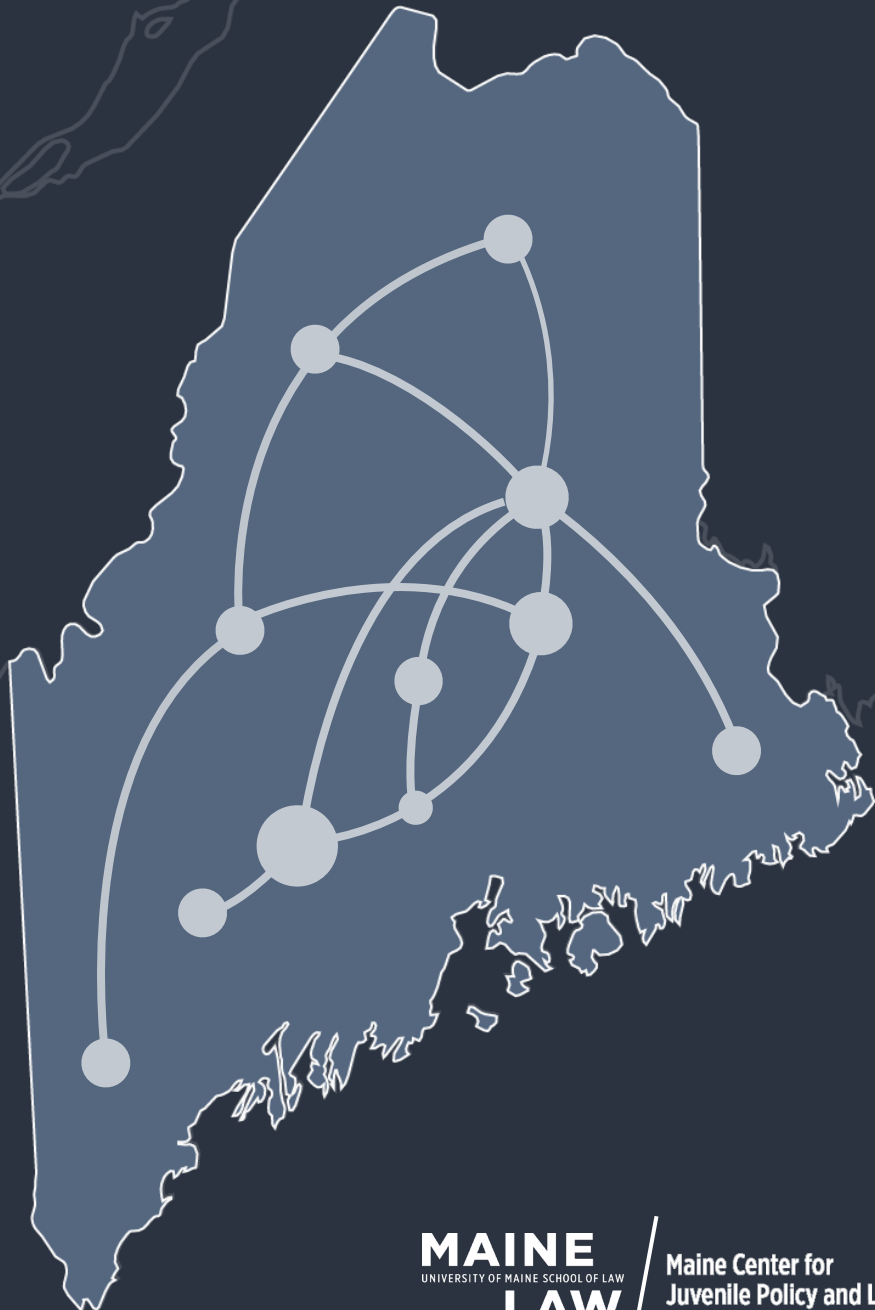


REGIONAL CARE TEAMS FIRST YEAR REVIEW

Cross Systems Collaboration to Improve Positive Youth Outcomes

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NOVEMBER 2021

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Introduction

The Place Matters project¹ at the University of Southern Maine aims to support the state of Maine and its communities in redesigning, implementing, and evaluating an equitable, place-based, community-based continuum of care through systems innovation, data resources, and community and youth-led change. Our goal is for all Maine transition-aged youth and young adults (ages 14–24+) to experience a fair, equitable, and responsive system of care that creates a genuine sense of belonging and prepares them to thrive in adulthood. To accomplish this goal, we partner with policymakers, organizations, youth advocates and community members to collectively work across systems to align resources and efforts into a continuum of care that is responsive to the needs of Maine’s communities.

Previous Place Matters publications² have outlined guiding principles for a continuum of care that include six specific recommendations to **align results, authorize leadership, assess continuously, accept inclusion, allocate resources, and act strategically**.³ These principles and recommendations envision for Maine an array of community-based services that build on the strengths of communities as well as best available data, national research and models, and local expertise.

To date, research reveals a shortage of services and supports in many Maine communities for community reintegration and transition to adulthood, particularly for youth returning after a period of incarceration, residential treatment, hospitalization, or housing instability. This lack of resources further fractures social and human capital during a key period of adolescent brain development for older youth.

The Regional Care Team (RCT) initiative started, in part, as a response to the global COVID-19 pandemic and is grounded in those guiding principles and recommendations as well as informed by previous work across the state. Initiated by the Maine Department of Corrections in partnership with the Place Matters team at the University of Southern Maine, and the Maine Center for Juvenile Policy and Law, the goal of the RCT initiative is to help sustain system-involved youth in their communities by facilitating shared accountability for their health, safety, and wellbeing. This report summarizes what has been learned over the first year of the initiative⁴ and includes recommendations for statewide systemic changes that could improve youth, program, and population outcomes.

1 For more information visit placemattersmaine.org

2 See placemattersmaine.org/report-series

3 Sanchez, M., King, E., and Ward, J. (2019). Place matters: Aligning investments in a community-based continuum of care for Maine youth transitioning to adulthood. Retrieved from <https://placemattersmaine.org/report-series/>

4 The reporting period for the first year of the initiative and this report is from July 2020 through July 2021.

Background

In 2019, 33,000 (14%) of children under age 18 were living in poverty in Maine. Many of these children and youth are faced with housing instability, food insecurity, and childhood trauma. Much like the rest of the U.S., children of color in Maine experience poverty at much higher rates. In 2019, the poverty rate for Black children was well above the national average (33%) at nearly 46%. Maine has the highest 5-year average poverty rate for Black children in the entire country.⁵ The poverty rate for Native American youth in Maine was also above the national average (32%) at 35%.

