

MAINE REGIONAL CARE TEAMS

Collaborating to Improve Youth Wellbeing in Maine

A Review of the Past Three Years of the Maine Regional Care Teams



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Acknowledgments

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Thank you to all the members of the Regional Care Teams in each region, this initiative would not work without all of you and your continued partnership and commitment to Maine youth. Special thank you to the leaders who presented their youth-facing work to the Regional Care Teams to spark ideas and build awareness of new options, resources, and initiatives for young people.

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1. Improve transition planning to support successful community reintegration.

2. Increase access to key continuum of care supports and services statewide.

3. Invest in workforce, incentive programs, and funding to better address services gaps, including behavioral health treatment and crisis response.

4. Remove categorical exclusions to ensure equal access and reduce discrimination.

5. Expand the role and scope of Regional Care Teams.

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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 are supported and thrive in adulthood.

The Place Matters project is part of the Justice Policy Program within the Catherine Cutler Institute 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 young people 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 policymakers and community members dedicated to improving outcomes for Maine's youth and families. For more information about Place Matters and all published reports, please visit our website at placemattersmaine.org.

ABOUT THE AUTHORS

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Tim Atkinson, Research Analyst at USM's Catherine Cutler Institute, supports the statewide initiative with planning, data analysis, and evaluation.

About Maine Regional Care Teams

WHO WE ARE

The Regional Care Teams (RCTs) is a partnership between the Maine Department of Corrections (MDOC), the Place Matters team at the University of Southern Maine (USM), and the Center for Youth Policy and Law (CYPL) at Maine Law. RCTs are a network of people and organizations working together to support individual youth and their families and helping to inform system change.

WHAT WE DO

We envision a future where all Maine youth experience a fair, equitable, and responsive continuum of care that creates a sense of belonging, prepares them to thrive in adulthood, and decreases reliance on detention. To achieve this vision, RCTs facilitate shared accountability to the health, safety, and well-being of system impacted youth and their families so they may thrive in their chosen communities.

HOW WE DO IT

- Strengthening cross-system, provider, and community involvement to inform local resource development, and increase supports, resources, and opportunities for youth and their families through a local community-based continuum of care.
- Bringing together agency representatives, providers, community stakeholders, youth, and families to connect justice impacted youth to pathways of wellbeing, belonging, and thriving in their chosen community.

**IN THIS WORK, WE VALUE
BEING INCLUSIVE, RESPONSIVE,
INNOVATIVE, OPPORTUNITY
BUILDING, DATA-DRIVEN,
AND TRANSPARENT.**

MONTHLY MEETINGS

RCTs meet monthly in each of the three MDOC regions to share resources, fill resource gaps, and respond to the needs of local youth referred to the initiative. We receive referrals from juvenile corrections staff members, agency staff members, social workers, case managers, defense attorneys, judges, and family members.

Visit our [website](#) for more information.

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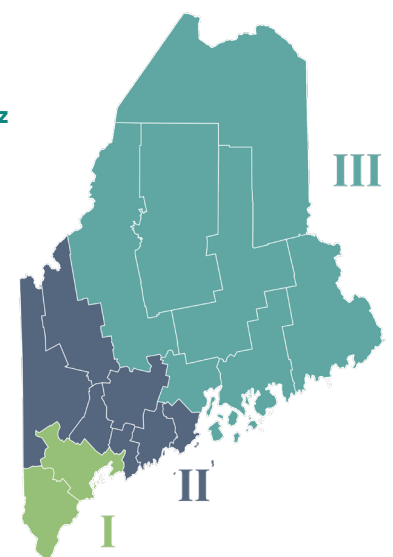
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Introduction

Background

In 2022, approximately 14,000 (10%) young people aged 16–24 in Maine were not attending school and not working.² Known as “opportunity youth,” these young people are disconnected from typical pathways that support them in their transition to adulthood. Opportunity youth are also more likely to have difficulties associated with a disability,³ have often experienced homelessness, and are more likely to have been or become involved with the behavioral health, child welfare, or juvenile justice systems.⁴ In Maine, it can be even harder for young people in rural places to stay connected to school, services, and their communities.⁵ While the statewide average of 16-to-19 year olds who were disconnected from work and school was 4.2% in 2022, the rates in some rural counties were significantly higher, with Lincoln County having the highest rate at 13%.⁶

These data reflect how the transition from childhood to adulthood is a challenging time when many young people require extra support

to succeed. When these supports are lacking or under-resourced, it negatively impacts the most vulnerable youth. Maine has seen this play out in recent years following the COVID-19 pandemic, which strained youth-serving systems and the social structures in place to help protect these youth. In the wake of the pandemic, more youth are disconnected from school and work; they face increased barriers to the care they need to stay in their communities and access opportunity-building pathways. Additionally, data from the 2023 Maine Integrated Youth Health Survey shows that mental health struggles remain a significant challenge for youth. Over one-third of high school students and 33% of middle school students statewide reported feeling sad or hopeless for two or more weeks in a row, such that they stopped participating in some usual activities in the last year.⁷ Youth-serving state agencies and community partners have a key role to play in ensuring youth mental health as well as maintaining young people’s connection to work, school, and other critical supports.

2 The Annie E. Casey Foundation. (2024). KIDS COUNT Data Center, National KIDS COUNT, Baltimore, MD. <https://datacenter.aecf.org/data/tables/9292-youth-not-attending-school-and-not-working-by-age-group/> Accessed 2 February 2024.

3 Lewis, K. (2022). *A Disrupted Year: How the Arrival of Covid-19 Affected Youth Disconnection*. New York: Measure of America, Social Science Research Council. [measureofamerica.org/youth-disconnection-2022](https://www.measureofamerica.org/youth-disconnection-2022)

4 The Annie E. Casey Foundation. (2024). “Who Are Opportunity Youth?” www.aecf.org/blog/who-are-opportunity-youth. Accessed 2 February 2024.

5 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. placemattersmaine.org/wp-content/uploads/2020/09/AligningInvestments.pdf

6 The Annie E. Casey Foundation. (2024). KIDS COUNT Data Center, National KIDS COUNT, Baltimore, MD. datacenter.aecf.org/data/tables/10747-teens-ages-16-to-19-not-attending-school-and-not-working-detailed?loc=21&loct=2#detail-ed/5/3284-3299/true/1095/any/20582,20581. Accessed 2 February 2024.

7 Maine Department of Health and Human Services. (2023). “Maine CDC releases student health survey results.” www.maine.gov/dhhs/news/maine-cdc-releases-student-health-survey-results-fri-12152023-1200. Accessed 8 May 2024.

A 2022 report found that over 12,000 18-to-24-year-olds in Maine had some level of contact with the Maine Department of Corrections.⁸ Most of those young adults with MDOC histories were referred to the juvenile system, diverted from confinement (86% diverted), and then never returned (only 1% were later incarcerated as an adult). Similarly, the latest data from MDOC show more than 2,100 youth were referred to the juvenile justice system in 2023 with an average diversion rate of 86%.⁹ Research has shown that diverting youth from the justice system involvement leads to lower levels of re-arrest, higher likelihood of school completion, and higher incomes as adults. Further, diversion is a primary tool in combatting disproportionate justice system contact faced by BIPOC youth, helping to reduce systemic barriers.¹⁰

Research and assessments of Maine's justice system recommend investment in a continuum of community-based programs and services to improve the outcomes and wellbeing of youth

and the communities in which they live.¹¹ However, local assessments of programs and services for justice-involved youth have shown large gaps in services and community-based supports, especially in the more rural areas of the state. National best practices and research support 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. Previous [Place Matters publications](#)¹² 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.¹³ 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. This research informed the development of the RCT initiative.

8 Foley, J., & King, E. (2022). *EMERGING ADULTS: An Analysis of Young Adults with Justice System Histories in Maine*. Portland, ME: University of Southern Maine, Catherine Cutler Institute. https://placemattersmaine.org/wp-content/uploads/2023/03/emerging_adults_final.pdf

9 Liberty, Randall A. et al. (2023). *Juvenile Justice Report*. Maine Department of Corrections, Augusta, Maine. www.jjagmaine.com/wp-content/uploads/2024/03/2-14-24-MDOC-Juvenile-Justice-Report.pdf. Accessed 8 May 2024.

10 Mendel, R. (2022). *Diversion: A Hidden Key to Combating Racial and Ethnic Disparities in Juvenile Justice*. The Sentencing Project, Washington, D.C. www.sentencingproject.org/app/uploads/2022/10/Diversion-A-Hidden-Key-to-Combating-Racial-and-Ethnic-Disparities-in-Juvenile-Justice.pdf

11 Center for Children's Law and Policy. (2020). *Maine Juvenile Justice System Assessment*. irp-cdn.multiscreensite.com/de726780/files/uploaded/Maine%20Juvenile%20Justice%20System%20Assessment%20FINAL%20REPORT%202-25-20.pdf

12 See the Place Matter's Community Asset Mapping initiative for more information. placemattersmaine.org/community-asset-mapping

13 Sanchez et al. (2019). *Place Matters: Aligning investments*.

The RCT initiative started in response to the global COVID-19 pandemic health risks posed by congregate care settings and the February 2020 Maine Juvenile Justice System Assessment, which identified a need for greater collaboration among state agencies to more effectively meet the needs of youth and families in the community.¹⁴ The initiative is grounded in the guiding principles of the Place Matters reports and informed by the Assessment and previous work across the state. The first RCT meeting was held in July 2020. This report summarizes the impact of the RCTs, what has been learned over the first three years of the initiative (July 2020–June 2023) and includes recommendations for statewide systemic changes to improve youth, program, and population outcomes.

The RCT initiative is informed by the Continuum of Care framework as outlined in the first Place Matters report (2019), [Aligning Investments in a Community-Based Continuum of Care for Maine Youth Transitioning to Adulthood](#).¹⁵ The initiative aims to support youth and allocate resources across the community continuum of care. See following page for continuum.

