court-ordered supervision" includes youth on probation, conditional release, and community reintegration status.



"Informal supervision" includes both informal adjustment, a contract between the juvenile and his/her parents to be completed in lieu of going to court, or a sole sanction, if the juvenile completes one thing such as paying restitution to a victim, the Juvenile Community Corrections Officer will not authorize a petition to court.

"In facilities" includes youth who are securely detained or committed to the facility.

"Pending Action" includes all cases not actively supervised, that is, referrals prior to preliminary investigations, cases where petitions have been authorized, cases where the youth has absconded, etc.

The following chart shows the numbers of youth at each of the two facilities by status as of December 14, 2005.

	Boys		
	Long Creek	**Mt. View**	**Total**
Committed	56	57	113
Shock Sentenced	4	1	5
Detained	28	15	43
Total boys	88	73	**161**
	Girls		
	Long Creek	**Mt. View**	**Total**
Committed	4	7	11
Shock Sentenced	0	1	1
Detained	10	2	12
Total girls	14	10	**24**
Grand Total	**102**	**83**	**185**

Evidence-Based Approach to Juvenile Corrections Work

The Division's goal of reducing recidivism requires that its efforts be directed towards factors that reduce recidivism. To accomplish this goal, the Division identified a risk assessment instrument (Youth Level of Service/Case Management Inventory) validated on similar populations that would isolate risk factors that were more likely to increase the risk of recidivism. All youth are assessed during the preliminary investigation or when placed under supervision. Based on the identified risk factors, the Juvenile Community Corrections Officer works with the juvenile and his or her family and others involved to develop case plans that use strengths to address risk factors. The youth and family are referred to programs proven effective to reduce risk of recidivism.

Programs that research has been shown to be effective with youth with high criminogenic risk of recidivism as well as needs in many other areas include:

- Multisystemic Therapy
- Functional Family Therapy
- Multidimensional Therapeutic Foster Care

Youth with low criminogenic risk, but with many other needs have also found Functional Family Therapy or Multisystemic Therapy effective in reducing their needs. Maine now has two agencies that provide Multsystemic Therapy, one agency that provides Functional Family Therapy, and another agency is ready to start providing

Nationally, the following programs have been found effective in preventing delinquency for vulnerable youth:

- Midwestern Prevention Project
- Big Brothers Big Sisters
- Life Skills Training
- Nurse Family Partnership
- Bullying Prevention Program
- Promoting Alternative Thinking Strategies
- The Incredible Years: Parent, Teacher and Child Training Series
- Project Towards No Drug Abuse

Evidence-Based practice depends on monitoring the activities and outcomes of the Division's work. The Division employs several strategies to this end.

Management Information System

Over the last three years the Department of Corrections developed and implemented a web-based client information system (Coris) to monitor individual client information as well as aggregate information to monitor trends and activities of the Department. Data from the Division's earlier Recidivism Database was incorporated into this information system. Reports can be produced on a regular basis to monitor numbers of referrals,

clients under supervision, types of offenses, etc as well as a number of management reports used to monitor work within regions or facilities.

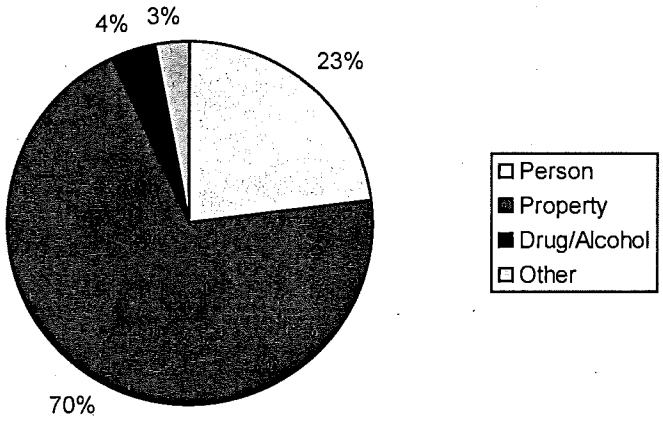
Recidivism Rates

Data from the earlier Recidivism database and now from Coris has been analyzed annually to monitor the Juvenile's Recidivism rates. The definition used by the Division is the commission of another offense for which the juvenile is adjudicated within one year of release from supervision. Cohorts of youth are selected annually and consist of all juveniles adjudicated for the first time within a calendar year allowing for the comparison of youth in different calendar years. Because of the length of time required to get a final recidivism rate, the Division is looking a interim rates. For each cohort, a rate is determined for each year afterwards.

