

Profile of Youth Committed at Long Creek Youth Development Center as of July 1, 2016

*Maine Department of Corrections
January 19, 2017*

Table of Contents

| | |
|--|-----------|
| Summary | 3 |
| Demographics..... | 3 |
| Special Education..... | 3 |
| Adjudications..... | 3 |
| Residential Status Prior to Commitment..... | 3 |
| Mental Health and Substance Use | 4 |
| Mental Health Services | 4 |
| Notes on the data..... | 6 |
| Age and gender at commitment | 7 |
| Race and ethnicity at commitment | 8 |
| County of residence at commitment..... | 9 |
| Special education services at commitment..... | 10 |
| Adjudications at commitment | 10 |
| Residential status at commitment | 14 |
| Mental health diagnoses | 16 |
| Substance use | 20 |
| Mental health services..... | 21 |

Summary

Long Creek Youth Development Center files were reviewed for 79 youth committed as of July 1, 2016. The Department of Health and Human Services, Office of MaineCare Services provided data on the episodes and days of mental health services for these youth beginning in 2009. The information was combined into a single spreadsheet for analysis. The purpose of the analysis was to understand better the adjudication history, mental health and substance use diagnoses of committed youth, and the level of mental health services they received prior to entering Long Creek.

Demographics

- Youth at Long Creek range in age at commitment from 13 to 19. Most youth (48.7%) are committed at ages 16 and 17.*
- Most youth at Long Creek are males (87%).
- Most youth at Long Creek are Caucasian (74%)
- Youth at Long Creek come from all parts of Maine; in this cohort, youth from Aroostook, Kennebec, and York counties were over-represented compared to overall county populations of youth. No youth were committed from Franklin, Hancock, Knox or Piscataquis counties.

Special Education

- A total of 52 youth (67%) received special education services between 2009 and their date of commitment.
- A total of 6 youth (8%) had “Section 504” education plans (in compliance with Section 504 of the Rehabilitation Act of 1973).

Adjudications

- Most males had more than five adjudications (43%) or 3-5 adjudications (40%) by the time they were committed to Long Creek.
- 17 year-olds most frequently have more than five offenses, followed by 16, 18 and 15 year-olds.
- The most frequent offenses for which youth are committed for all ages are theft (all classes; includes by unauthorized taking, use and deception), assault (all classes; includes aggravated assault and domestic violence assault), criminal mischief, and burglary (all classes, includes motor vehicle).
- Ten youth had adjudicated felonies (12.8%); one female (10%) and nine males (13.2%).

Residential Status Prior to Commitment

- Most youth (42.3%), regardless of age, are living with their families at commitment.
- 29.5% of youth move from residential treatment directly to commitment.

* Three youth were committed twice. The age at commitment in this report reflects age at second commitment (age 14 for one youth who was committed twice at that age; age 18 for one who was originally committed at age 15; and age 19 for another who was originally committed at age 15).

- The number and percentage of youth by residential status at commitment are as follows:

| Residential Status | Number of youth | Percentage of youth |
|---|-----------------|---------------------|
| Family | 33 | 42.3 |
| Residential treatment | 23 | 29.5 |
| Multiple (Living in more than one situation of friends, family, or extended family) | 10 | 12.8 |
| Extended family | 2 | 2.6 |
| Friend | 1 | 1.3 |
| Homeless | 2 | 2.6 |
| Hospital | 1 | 1.3 |
| Foster | 2 | 2.6 |
| Alone | 1 | 1.3 |
| Friend | 1 | 1.3 |
| Not known | 3 | 3.8 |

Mental Health and Substance Use

- Most youth (84.6%) arrive at Long Creek with three or more mental health diagnoses.
- For females, the most frequently occurring diagnoses (excluding conduct disorders) are post-traumatic stress disorder (24%), mood disorder (19%), and substance use disorder (15%).
- For males, the most frequently occurring diagnoses (excluding conduct disorders) are attention deficit hyperactivity disorder (26%), mood disorder (20%), depressive disorder including dysthymia (11%), and post-traumatic stress disorder (11%).
- Most youth (82%) at Long Creek use substances. Severity of use is not included in the files; however 3 females and 15 males have a substance use disorder diagnosis (see above).
- The primary substance of choice is by far cannabis, with 76% of youth using cannabis as primary, secondary or tertiary substance of choice.

Mental Health Services

- Requirements for various levels of care, especially for residential treatment, have changed over the period of data collection (2009 – 2016). The analysis here does not reflect these changes.
- Youth and families at times refuse services. The analysis here does not reflect this. Similarly, the analysis does not reflect any events occurring in a youth's life that may have an impact on the effectiveness of specific interventions or services.
- Prior to being committed, Long Creek youth receive hundreds of days of behavioral health services, rising in acuity over time.
- 27% of youth received more than 20 episodes of services (excluding residential substance use treatment and regardless of number of days of each service), and

nearly one third (30%) received 10-19 episodes of services. The remaining 43% received 0-9 episodes of service.

- The average days of MaineCare service (excluding medication management and residential substance use services) prior to commitment range from 1520 (19 year olds) to 3938 (13 year olds).
- Average days of treatment prior to commitment and percentage of youth receiving services are as follows:

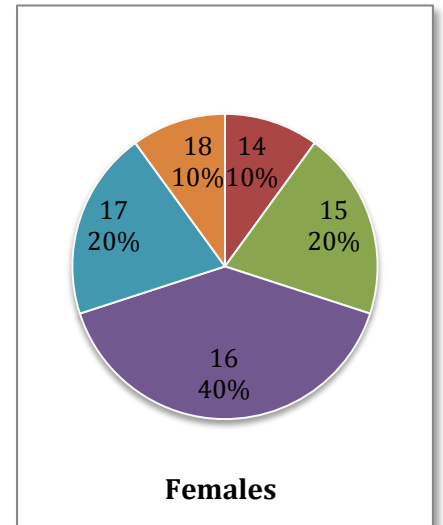
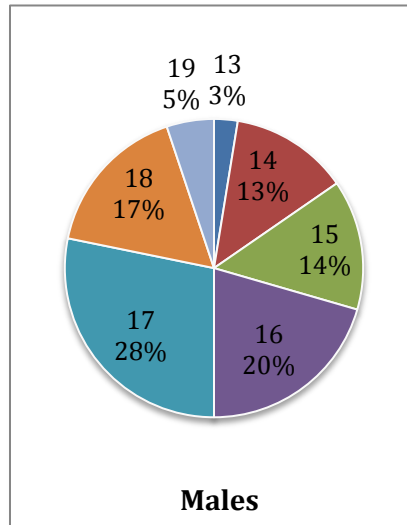
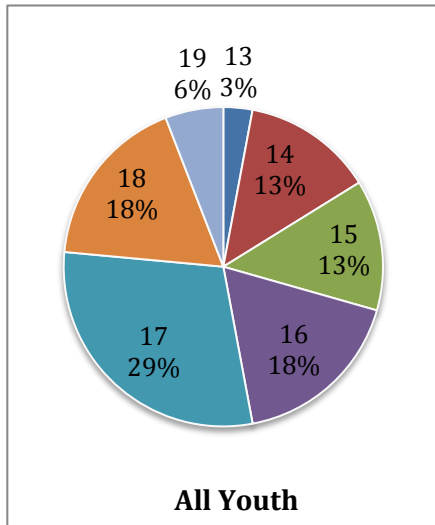
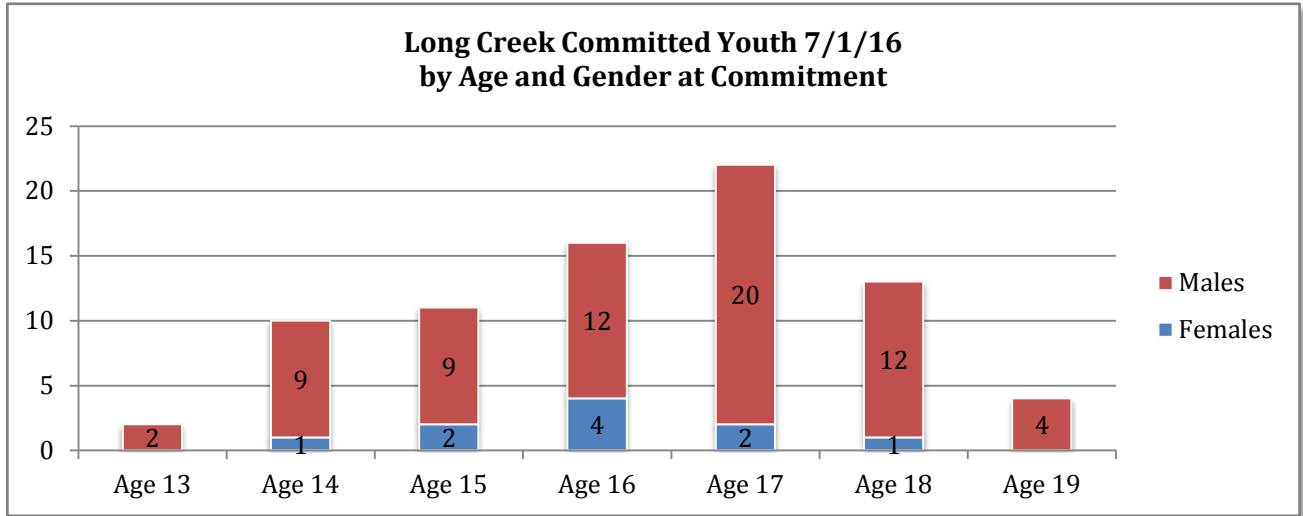
| Service Categories | # Youth Receiving | % Youth Receiving | Average Days |
|--|--------------------------|--------------------------|---------------------|
| Mental health outpatient services <i>Includes individual and group outpatient therapy for mental health and co-occurring disorders; intensive outpatient treatment; behavioral health homes</i> | 59 | 75.6 | 667 |
| Substance use outpatient services <i>Includes individual and group outpatient therapy for substance use disorders; intensive outpatient treatment</i> | 23 | 29.5 | 122 |
| School based behavioral health services <i>Includes mental health services provided by educational system, including Individualized Education Programs (IEP)</i> | 27 | 34.6 | 259 |
| Family and community based services <i>Includes Child Assertive Community Treatment (ACT); Home and Community Based Treatment (HCT); Functional Family Therapy (FFT); Multi-Systemic Therapy (MST); Community Integration (CI); Multidimensional Treatment Foster Care (TFC); and Targeted Case Management (TCM)</i> | 62 | 79.5 | 994 |
| Residential treatment <i>Includes residential and intensive residential treatment at private non-medical institutions (PNMI), all mental health and mental retardation levels</i> <i>Note: does not include residential treatment for substance use disorders</i> | 33 | 42.3 | 229 |
| Residential substance use treatment <i>Includes residential treatment, but not hospitalization, for substance use disorder</i> | 17 | 21.8 | 76 |
| Crisis <i>Includes crisis private non-medical institutions (PNMI)</i> | 32 | 41.0 | 19 |
| Medication management | 42 | 53.8 | 539 |
| Inpatient hospitalization days <i>Includes psychiatric inpatient (instate and out-of-state hospitals)</i> | 38 | 48.7 | 29 |