An estimated 12,000 (8%) young people in Maine between the ages of 16 and 24 are disconnected from school and are not employed.⁶ Many of these youth face housing instability or are returning to communities from periods of out-of-home treatment or confinement. As youth age out of the child-serving systems and programs they are often left without supports to help them navigate their transition into adulthood. Many young people with a

history of justice system involvement face additional barriers to employment and education, as well as a lack of opportunities. Youth in rural areas in Maine face even higher service gaps and fewer options.⁷ Nearly 17% of high school students in Maine identify as LGBTQ+, and many of them experience multiple challenges and barriers to wellbeing.⁸ Though Maine data is limited, nationally it is known that LGBTQ+ youth are disproportionately overrepresented in youth serving public systems.⁹

Research and assessments of Maine's justice system recommend investments in community-based programs and services to improve the outcomes and wellbeing of youth and the communities in which they live.¹⁰ An aligned approach to provide a community-based continuum of care with a wide range of appropriate, place-based services for youth ranging from prevention to intensive interventions is supported by research and national best practices.¹¹ This research informed the development of the RCT initiative.

5 Maine Children's Alliance. (2021). Maine KIDS COUNT, Annie E. Casey Foundation, Augusta, Maine. Retrieved from <https://datacenter.kidscount.org/about/state-providers/details/20-maine-childrens-alliance>

6 The Annie E. Casey Foundation. (2020). KIDS COUNT Data Center, National KIDS COUNT, Baltimore, MD. Retrieved from <https://datacenter.kidscount.org/data/tables/9292-youth-not-attending-school-and-not-working-by-age-group?loc=21&loct=2#detailed/2/21/false/1729,37,871,870,573,869,36,868,867,133/4121,4122,4123/18399,18400>

7 Sanchez, M., King, E., & Ward, J. (2019). Place Matters: Aligning Investments in a Community-Based Continuum of Care for Maine Youth Transitioning to Adulthood, University of Southern Maine, Cutler Institute, Portland, ME. Retrieved from <https://placemattersmaine.org/wp-content/uploads/2020/09/AligningInvestments.pdf>

8 See https://www.maine.gov/miyhs/sites/default/files/2021-01/2019MIYHSLGBTInfographic_0.pdf

9 See <https://youth.gov/youth-topics/lgbt>

10 Most recent: Center for Children's Law and Policy. (2020). Maine Juvenile Justice System Assessment. Retrieved from <https://irp-cdn.multiscreensite.com/de726780/files/uploaded/Maine%20Juvenile%20Justice%20System%20Assessment%20FINAL%20REPORT%202-25-20.pdf>

11 Sanchez, M., King, E., & Ward, J. (2019). Place Matters: Aligning Investments in a Community-Based Continuum of Care for Maine Youth Transitioning to Adulthood, University of Southern Maine, Cutler Institute, Portland, ME. Retrieved from <https://placemattersmaine.org/wp-content/uploads/2020/09/AligningInvestments.pdf>

How we got here: Timeline and History

On February 25, 2020, the Center for Children Law and Policy (CCLP), the Juvenile Justice Research and Reform Lab at Drexel University, and the Center for the Study of Social Policy released the Maine Juvenile Justice System Assessment report.¹² This report was the culmination of a year-long process funded by the state Juvenile Justice Advisory Group (JJAG) and facilitated by the statewide Maine Juvenile Justice System Assessment and Reinvestment Task Force. With report recommendations in hand, and detention and confinement populations at historical lows, the Maine Department of Corrections (MDOC) faced new and rapidly developing set of priorities as the reality of the COVID-19 pandemic began to impact Maine in March of 2020. **One clear, pressing priority was to reduce, to the greatest extent possible, the use of secure confinement in light of the risks posed by COVID-19.**¹³ Additionally, a recurring theme in the CCLP report was the need for greater cross-system collaboration.¹⁴ The multi-stakeholder structure of the RCTs meets this priority by keeping young people safely in community and out of secure confinement.

TIMELINE

FEBRUARY 2020

Maine Juvenile Justice System Assessment Report is released.

MARCH 2020

COVID-19 pandemic reaches Maine; MDOC looks to streamline and expedite community reintegration.

APRIL 2020

The Place Matters team at USM and the Maine Center for Juvenile Policy and Law (MCJPAL) convened and facilitated weekly community reintegration conversations with Task Force members and stakeholders from the Task Force listserv.

MAY–JUNE 2020

Planning and development of the structure and function of Regional Care Teams.¹⁵

JULY 2020

Regional Care Teams hold first regional meetings and the first youth are referred to the RCTs.

¹² Center for Children’s Law and Policy et al. (2020). Maine juvenile justice system assessment. Juvenile Justice Advisory Group. Retrieved from <https://irp-cdn.multiscreensite.com/de726780/files/uploaded/Maine%20Juvenile%20Justice%20System%20Assessment%20FINAL%20REPORT%202-25-20.pdf>

¹³ See <https://www.maine.gov/corrections/sites/maine.gov.corrections/files/inline-files/Response%20from.%20Randall%20Liberty.pdf>

¹⁴ See page 64 of the CCLP report.

¹⁵ See <https://placemattersmaine.org/our-work/#rct> for forms, meeting guide, and information sheet

In April 2020, USM and MCJPAL convened and co-facilitated weekly conversations focused on community reintegration with interested members of the Task Force¹⁶ and stakeholders who had signed up for the Task Force email list.¹⁷ These community reintegration conversations started out informally at the onset of the pandemic, as an offshoot of a Vera End Girls Incarceration Initiative¹⁸ group discussion around reentry of girls held at Long Creek Youth Development Center. These initial meetings led to more formalized community reintegration conversations focused on problem solving, information sharing, and support for system-involved youth both in the community and those transitioning back to communities and into adulthood who needed additional supports like housing, education, employment and belonging to be successful. Also in April 2020, the Maine JJAG obtained approval from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to allocate approximately \$62,000 in unspent federal funds for emergency COVID-19 response to help community service providers keep youth safely in the community and out of secure residential settings. The approval called for multidisciplinary and multi-agency local community response teams (Corrections, Health and Human Services, Education and Labor) to determine how funds could be spent in each MDOC region to best assist in a plan to keep youth in the community.

APRIL 2020 MEETING DISCUSSION WORD CLOUD SUMMARY



Through these community reintegration conversations and with some emergency resources, there was a critical need and unique opportunity to strengthen local cross-sector collaboration to advance youth outcomes and reduce overreliance on secure confinement and congregate care models, which were especially imperative in the urgent COVID-19 context.

¹⁶ See <https://www.mainejjtaskforce.org/>

¹⁷ The Task Force met regularly from May 2019 to February 2020 and advised the CCLP assessment process.