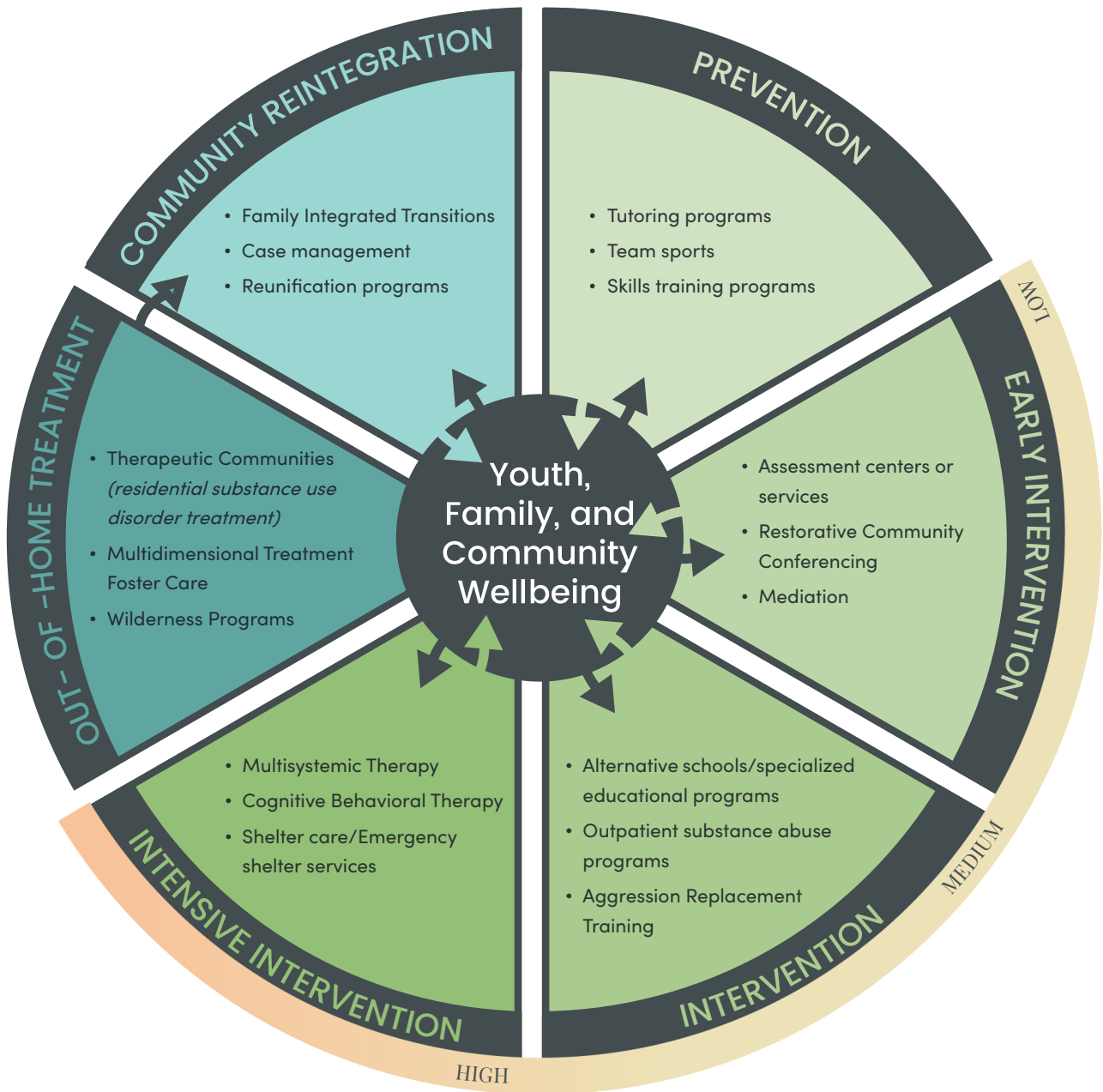
TIMELINE

- **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 Youth Policy and Law convened and facilitated weekly community reintegration conversations with members of the [Maine Juvenile Justice System Assessment & Reinvestment Task Force](#) (Task Force) and stakeholders from the Task Force listserv.
- **MAY–JUNE 2020**
Planning and development of the structure and function of Regional Care Teams.
- **JULY 2020**
Regional Care Teams hold first regional meetings and the first youth are referred to the RCTs.
- **NOVEMBER 2021**
First RCT report is released summarizing the development and vision for the initiative.
- **MARCH 2021**
Second RCT report is released looking at the impact and outcomes, and making recommendations for systems change.

14 Center for Children's Law and Policy. (2020). *Maine Juvenile Justice System Assessment*.

15 Sanchez et al. (2019). *Place Matters: Aligning Investments*.

COMMUNITY-BASED CONTINUUM OF CARE WITH EXAMPLES¹⁶



16 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 placemattersmaine.org/wp-content/uploads/2020/09/AligningInvestments.pdf

Evaluation Methods

The Regional Care Teams initiative aims to support youth and their families by increasing access to supports, services, and opportunities to connect youth who have been involved in the justice system and youth who are at risk of justice involvement to pathways of wellbeing, belonging, and thriving in their chosen community. RCTs bring a diverse group of state and community partners together to develop strategies and inform local resource development and state policy to strengthen the local community-based continuum of care. To assess the progress of the Regional Care Teams initiative, the project team tracks and analyzes both quantitative and qualitative data aimed at answering the following questions:

RCT ASSESSMENT QUESTIONS

- How many youth are supported by RCTs and who are these youth?
- How has RCT involvement impacted the long-term outcomes for the youth referred?
- What impact has RCT involvement had on fostering connections and opportunities for professional growth for partners of the initiative?
- What impact have RCTs had on local resource development, changing practices, and informing policies?

REFERRAL DATA

The project team collects youth referral data using an online form system. This data is stored in a secure location, with limited access in order to protect the confidentiality and privacy of the participants. The data is de-identified and cleaned and a de-identified summary of all youth referrals is reflected on a publicly accessible, real-time data dashboard on the Place Matters website. In addition, the project team analyzes the data to identify trends regarding the overall number, demographics, and location of youth referred to RCTs.

To analyze long-term impact, additional data was provided for this report by MDOC on the current status of all referred youth. This data was extracted from the MDOC CORIS data system in a de-identified format. The data was cleaned and analyzed to compare the MDOC status at the time that the youth was referred to their status at the time of the data extract (September 2023) for all youth referrals who could be matched to a DOC record. If a youth was referred more than one time, the most recent referral status was used.

Data on funding requests is collected and tracked by MDOC. This data was stored on a secure, limited access location and was shared with the project team to analyze funding trends.

RCT PARTNER FEEDBACK SURVEY

The USM project team conducted a survey with all 129 current and past RCT members and received 29 responses (22%). This online survey gave partners the opportunity to provide feedback on their overall experience with the RCTs. For those partners who had made an RCT referral for a funds request or a case review, the survey asked for feedback on that process. Finally, the survey asked partners to identify barriers to youth wellbeing and propose

suggestions to systems leaders and legislators to address these barriers.

QUALITATIVE FEEDBACK

The project team reviewed and coded all meeting notes from Year 3 of the initiative (FY 2023). This included a review of the de-identified care team reviews, including the identified needs, goals, and strengths of the young people referred, to determine overall trends to help inform opportunities for investments and policy reforms. Meeting notes also included presentations from RCT partners, discussions about systemic barriers, and resources shared with the group.

Limitations

This evaluation is limited in scope and the ability to draw generalizable conclusions. The outcomes explored in this report are specific to the small sample of youth referred to the RCT initiative and may not be representative of the larger justice-involved youth population in Maine. For youth referred to the RCTs, there are data limitations in the project team's ability to measure outcomes and wellbeing across many of the key indicators of wellbeing, including education achievement, financial stability, and social/emotional wellness; these measurements are outside the scope of this

evaluation. Additionally, this evaluation does not incorporate the direct experience and voice of the youth who were referred to the RCTs. The project team is currently developing a plan to collect youth voice and feedback on how the initiative impacted them.

A key indicator of the long-term impact of the RCTs is recidivism rates, however there is no publicly available source for recent juvenile population level recidivism rates in Maine.¹⁷ Furthermore, due to data and capacity limitations, a recidivism rate for the program population could not be calculated for this report. The data that the MDOC provided to the project team only included the current status of each youth referred and did not provide a detailed status history for each of the youth represented from the time they were referred to the RCTs to the present. Therefore, the project team could not determine what led to any change in status for the individual youth (new arrest, adjudication, releases, etc.). Additionally, no data is available for youth who were not formally involved with MDOC at the time of their RCT referral due to an inability to match them up with DOC records. Further recidivism analysis should be done in the future to examine the outcomes among youth referred, and as compared to the population, in more detail.

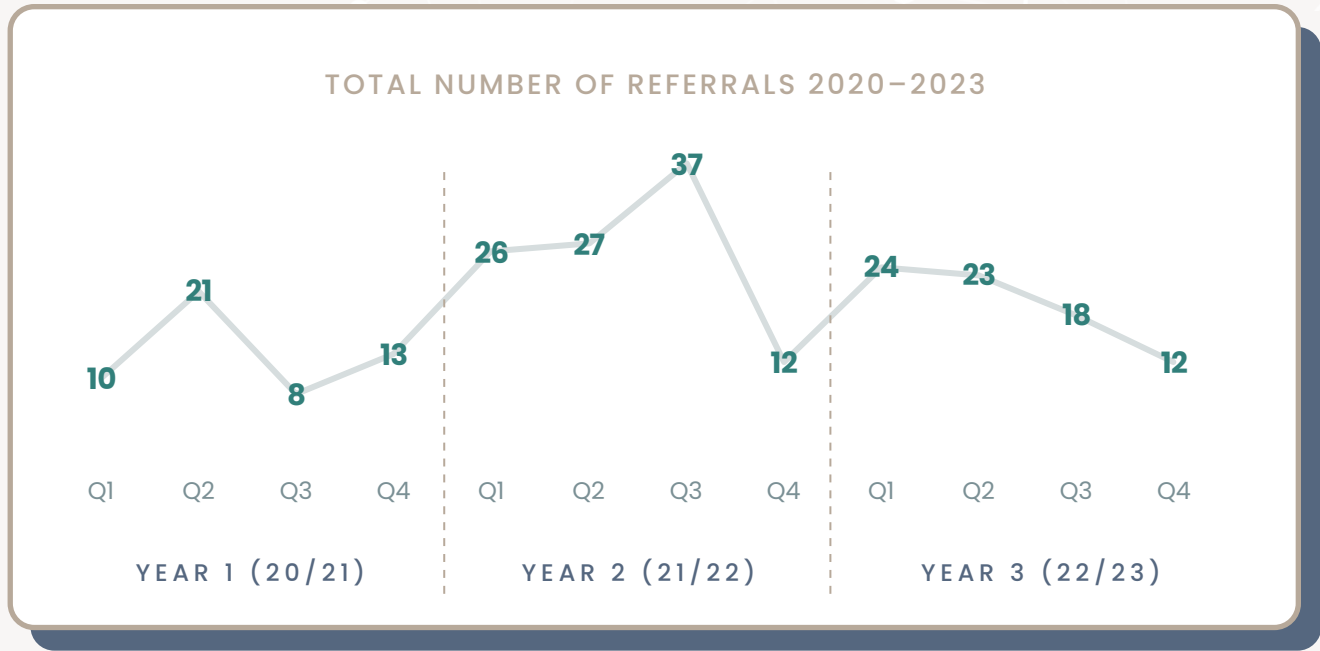
17 The latest recidivism data that could be found is from a 2021 report examining data from 2014–2018. See the report here: <https://bpb-us-w2.wpmucdn.com/wpsites.maine.edu/dist/2/115/files/2017/10/2021YouthRecidivism.pdf>

The Impact of Regional Care Teams: 2020-2023

Youth Referrals

In the first three years of the initiative (2020-2023),¹⁸ youth-serving agencies and individuals including Juvenile Community Corrections Officers (JCCOs), case managers, advocates, and family members made **231 referrals for 165 individual youth**. This has included 170 (74%) referrals for funds requests and 61 (26%) referrals for case reviews. Forty-three young people have been referred to the RCTs more than once. Of the total referrals, 39% were referred to Region 1, 26% to Region 2, and 36% to Region 3. As a result of these referrals, more than **\$71,000 has been distributed statewide** to directly support young people to stay connected to their communities.

	Referrals	Funds Distributed
YEAR 1	52	\$14,111
YEAR 2	102	\$32,431
YEAR 3	77	\$24,705
TOTAL	231	\$71,247



¹⁸ This report looks at program years on the state fiscal cycle (July-June). Quarter 1 (Q1) includes July-September, Q2 October-December, Q3 January-March, and Q4 April-June. The full evaluation reports for Years 1 and 2 can be found on our website <https://placemattersmaine.org/regional-care-teams>.