Notes on the data

- *Adjudications.* The data here do not reflect the number of episodes not adjudicated before commitment. For females in particular, but for some males as well, assault episodes while in residential treatment mount before a single adjudicated charge leads to commitment at Long Creek.
- *Information from schools.* Documentation from schools or the Department of Education is not readily available, so information on suspensions, expulsion, school disruption and special education services (except for Individualized Education Plan services supported by MaineCare) were included in the database but not analyzed. School information in the database was based on Post Dispositional Reports, Juvenile Community Corrections Officers' verbal reports and/or the Integrated Assessment and should not be considered complete.
- *Substance use services.* Services for substance use treatment are under-reported here; the information in the files does not include inpatient substance use treatment, and sometimes behavioral health treatment addresses substance use as well as mental health issues.
- *Hospitalization.* MaineCare data on hospitalizations includes psychiatric inpatient care only (instate and out-of-state hospitals). Information on hospitalizations for other reasons is not included in the database or analysis.
- *MaineCare data understate days of service.* Data on days of service provided by MaineCare offer a wealth of information; however, data reported should be considered the minimum services received, because many youth are not MaineCare members for a continuous period before commitment. Youth who do not receive MaineCare services, such as the few who have private insurance, are not included in calculations of days of service.

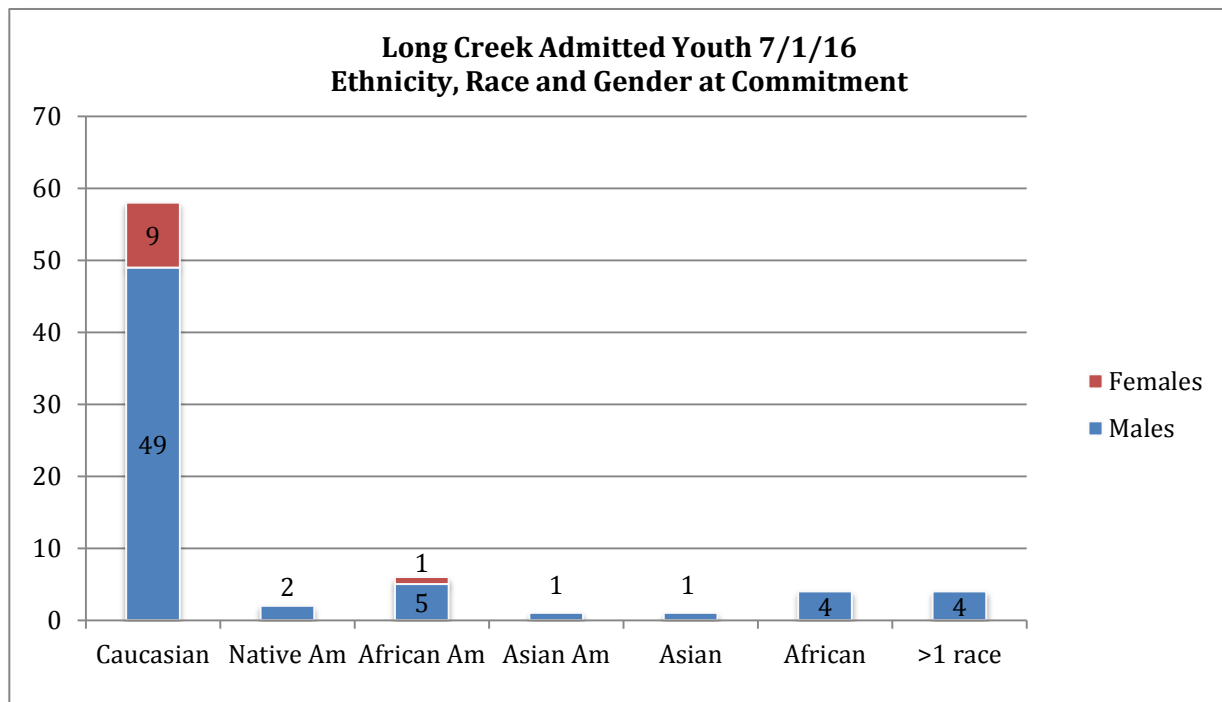
Age and gender at commitment

- 79 youth were committed at Long Creek as of July 1, 2016. One youth was a federal case and was excluded from this analysis.
- 87% of youth were male, and 13% were female.
- The average age at commitment was 16.3 for males and 16 for females.