¹⁸ The Vera Institute of Justice's End Girls Incarceration Initiative awarded the Maine Department of Corrections a no-cost technical assistance grant and worked with Maine stakeholders in 2019 and informed the Maine Juvenile Justice System Assessment & Reinvestment Task Force report

In addition to working across systems and in collaboration with community partners to support youth and families, the RCT initiative was designed with a second purpose in mind: to continue to identify, prioritize, and address systemic policy and practice barriers. This is consistent with the historical practice of the Maine Children’s Cabinet and its current stated goal that “all Maine youth enter adulthood healthy, connected to the workforce and/or education” and the plan to enact strategies that accelerate measurable progress toward this result.¹⁹ Further, the RCT strategy aligns with recommendations included in the CCLP report as well as other recent Place Matters reports²⁰ and system assessments.²¹

RCT INITIATIVE GUIDING VALUES

- INCLUSIVE
- HOLISTIC
- DECISIVE/RESPONSIVE
- HOLDING URGENCY
- OPPORTUNITY BUILDING
- TRANSPARENCY

Maine has a long history of interdepartmental collaboration between youth and family serving public systems, including the historic regional Children’s Cabinet structure, local case resolution committees, Integrated Case Management,²² past cross-disciplinary training initiatives, and the Community Partnerships for the Protection of Children.²³ These efforts and historical partnerships all informed the co-design of the RCT initiative.

Regional Care Team (RCT) Structure and Process

The RCTs are organized according to the three MDOC administrative regions, authorized by the MDOC Regional Corrections Administrator (RCA), and co-facilitated with USM and MCJPAL. Each RCT meets monthly to share information, review statewide and regional data trends, discuss rotating topics, and support referrals to the care team. Youth who are referred to the care team process are approached using a case consultation protocol²⁴ that involves reviewing strengths, needs and leveraging resources, including emerging funding not available from other sources to meet identified needs. In some cases, emergency meetings have occurred outside of the regular meeting time to meet urgent youth needs.

19 Governor’s Office of Policy Innovation and the Future (2020). 2020 Maine Children’s Cabinet Report. Retrieved from https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/GOPIF_CC_Report_2020_0.pdf

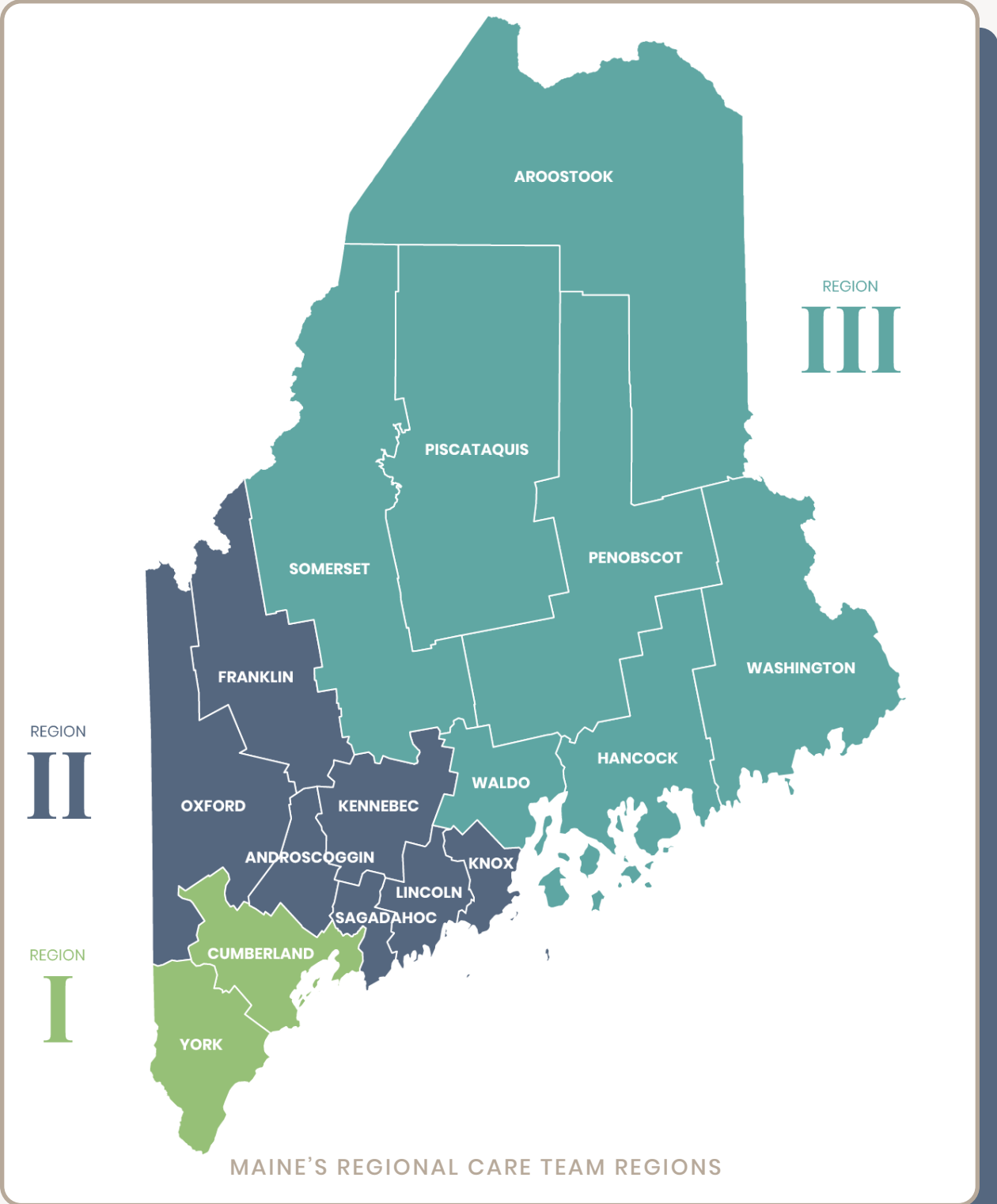
20 See <https://placemattersmaine.org/report-series/>

21 See <https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/system-improvements-initiatives/childrens-behavioral-health-evaluation-improvement>

22 See <http://muskie.usm.maine.edu/helpkids/pubstext/caseman.htm>

23 See <https://cppcmaine.org/>

24 Based on national models developed and utilized by multiple organizations. As one example, see <http://schoolreforminitiative.org/doc/consultancy.pdf>



MAINE'S REGIONAL CARE TEAM REGIONS

The composition of each RCT, in addition to the RCA chairperson, includes a facilitator and documenter from USM or MCJPAL and the Regional Correctional Managers (RCM) from that region. In addition, each RCT has representatives from the Department of Health and Human Services (DHHS) Office of Children and Family Services (OCFS), the Department of Education (DOE), the Department of Labor (DOL), a housing or homeless service provider, a disability rights advocate, a wraparound service provider and often an array of other community providers whose mission it is to serve older youth. Other providers and advocates unique to each region may attend meetings by invitation or request, based on the specific concerns being presented. It is worth noting that the initial aim is to align agency and other community resources across the region to support the local team working directly with the youth in providing more options for the youth's plan. The person initiating the referral consults with the young person and/or guardian to obtain consent to the process. While not common, guardians and/or the youth referred may choose to attend the meeting if desired, otherwise the information shared in the meetings is de-identified to protect the youth's identity.