Rate	1998	1999	2000	2001	2002	2003
1 year	185(20%)	182(20%)	269(19%)	236(17%)	245(19%)	184(17%)
2 years	279(29%)	273(29%)	428(31%)	393(29%)	369 (28%)	
3 years	333(35%)	316(34%)	507(36%)	456(34%)		

The chart above shows the recidivism rates in parentheses for the number of youth who recidivated in each cohort at one year, two years, and three years. Of course, not enough time has yet passed to determine recidivism rates for all three years for the cohorts in 2002 and 2003.

Within the report there is greater analysis of the youth in the cohort as well as those who have recidivated. For example the chart to the left shows the types of felony offenses.



Another analysis finds that Twenty-one percent (21%) of all offenses for which females were adjudicated were assault offenses. Also, that female juvenile offenders recidivated at a lower rate, 29% vs. 36%, then male juvenile offenders. The recidivism rate for female juvenile offenders at one year declined 5 percentage points (19% to 14%) from 1998 to 2001.

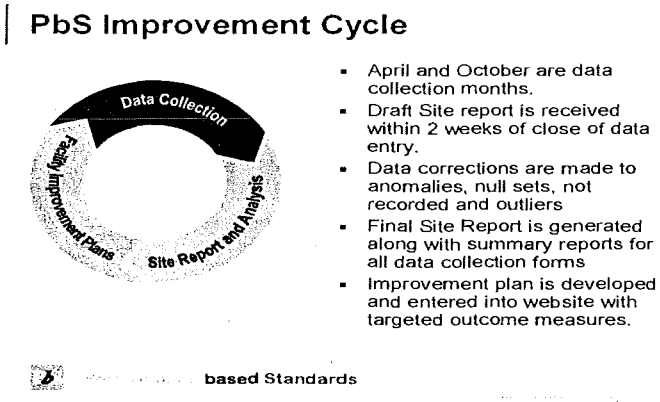
Another finding was that the number of juveniles adjudicated for sex offenses has declined 24% since 1998 and that 70% adjudicated juvenile sex offenses were adjudicated as felonies

Performance-based Standards

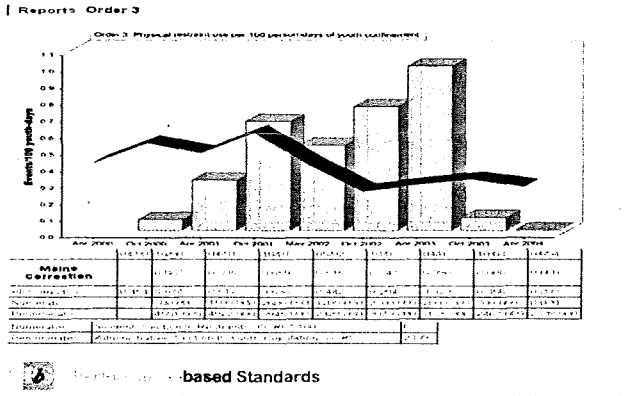
Both facilities participate in a national project directed by the Council of Juvenile Correctional Administrators to monitor indicators of performance. The project began with a list of standards to address seven goals that were established through a series of forums across the country:

- Safety
- Order
- Security
- Health and mental health
- Programming
- Justice
- Reintegration

Performance toward meeting each standard is measured using one or more outcome measures, which are compared over time and to other participating facilities.



The web-based Information system analyzes the data and returns a series of charts after each data collection that shows a facility's performance on each indicator over time and against other facilities participating in the project. See the example to the right. The facility improved dramatically over the past year and is performing better than the average of all the other facilities in the project.