Race and ethnicity at commitment

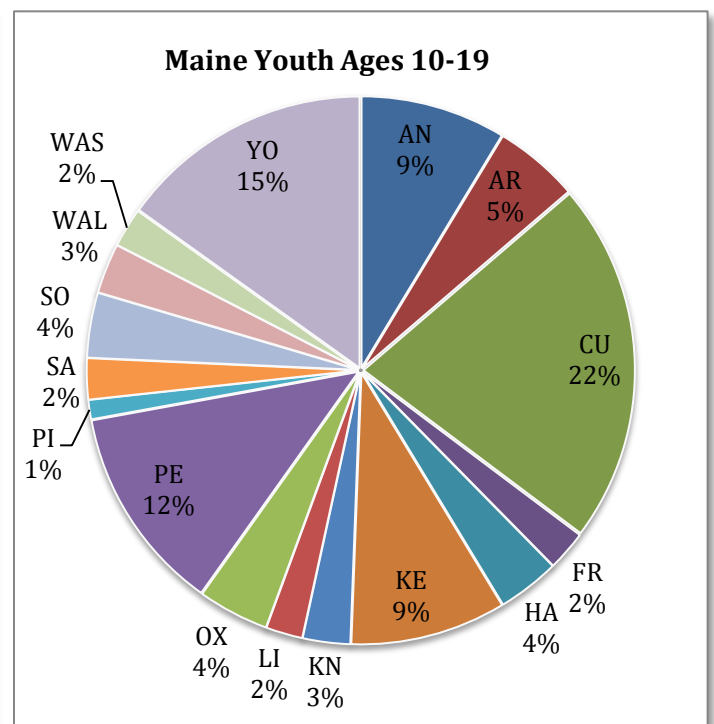
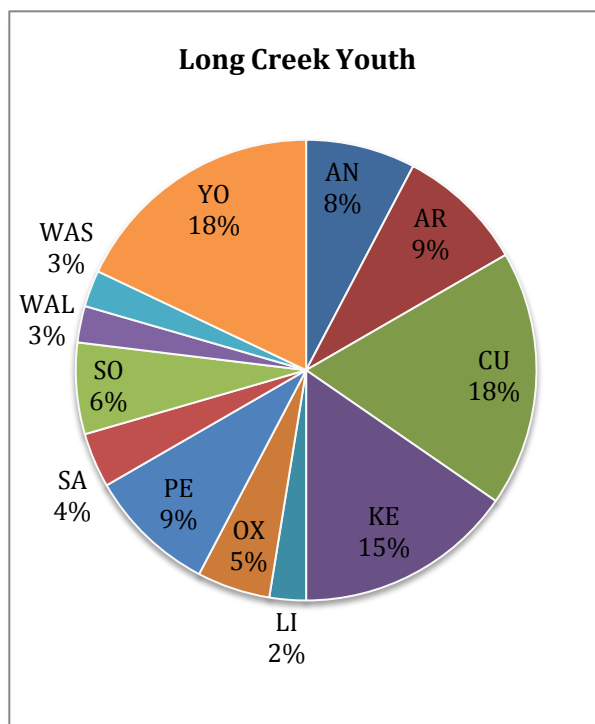
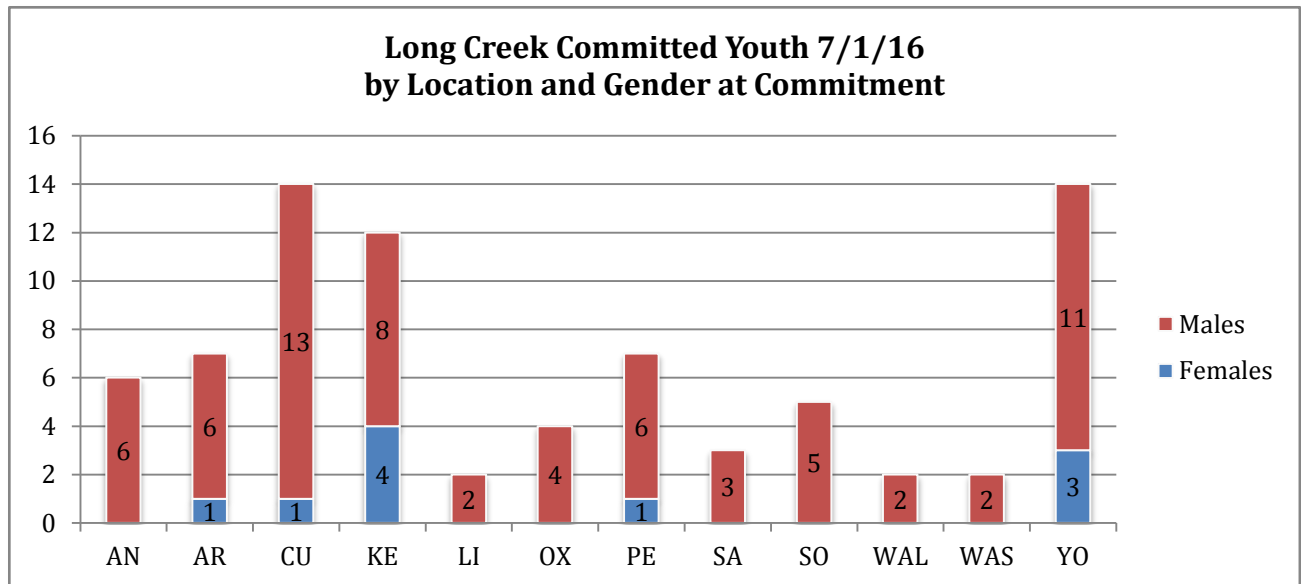
- Males are more diverse ethnically and racially than females.
- The vast majority of youth (74.4%) are Caucasian.



Note: Comparing statewide minority youth involvement in Maine’s juvenile justice system with non-minority youth creates a misleading impression of disproportionate minority contact. According to *Disproportionate Contact: Youth of Color in Maine’s Juvenile Justice System 2015* published by the University of Southern Maine Muskie School of Public Service, calculating a statewide disproportionate minority contact rate is misleading because most counties have very few youth of color in the base population and the ‘parity’ of these counties mitigates the disproportionality of those counties that. The report finds that disproportionate minority contact is present in 5 of the 6 counties in which it can be measured (Androscoggin, Aroostook, Cumberland, Kennebec, and York.) The report is available online at <http://muskie.usm.maine.edu/justiceresearch/Publications/Juvenile/DMC.FINAL.05.15.2015.pdf>

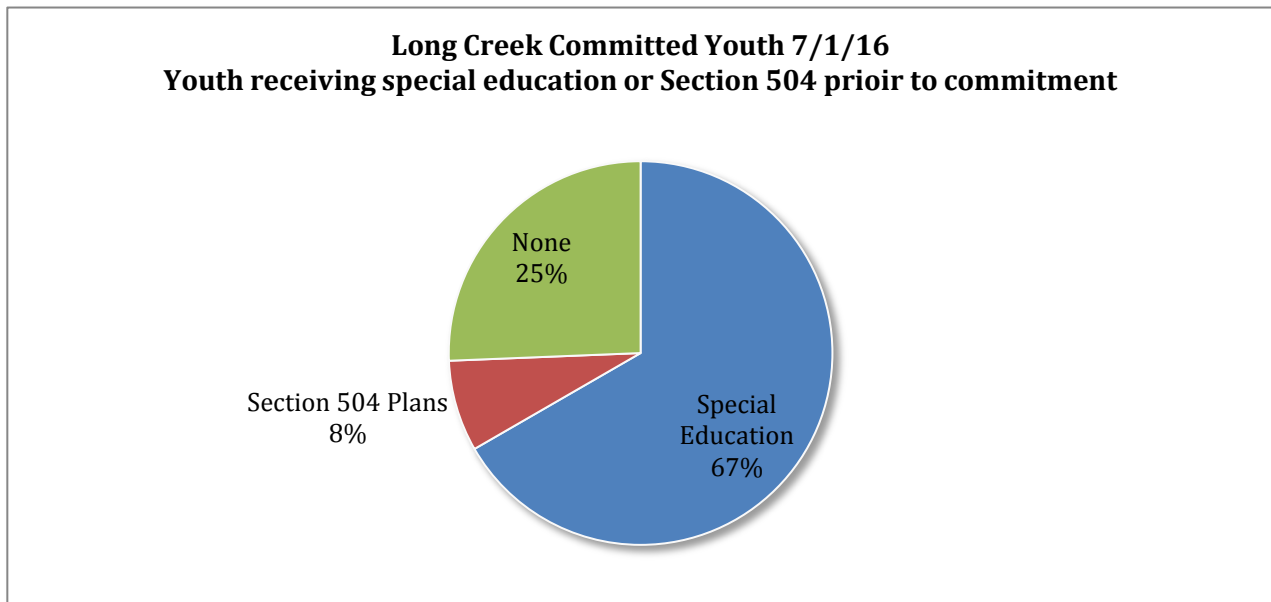
County of residence at commitment

- Females come from five of Maine’s counties, and males come from twelve counties.
- Compared to county youth populations (ages 10-19), youth from Aroostook, Kennebec and York counties are over-represented at Long Creek. Youth from Cumberland, York and Penobscot counties are underrepresented.
- No youth were committed from Franklin, Hancock, Knox or Piscataquis counties.