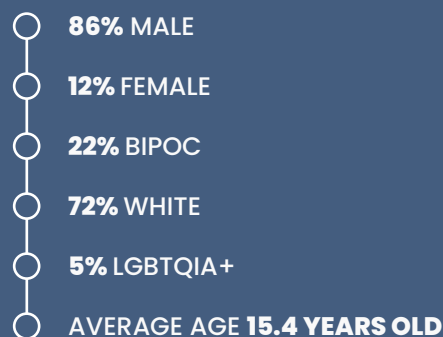
DEMOGRAPHICS OF YOUTH REFERRED

Over the past three years, youth referred have ranged in age from 11 to 21 years old. The majority of these youth (76%) were between the ages of 15 and 18 at the time of referral, with an average age of 16 years old. The average age at the time of referral has decreased over time from an average age of 17 years old in Year 1 to 15.4 years old in Year 3.

Of the youth who were referred to the RCTs, 19% have been identified as female and 80% as male. The proportion of referrals who were identified as female decreased in Year 3 to just 12%, compared to 29% the previous year. A small number of youth were identified as transgender/nonbinary/genderqueer or another identity not listed, or their gender identity was unknown to the referent.¹⁹ In total, 3% of referrals were identified as LGBTQIA+ by the referent. However, this is likely an underrepresentation as 35% of referents did not indicate gender on the form (selected “Not Sure”), and national data suggests that 20% of all youth in juvenile justice facilities identify as LGBTQ+.²⁰

In total, 79% of youth referred in the past three years were identified as white and 19% as BIPOC.

DEMOGRAPHIC BREAKDOWN OF YOUTH REFERRED IN YEAR 3



However, the proportion of BIPOC youth served by the initiative has increased over the past few years from 15% in Year 1 to 22% in Year 3. Among BIPOC youth, 11% were identified as Black or African American, 4% as Latinx, and a small number identified as Middle eastern or Arab, Native American or Indigenous, or multi-racial.²¹

¹⁹ Numbers are not shown for these groups due to small sample sizes (<10).

²⁰ Movement Advancement Project. (2017). *Unjust: LGBTQ youth incarcerated in the juvenile justice system*. <https://www.lgbtmap.org/file/lgbtq-incarcerated-youth.pdf>

²¹ Numbers are not shown for these groups due to small sample sizes (<10).

HISTORIES OF SYSTEM INVOLVEMENT FOR YOUTH REFERRED

Over the past three years, 99% of referrals have had a known history of involvement with the juvenile justice system at the time of their referral.

In total, 57% of the youth were under formal MDOC supervision, including 16% who were committed or detained and 41% who were under community supervision or reintegration at the time of their referral.²² The remaining youth (43%) included youth who were considered referrals to MDOC or under conditional release (31%) at the time of their RCT referral, as well as a small number who had never been involved in the juvenile system or had a history of involvement but were not actively under MDOC supervision at the time of their referral. In addition, many of the youth had a known history of involvement with other state agencies. In fact, **one-third (32%, n=73) of youth referred to RCTs had a known history²³ of involvement with child welfare, Child Protective Services, or the foster care system**, and 29% (n=67) had experienced a school disciplinary action such as suspension or expulsion.

MDOC STATUS DEFINITIONS

NONE

Not under any MDOC supervision or status at the specified time. Includes youth who had no history of MDOC involvement and those with previous involvement who have since been discharged.

DIVERSION

Includes youth who have been referred to the MDOC but were not under any formal supervision at the time.

COMMUNITY SUPERVISION

Youth who are under community supervision or community reintegration. Includes those under community supervision pre and post adjudication, and those who are reintegrating after a period of confinement.

DETAINED

When a youth awaiting trial is held in a facility that is physically restrictive or has intensive staff supervision and prevents them from departing at will.

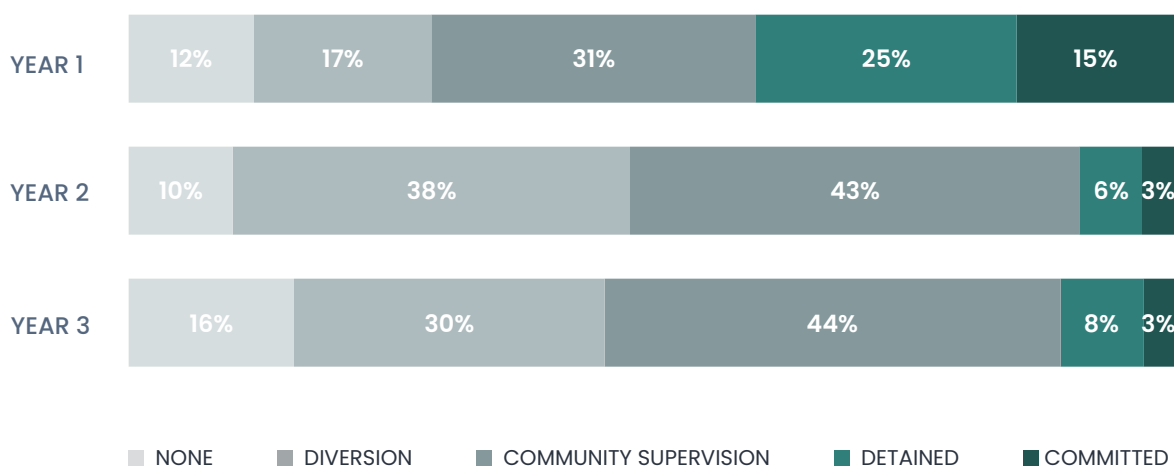
COMMITTED

When a youth under Department of Corrections custody is incarcerated in a juvenile corrections facility based on a court decision.

²² Youth who were referred multiple times are counted more than once in these numbers for each referral made and their status at the time of each.

²³ This data is reported by the individual making the referral and therefore may be an underrepresentation of the actual number of youth with experience in the child welfare or foster care system.

OVER TIME, THE PROPORTION OF REFERRALS FOR YOUTH WHO ARE COMMITTED OR DETAINED HAS DECREASED COMPARED TO THE FIRST YEAR OF RCTS



In total, 70% of the requests for an RCT review stated that the review was being requested to prevent the use of secure detention or commitment.²⁴ Notably, this proportion has declined during each year of the initiative from 89% in 2021 to 44% in 2023. **Over time, the proportion of referrals for youth who are committed or detained**

has decreased compared to the first year of RCTs.²⁵ These downward trends, as well as the decrease in average age of youth referred to RCTs, reflects how RCTs are being utilized to divert youth in the prevention or early intervention stages of the continuum of care.

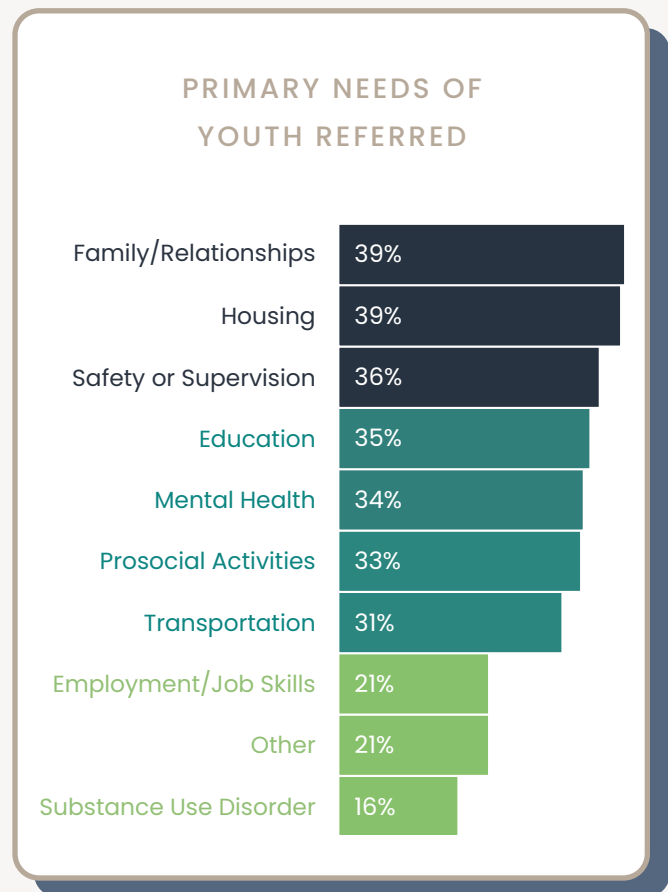
24 Referrals can be for either Funds Requests or Care Team Reviews.

25 The "None" category in the chart on this page includes youth who had no history of MDOC involvement, youth who were inactive, or youth with an unknown status/history.

PRIMARY NEEDS OF YOUTH REFERRED

The RCT referral forms include questions that allow the referent to identify the high-level, primary needs of the youth being referred.²⁶ Of the 231 total funds requests and case review referrals from the start of the initiative until June 2023, the top areas of need identified were **family and relationship support** (39%, n=91), **housing** (39%, n=90), and **safety or supervision** (36%, n=83).²⁷ Referrals with “Family or Relationships” were often made for youth who lacked a family or other positive adult support system, or where there was a need to support a family or guardian(s) in stabilizing the young person. Referrals with “Safety or Supervision” were often made to help deescalate situations for young people in crisis and at risk of harming themselves or others. Referrals also included funds requests for basic needs to help young people and their families (i.e., heating, utilities, housing, technology).

The monthly case reviews often underscored how young people’s needs are overlapping and intersecting. Referred youth coming from families who struggle with relationships and family dynamics often needed support securing adequate housing, reliable transportation to school, or quality mental and behavioral health treatment. Many youth and their families who were part of the RCT process experienced the intergenerational impacts of system involvement, which can perpetuate cycles of economic and health-related instability. A review of the qualitative notes from the referrals and RCT meetings further supported the needs highlighted in the data.



The cross-system and collaborative structure of the RCTs helped the teams connect young people, their families, and the service providers working with them to appropriate resources and supports. However, the funds requests and case reviews received by the RCTs also highlighted consistent gaps in the continuum of care. Sometimes, the team was able to address these gaps by working across siloes to avoid or deescalate emergency situations. But often these gaps revealed areas that systems should continue to learn more about and invest in. Several of these opportunities will be discussed in this report.

26 Both the funds requests and case review forms are structured to that the individual making the referral can select from multiple categories. These forms can be found at <https://placemattersmaine.org/regional-care-teams>.

27 The categories are not explicitly defined on the referral form but allow for elaboration in open-ended comment boxes.

RCT FUNDS YEAR 1 - YEAR 3

	Year 1	Year 2	Year 3	Regional 3-Year Total
REGION 1	\$8,025	\$7,876	\$11,681	\$27,582
REGION 2	\$2,422	\$6,344	\$4,079	\$12,845
REGION 3	\$3,664	\$18,211	\$8,945	\$30,821
YEARLY TOTAL	\$14,111	\$32,431	\$24,705	\$71,248

FUNDING REQUESTS TO SUPPORT YOUTH & THEIR FAMILIES

Between June 2020 and July 2023, referrals to the RCTs have resulted **in the distribution of \$71,248²⁸ in funding to directly support youth and their families.** Region 3 has distributed 43% (\$30,821) of the total funding. The overall funds distributed increased between Years 1 and 2 but declined in Year 3. While spending in Regions 2 and 3 increased from the first to the second year, both regions distributed fewer funds in Year 3, while Region 1 spending increased. Since the start of the initiative, **an average of \$565 was allocated per youth referred for a funds request.** Individual funds requests ranged from \$25 to \$2,529.