Referrals forms are available online and are sent to regional MDOC staff.²⁵ The RCA for the region reviews the initial referral form and works with the co-design team to identify appropriate contacts from the larger RCT network who are then invited to meetings to provide expertise, thought partnership, and contribute towards finding creative solutions for the young person referred.

Each RCT is shaped by the region and composition of partners and perspectives at the table. However, each team follows a common structure and process. Over the past year, a fact sheet, meeting guidance document, referral forms, funds request protocol, and care team review request protocol have been developed with input from all three regions.²⁶ Proposal-based decision-making was adopted as a tool to allow for those with various levels of decision-making authority to participate.

WRAPAROUND PROVIDERS

The Opportunity Alliance and Wings for Children and Families are two wraparound providers that partnered to help design the RCT initiative and disburse emergency funding.

Evaluating Outcomes

To inform the analysis of the pilot year of the RCTs, the project team examined both quantitative and qualitative data. This includes all the notes from:

- RCT meetings
- Community reintegration meetings that preceded the development of RCTs and continued after their implementation
- Design and planning meetings held with DOC, USM, MCJPAL, and wraparound service provider staff

In addition, the team has tracked all referrals and funding requests and synthesized data from the referral forms and funding request forms submitted throughout the first year.²⁷

25 See <https://placemattersmaine.org/our-work/#rct>

26 Examples of these forms and documents can be found at placemattersmaine.org/our-work/#rct

27 Includes referrals made from July 2020 to July 2021.

Year 1 Impact

Youth Referred to the Regional Care Teams

Between July 2020 and July 2021, the RCTs received **64 referrals for 52 youth in need of services and supports**. There were 10 youth who were referred to the RCTs two or three times for additional needs. Of the total referrals, 52% were referred to Region One, 30% to Region Two, and 19% to Region Three.

Of the youth who were referred to the RCTs, 27% identified as female and 12% as BIPOC (6% Black or African American, and 6% Multiracial). Youth ranged in age from 13 to 21 years old, with an average age of 16.9 years old. While there is no data available²⁸ on the youth referred who may identify as LGBTQ+, national data suggests that 20% of all youth in juvenile justice facilities identify as LGBTQ+.²⁹

REGIONAL CARE TEAM PROGRAM POPULATION TO WHOLE POPULATION*

WHOLE POPULATION: 175,500

All Transition Aged Youth (ages 14-24) in Maine

SYSTEM POPULATION: 1,921

All Division of Juvenile Services involved youth (ages 12-21)

PROGRAM POPULATION: 52

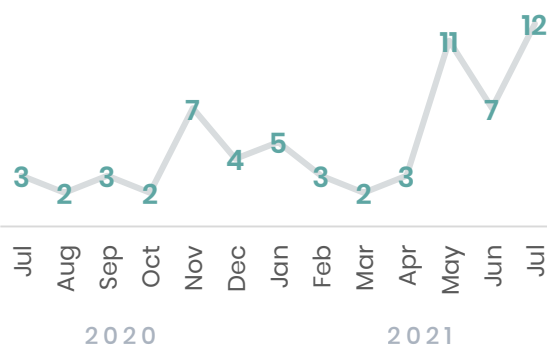
Regional Care Team youth served July 2020-July 2021 (ages 12-21)

**This graphic is not meant to proportionally represent the population size*

DEMOGRAPHIC BREAKDOWN OF YOUTH REFERRED:

- 73% (38) MALE-IDENTIFYING
- 27% (14) FEMALE-IDENTIFYING
- 12% (8) BIPOC
- 88% (56) WHITE
- AVERAGE AGE 16.9 YEARS OLD

NUMBER OF REFERRALS 2020-2021



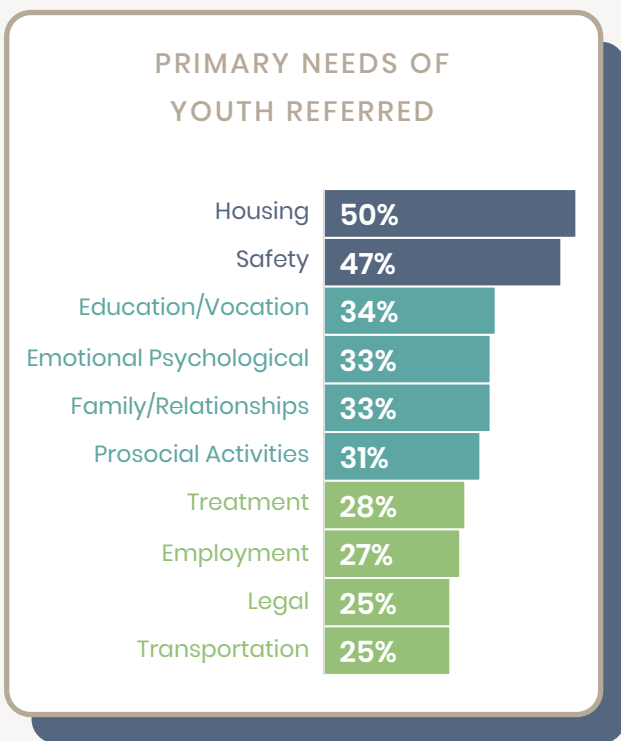
28 The referral forms in year 1 did not collect data on LGBTQ+ identity. The team is working to collect this data for future referrals.

29 Movement Advancement Project. (2017). Unjust: LGBTQ youth incarcerated in the juvenile justice system. Retrieved from <https://www.lgbtmap.org/file/lgbtq-incarcerated-youth.pdf>

Of those referrals, 92% (59) of the requests were made to prevent secure detention or commitment. **Since being referred, 83% (43) of the young people have remained in the community, and 17% (9) have been confined or returned to Long Creek Youth Development Center for new criminal conduct.**³⁰

Primary Needs of Youth Referred

According to referral forms, the top areas of needs identified were housing (50%) and safety³¹ (47%). In addition, approximately one-third of referrals needed education or vocational, emotional/psychological, or family/relationship related supports. Where funding was requested, technology was also a top area of need.



A review of the qualitative notes from the referrals and RCT meetings further supported the needs highlighted in the data.

HOUSING

Lack of housing options for system-involved youth was a recurring subject of discussion, so much so that a housing subgroup formed to work on identifying and developing further resources. This included identifying existing housing vouchers to be used by justice-involved youth, development of more transitional living and supportive housing programs, and support for youth under age 18 to be able to live independently. Housing stability continued to be an issue raised throughout the RCT process.