Special education services at commitment

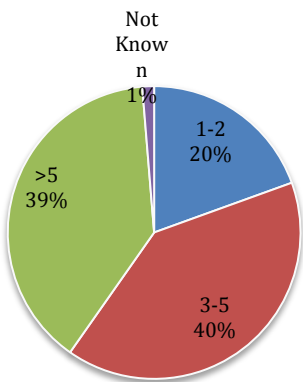
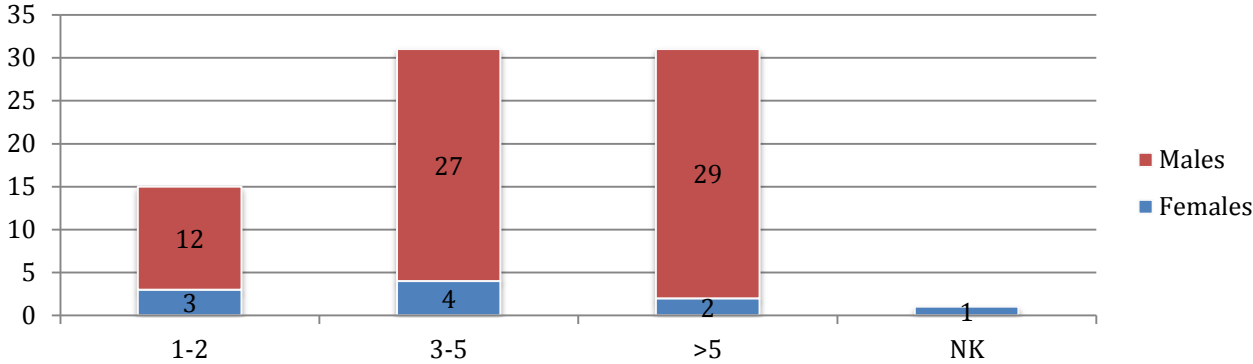
- A total of 52 youth (67%) received special education services between 2009 and their date of commitment.
- A total of 6 youth (8%) had “Section 504” education plans (in compliance with Section 504 of the Rehabilitation Act of 1973).



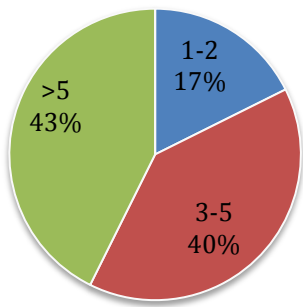
Adjudications at commitment

- Most males had more than five adjudications (43%) or 3-5 adjudications (40%) by the time they were committed to Long Creek.
- 17 year-olds most frequently have more than five offenses, followed by 16, 18 and 15 year-olds.
- The most frequent offenses for which youth are committed for all ages are theft (all classes; includes by unauthorized taking, use and deception), assault (all classes; includes aggravated assault and domestic violence assault), criminal mischief, and burglary (all classes, includes motor vehicle).
- Ten youth had adjudicated felonies (12.8%); one female (10%) and nine males (13.2%).

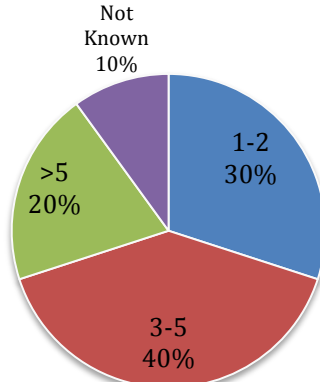
**Long Creek Committed Youth
by Number of Adjudications and Gender at Commitment
July 1, 2016**



All Youth

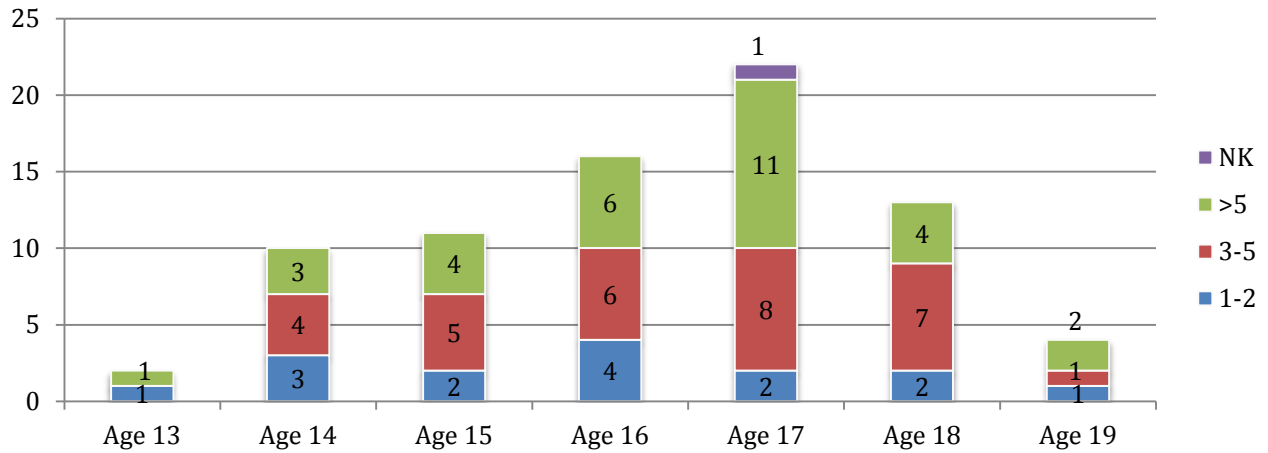


Males



Females

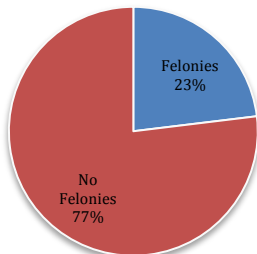
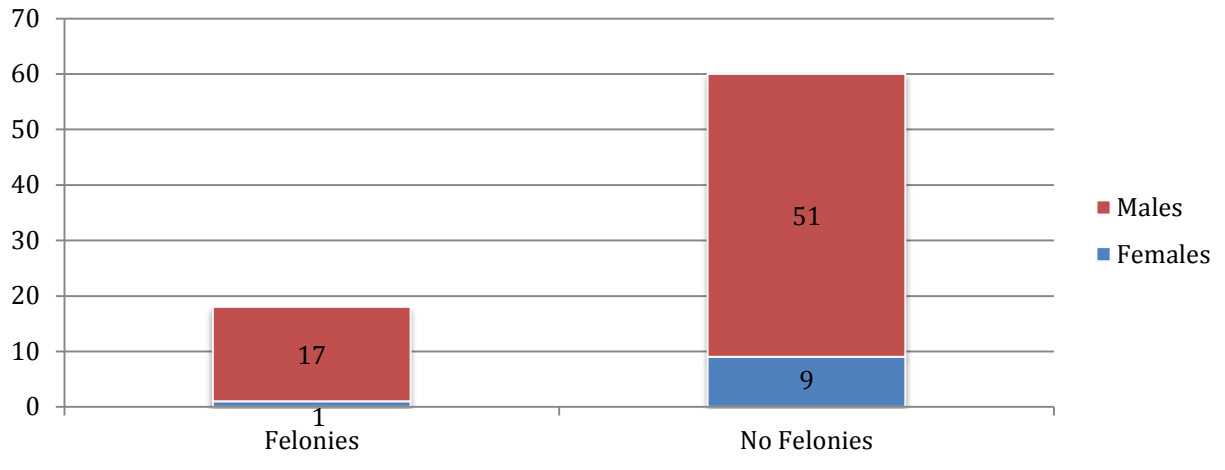
**Long Creek Committed Youth 7/1/16
Number of Adjudications by Age at Commitment**