Between 2021 and 2023, the RCTs distributed approximately \$27,135 (38% of total funds) to cover costs associated with housing needs, which often prevented housing insecurity for young people and their families.²⁹ In many cases, these

funds were used to pay for hotel/motel stays for unhoused youth and their families to help bridge the gap between houselessness and longer-term housing solutions. For others, the funds were used for rental assistance to avoid a loss of housing or for lodging for families to participate in discharge planning with youth who were being transitioned out of Long Creek Youth Development Center (Long Creek) or a residential treatment facility. One request was made to pay for storage space to allow a family staying in a motel to keep and protect their belongings while working with a county agency to obtain more stable housing. A few requests covered utilities such as oil or home furnishings. RCTs allocated these funds to ensure youth and their families had a safe, secure place to stay allowing the young person to continue to participate in education, employment, and other

28 Data on funding was provided by the Maine Department of Corrections. Funding for RCT requests is provided by the Maine Department of Corrections and the Juvenile Justice Advisory Group (JJAG) who have committed funds to help address these needs to support youth at each stage of the continuum of care (from prevention to reentry).

29 Some requests (27%) for funds addressed multiple needs. The allocation per area of need is not tracked in the data and therefore these counts include funds that may have been used across multiple categories.

prosocial opportunities. Increased investments in housing for youth currently or formerly involved in the juvenile justice system, or for youth at risk of involvement, are essential as housing in Maine is becoming less affordable and harder to find.³⁰ In 2023, housing support requests increased to represent almost half (45%) of the funds allocated, compared to one-third (33%) of the funds allocated in 2022.

Over the past three years, RCTs have allocated more than \$11,000 (16% of total funds) to support transportation needs and another \$10,000 (15% of total funds) to help purchase items to meet basic needs for youth in their communities.

Meeting basic needs and supporting access to transportation enabled youth to stay connected to essential resources, education and work, and people in their communities. Of the requests made for transportation-related expenses, many covered the travel costs to specific places, such as school or to mental health treatment appointments. These funds covered the costs of gas cards, bus passes, bicycles, and vehicle repairs. In addition, many requests were used to cover the cost of driver education class for youth to increase their independence and options to stay connected to work or school. In total, RCTs have allocated

\$3,000 to cover driver's education costs, reducing a significant barrier for these transition-aged youth, especially those living in rural areas without public transportation. The number one basic needs request is for clothing, particularly for winter clothing such as jackets or shoes, but also for support in obtaining appropriate clothing for work to help youth maintain employment.

In 2023, other common funding needs included supports for emotional or psychological wellbeing (9%), technology (6%), and prosocial activities (6%). The RCTs helped to cover costs associated with psychological evaluations and items such as exercise equipment and weighted blankets to help youth cope with emotional or mental health needs. The RCTs also provided funds to help youth engage in activities such as boxing, cycling, camps, sports teams, and cooking. This included funds for supplies, membership fees and transportation. RCTs helped cover the cost of technology needed to engage in online prosocial activities, including limited cell phone service, laptops, and Wi-Fi assistance. All of these were key in supporting youth in their wellbeing, and in keeping them connected with positive activities and supportive adults.

30 Maine Housing, Governor's Office of Policy, Innovation, and the Future, and Maine Department of Economic & Community Development. (2023). State of Maine Housing Production Needs Study. https://mainehousing.org/docs/default-source/default-document-library/state-of-maine-housing-production-needs-study_full_final-v2.pdf?sfvrsn=b10a8015_13.

Outcomes of Regional Care Teams

PREVENTING FURTHER SYSTEMS INVOLVEMENT FOR YOUTH

The latest research (2021) on Maine juvenile recidivism found varying recidivism rates depending on the youth's level of involvement with MDOC. Recidivism rates ranged from 11% for youth who were diverted to 45% among youth who were discharged from Long Creek. During the study period (2014–2018), 16% of youth were adjudicated or convicted within two years of their discharge, release to community supervision, reintegration, or deferral.³¹

Data limitations make it difficult to calculate a comparable recidivism rate for youth who were referred to the RCTs.³² Out of the 165 youth referred, only 140 records were able to be matched up to the MDOC data system to determine their current status with MDOC.³³ Among those whose records could be matched (n=140), 76% of youth were no longer formally involved with MDOC at the end of Year 3, compared to just 17% who were inactive (meaning no formal DOC status) at the time of their most recent RCT referral.³⁴

There were 88 youth identified (see figure on the following page) who were referred to the RCTs at least 1 year ago and whose status has changed since the time of that referral. Among these youth, 88% were either diverted or discharged from supervision by the end of Year 3. Only 12% were actively under MDOC supervision, with 7% under community supervision and 5% committed or detained at the time of the data extract. This analysis does not reflect a full history of MDOC involvement for the youth with matched records, and so the project team cannot determine whether the change in status is a result of a new charge or violation. However, we can conclude that **the majority of referred youth are no longer under MDOC supervision**, which suggests a low level of recidivism in the long term.

31 Wheeler, T. & Dumont, R. (2021). *Youth Recidivism: Diversion to Discharge in Maine's Juvenile Justice System*. Maine Statistical Analysis Center. University of Southern Maine. <https://bpb-us-w2.wpmucdn.com/wpsites.maine.edu/dist/2/115/files/2017/10/2021YouthRecidivism.pdf>

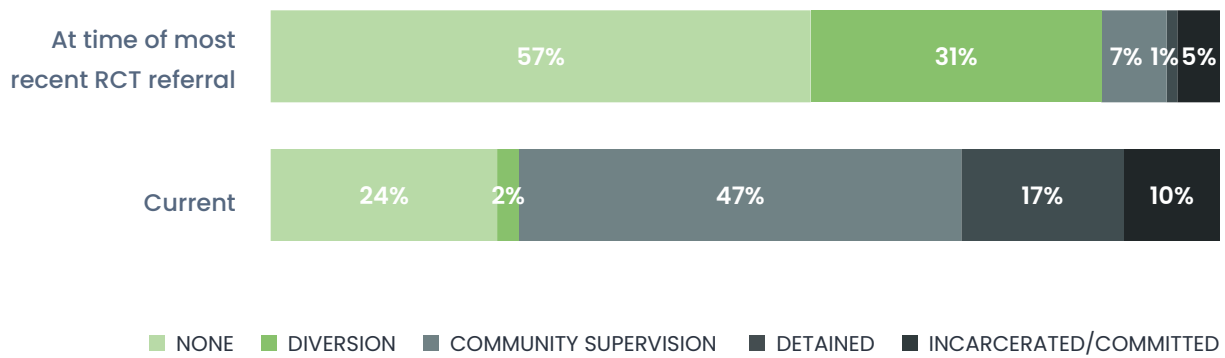
32 Recidivism generally describes the rate in which individuals return to the criminal justice system after a period of incarceration or probation. For more information see <https://www.restorejustice.org/legal-explainer/explainer-recidivism/>

33 Due to the way that records are tracked and a limitation in available data for this report, a recidivism rate is not calculated. There were 25 referral records that could not be matched and therefore their current DOC status is unknown.

34 Many youth were referred more than one time. For the purposes of this data, the most recent referral status is used to compare to the current status with MDOC.

THE MAJORITY OF REFERRED YOUTH ARE NO LONGER UNDER MDOC SUPERVISION, COMPARED TO THEIR MDOC STATUS AT THE TIME OF THEIR MOST RECENT REFERRAL TO RCTS³⁵

MDOC STATUS



35 The chart above includes all youth (n=88) who were referred to RCTs and their most recent referral was over one year prior to September 2023 when the data was pulled and have had a status change since their referral.

FOSTERING EFFECTIVE CROSS-SYSTEM COLLABORATION

In addition to improving youth outcomes, one of the founding principles of the RCTs is to bring youth-serving systems and community organizations together to break down siloes and support youth through a collaborative approach. This is important because the needs, challenges, and strengths of all young people, including systems-impacted youth, are more complex and interrelated than the design of our systems. In response to this challenge, RCTs aim to foster an environment where a diverse range of partners can effectively share resources, problem-solve, and ultimately work toward better outcomes for the youth they all serve.

In conversations with MDOC staff and other partners, many highlighted the collaborative dynamic of the meetings as a key asset to the success of RCTs. One MDOC staff member reflected that a benefit of RCTs is having “fresh eyes” on a young person’s situation. The RCTs are an opportunity to refocus on outcomes for the young person and make a plan that centers their strengths, needs, and stated goals.

79%

OF RCT MEMBERS

were satisfied with their overall experience.

“The RCT is a great place to gain new ideas and expertise regarding current challenges with youth and possible solutions.”

RCT MEMBER SURVEY RESPONDENT

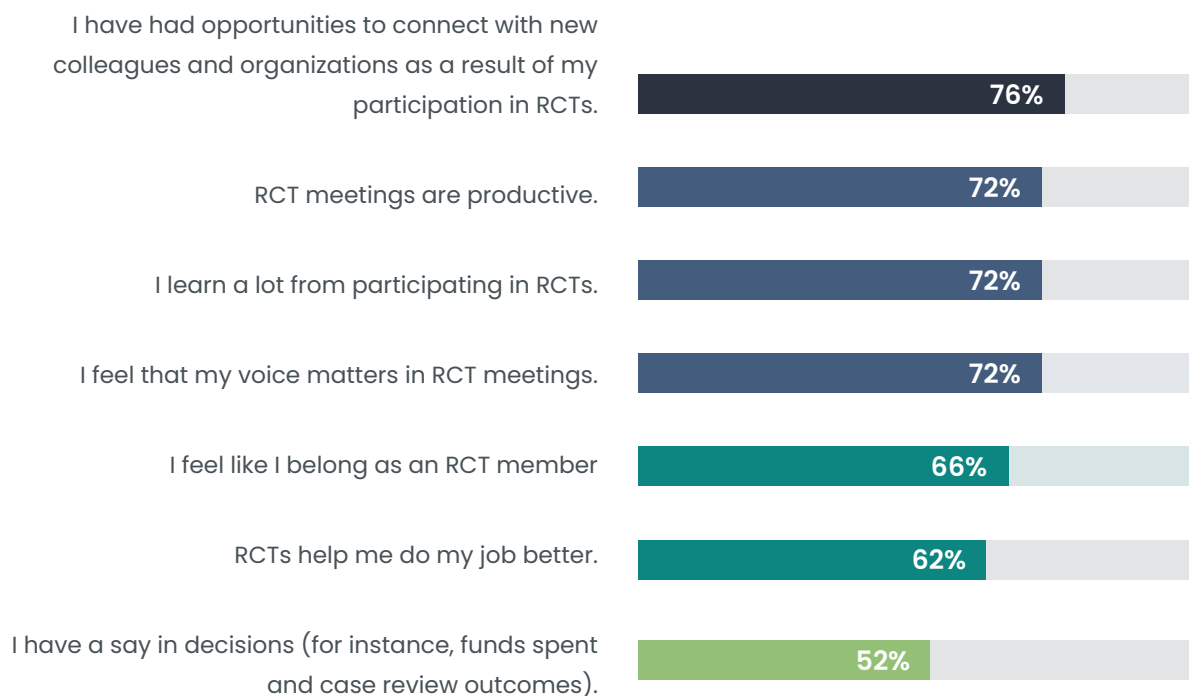
To further evaluate the impact of RCTs, the project team surveyed all partners who have been involved in the network, including those who have attended meetings and those who have made youth referrals, since the start of the initiative. In total, 29 individuals responded to the survey (22% response rate). Just over half of respondents represent government agencies (55%) while the other half identified as members of community organizations, service providers, attorneys, or university partners. Overall, feedback from partners on the survey was positive, though many did identify some areas for improvement.