Community Program Assessment

The Correctional Program Assessment Instrument (CPAI) examines 77 items across six areas:

- Program implementation and leadership
- Client assessment
- Program characteristics
- Staff characteristics
- Evaluation
- Organizational issues

Research has found that persons receiving services from programs that obtain high scores in the CPAI assessment have lower recidivism rates for reoffending, less serious crimes, and are incarcerated at lower rates. The Division has evaluated several community programs using this assessment as well as participated in an evaluation of two of its regional offices. Programs use the results of the assessment to develop an improvement plan that focuses on those areas with lower scores. Continuing evaluation reveals whether the improvement plans are successful in achieving better results.

Collaborations to Meet Other Needs of Youth in Juvenile Corrections

Juveniles coming into contact with the juvenile justice system may bring with them a number of issues and concerns including:

- Mental Health Issues
- Education Needs
- Special Education Needs
- Substance Abuse Issues
- Abuse and Neglect Issues
- Vocational and Employment Needs

To meet the needs the Division has developed working relationships with other departments serving children and youth.

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Children's Behavioral Health Services

Because the prevalence of serious emotional disturbance is high among the juvenile justice population (some studies project that up to 70-80% have a mental illness, substance abuse or combination of the two), DHHS Children's Behavioral Health Services (CBHS) began collaboration with the Department of Corrections, Juvenile

Services thru a pilot project in 1999, as a way to identify and treat youth in need of behavioral health services

The two Departments signed a memorandum of agreement, and in Spring of 2000, the pilot project became a program within Children's Behavioral Services. 4 regional mental health coordinators (Bangor, Lewiston, Augusta and Portland) were hired and housed in the Regional Community Corrections offices. One mental health coordinator was hired to oversee behavioral health services in the detention facilities and to supervise four psychiatric social workers. Two psychiatric social workers were hired for the detained population at then MYC. Two psychiatric social workers were hired at Mountain View when that facility opened in 2002. In 2004 it was recognized that Mountain View could benefit from having a psychiatric social worker and a mental health coordinator on site (rather than two psychiatric social workers) and that position was filled in 9-04.

The goal of the project was to collaborate with the Dept. of Corrections regarding the identification and provision of mental health services to youth and their families in the juvenile justice system, both on individual cases and on a system level. There is an understanding that some youth come in to the "system" thru DOC's doors, but are mostly in need of mental health treatment, and some youth come to the attention of DOC because of criminal behaviors, but for whom mental health treatment might make them more amendable to correctional risk reduction strategies. The goal of Children's Mental Health Services, through these personnel, is to ensure that DOC and DHHS work together so the youth gets the appropriate level of care.

Typical job duties include:

- Coordinate on a regional level, behavioral health programs with other Federal, State, Public and Private Agencies
- Review, assess and evaluate the effectiveness and comprehensiveness of regional services and systems in order to determine responsiveness to client/family needs
- Direct, guide and provide input to State and regional agencies and organizations towards program and resource development objectives in order to assure maximum and appropriate utilization of resources
- Assess, advocate, coordinate and resolve challenging or unusual youth, family or agency problems that involve multiple agencies/needs in order to assure proper service delivery
- Provide direct clinical services to youth in the facilities. These services are aimed at assessing risk to self and helping the client maintain emotional stability in the correctional environment, to consult with staff on safety plans and to assist with psychiatric hospitalization if necessary.

- Consult with DOC staff on behavioral health issues/services in the development of the individual's case plan and Manage flexible support funds for the purchase of community based behavioral health services.

- Each regional mental health coordinator has a flexible fund annual budget of $50,000 and each facility is allotted $10,000 in flexible dollars annually. Flexible funds are used when there is no other payment mechanism available, or when a specialized provider who does not accept MaineCare or insurance is needed. Typical uses of flexible funding used to secure services include:

  Psychological evaluations
  Psychosexual evaluations
  Specialized counseling
  Recreation
  Clothing
  Transportation to mental health services
  Consultations
  Multisystemic Therapy

Results and Outcomes
Staff in these positions have been instrumental in moving the DHHS/DOC system forward both in assisting our DOC colleagues to understand mental illness and to help clients access needed services and supports. Some of the most successful initiatives include:

Wraparound case planning, family system team meetings – CBHS staff have made a huge impact changing the approach in the way DOC and the legal system handles youth and families in the system. We have helped DOC move from a pure correctional approach, to one where the individual and families strengths and needs are identified, and case plans are developed based on that model. Some of this work is done by modeling, formal training and through contracts with agencies that can provide Family System Team meeting facilitation, when the case is complex and an outside facilitator is needed. Because many of these youth have complex needs, with numerous providers, this approach has also helped teams identify who the lead case manager should be, as well as to understand the roles and limitations of the members on the team.