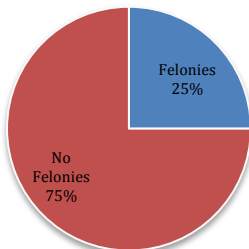
**Long Creek Committed Youth 7/1/16
Offenses for Which Youth Are Committed**

| Offense | Total Offenses (all youth) |
|--|----------------------------|
| Theft (all classes, includes by unauthorized taking, use, and deception) | 42 |
| Assault (all classes, includes aggravated assault and domestic violence assault) | 42 |
| Criminal mischief (includes aggravated criminal mischief) | 32 |
| Burglary (all classes, includes motor vehicle) | 18 |
| Reckless/disorderly conduct | 9 |
| Criminal threatening (includes with dangerous weapon) | 7 |
| Unlawful sexual touching/contact/assault (all classes) | 6 |
| Gross Sexual Assault (includes all classes) | 3 |
| Arson (includes all classes) | 3 |
| Refusal to submit to arrest | 3 |
| Terrorizing | 3 |
| Criminal trespass (all classes) | 3 |
| Unlawful possession of scheduled drug (all schedules) | 3 |
| Violation of protection order | 2 |
| Failure to report/control fire | 1 |
| Threatening display of weapon | 1 |
| Trafficking in prison contraband | 1 |
| Obstructing report of crime | 1 |
| Robbery A | 1 |
| Violating conditions of release | 1 |

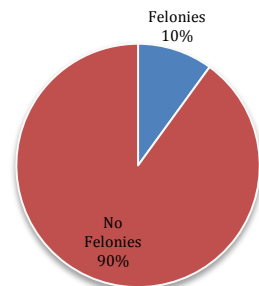
**Long Creek Committed Youth 7/1/16
by Number of Felonies and Gender at Commitment**



All youth



Males



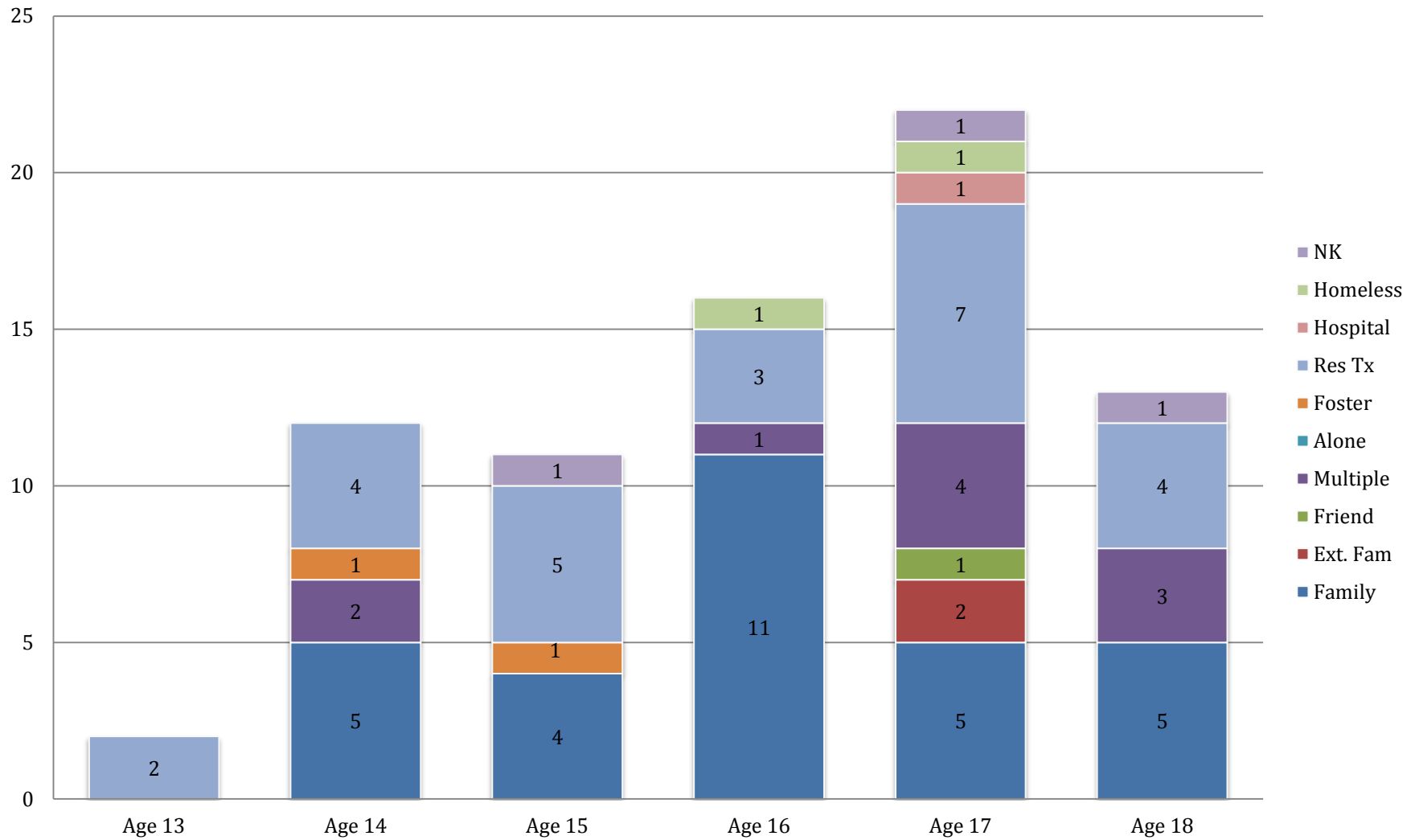
Females

Residential status at commitment

- Most youth (42.3%), regardless of age, are living with their families at commitment.
- 29.5% of youth move from residential treatment directly to commitment.
- The number and percentage of youth by residential status at commitment are as follows:

| Residential Status | Number of youth | Percentage of youth |
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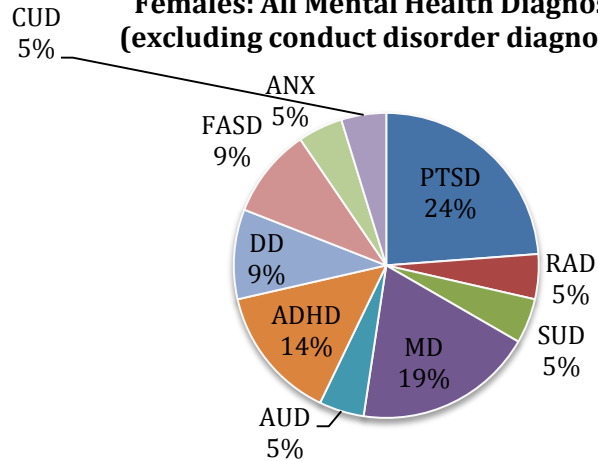
**Long Creek Committed Youth 7/1/16
by Age and Residential Status at Commitment**



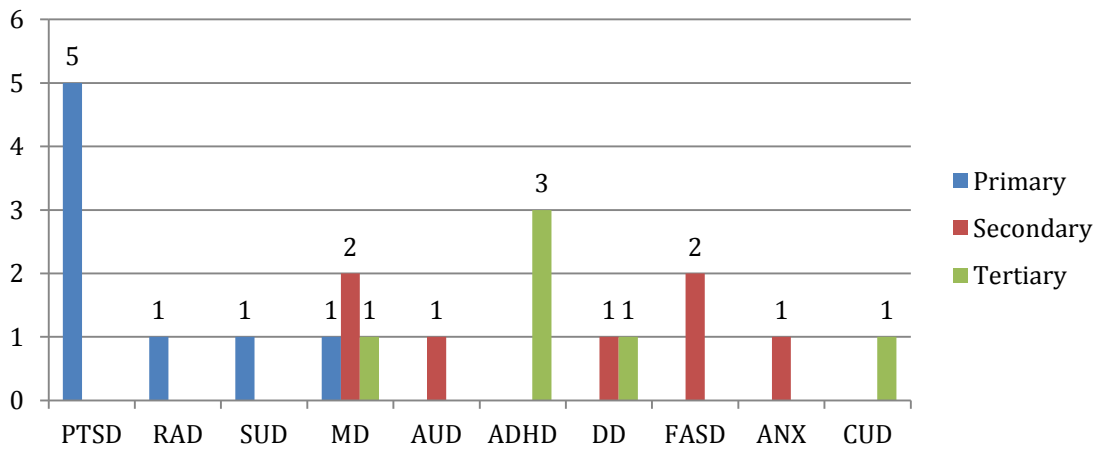
Mental health diagnoses

- Most youth (84.6%) arrive at Long Creek with three or more mental health diagnoses. Twelve youth had fewer than three diagnoses.
- For females, the most frequently occurring diagnoses (excluding conduct disorders) are post-traumatic stress disorder (24%), mood disorder (19%), substance use disorder (5% cannabis use disorder, 5% alcohol use disorder, and 5% substance use disorder), and attention deficit hyperactive disorder (14%).
- For females, the most frequent primary diagnosis is post-traumatic stress disorder.
- For males, the most frequently occurring diagnoses (excluding conduct disorders) are attention deficit hyperactive disorder (26%), mood disorder (20%), depressive disorder including dysthymia disorder (11%), and post-traumatic stress disorder (11%),
- For males, the most frequent primary diagnosis is mood disorder.