The majority of respondents (66%) indicated they would recommend RCTs to a peer or colleague.

Fourteen percent said they would not recommend RCTs, resulting in a Net Promoter Score (NPS) of 52%.³⁶ Most respondents were generally satisfied with the RCT meetings (90%) and with their overall experience as an RCT member (79%). In addition, RCT members generally felt a sense of belonging and that their voice matters in meetings and agreed that RCTs have been a source of

³⁶ Typically used in the context of customer experience, Net Promoter Score (NPS) is a metric that measures participant affinity. Previous research has demonstrated a connection between how respondents answer the question on the survey and how they are talking about the organization with their peers. The NPS represents the net proportion of individuals who are actively and enthusiastically recommending the organization, service, or product. For more on NPS see “[What is Net Promoter Score \(NPS\)?](#)”

MORE THAN HALF OF PARTNERS SOMEWHAT OR STRONGLY AGREE THAT RCT MEETING PROCESS AND OUTCOMES ARE EFFECTIVE. (N=29)



connection and learning for them. One area for improvement is in collaborative decision making. Only 52% of respondents felt they had a say in decisions (on funding, case review outcomes, etc.) (see figure above).

As previously highlighted in the referrals data, many youth who are referred to the RCTs have

been impacted by multiple state systems, which underscores how working across systems is essential in addressing the needs of systems-impacted youth. By bringing together partners across the various state systems,³⁷ as well as involving community providers, RCTs aim to better discuss the specific challenges and work towards solutions for youth impacted by multiple systems.

³⁷ State systems partners who participate in the RCTs include representatives from the Maine Department of Corrections (MDOC), the Maine Department of Health and Human Services (DHHS), and the Maine Department of Education (DOE).

PARTNER PERSPECTIVES

“Through my involvement with the Regional Care Team, my biggest takeaway has been the remarkable community support dedicated to uplifting Maine youth. One aspect that has particularly stood out to me is the impact of guest speakers within our group sessions. These speakers have provided invaluable insights into the challenges that our youth encounter, further deepening my understanding and empathy towards their situations.”

MELANIE JUNKINS, MSED

Office of School and Student Supports, Maine
Department of Education

“While the teams are able to focus on specific needs and concerns, they do a great job of considering the whole child and family and what will be successful long term. It is rare in child welfare work to have such tangible solutions and options for youth who are dual system involved.”

ANNA SCHMIDT

Disability Rights Maine

“I would like to see the teams take opportunities to get more folks at the table from other entities such as, schools, faith-based organizations, youth advocacy organizations, businesses, coaches, mentors, other provider agencies, to be creative with who is invited to the table and where advocacy needs to happen to get others to attend”

ALICE PREBLE

Childrens Behavioral Health, Maine
Department of Health and Human Services

“The Regional Care Team partnerships have provided a sorely needed space for cross-sector service providers to unite around an individual youth and use our collective thinking to do what’s best for them. RCTs have also been the perfect place to highlight resources like the Pilot Program to Prevent Student Homelessness and to ensure that the folks with the established trust and relationships with youth and families were able to get the funds to the folks who needed it.”

AMELIA LYONS-RUKEMA

Office of School and Student Supports, Maine
Department of Education

INVESTMENTS IN THE CONTINUUM OF CARE: OPPORTUNITIES AND ACCOMPLISHMENTS

RCTs have successfully filled gaps to connect youth to education, work, housing, or services, and have helped to respond to crisis situations. However, RCT member survey respondents were less enthusiastic about the overall long-term impact of RCTs in helping youth. In total, 69% of survey respondents were satisfied with the impact of the RCTs in helping youth. **While 76% agreed that RCTs were an essential resource for helping youth, only 59% agreed that RCTs have had a positive impact on the safety and wellbeing of youth in our communities.**

Out of those who responded to the survey, only 14 (48%) had directly referred a young person to the RCTs themselves. Among those who made direct referrals, 85% felt the process was very easy, but only 57% reported that the process had made at least some positive difference for the young person. Comments from survey participants added further context, indicating that many issues brought to the RCTs through case reviews go unresolved, not due to a lack of participation from team members, but rather, a lack of services and resources to meet the identified needs of the young person in their local community. While a strength of the RCTs has been its ability to directly fund emergent, basic needs of youth who have been impacted by the justice system, the impact of the case review relies on the availability of resources which in many cases are not available.

Many survey respondents share the view that the RCTs have not been able to make a significant positive impact on larger systems policy and practice changes to help alleviate these resource gaps or other barriers. In fact, **only 55% agreed that RCTs have had a significant positive impact on systems change.** While the RCTs can be a

“RCT is an excellent idea. The people involved are fantastic. Everyone is willing to share ideas, however there is very little that anyone can actually do to help young people. Actual services are nearly non-existent, transportation and access to technology is also a problem in the state. The ideas are very difficult to bring to fruition due to lack of resources, access, waiting lists and staff.”

RCT MEMBER SURVEY RESPONDENT

useful resource for providers seeking a short-term solution to address the specific needs of a young person, feedback from partners suggests that the systemic barriers are often not (and sometimes cannot be) addressed by the RCT process alone. These specific needs areas where RCTs were able to prevent further justice involvement for a young person, as well as the gaps in the continuum revealed or confirmed by the RCT process are outlined further in the remainder of this section of the report.

Lowering the barrier to housing and basic needs

Many places in Maine are facing a housing shortage, exacerbating the fallout from families losing COVID-era housing assistance. A recent study showed that in 2021, 12% of Maine households lived below the poverty line and an additional 30% were identified as Asset Limited, Income

Constrained and Employed (ALICE), meaning 42% of Maine households are particularly vulnerable to housing shortages and high housing costs.³⁸ Notably, ALICE rates were higher in Maine’s northern and rural counties, and these income disparities are compounded by a lack of services in those areas.

Housing is one of the top identified needs among young people who have been referred to the RCTs. For youth from rural areas in Maine, the lack of housing options and independent living programs has been particularly challenging. In addition, many of these families are struggling to afford other basic needs such as food, clothing, transportation, and school supplies. RCT referrals and partner feedback described access to housing, including supportive housing units, and basic needs as major barriers facing youth currently or formerly involved in the justice system, as well as youth at risk of involvement. For example, in Region 1, the RCT worked with a community-based organization to help a family make a one-time payment to secure a lease. Like many other young people with housing needs, stable housing was essential for this young person to access mental health supports. While one-time payments have helped many of these families, in the long term, RCT support is not enough.

“[RCT funds were] essential to keeping [a] family from experiencing homelessness and likely further involving [a] young person in the juvenile justice system.”

RCT MEMBER SURVEY RESPONDENT

Maine’s housing crisis is driving trends of lower housing quality, increased housing costs, and increased homelessness.³⁹ Lack of stable housing and homelessness have been demonstrated to lead to increased risk of justice-system involvement, substance use disorders, and increased vulnerability to physical and sexual assault.⁴⁰ Families struggling to provide basic needs, stable housing, secure income, and medical care are at increased risk of involvement with the child welfare system.⁴¹ The needs identified by the RCTs underscores this larger systemic issue and reiterates a need for large scale policy-driven, statewide solutions.

38 United For ALICE, United Ways of Maine. (2023). ALICE in Maine: A Study of Financial Hardship. <https://www.unitedforalice.org/state-overview/Maine>.

39 Maine Housing. (2023). *State of Maine Housing Production Needs Study*.

40 Polcin D. L. (2016). *Co-occurring Substance Abuse and Mental Health Problems among Homeless Persons: Suggestions for Research and Practice*. *Journal of social distress and the homeless*, 25(1), 1–10. <https://doi.org/10.1179/1573658X15Y.0000000004>.

41 Maine Department of Health and Human Services, and Maine Child Welfare Action Network. (2023). *Maine Child Safety and Family Well-Being Plan*. <https://www.maine.gov/dhhs/news/maine-dhhs-and-maine-child-welfare-action-network-release-child-safety-and-family-well-being-plan-tue-05092023-1200>.

Identifying categorical exclusion⁴²

Long wait lists for behavioral health and substance use disorder treatments and the impacts of staffing shortages were widely acknowledged by RCT partners as barriers to adequate treatment for systems-impacted youth. Case reviews revealed that youth who have been involved in the justice system are especially impacted by these shortages. Youth with histories of justice system involvement referred to the RCTs often experienced categorical exclusion from programs experiencing staffing shortages. Programs are less likely to accept these youth in part because of a reduced capacity to appropriately respond to the specific behaviors and diagnoses common among this population, and in part because of the stigma associated with justice system involvement.

Multiple young people were referred to the RCTs by their case manager and/or JCCO because they were not accepted at any in-state or out-of-state residential facility for behavioral health and substance use treatment. This was true for one young person living in a rural part of the state who had a family dedicated to meeting their needs. This young person was rejected by both local community-based and out-of-state programs, and their family struggled to find adequate respite

support to ensure everyone's safety. Ultimately this prevented the young person from being able to safely stay in their community. For several young people referred to the RCTs, categorical exclusion and a lack of community services resulted in prolonged stays in hospitals or incarceration at Long Creek. This gap in the continuum of care separates families, moves youth into more restrictive settings, and puts increased strain on hospitals and law enforcement to respond to mental health and substance use disorders.

Case reviews like these reveal how **community-based treatments are often not equipped to meet the needs of all young people, and particularly youth who have been involved in the justice system, who may have a history of behaviors that require a more specialized, individual response.** For young people who need substance use treatment, the gaps are especially dire, and even more so for youth on MaineCare as there are limited residential substance abuse treatment facilities that will accept them. Other analyses of Maine's behavioral health system have also pointed out that juvenile justice rehabilitative services are often unavailable in less restrictive settings and so youth remain at or are sent to Long Creek.⁴³

42 The authors define categorical exclusions as policies that automatically and categorically prevent an individual with a criminal background from accessing services. These can be due to provider policies, insurance policies, or funding restrictions. In practice this means that individuals are excluded from accessing mental health and substance use treatment, housing, education programs, and opportunities for employment.

43 Clarke, Kristen. (2022). Re: United States' Investigation of Maine's Behavioral Health System for Children Under Title II of the Americans with Disabilities Act, Page 7. <https://www.justice.gov/opa/press-release/file/1514326/dl>

Planning for crisis to ensure youth and family safety

Another outcome of both an overburdened behavioral health system and categorical exclusion from certain services for youth with histories of justice system involvement is an overreliance on emergency crisis services.⁴⁴ Local law enforcement and emergency rooms are often responsible for responding to young people with justice system histories who are experiencing a mental health crisis.⁴⁵ The RCTs received many referrals for young people whose families were struggling to manage these crises. Through leveraging the expertise of a cross-system group, the RCTs were able to help some of these youth and their families identify resources for respite care, wraparound services, or other options to keep a young person safe in the least restrictive environment. By connecting youth and families to available resources, RCTs helped to proactively prevent and help families better prepare for crises, alleviating pressure from law enforcement and local hospitals.

Many young people referred to the RCTs lacked a consistent adult mentor outside their family unit. In one instance a judge referred a youth to the RCT process to identify a positive mentor to help provide structure and consistency. The RCT helped identify a staff member at this young person's school to act in this role, and also recommended wraparound services to help support the parent. Another case review focused on a young person returning from residential treatment. The RCT recommended a funds request to cover the cost of a psychological evaluation so that the family and providers could better understand this young person's needs related to their trauma history. In both cases, RCTs were able to use resources

to help connect young people to appropriate supports and necessary treatment to help prevent a future crisis.