TECHNOLOGY

Another theme that arose during the community reintegration meetings was **technology needs and resources**, as stakeholders faced a rapidly increased demand for computers and other technology to support young people in accessing virtual school, work, and healthcare. Many of these issues and needs were partially addressed by some of the rapid responses of public serving systems to the pandemic, though technology was still a major category of funding requests made during the past year of the initiative.

FUNDING

Funding issues were discussed during multiple meetings, as participants discussed the **need for more funding** development and resources for unfunded work. RCT funds provided needed services and supports.

30 According to MDOC data as of October 2021.

31 "Safety," as a category, was not defined on the referral form. More research is needed to fully understand how this was defined as an area of need, and what this may mean for this population more broadly.

Youth Referrals for Funding Requests

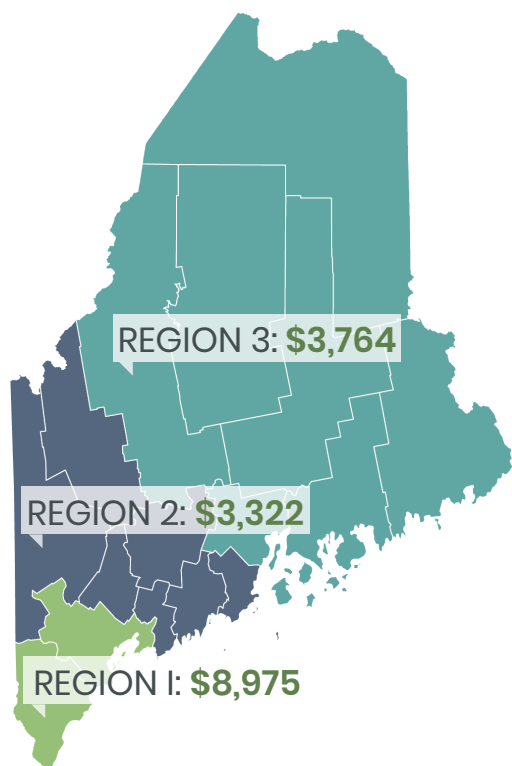
Since July 2020, referrals to the RCTs, either through youth need referrals or funding requests have resulted in the distribution of \$16,061³² in funding. Region 1 distributed 56% of the total funding to youth in that region, totaling nearly \$9,000.

An average of \$382 has been spent per youth referral with a range of \$31-\$1,000 overall. Housing assistance has been the primary support provided by these funds with nearly \$6,000 (36%) spent on housing supports such as rental assistance and short-term hotel costs. In addition, over \$2,000 (15%) in funds has been used to help youth stay connected with their education during the pandemic by purchasing laptops or assisting with internet access.

In addition, youth have received a variety of connections, supports, and services including:

- Connections to housing, rental assistance, residential treatment, and in home supports.
- Connections with case management, counseling, and medical care.
- Technology resources including laptops, hotspots, and cell phones.
- Facilitation of new foster care placement.
- Funds to supply clothing, sneakers, a weighted blanket, a punching bag, drivers' education, art supplies, and pay a school bill to remove a barrier to educational access.
- Facilitation of youth moving into a leadership role.
- Security equipment to help youth stay safe in the community.

RCT FUNDS ALLOCATED TO DIRECT YOUTH SUPPORTS BY REGION



The Opportunity Alliance and Wings for Children and Families served as wraparound provider partners and fiscal agents for disbursed emergency funds.

32 Data on funding provided by the Maine Department of Corrections.

Region One

Made up of Maine's two most populous counties,³³ Region One is rich in services compared to the other two regions. According to the Region One RCA, who chairs the Region One RCT, finding the right composition for the team was straightforward and aided by the familiarity between various stakeholders from preceding work. One such collaborative effort worth noting is Community Partnerships for Protecting Children (CPPC), which informed the structure and approach of the RCT initiative. Key elements that keep people committed and trusting the process include the meeting structure and consistency. Like the other two regions, meetings are scheduled regularly at the same time each month. In addition, the planning team meets beforehand to design and plan the monthly meeting agenda, as well as stay connected and on pace with the other two regions.

Region One's RCT had some 'early wins,' that also aided in building buy-in for stakeholders and encouraged additional referrals. Due to the relative abundance of organizations and services located in Region One, bringing people around the table generated ideas and suggestions for immediate action and results. Much of the time, RCT funding wasn't needed because another source of funding or programmatic support was identified quickly. This type of partnership and problem-solving energized the team and kept people open-minded to the process.

The Region One RCT has found success including young people directly in the conversation about their needs. Youth are always welcome to participate, but not every young person is interested or able to join a RCT for their care team review. Region One's RCT has shown leadership in this area and in acknowledging the power and importance of including young people at the table to the greatest extent possible.

LOOKING TO THE FUTURE

"This was built from the ground up and we were able to nurture it and make it into what it is. Do I think we could have more resources? Of course. There's some luck in having the right mix of people at the table... I like the way that it's growing, that there's DOC-involved youth, but case managers and others can bring youth in."

JOHN COYNE

Region One Regional Correctional Administrator

33 Region One includes Cumberland and York counties.

YOUTH STORY

Building connections towards housing stability and permanency

A 13-year-old white, male-identifying youth was referred to the Region One care team by his juvenile community corrections officer (JCCO). This young person had a strong connection to a younger sibling, loves art, and is highly intelligent and insightful. Since 2020, he was in state custody and his mother was unable to meet his needs. He was denied various placements due to aggressive behavior, though with a “behavior contract” that was set up with his JCCO, he was able to regulate his reactions to situations and demonstrate his ability to be successful with the right supports.

Through the RCT process, a foster care family was identified for this young person to provide needed housing stability and positive family relationships. Resources were also allocated to support his transition, including a bicycle to help with his transportation.

Two larger, systemic issues were identified with this referral. First was the lack of **cross-system accountability**. This youth was cycling between DHHS and DOC involvement, but not being adequately supported by either system, and struggling to build healthy relationships with service providers and caregivers. The second was the **need for transition planning** focused on permanence, not placement. The RCT process was able to look across several domains in this young person’s life, recognize his strengths, and support him towards a pathway to well-being. The RCT process fostered more effective communication between agencies around a plan for this young person to keep him safely in the community and provide him a better opportunity to thrive.

Region Two

Seven counties make up MDOC Region Two, which includes areas that are quite different both geographically and in terms of population density. The most populous area in Androscoggin County, and focus area for Region Two services, are the towns of Lewiston and Auburn. Organizations and services are more naturally concentrated there, meaning that gaps arise in more rural parts of the region, which are often hours away geographically and can be quite different demographically. This focus is reflected in the composition of the Region Two RCT as most team members are familiar with and primarily serve young people in the Lewiston/Auburn area.

To expand its scope, the Region Two RCT has held informational sessions to connect with stakeholders from the other six counties. This has also raised the question of whether a region like Region Two can be adequately served in this initiative by one RCT or if there is a need for several more localized teams.