Crisis Services/JCCO training – a collaborative training with community crisis teams and Juvenile Community Correctional Officers to help each understand the service they provide as well as the limits of their roles. This training has resulted in the more effective use of crisis services for youth who may be in crisis but may not need incarceration.

"C-5 Protocol"- this initiative began because too many youth were going into DHHS-Child Welfare Services custody thru a juvenile petition, largely because they were in need of residential placement, treatment or other services. Now when a "C-5" notice is

filed with the court, the youth's team meets to determine what the needs are, what has been tried and what resources are available other than DHHS custody.

Motivational Interviewing – A technique embraced by DOC to help youth move along the continuum of change. DHHS staff have led numerous training on this technique.

Jurisdictional Planning- A statewide multisystem, multi-agency effort to reduce the number of youth detained at the correctional facilities by utilizing resources and expertise of different systems.

Collaborative Problem Solving – A therapeutic approach developed by Dr. Ross Green aimed at reducing explosive behavior in youth. DHHS staff have participated in training and implementing this technique.

LD1764- A new law that states that "a person may not be detained or committed to the facility if that person is more appropriately a subject for intensive temporary out-of-home treatment services or for in-home treatment services provided by or thru the Dept. of Health and Human Services". DHHS staff worked in conjunction with DOC to craft the law and operationalize this diversion program through a specific Memorandum of Agreement.

Evidence based resources- Both in the community and in the facilities; DHHS assists DOC in developing and funding treatment modalities such as Multisystemic Therapy, Functional Family Therapy, and Cognitive Behavioral Therapy services.

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Office of Substance Abuse

The Division has worked closely with the Office of Substance Abuse for many years to assure that youth within the juvenile justice system. The Office has funded Day One, a nonprofit provider in the Portland area, to provide substance abuse treatment to juveniles at the juvenile correctional facilities.

The Office also funds a Substance Abuse Treatment Network to assure that all juveniles in the community are screened and provided treatment for substance abuse when needed. The Network, meets regionally on a regular basis, to assure ongoing communication and smooth operations. Additionally, the providers within the Network are invited to participate in trainings specifically designed to provide better service to adolescents.

A drug treatment court was developed to provide intensive treatment to youth with high risk for recidivism and substance abuse. Drug Court Managers, overseen by the Office of Substance Abuse, provide case management services to youth in the drug court program located in six courts (Biddeford, Portland, Lewiston, Bath, Waterville-Augusta, and Bangor).

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Department of Education

Project Impact comprises a Memorandum of Agreement between the Division of Juvenile Services and the Department of Education which provides Project Impact Transition Coordinators in each facility, Special Education Teachers in the Detention Units, and Administrative Assistants to carry out the work of the Agreement. The work of Project Impact assures the continuation of juveniles' education following detention or commitment by obtaining records and working with school personnel to properly place youth within the facilities' educational programs and even more importantly to ease the juveniles' transition back to their home schools. Project Impact also guides the relationships of Juvenile Community Corrections Officers and juveniles' schools to assure the best possible education for these youth.

Keeping Maine's Children Connected is an interagency coordinated effort overseen by the Children's Cabinet to assist children with school disruptions. A database records and maintains lists of people as point persons to assist a youth in transitioning youth back to school, no matter the cause for that disruption. This project has significantly reduced the confusion regarding who to contact in reintegrating a youth in school. The end result is a greater number of youth who successfully reintegrate into their home school systems.