**Long Creek Committed Youth 7/1/16
Females: All Mental Health Diagnoses
(excluding conduct disorder diagnoses)**



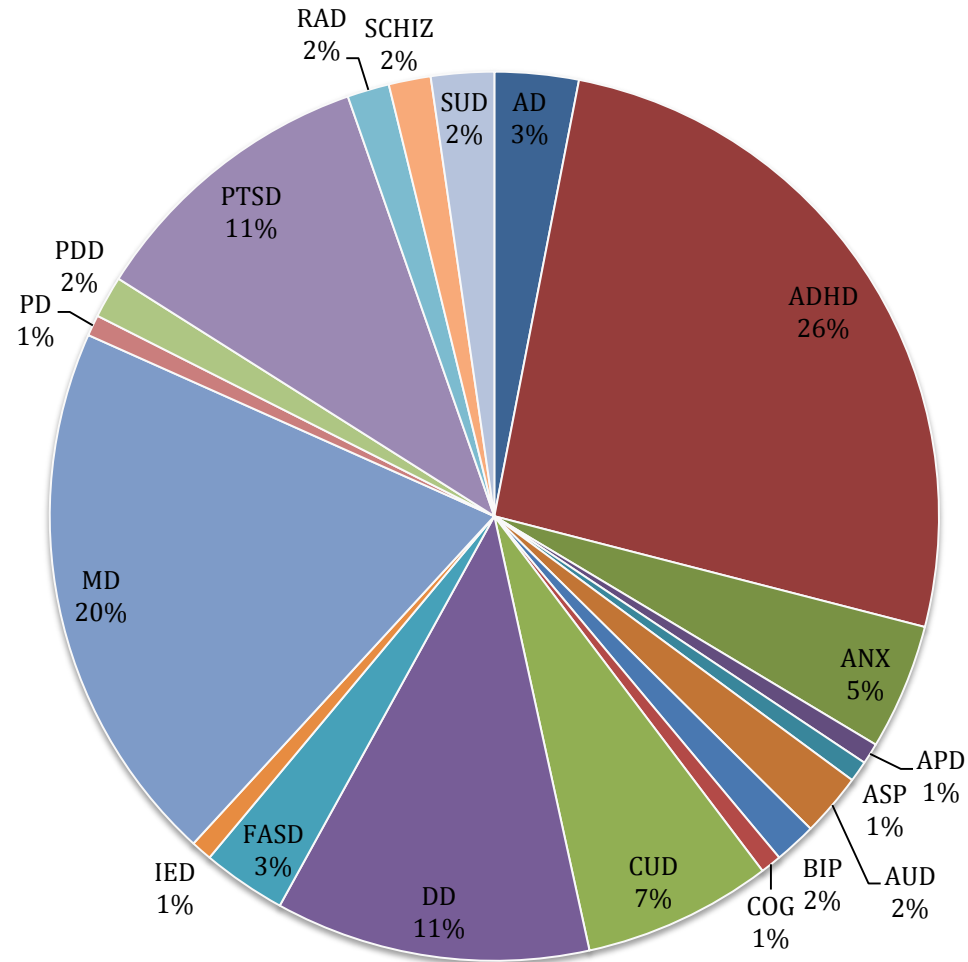
**Long Creek Committed Youth 7/1/16
Females: Primary, Secondary and Tertiary Mental Health
Diagnoses (excluding conduct disorder diagnoses)**



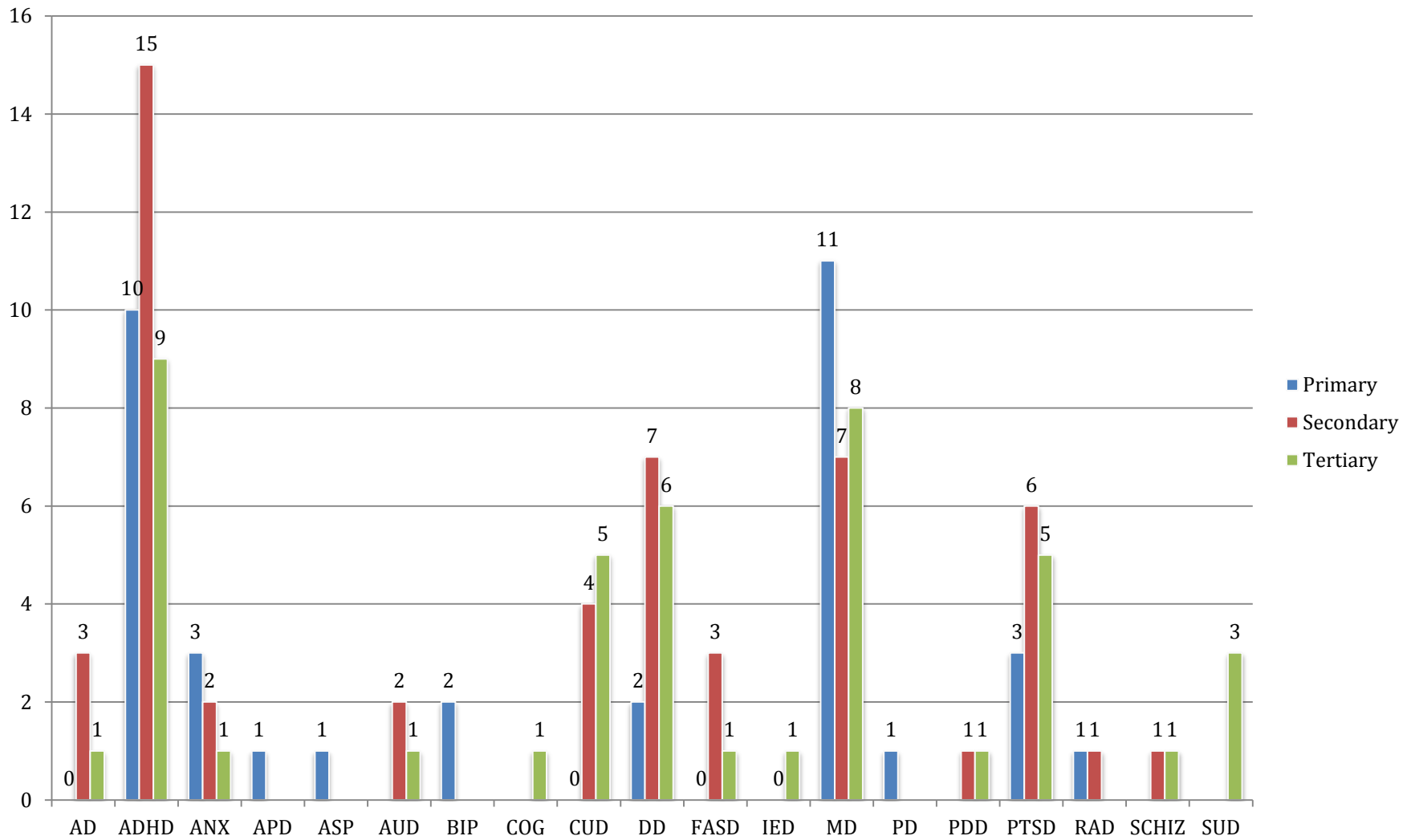
Abbreviations in Charts

- AD (adjustment disorder)
- ADHD (attention deficit hyperactive disorder)
- ANX (anxiety disorder)
- APD (antisocial personality disorder)
- ASP (Asperger's)
- AUD (alcohol use disorder)
- BIP (bipolar disorder)
- COG (cognitive disorder)
- CUD (cannabis use disorder)
- DD (depressive disorder, including dysthymic disorder)
- DMDD (disruptive mood dysregulation disorder)
- IED (intermittent explosive disorder)
- MD (mood disorder)
- PD (personality disorder)
- PDD (pervasive developmental disorder)
- RAD (reactive attachment disorder)