Like the other regions, housing solutions are the biggest need in Region Two. Early on during the development of the RCT initiative, many stakeholders pointed to the need for some type of alternative to detention for young people who needed temporary

supportive housing. In response, the Department of Corrections and a homeless services provider worked together to pilot such a solution. While this approach may not be the perfect one, it is encouraging that the RCT process helped to raise a need and can continue to inform conversations to find a solution that works.

LOOKING TO THE FUTURE

“The initiative could be owned by an agency outside of the Department of Corrections, with the DOC coming to the table and supporting it but sharing responsibility. That way it wouldn’t need to wait until a youth gets to detention or involved with the DOC to get connected with resources and could be more preventative.”

SUE NEE

Region Two Regional Correctional Administrator

YOUTH STORY

Building pathways to transitional educational and community support

A 16-year-old white, female-identifying youth was referred to the Region Two Care Team by her JCCO. This youth had a supportive family interested in working with service providers to see her succeed. At the time of referral, she was living at home in a small apartment with eight people. She was not thriving in that environment and was self-medicating and running away. She had an Individualized Education Plan (IEP) but was repeatedly truant from public school and more interested in working than pursuing her education.

Through the RCT process, this youth connected with vocational services and supports, as well as supports for the family. The RCT identified red flags that indicated potential trafficking and connected the young person with an organization that could help. One positive outcome was that the increased engagement with a clinical counselor up to twice a week led to this youth securing and holding a job. However, there was almost no uptake of the other services and program options by this youth. This referral does highlight a **need for more continuity** within the RCT initiative. Young people struggling with trauma, abuse, mental health, substance use disorder, and other serious obstacles to wellbeing need support and repeated follow up beyond the scope or reach of one system or role, even the most committed and involved JCCO.

Region Three

Region Three encompasses seven counties that span a large geographical area in the northern section of the state. These counties are very rural and more sparsely populated, on average, than the other two regions, but have a strong history of collaboration and working together to address youth needs in creative ways. All seven counties have active local collaboratives³⁴ and there is also a deep history of wraparound service delivery which was piloted with Wings for Children and Families. This wealth of knowledge and expertise stretching back decades (including the aforementioned CPPC initiative) heavily informed not only the development of the Region Three RCT, but the RCT initiative as a whole. The leadership of the Region Three team shaped the structure for meetings and case consultation for all three regions. The first RCT care review request occurred in Region Three, and the Region Three RCT met several times before either Region Two or Region One began meeting. Those initial referrals and meetings provided invaluable lessons for the other two regions, demonstrating proof of concept, and helping guide the other regions to address gaps in team composition, outreach, and more.

Ongoing efforts to development closer relationships with local collaboratives is underway. Several cross-collaborative meetings have already taken place and through these efforts identified closer alignments with local collaboratives sharing common goals. The connections are built on trusting relationships that foster creatively

problem solving for service deprived areas.

The Region Three RCT has had several emergency meetings where a young person was referred with an issue, and within 24 hours members convened and generated ideas for solutions. In this way, the Region Three RCT has been on the leading edge of the initiative, demonstrating what is possible when experts come together to improve the wellbeing of system-involved youth

LOOKING TO THE FUTURE

“ While diverting youth from secure facilities is a very important priority of the RCT, we also know diverting higher needs-low risk youth from DOC supervision is also very important. Through enhanced supports and resources provided by the Regional Care Team in Region 3, we’ve had success with taking a supportive approach and helped several families and youth stabilize their life situation by meeting some of the very basic needs and kept families together.”

GALAN WILLIAMSON

Region Three Regional Correctional Administrator

34 For example: The Aroostook County Collaborative.

YOUTH STORY

Reducing risk and increasing housing access

An 18-year-old Black, male-identifying youth was referred to the Region 3 RCT by his JCCO. This youth is personable, dedicated, and hard-working. He had trouble finding housing because he had a background of problematic sexual behavior which resulted in his adjudication. He was living in a motel for most of 2020 and using most of his income for motel costs. This was unsustainable and made it impossible for this young person to save money for a security deposit. In addition, the youth's background leading up to his current situation was unclear. The youth alluded to previous involvement with DHHS, but it was unknown who the guardians of this young person were or what family support system this young person might have had in the past. The RCT identified permanent housing as a primary need for this young person to get him out of the unsafe situation.

This youth had a strong team of support that also included case management. But at the time of referral, his probation was scheduled to end, which would also end the positive relationship this young person built with his JCCO. This lent some urgency to the referral, and the RCT met several times regarding this individual to provide him with resources.

Through the RCT process, multiple housing support services were identified for the youth to connect to, and eventually motel costs were resourced to allow him to save up money for an apartment security deposit. However, at the time that the youth ended his probation period, he still had not secured an apartment and was still living in the motel.

Three issues were identified with this referral. One is the **lack of data tracking** between child serving systems, resulting in several unknowns about this young person's past experiences. This information may have been beneficial in supporting him towards more stability. Second, this referral demonstrated how **housing instability** and homelessness destabilizes treatment or support resources. It is very difficult to get a young person on track without housing stability. Finally, there was **no continuity plan** as this young person aged out of the juvenile justice system, no organization or resource to make a "warm handoff" that could support this youth beyond the period of his probation. Thus, the future outcomes for this young person remain unclear and in need of further resourcing.

Opportunities & Recommendations

For the past year, a group of cross-system stakeholders have gathered monthly in each MDOC region to collaboratively and creatively support youth in their communities as they transition to adulthood. Quantitative and qualitative data captured in meeting notes and referral forms inform the following recommendations to better address the needs of all system-involved youth.



35 For a more detailed description of the Place Matters Community-Based Continuum of Care, refer to the Place Matters: Aligning Investments in a Community-Based Continuum of Care for Maine Youth Transitioning to Adulthood report available at <https://placemattersmaine.org/wp-content/uploads/2020/09/AligningInvestments.pdf>

01. Expand transition and community reintegration services to better support system-involved youth and young adults in Maine.

There were four primary gaps identified by all three RCTs. Rural Maine communities continue to lack services overall. While urban areas generally have more options, they too lack support for older youth and young adults resulting in long waitlists for many and exclusion from eligibility for many others.

- **Supportive housing units for youth.**

For a young person who still needs adult supervision and support and has no suitable family option, there are little to no places for them to live. In January 2020, there were 120 unaccompanied young adults (ages 18–24) and 19 unaccompanied children (under 18) experiencing homelessness in Maine.³⁶ There are also few transitional housing supports for young people over the age of 18, and they can be categorically excluded from the supports that do exist due to criminal history.