Engaging natural supports

The most common need identified on referrals made to the RCTs was "Family and Relationships." Many case reviews described families struggling to navigate limited services, long wait lists, and high costs. Families also struggled with relationships, cultural barriers, and intergenerational challenges. Often, a young person's natural supports were compromised by challenging relationship dynamics resulting from intergenerational trauma and family histories of system involvement. This, in turn, was often an obstacle for families to engage in more intensive therapy, such as home-based therapy or Multi-Systemic Therapy (HCT or MST) and high-fidelity wraparound services. Other families faced cultural and language barriers to successfully engaging in treatment.

The RCTs helped youth and providers working with them to plan and to develop strategies to overcome barriers to family engagement. One youth referred to the RCTs was resourceful, with a strong interest in education and a positive relationship with their school guidance counselor. There was a lot of conflict between this young teenager and their single parent, who needed help ensuring their child's safety and access to mental health treatment. The RCT identified options for short-term respite support for the parent, and the long-term goal of helping this parent engage more fully in treatment with their child. In response to another referral, the RCT connected a young person to prosocial summer activities, helping them to mitigate behavioral challenges

44 Disability Rights Maine. (2017). Assessing the Use of Law Enforcement by Youth Residential Service Providers. <https://drme.org/assets/uncategorized/Law-Enforcement-08.08.17.pdf>. Page 12.

45 Center for Children's Law and Policy. (2020). *Maine Juvenile Justice System Assessment*. Page 75.

exacerbated by a difficult family dynamic.

Strengthening transition planning

Since the start of the initiative, the RCTs have aimed to support young people transitioning from a period of confinement in Long Creek to their community and have been connected with a small number for this purpose. These young people participated in their Regional Care Team review by joining the meeting directly. The outcomes from these case reviews demonstrate both how RCTs can help connect to resources quickly, but also the need to continue to refine and strengthen the RCT capacity, and coordination with Long Creek staff to better support a young person who is interested in actively participating in their own transition planning.

RCT referrals to support youth transitioning from Long Creek have helped supplement supports related to housing, treatment, and covering costs of basic needs (like clothing, school supplies, and furnishings). For many young people returning to their communities after a period of confinement, safe and stable housing is a primary concern. Many of the youth referred did not have a plan for housing as close as one month away from their release date. For one young person, the RCTs

helped with housing and continuing medical supports. For another young person, the RCTs helped ensure consistent, community-based substance use treatment. For others, the RCTs helped provide funds to cover costs for basic needs, school supplies, and transportation which helped to ensure their safety, and kept them connected to their community and positive paths to career and education opportunities. These examples show how the RCTs can help strengthen the transition planning process for young people reentering their communities. However, they also highlight a need for a more intentional, structured transition planning process that starts early, is transparent and involves family and the RCTs, as appropriate. It must also include the young person to have a voice in the plan, so everyone is focused on helping the young person identify and work toward common goals. A robust transition planning process will also ensure the team is better connected to community resources, and more prepared to address gaps, challenges and barriers that might prevent a young person from being successful at home and in their community.

REGIONAL ACCOMPLISHMENTS, CHALLENGES, & OPPORTUNITIES

Region 1

Region 1 is made up of Maine's two most populous counties, Cumberland and York, which accounts for the relative abundance of organizations and resources located in the region. Compared to more rural parts of the state, youth referred to Region 1 were overall less impacted by a lack of services and more impacted by the high cost of living. For instance, many youth referred to Region 1 needed help covering costs associated with housing, including rent assistance and damage repair. Of all funds spent in Region 1, approximately 48% were to cover costs associated with housing, ten points higher than the proportion of housing funds spent in the other two regions. Case reviews that focused on housing often also identified the need for expanded supportive housing units that provide increased support for older youth as they transition back to community from a period of detention.

In the past year, Region 1 partners have seen expansions of available resources for transition-aged, systems-impacted youth. For example, Day One, an organization that provides both residential and outpatient mental health and substance use treatment, opened a new residential program for girls in Windham in July 2023.

The Region 1 RCT has continued to expand on its strength of consistency and buy-in from stakeholders. The Region's Regional Corrections Administrator (RCA), who has been with this

“The fact that we have made the Regional Care Teams something sustainable is a highlight for me. Not all programs stick around, but we have maintained consistent funds requests and case reviews over these past three years. I enjoy that we can be a stopgap and I would like to see the initiative grow its resources to sustainably support more youth.”

JOHN COYNE

Region 1 RCA

initiative since its inception, noted the consistent participation from JCCOs as a strength. The case review process encourages and supports JCCOs and other referents (including attorneys and case workers) to share their work with a young person, ask for help, and be open to additional resources in a strengths-focused conversation without fear of judgement. Region 1 looks forward to building on training for other referral sources including judges, case managers, and behavioral health professionals.

REGIONAL ACCOMPLISHMENTS, CHALLENGES, & OPPORTUNITIES

Region 2

Made up of seven counties, Region 2 serves youth facing a wide range of needs across differences in geography and population density. Lewiston and Auburn continue to act as the service hub in the region resulting in gaps in the more rural areas, which are often hours away and quite diverse in terms of needs. As a result, access to supportive services has been a major challenge in Region 2 throughout the initiative.

As was noted in previous years, youth in the region's rural areas often require more crisis responses than are currently available. This led the Region 2 RCT to distribute more funding to creative stopgap solutions including supporting prosocial activities for youth as part of an incentive plan and technology to access remote education and services.

In addition, like in other regions, top areas for funding requests have been in housing supports, transportation, and basic needs. In year 2, Region 2 also had a request to cover a psychological evaluation that was needed for a young person which required a larger amount of funds than a typical funds request. Region 2 has also had multiple care team reviews where the young person was present in the meeting, giving them a voice in the planning and recommendations. Region 2 has also had care team reviews to aid in reentry for youth who are transitioning out of Long Creek.

The RCT in Region 2 has been able to bridge some of the gaps and connect to resources

“My biggest goal since we first started with the RCTs is that a kid shouldn't have to commit a crime to get services, period. To make sure RCTs can achieve this, I would like to see DOC collaborate more with other agencies, and have this initiative grow to be more community-based.”

SUE NEE

Region 2 RCA

in more rural areas. Presentations from Vocational Rehabilitation, for instance, have helped providers and JCCOs connect youth in more rural areas to resources related to career exploration and employment. The positive impacts of cross-system collaboration have been felt most notably in the Midcoast region, where the Regional Care Teams has helped support and join in the early stages of other regional collaboratives and initiatives aimed at helping youth in the region such as the newly established Midcoast Community Collaborative (MCC).

REGIONAL ACCOMPLISHMENTS, CHALLENGES, & OPPORTUNITIES

Region 3

Region 3 is the most rural and sparsely populated region, which includes seven counties that span a large geographical area in the northern section of the state. Region 3 also experiences vast service gaps in many rural towns and counties and a concentrated hub of services in the more densely populated Bangor–Brewer area. The region has a culture of local collaboration, developing creative solutions to address needs, and a deep history of wraparound service delivery. The strong connections and active local collaboratives⁴⁶ have resulted in a strong network of individuals with trusting relationships that foster the creative problem solving necessary for the service deprived areas.

Since the start of the initiative, the RCT in Region 3 has aimed to foster this spirit of collaboration to help youth, families, and service providers address challenging circumstances. In a few cases, RCT members suggested resources that the teams working with the referred youth had already explored which demonstrated both the limited resources in the region's rural areas and how well versed individuals are in their community's assets.

The team in Region 3 often identified systemic barriers, including long wait lists for residential treatment services, that prevented youth from receiving the care in a timely manner. The frequency of these barriers highlights the need for the RCTs to more effectively lift up systemic issues to policymakers and state leadership.

“Our biggest accomplishment over the past three years has been increasing our reach. We have increased referrals and brought in groups from all different departments within state government as well as community organizations. I’d like to see us continue to maintain those relationships. As we increase the number of referrals, we can refine the case review process, but those are important adjustments to make as long as we are growing the initiative and its impact on our communities.”

STEVE LABONTE

RCA Region 3

In the past year, the RCT in Region 3 leveraged its meeting norms around having a strengths-based conversation to support multiple parents present on the challenges facing their children. During these meetings, the RCTs provided not only resource suggestions but also validation and direct acknowledgements of their efforts and the challenges they face, contributing to an overall goal of increased trust between families and systems.

⁴⁶ Examples of these collectives include The Aroostook County Collective, Helping Hands with Heart (Piscataquis County), Penobscot County Cares, Downeast Partners for Children and Families (Hancock County), and The Community Caring Collaborative (Washington County).

Discussions & Recommendations

Consistent with the framework and guiding principles for building a continuum of care for youth in Maine, the following recommendations come out of the experience of the Regional Care Team initiative. They build on the broader Place Matters work to **align results, authorize leadership, access progress, accept inclusion, allocate resources, and act strategically** to develop an effective continuum of care for youth statewide. RCTs are a part of that continuum of care and for the past three years, have served as a window to what is happening on the ground with youth and families as they navigate systems to try to get their needs met and set themselves up for success.

As with the two previous reports, data collected during Year 3 of the RCTs finds that the continuum of care for youth in Maine is still lacking in several areas, reinforcing several key recommendations to better address the needs of all system-involved youth and maximize their ability to succeed. Previous reports recommended that the State **improve transition planning, expand supportive housing units, enhance mobile crisis systems, increase substance use interventions, and better integrate access to wraparound case management**. This year's recommendations build on previous ones (see sidebar).

KEY RECOMMENDATIONS

- 1 Improve transition planning to support successful reintegration.
- 2 Increase access to key continuum of care supports and services statewide, such as housing and substance use interventions.
- 3 Invest in workforce, incentive programs, and funding to better address service gaps, including behavioral health treatment.
- 4 Remove categorical exclusions⁴⁷ to ensure equal access and reduce discrimination.
- 5 Expand the role and scope of Regional Care Teams.
 - ▷ Diversify and expand membership and braided funding from other state or local systems and partners.
 - ▷ Refocus on shared administration and more equitable decision-making.
 - ▷ Increase youth voice and more effectively measure impact of RCTs for youth referred.

⁴⁷ The authors define categorical exclusions as policies that automatically and categorically prevent an individual with a criminal background from accessing services. These can be due to provider policies, insurance policies, or funding restrictions. In practice this means that individuals are excluded from accessing mental health and substance use treatment, housing, education programs, and opportunities for employment.

1. Improve transition planning to support successful community reintegration.

Youth leaving a correctional institution, congregate care, or a foster home setting, just like other youth, have a variety of needs, including a place to live, access to health care, educational opportunity, and employment assistance. Every youth represents a unique roadmap of their various experiences and intersecting identities: race, ethnicity, sexual orientation, gender identity, disability, etc. Youth transitioning out of systems, including moving on from institutional settings, may be particularly vulnerable and require specific, individualized attention. Furthermore, there is growing evidence that when transition planning is thorough, individualized, and supported by the necessary services, the rate of recidivism decreases,⁴⁸ highlighting how transition planning is an essential part of a responsive continuum of care.