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Child Welfare

The Juvenile Code allows a disposition of granting custody to Department of Health and Human Services when it is determined that is contrary to the welfare of a youth to remain in the care of their parents. The Division along with Children's Behavioral Health Services and Child Welfare developed a protocol to guide the process for handling this type of disposition. This purpose of this agreement, called the C-5 Protocol, is to ensure youth, as well as their families, coming to the attention of Juvenile Corrections receive the most appropriate and effective services available, while maintaining youth in their home whenever that can be safely accomplished.

The Protocol calls for Child Welfare to conduct a home study when Juvenile Corrections initiates a referral. Child Welfare makes recommendations regarding removal of child from his/her home. Following completion of the home study Child Welfare convenes a meeting with all agencies to develop a plan to meet the needs of that juvenile. Removal from the home could be recommended by this group or they will develop an agreed-upon alternative plan. Because custody to DHHS is a very serious decision, the judge must find that it is contrary to the welfare of the child to remain with his or her family prior to deciding to grant custody to Department of Health and Human Services. Even when custody is transferred to the state, federal rules specify 12 months to reunification or anther permanent plan must be made. Federal rules further specify that States must initiate Termination of Parental Rights proceedings for children who have been in foster care 15 of the past 22 months unless compelling reasons exist.

Office of Child & Family Services (OCFS) child welfare caseworkers are stationed at each Juvenile Corrections Youth Development Center.

- 1 case worker at Long Creek
- 1 case worker at Mountain View

These caseworkers coordinate with Juvenile Corrections and Children's Behavioral Health Services regarding children who are in the child welfare system or who are at risk of entering it.

OCFS Child Welfare, Children's Behavioral Health, Juvenile Corrections and Education all participate in the Interdepartmental Resource Review Committee, responsible to ensure that proposed residential program changes are consistent with an interdisciplinary vision for the role of residential care in helping youth with complex needs.

The child-serving agencies in Maine believe that youth, including juvenile offenders, belong in a family whenever possible. Residential care, when necessary, should be focused and time limited. All research evidence indicates that long term residential care does not help youth achieve positive outcomes.

OCFS has reduced reliance on residential care by 22% since November 2004 by helping 157 children and youth transition to families. Transitions must be done safely and responsibly. Through collaboration, fewer youth who commit crimes must now enter the child welfare system to meet their needs.

July 2004	121 C-5s
July 2005	107 C-5s

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Other Collaborative Efforts

Jurisdictional Team Planning is a process to reduce reliance on secure detention by examining the data, selecting targets for change, developing strategies to implement change and thereby reducing the numbers of youth securely detained. Currently three pilot projects are tackling this issue: Kennebec, Cumberland, and Piscataquis Counties. An example of their work is the development and implementation of a protocol that encourages law enforcement to call on the assistance of Crisis Programs whenever called to a home where there is a domestic issue with a young person involved. Oftentimes, the Crisis Program can work with the family to develop a safety plan to put into place overnight with a plan to deal with the issues in the "light of day." In the two counties where the protocol has been used, there has already been a reduction of secure detentions being requested. This protocol is now being shared with the Cumberland county group where two other towns are interested in implementing the protocol.

The Division has assisted communities in developing Community Based Restorative Justice Projects such as Community Resolution Teams, Jumpstart programs, and a

Shoplifters' Program. Many of these programs were started with federal funds from the Office of Juvenile Justice and Delinquency Prevention.

- In some cases, Division staff trained community leaders to conduct Community Resolution Committees as alternatives to referrals to the Division. These Committees hear from victims of crimes and the young person charged with a crime to develop a plan with the victim and the juvenile to restore the harm caused by the offense. The plan is developed with the objectives of restoring the harm, holding the juvenile accountable for his or her crime, and teaching the juvenile new skills to avoid reoffending.

- Jumpstart programs, using a cognitive behavioral treatment approach, currently operate in several parts of the state. A workbook approach teaches youth basic thinking skills to avoid delinquent behavior. Volunteers serve as mentors to the youth in the program and help youth to complete the work of the program.

- One shoplifters' program teaches youth caught shoplifting the cost of their actions and teaches them new skills to avoid reoffending.

- The Division encourages the local offices to work with existing Communities for Children partners to develop programs to serve the needs of youth in their communities.