- **Enhanced mobile crisis services.**

This is particularly needed in rural counties. Such services would reduce

the burden on local police departments and emergency rooms and be a more appropriate intervention for young people. National organizations recommend mobile crisis services as a best practice for crisis response and care.³⁷

- **Substance use intervention services.**

It was difficult to find both treatment and peer support for youth ages 10–18 with substance use disorders. Many services are age exclusionary, leaving youth under the age of 18 without treatment or support options in most areas of Maine. About 5% of youth ages 12 to 17 report dependence on or abuse of substances or alcohol in Maine and 2% report using illicit drugs.³⁸ Approximately 7% of young adults ages 18–25 report illicit drug use and 36% report binge drinking.³⁹

- **Access to case management.**

Though there are both case management and wraparound service providers in every region, not all systems-involved young people have access to services and there are waitlists in several areas. Both wraparound and case management are evidence-based services for high-needs youth.⁴⁰

36 Data is from the 2020 Continuum of Care Point-in-Time Survey and is a count at that particular point-in-time. For more information see U.S. Department of Housing and Urban Development. (2020). 2020 CoC Homeless Populations and Subpopulations Report- Maine. Retrieved from <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

37 Substance Abuse and Mental Health Services Administration. (2021). National guidelines for behavioral health crisis care: Best practice toolkit executive summary. Retrieved from <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

38 Data from National KIDS COUNT (Annie E. Casey, 2021). For more information see <https://datacenter.kidscount.org/>

39 Data from National KIDS COUNT (Annie E. Casey, 2021). For more information see <https://datacenter.kidscount.org/>

40 Bruns, E., Pullmann, M., Sather, A., Brinson, R., and Ramey, M. Effectiveness of wraparound versus case management for children and adolescents: Results of a randomized study. Administration and Policy in Mental Health and Mental Health Services Research, Vol 42(3). 309–322. DOI:10.1007/s10488-014-0571-3

02. Improve transition planning to support permanence, not just placement

Over the past year, what became immediately clear with this initiative was the need for continuity and consistency, not just connection. When youth are referred to a RCT they are connected to services, but there is no 'warm hand off' or continuity to support follow-through or provide feedback about outcomes. There is also a lack of consistency when it comes to the transition planning process. This is a systemic issue and one that pervades many youth serving systems and agencies, since youth in transition from systems often have high needs around housing and treatment that may overwhelm considerations of employment, education, or sense of belonging. Effective transition planning cannot be dependent on the actions of single caseworkers or staff but baked into the core of how youth serving systems support youth in transition.⁴¹

For the RCT initiative to continue in a way that supports more effective transitions, a position needs to be created within one of the partner organizations to serve as the **Regional Care Team case manager**. This person would work across all three regions to follow up regarding the services and supports recommended by the teams, and to prevent young people from falling off a service cliff as they age out of involvement with youth serving public systems.

Generally, the need for continuity support is also found in Maine's public serving systems. Maine does not have a system of support for community transitions. Young people returning to their communities after a period of confinement or treatment find almost no interventions, services, or resources designed to support reintegration, and often have fewer natural supports. This has been a previous finding of Maine based research.⁴² Transition coordination seems focused mostly on finding placements for young people, which may not consider all the domains of wellbeing such as education, employment, housing, and health. There is very little continuity, and often when these young people move to the next placement, back into the community, or age into adult systems, they face program failure, rejection, service disruption, and other worse outcomes.

To improve consistency, **transition planning and coordination must start early**, be comprehensive and flexible, and consider how a young person aging out of youth services might be able to have their needs met with adult services. This must consider a continuum of needs. For example, when a young person is committed,⁴³ they lose MaineCare coverage which often causes a critical disruption in health care access when returning home. Improving transitions in Maine will take widespread education for youth serving systems, agencies, and organizations, as well as coordination and investment of human and financial

41 For an example of transition planning guidance see <https://mainelaw.maine.edu/academics/wp-content/uploads/sites/3/Youth-Transition-Planning-Tool-September-2020.pdf>

42 Sanchez, M., King, E., and Schiller, S. (2020). Assessing community assets and opportunities: Asset mapping in Androscoggin county. University of Southern Maine, Cutler Institute. Retrieved from <https://placemattersmaine.org/wp-content/uploads/2020/09/AssessingCommunityAssets.pdf>

43 This can also occur when youth is detained for a certain period of time, and the disruption in services can impact timely reentry.

resources. But it is a necessity if we want to help young people in Maine have more success as they reintegrate into communities⁴⁴

03. Expand the availability of flexible funding

RCT funding from the JJAG allowed JCCOs, RCAs, and RCTs to think “outside the box” about how to address youth needs. This allowed for creative and real-time solutions to real problems, from using drivers’ education as an incentive for positive behavior, to rental assistance that allowed a family to stay together. Such mechanisms that allow public system staff to support young people and divert them from deeper system involvement pay dividends later and put more decision-making capability back in the hands of those closer to the problem. An expansion and continuation of available flexible funding would allow the RCTs to continue to help support more youth to improve their wellbeing, safety, and opportunities.

04. Invest in a statewide data management system and develop shared performance metrics.

While research has been pointing to this conclusion for many years,⁴⁵ youth are still

not tracked across child-serving systems in Maine. It is not possible to know how many young people have been involved with both DHHS and DOC unless files are hand counted and compared. For a youth or young adult who is involved in multiple public serving systems, care coordination is spread out across several individuals in several departments, mitigating accountability and action for that youth. Systems that are centered around youth and families are needed. Rather than multiple departments and agencies splitting up resources and passing youth between systems, we must move to a system with multiple doors that lead to one big pot of resources to help families thrive. These are ideas that repeatedly came out in RCT discussions: the need for transitional housing without barriers related to youth justice involvement, the need for mechanisms like the voluntary extended support agreement (V9)⁴⁶ for youth aging out of the youth justice system, the difficulty of serving youth in a rehabilitative and non-punitive way within a system designed for adult corrections. To truly help youth, families, and communities, public serving systems must be able to share data. This is a minimum requirement, and a first step towards true interoperability and making a measurable difference in people’s lives.

44 For an example of transition planning guidance see <https://mainelaw.maine.edu/academics/wp-content/uploads/sites/3/Youth-Transition-Planning-Tool-September-2020.pdf>

45 As one example, this recommendation has been made in several reports in the Place Matters series, most recently in Layton, D., King, E., Foley, J., McMullan, S., and Sanchez, M. (2021). Transitioning from youth to adulthood: Mapping the impact of systems and places on youth pathways. Retrieved from <https://placemattersmaine.org/wp-content/uploads/2021/03/Mapping-the-Impact-of-Systems-and-Places-on-Youth-Pathways.pdf>

46 See <https://www.maine.gov/dhhs/ocfs/support-for-families/child-welfare/youth-transitions/youth-transition-services>

Conclusion

The RCT initiative followed the seven guiding principles and six recommendations for a Maine transition-aged youth continuum of care, and several strengths have been identified over the past year that match those guiding principles and recommendations.