RCTs were able to help some youth connect with essential resources during or after their transition back to community from Long Creek or from a residential treatment setting, including housing, substance use treatment, and transportation to school through McKinney-Vento funding. However, these and other referrals revealed the continued need for transition planning to start early and center the needs and strengths of the young person. In many of the cases where RCTs

have been involved in reentry, it has been as an emergency response, when ideally RCTs could be incorporated into transition planning at an earlier stage.

Effectively matching individual needs with supports and services requires asking regular, targeted questions to assess each young person's current situation and future goals.⁴⁹ Once there is a clear understanding of the young person's needs and intersecting identities, community partners can work with the state, the young person, and their family to provide resources and support in the community. **This planning process should start the moment the child under state custody enters institutional or residential care and continue to be reassessed and revised up until the young person transitions back into the community.**

State agencies should work with each other and community partners to develop aligned protocols and practices around transition planning for youth in their care that are data-informed, strengths-based, and reflect the goals and desires of the young person. Tools, such as "Youth Transition Planning: A Checklist for Reintegration",⁵⁰ are available to assist any system stakeholder working to ensure youth in transition are safe, stable, and cared for upon leaving state systems or institutions.

48 Strnadová, I., Cumming, T. M., & O'Neill, S. C. (2017). Young People Transitioning from Juvenile Justice to the Community: Transition Planning and Interagency Collaboration. *Current Issues in Criminal Justice*, 29(1), 19–38. <https://doi.org/10.1080/10345329.2017.12036083>.

49 McCann, Meghan. (2023). "Three Strategies to Support Youth Impacted by the Justice System." Forum for Youth Investment. <https://forumfyi.org/blog/three-strategies-to-support-youth-impacted-by-the-justice-system/>. Accessed 28 May 2024.

50 Maine Center for Youth Policy and Law. (2023). Youth Transition Planning: A Checklist for Community Integration. <https://mainelaw.maine.edu/academics/clinics-and-centers/maine-center-juvenile-policy-law>.

2. Increase access to key continuum of care supports and services statewide.

Expand use of peer mentors and leverage the adult recovery infrastructure to support justice-involved youth with substance use disorders (SUD).

Transition aged young people and justice-involved youth are disproportionately impacted by SUDs. National research suggests that as many as 75 percent of youth in the juvenile justice system have an SUD.⁵¹ In Maine, from 2017 to 2019, a staggering 18% of all 18 to 25-year-olds had an SUD and 13% had a serious mental health disorder, higher than the regional and national averages.⁵² Too often, young teenagers in Maine develop an SUD: Maine Drug Data reported that an estimated 8.6% of Mainers over age 12 suffer from an SUD.⁵³

Maine has limited detox programs, residential treatment, or community-based program options dedicated to supporting youth, especially in the more rural areas. Often those with MaineCare insurance or with justice system involvement get excluded from the existing options. Maine is missing out on an opportunity to adequately treat and prevent further SUDs and co-occurring substance use and mental health disorders for young people. Increasing the number of peer support mentors and peer support community groups, and

leveraging the adult recovery infrastructure could help support justice involved youth statewide. Focusing on young people impacted by the foster care system, the National Center on Substance Abuse and Child Welfare noted that peer support models have been shown to increase treatment access and engagement and reduce time in out-of-home care.⁵⁴ Increasing the availability of this model for justice-involved young people statewide is a step toward keeping them in community.

Increase funding for housing options with a focus on supportive transitional housing.

Funds requests for housing and housing related needs were one of the top uses of RCT resources throughout the three years of the initiative. This is unfortunately unsurprising given how system-impacted youth are also over-represented among the population of unhoused youth. As cited in a presentation on housing solutions for systems-impacted youth, 4.2 million youth and young adults experience homelessness over the course of a year in the U.S.; among the youth surveyed to create that estimate, nearly half had been in juvenile detention, jail, or prison.⁵⁵

51 Foley et al. (2022). *An Analysis of Young Adults with Justice System Histories in Maine*. Page 20.

52 Pirius, R. (2019). *The Legislative Primer Series for Front- End Justice: Young Adults in the Justice System*. Denver: National Conference of State Legislatures. https://www.ncsl.org/Portals/1/Documents/cj/front_end_young-adults_v04_web.pdf. Page 1.

53 Maine Drug Data Hub. (2024). "Treatment." <https://mainedrugdata.org/maine-drug-data-hub/maine-drug-data/treatment/#:~:text=it%20is%20estimated%20that%208.64,the%20state%20and%20substate%20level>. Accessed 2 February 2024.

54 National Center on Substance Abuse and Child Welfare (2018). *The Use of Peers and Recovery Specialists in Child Welfare Settings*. https://ncsacw.acf.hhs.gov/files/peer19_brief.pdf.

55 Alanen, Julia, Cassy Blakely, Erica King, Sonja Morse, Stephanie Mercier, and Wentorf Derek. (2021). "Addressing Housing Needs for Youth Returning from Juvenile Justice Placement." <https://www.jjagmaine.com/wp-content/uploads/2022/07/JJAG-3-18-22-OJJD-Second-Chance-Act-presentation.pdf>

Evidence suggests that connecting youth with rental assistance and supportive housing programs that include services tailored to individual youth needs can lead to positive outcomes.⁵⁶ In 2023, the Maine Department of Education launched a statewide pilot that provides direct funding to families with students to prevent evictions and homelessness. The state should continue to invest in these prevention efforts. For young people transitioning out of the juvenile justice system, or who are systems-involved and pursuing independent living, this financial assistance should also cover emergency utility or rental needs, basic needs and furnishings, transportation, moving costs, sober living beds, paperwork for housing, and driver's education as well as supporting pathways to success such as employment training or placement assistance.⁵⁷

Expand culturally competent and trauma informed services and programs that focus on healing and positive youth outcomes. Services across the continuum of care need to meet youth where they are to have the greatest potential for positive impact. Young people, their families, and their communities face additional challenges when they represent historically marginalized identities due to systemic oppression, discrimination, and cultural barriers. These challenges include

disproportionate representation in the criminal justice system and discrepancies in sociopolitical autonomy and power.⁵⁸ Language barriers can also impede support in navigating systems and connecting with resources for youth from families whose primary language is not English. Services need to be culturally relevant, and providers need to establish connections with communities from which justice-involved youth come to ensure that youth can successfully engage with available services. Strategies for improving cultural responsiveness include ongoing staff training (anti-bias, non-violent and intercultural communications), employing diverse staff and promoting inclusive work environments, having dedicated community engagement teams (community navigators, translators, and peer support staff), developing culturally appropriate and multi-lingual materials, and engaging individuals with lived experience in decision-making. For justice-involved youth, it is also necessary to ensure availability of services that are gender-responsive to meet the unique needs of young people who identify as girls or LGBTQIA+. Services that do not adjust content, language, and communication style to recognize the specific needs of these youth are more likely to face resistance and have limited outcomes.⁵⁹

56 Voices of Youth Count. "Missed Opportunities: Evidence on Interventions for Addressing Youth Homelessness." 131 E. 60th Street, Chicago, IL 60637: Chapin Hall at the University of Chicago. Accessed January 19, 2024. <https://www.chapinhall.org/wp-content/uploads/Evidence-Review-Brief.pdf>.

57 Alanen et al. (2021). "Addressing Housing Needs for Youth."

58 Polaschek, D. L. L. (Ed.). (2019). *The Wiley International Handbook of Correctional Psychology*. John Wiley & Sons, Inc. Pages 282-283.

59 Baldry, E., Bright, D., Cale, J., Day, A., Dowse, L., Giles, M., Wodak, J. (2018). *A future beyond the wall: Improving post-release employment outcomes for people leaving prison*. Sydney: UNSW Sydney. <https://doi.org/10.26190/5b4fd2de5cfb4>.

Trauma histories are also extremely common among justice-involved youth.⁶⁰ Services both within the system and outside need to be trauma-informed to help youth heal and avoid re-traumatization. Giving youth more control, being supportive, and providing a physically and psychologically safe environment will create a healthier environment for all youth, especially those with significant trauma histories.⁶¹ In addition, investments in programs that focus on healing relationships and healing from harm are key to long-term wellbeing for these young people. While research is limited, one promising example is restorative justice programs that implement practices such as restorative circles, victim mediation, and family conferencing with youth, families, and communities to help all involved heal and move forward.⁶² Maine has made investments in restorative justice programs in recent years and should continue to expand these models to more youth statewide.

3. Invest in workforce, incentive programs, and funding to better address services gaps, including behavioral health treatment and crisis response.

Support workforce investment strategies to increase the number of trained mental and behavioral health professionals willing and able to serve rural areas. RCT partners continuously identified a lack of trained mental and behavioral health professionals as a root cause of long wait lists and service gaps for transition-aged youth throughout the state. On the RCT member survey, partners identified the issues of access to quality substance use and mental health treatment and long wait lists for services as among the most important areas of investment. At the same time, discussions with partners frequently revealed that more workforce investment is needed to hire and retain enough qualified providers. This is especially true in the more resource-strained, remote parts of the state. Some of this work is already underway with initiatives such as the Health Resources & Rural Public Health Workforce Training Network Program for social workers,⁶³ investments by Maine DHHS to increase reimbursement rates for mental health, substance use disorder services, and

60 Bargeman, M., Abelson, J., Mulvale, G., Niec, A., Theuer, A., & Moll, S. (2022). Understanding the Conceptualization and Operationalization of Trauma-Informed Care Within and Across Systems: A Critical Interpretive Synthesis. *The Milbank quarterly*, 100(3), 785–853. <https://doi.org/10.1111/1468-0009.12579>

61 Thomas, K., Wilson, J. L., Bedell, P., & Morse, D. S. (2019). “They didn’t give up on me”: a women’s transitions clinic from the perspective of re-entering women. *Addiction science & clinical practice*, 14(1), 12. <https://doi.org/10.1186/s13722-019-0142-8>

62 Weber, J. (2024). *Restorative Justice Practices and Credible Messengers: Promising, Innovative Approaches for Improving Outcomes for Youth in the Juvenile Justice System: A Review of Current Research*. New York: The Council of State Governments Justice Center. <https://csgjusticecenter.org/publications/restorative-justice-practices-and-credible-messengers-promising-innovative-approaches-for-improving-outcomes-for-youth-in-the-juvenile-justice-system/>

63 Health Resources & Services Administration. (2022). HHS Invests Nearly \$60 Million to Address Workforce Shortages and Increase Access to Health Care in Rural Communities. <https://www.hrsa.gov/rural-health/grants/rural-community/fy2022-awards>

targeted case management,⁶⁴ and the Governor's Office Maine Opioid Response Strategic Action Plan's call for investments in a prevention and treatment workforce to meet the needs of all Maine communities.⁶⁵ These are promising steps and underscore the importance of an increased focus on workforce investment to meet the needs of systems-impacted, transition-aged youth.

Expand mobile crisis response teams and respite care for youth in crisis.