REGIONAL CARE TEAM INITIATIVE STRENGTHS

- First, the process has encouraged a culture of collaboration and shared accountability across agency and organizational siloes (**aligning results and authorizing leadership**).
- Second, having more people with access to different resources at the table has resulted in more solutions and more options for young people who would have otherwise been left unserved (**accepting inclusion**). More people at the table have also allowed additional gaps, issues, and systemic barriers to be identified and communicated to leadership (**assess continuously**).
- Third, the availability of flexible funding has provided real-time, individualized responses that support the cross-agency collaboration, so conversations and planning can result in needs being addressed and action taken (**allocate resources**).
- Finally, all these strengths taken together have encouraged thinking beyond “placement” into permanency, well-being, and positive youth outcomes for the young people who have been referred (**act strategically**).

As a result, the use of secure confinement and recidivism among a high-needs and high-risk population of youth has decreased. It has also provided participants with a place to identify larger systemic issues and a mechanism to have those issues shared with policy decision makers. It builds goodwill with middle manager level public system staff to build and sustain the opportunity landscape at the local level.

The next step is to grow and refine the initiative further to build on some of the success seen over the last year and make recommended improvements to ensure that young people have opportunities to thrive.

Acknowledgments

The Regional Care Team initiative is funded by the Department of Corrections and the Maine Juvenile Justice Advisory Group.

Thank you to the members of the Regional Care Teams in each region, who have been generous with their time and feedback to support this initiative.

Thank you to all those who showed up to and contributed to community reintegration meetings in the early months of the pandemic.

Thank you to John Coyne, Sue Nee, Galan Williamson, Natalie Lonstein, and Susan Gagnon for providing input and feedback on this report. Thank you to Sonja Morse who has been essential to the success of this initiative and in supporting data analysis.

This initiative would not have been possible without the considerable contributions of Trish Niedorowski and Hailey Virusso, and the partnership of wraparound providers The Opportunity Alliance and Wings for Children and Families.

Special thanks to Celia Jewell for proofreading, and to Becky Wurwarg for formatting and design.

Cover page map by [FreeVectorMaps.com](https://www.freevector.com).

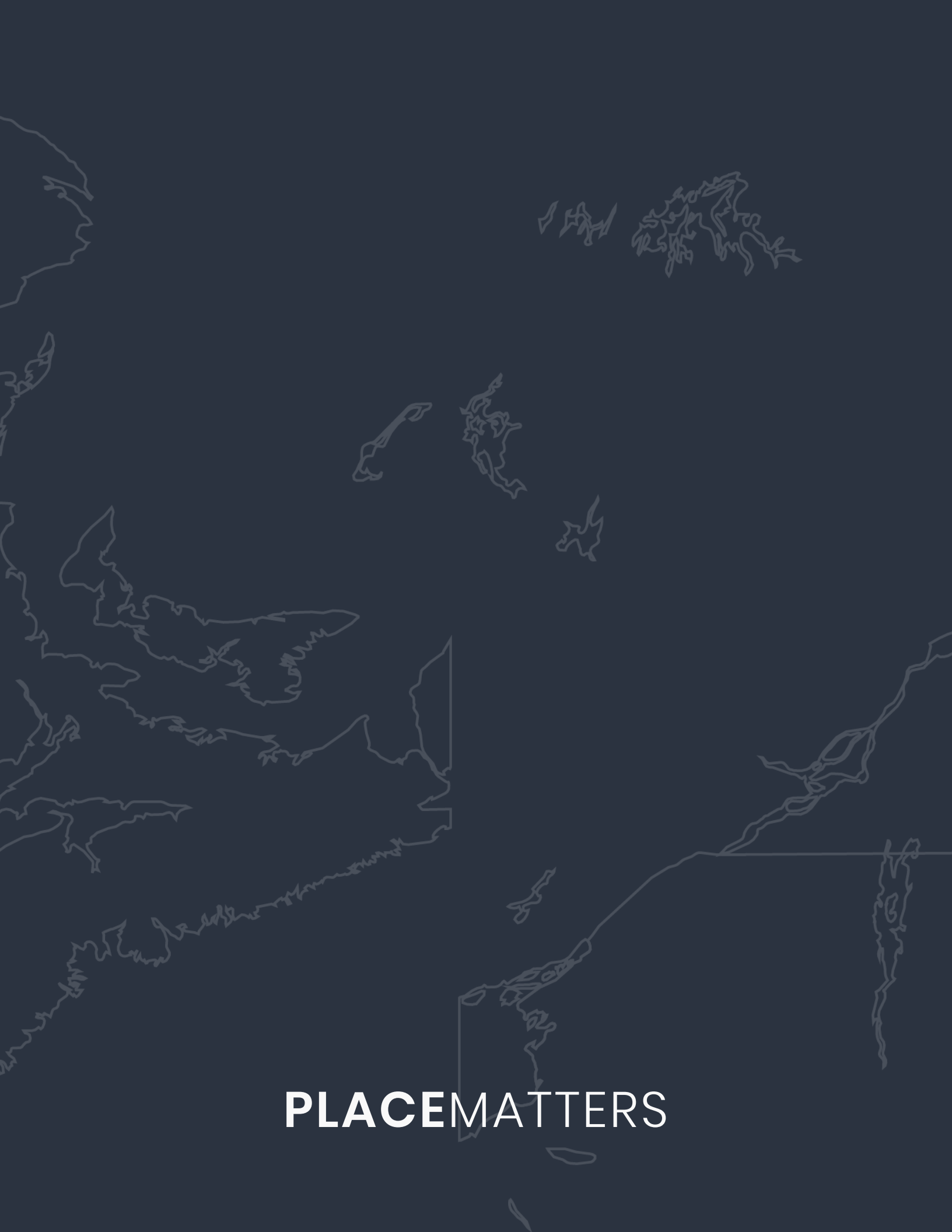


ABOUT PLACE MATTERS

The Place Matters project aims to support the state of Maine and its communities in redesigning, implementing, and evaluating a community-based continuum of care through systems innovation, data resources, and community inclusion. Our work focuses on translating data and innovative practices into community-based solutions that are both responsive to local needs and supplement existing assets so that all transition-aged young people in Maine thrive into adulthood.

The Place Matters project is housed at the Justice Policy Program within the Cutler Institute at the Muskie School of Public Service, which is located at the University of Southern Maine and is comprised of a mix of researchers, policy advisors, data visualization experts, and directly impacted youth who collaborate to develop capacity for results-focused, data-informed solutions to social and justice policy issues in Maine.

Place Matters has produced a series of reports summarizing our research, community engagement and policy recommendations. The reports in this series are intended to inform and support the work of policy makers and community members dedicated to improving outcomes for Maine's youth. For more information about Place Matters and all published reports, please visit our website at placemattersmaine.org.



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