Parents of children with high levels of behavioral health needs often take on significant care responsibilities that strain their employment status, housing, and ability to care for other dependents in the household. Without further support or alternative crisis response services, many of these families end up relying on police and emergency rooms when the crisis escalates. This creates a cycle of system involvement and puts additional pressure on already overburdened emergency responders.⁶⁶ The expansion of alternative crisis supports in rural areas such

as mobile response units (MCUs), drop-in crisis centers, or peer support services could result in better outcomes for youth and families.⁶⁷ While the Maine OCFS acknowledges that emergency room visits can play an important stabilizing role for young people in crisis, they have limited ability to connect youth to additional community support.⁶⁸ At the same time, although residential psychiatric treatment can be an important step toward youth care, it is often used when community-based interventions may be more appropriate.⁶⁹ Statewide efforts, like the OCFS pilot Crisis After Care program, currently work to close this gap and ensure a sustainable transition home from emergency departments (among other out-of-home settings).⁷⁰ In Aroostook County, the program prevented the use of Emergency Room services for 79% of the 246 families served. Additionally, 73% of youth served by the pilot remained in stable condition at home until they could be placed in appropriate treatment programs.⁷¹

64 Maine Department of Health and Human Services. (2023). "Maine DHHS Announces Historic Payment Reforms for Behavioral Health." <https://www.maine.gov/dhhs/blog/maine-dhhs-announces-historic-payment-reforms-behavioral-health-2023-01-11>. Accessed 20 December 2023.

65 Governor's Office of Policy, Innovation, and the Future. (2023). Maine Opioid Response: 2023–2025 Strategic Plan. https://mainedrugdata.org/wp-content/uploads/2023/07/GOPIF_OpioidReport_2023.pdf. Page 9.

66 Billings, R. (2023). "Maine's child protective staff: 'We work within a broken system.'" Portland Press Herald. Accessed 23 February 2024.

67 Shannahan, R., and Fields, S. (2016). Services in Support of Community Living for Youth with Serious Behavioral Health Challenges: Mobile Crisis Response and Stabilization Services. University of Maryland School of Social Work. <https://wraparoundohio.org/wp-content/uploads/2018/01/MobileCrisisResponseStabilizationServicesMay2016.pdf>.

68 Maine Department of Health and Human Services, Office of Child and Family Services. (2023). Children's Behavioral Health Services Annual Report. <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2022%20CBHS%20Annual%20Report.pdf>. Page 4.

69 Shannahan, Ryan, and Suzanne Fields. (2016). Services in Support of Community Living for Youth with Serious Behavioral Health Challenges: Mobile Crisis Response and Stabilization Services. University of Maryland School of Social Work. <https://wraparoundohio.org/wp-content/uploads/2018/01/MobileCrisisResponseStabilizationServicesMay2016.pdf>.

70 Children's Behavioral Health Services Annual Report (2023). Page 4.

71 Governor's Office of Policy, Innovation, and the Future. (2023). 2022 Children's Cabinet Report. https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/CC_Report_2022_1.pdf Accessed November 15, 2023.

OCFS plans to expand the Crisis After Care program beyond Aroostook. Further investments to expand programs such as these examples are key to improving rural access. In turn, these investments can reduce the likelihood of justice system involvement, and alleviate strains on other systems and services not equipped to meet the specific behavioral health needs of many systems-involved young people.

Expand access to wraparound services.

Wraparound interventions, which are evidence-based initiatives that center a young person and their family in making an individualized treatment plan, aim to help youth and families meet needs and remain in their homes and communities.⁷²

Maine previously operated a statewide wraparound program with promising results. A 2011 policy study found that the Wraparound Maine initiative resulted in a 28% reduction in total net Medicaid spending among youth served, even as the use of home- and community-based services increased during that time. This reduction in cost was partially due to a 43% decrease in the use of psychiatric inpatient treatment and a 29% reduction in the use of residential treatment.⁷³

In recent years, wraparound services have been limited to youth already in the juvenile justice system, and only a subset of those youth receive services because the program is under-resourced.⁷⁴ Maine is taking steps toward investing in wraparound through increased funding for programs like Multi-dimensional Family Therapy

(MDFT) and High-Fidelity Wraparound to support youth with complex behavioral health needs, and to support their families.⁷⁵ The State should continue to move in this direction, ensuring that access is equitably provided for justice-involved youth and youth living in rural communities. These investments are essential to delivering on the Regional Care Teams initiative's goal of ensuring that young people thrive in their chosen communities.

4. Remove categorical exclusions to ensure equal access and reduce discrimination.

Although many stakeholders agree on the need to prioritize treatment over detention, the lack of treatment options in the least restrictive environment often prevents any action on this priority. A consistent systemic barrier for youth, particularly youth involved in the justice system is that they are categorically excluded from accessing a range of supports and services. Passing “no eject, no reject” policies⁷⁶ to remove categorical exclusions in contracts with providers, in housing programs, at treatment facilities, and in educational settings for justice-involved youth would help mitigate the impact of the already limited options. It would also address the U.S. Department of Justice's recommendation to “implement and support a policy requiring providers to serve eligible children and prohibit

72 Wings for Children and Families. (2024). “Wraparound.” <https://www.wingsinc.org/wraparound>. Accessed 23 February 2024.

73 Pires, Sheila A. (2023). Customizing Health Homes for Children with Serious Behavioral Health Challenges. U.S. Substance Use and Mental Health Services Administration. <https://nwi.pdx.edu/pdf/CustomizingHealthHomes.pdf>

74 Clarke (2022). U.S. Investigation of Maine's Behavioral Health System.

75 Maine Department of Health and Human Services. (2023). “Boosting Implementation of Maine's Children's Behavioral Health Plan.” <https://www.maine.gov/dhhs/blog/boosting-implementation-maines-childrens-behavioral-health-plan-2023-05-16>. Accessed 23 February 2024.

76 Clarke (2022). U.S. Investigation of Maine's Behavioral Health System. Page 5.

refusal of services.”⁷⁷

Discriminating against youth with high needs results in an overreliance on detention and inappropriate emergency services and exacerbates disparities. A policy to ban exclusion must include additional funding and resources to appropriately help providers manage and staff a potential increase in services.

5. Expand the role and scope of Regional Care Teams.

The following recommendations are intended to inform the expansion of the RCTs so that the initiative can better serve youth within the context of their involvement in multiple systems and at every stage of the continuum of care.

Diversify and expand RCT membership and braided funding from other state or local systems and partners. To deliver on its goal to divert young people from the juvenile justice system, RCTs must focus on increasing referrals for young people at the prevention and early intervention stages of the continuum. As highlighted previously, the youth referred to RCTs are typically involved in multiple systems, often before they have contact with the juvenile justice system. Around a third of RCT referrals are for young people with current or prior involvement with child welfare and experiencing school discipline (suspensions, expulsion). These young people have also often received a variety of behavioral health services, housing related services, and many require treatment for SUDs. RCTs should continue to expand awareness and receive more referrals from service providers, social workers, school staff, and others who are working

with youth who may be at risk of justice system involvement. An important component of this process is engaging more community partners to work alongside state agency staff within RCTs to both make referrals, help with care team reviews, and collectively identify opportunities for local investments in the continuum of care.

Growing the number of cross-system collaborators and community partners accessing the RCT process allows for earlier identification of youth needs which could decrease the likelihood that they will become involved with the justice system or divert them from further involvement. One clear example of the importance of a cross-system approach to prevention is the connection between young people experiencing homelessness and justice-system involvement. Research shows that students experiencing homelessness may engage in forms of coping mechanisms and survival strategies that will increase their odds of encountering the justice system - including youth truancy, running away, underage drinking or tobacco use, theft, and drug dealing.⁷⁸ When these young people are identified by teachers or social workers at their schools, other state agencies like DHHS case workers, or community groups and organizations, the RCTs could be uniquely positioned to help identify resources that can prevent an escalating situation and potentially help divert youth from justice-system involvement.

While the JJAG has provided funding directly to support youth needs through funds requests, for the past three years the MDOC has been the sole funder of the backbone support that is necessary to implement the RCTs. This includes funding the staff who provide critical administrative, operations,

77 Clarke (2022). U.S. Investigation of Maine's Behavioral Health System.

78 Shaw, Sarah, and Victor St. John. (2023). *NDTAC Research Brief – Supporting Students Experiencing Homelessness Involved in the Criminal Justice System*. Washington, D.C.: The National Technical Assistance Center for the Education of Neglected or Delinquent Children & Youth. Page 8.

project planning, and data management support. Additional funding from other partners would allow for an expansion to serve more youth who are not yet involved with the MDOC but may end up becoming involved without intervention.

Strengthen the impact with shared administration and more equitable decision-making. Acting strategically to develop an effective continuum of care involves prioritizing investing in the community and expanding the capacity of communities to meet their own needs. RCTs should develop a model that moves the administration of referrals and decision-making to a community-based partner who can serve as the navigator among the systems partners. Ideally, a community-based organization could receive the initial referrals, conduct initial follow-up conversations, and then collaborate with the various systems partners and RCT members as appropriate to implement next steps. "As more youth who are not under MDOC custody are referred to the RCTs, a shared model of referral administration is necessary to manage the expansion.

Furthermore, as some members reported in the RCT member survey, some partners feel as if they do not have shared decision-making power as an RCT member. In order to strengthen the partnerships, a more collaborative decision-making process should be implemented to help

balance the power and help all partners feel like their voice matters in decisions around funding and strategies.

Increase youth voice and more effectively measure impact of RCTs for youth referred.

Youth inclusion is critical to ensuring the success of any initiative with the goal of improving youth outcomes. Young people are experts in their own lived experience, and it is critical to create opportunities for those with lived experiences to participate in solutions – both for themselves and for the systems they encounter. RCTs are committed to this goal but have often not had the ability to effectively support youth engagement in the monthly meetings. To do this well would require more planning and support from partners, including funding, staff time, and facilitation assistance from other agencies or non-agency specific funding from the state to fully expand youth access to the RCTs.

Further, the RCTs should explore and develop methods for incorporating youth voice into the long-term strategies and design of the program by gathering youth feedback and better measuring youth outcomes. RCTs should work with partners and youth-serving organizations to design a process for including youth voice in the evaluation of the initiative and following up to document the long-term impact on individual youth.

Conclusion

Since the Regional Care Teams held its first meetings in the summer of 2020, the initiative has gone on to serve 165 youth, some multiple times, by funding their direct needs or identifying community resources to help prevent further system involvement and keep them connected to their chosen communities. Over \$71,000 has been distributed to support these young people who come from backgrounds of multi-system involvement. While most of the 231 referrals received were for youth formally involved with Maine's juvenile justice system, a third of referrals were for youth involved with child welfare, child protective services, or school discipline. Since being referred, the majority of these youth were no longer involved with the MDOC. These findings and the themes discussed in this report illustrate the potential of the Regional Care Teams to leverage a cross-system team of state agency representatives, service providers, and community advocates to help divert young people in Maine from further justice system involvement.

The initiative continued to identify challenges in ways that informed state agency budget priorities and allocations, including increased investments in housing, substance use treatment, and crisis response. Yet despite these challenges, youth-serving entities are having a positive impact

through joint effort and teamwork. RCTs are one strong example of this collaborative spirit seen at many levels: through investment and leadership from the Maine Department of Corrections, contributions from the Maine Juvenile Justice Advisory Group, strategic partnerships between organizations and agencies that participate in the RCTs, and on-the-ground individual problem-solving for young people emerging from the case reviews. This collaborative approach is key to inform equitable, place-based investments in a community-based continuum of care that can be responsive to youth needs and align with statewide priorities.

Despite the growth and sustained strength of the initiative, ongoing needs, systemic barriers, and resource gaps remain pervasive. They continue to prevent justice-involved young people from accessing essential care and avoiding further system involvement. Nevertheless, the authors here, in partnership with stakeholders across and beyond Maine, hope to continue to inform investments and policy change designed to break down the barriers specific to this population and to contribute to the system transformation that improves the wellbeing of system-involved youth, their families and their communities.



PLACEMATTERS