Long Creek Committed Youth 7/1/16
Males: All Mental Health Diagnoses (excluding conduct disorder diagnoses)

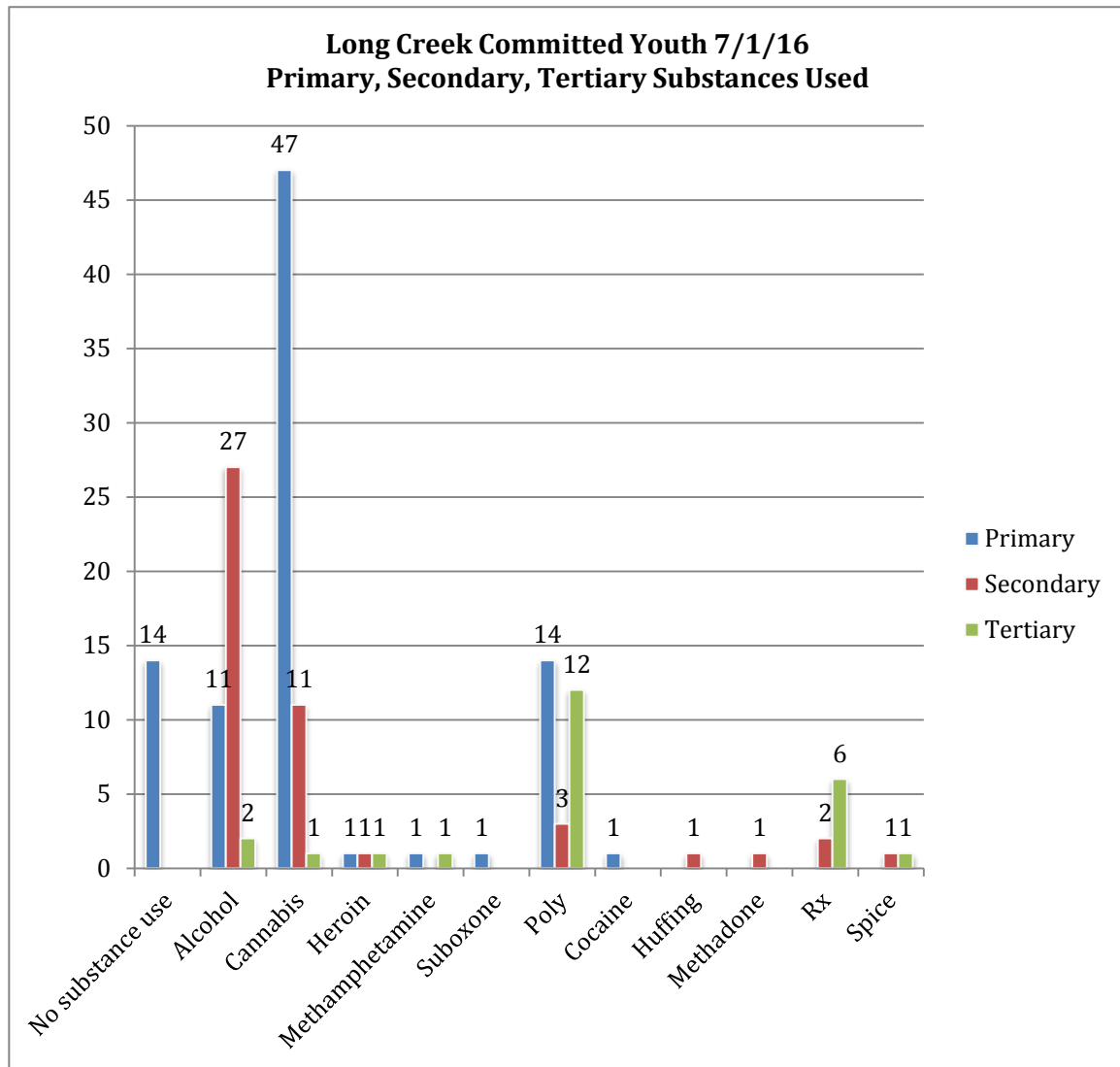


Long Creek Committed Youth 7/1/16
Males: Primary, Secondary and Tertiary Mental Health Diagnoses
(excluding conduct disorder diagnoses)



Substance use

- Most youth (82%) at Long Creek use substances. Severity of use is not included here; however 3 females and 15 males have a substance use disorder diagnosis (see above).
- The primary substance of choice is by far cannabis, with 76% of youth using cannabis as primary, secondary or tertiary substance of choice.

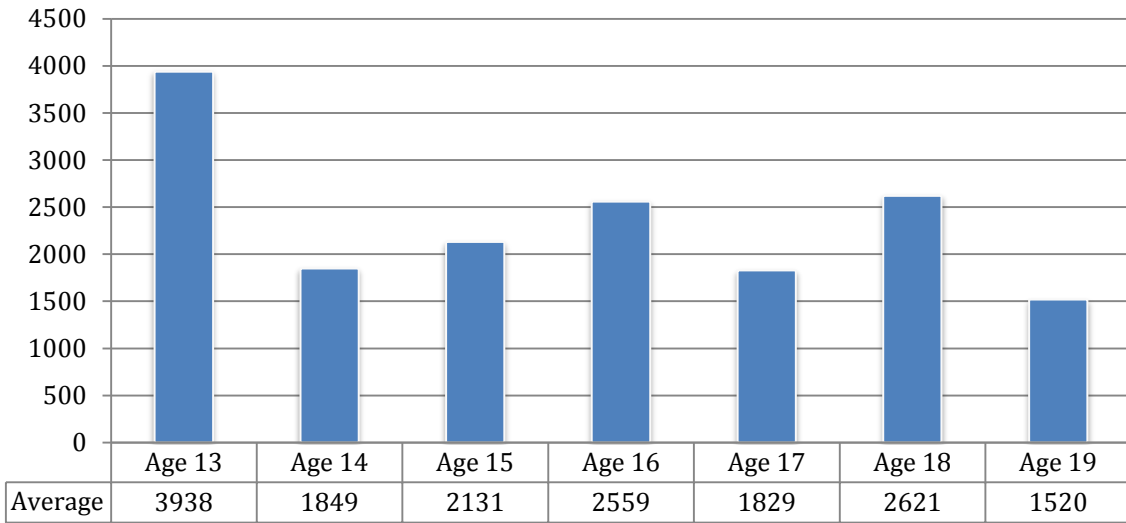


Mental health services

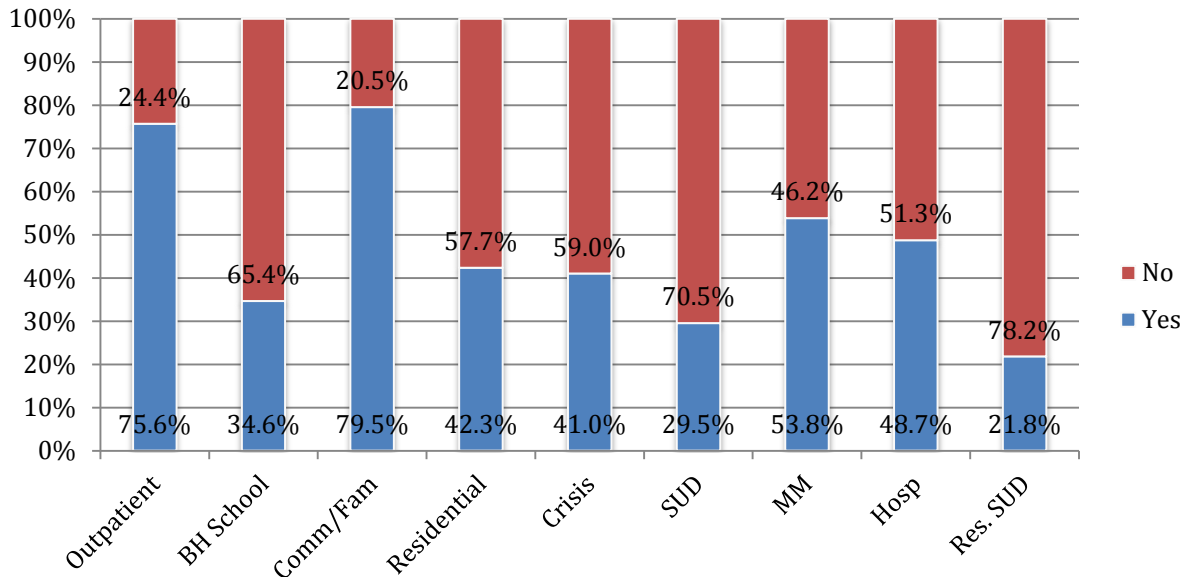
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- 27% of youth received more than 20 episodes of services (excluding residential substance use treatment and regardless of number of days of each service), and nearly one third (30%) received 10-19 episodes of services. The remaining 43% received 0-9 episodes of service.
- The average days of MaineCare service (excluding medication management and residential substance use services) prior to commitment range from 1520 (19 year olds) to 3938 (13 year olds).
- Average days of treatment prior to commitment and percentage of youth receiving services are as follows:

| Service Categories | # Youth Receiving | % Youth Receiving | Average Days |
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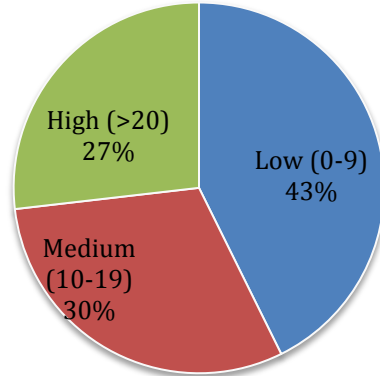
Long Creek Committed Youth 7/1/16
Average Days of MaineCare Services Prior to Commitment by Age
(excluding medication management and residential substance use treatment)



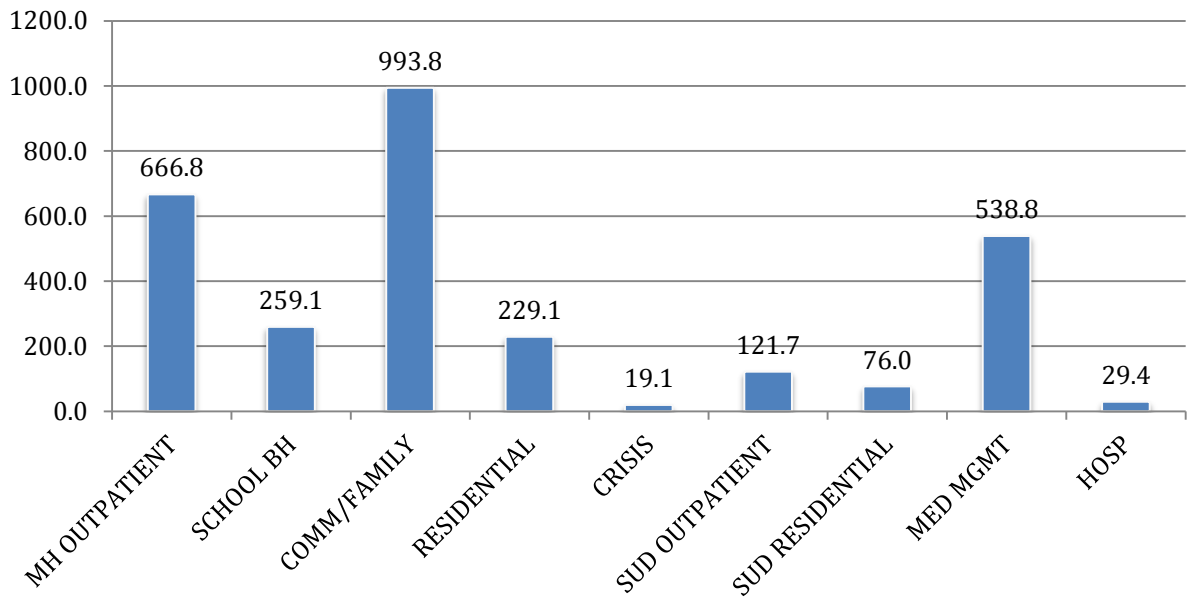
Long Creek Committed Youth 7/1/16
Percent of Youth Receiving Services by Type of Service



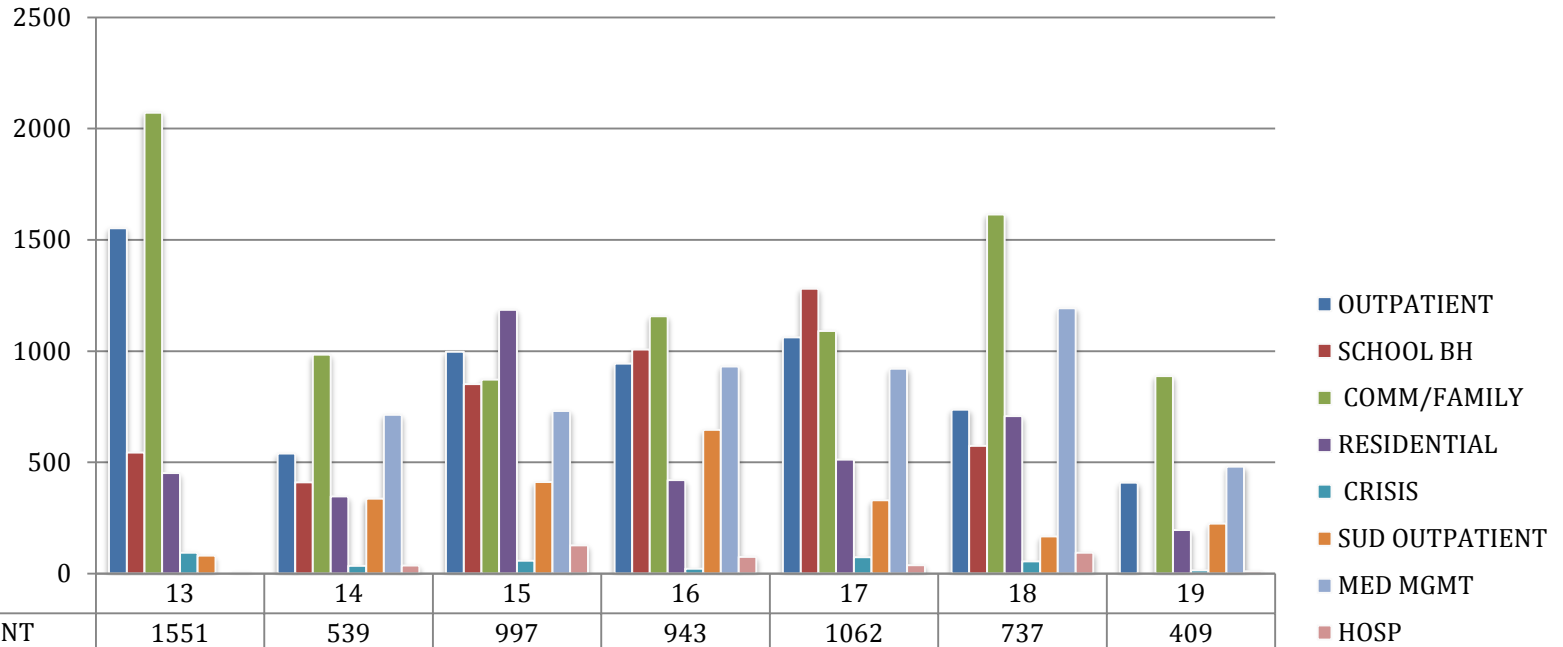
**Long Creek Committed Youth 7/1/16
Percentage of Youth by Episodes of Service at Commitment
(excluding residential substance use treatment)**



**Long Creek Committed Youth 7/1/16
Average days of treatment by type at commitment**



Long Creek Committed Youth 7/1/16
Average Days of MaineCare Services Prior to Commitment
By Age and Service Type
(excluding residential substance use treatment)



| | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|----------------|------|-----|------|------|------|------|-----|
| OUTPATIENT | 1551 | 539 | 997 | 943 | 1062 | 737 | 409 |
| SCHOOL BH | 544 | 410 | 851 | 1006 | 1280 | 574 | |
| COMM/FAMILY | 2071 | 983 | 872 | 1156 | 1090 | 1614 | 888 |
| RESIDENTIAL | 451 | 346 | 1185 | 420 | 512 | 707 | 195 |
| CRISIS | 94 | 34 | 57 | 22 | 74 | 54 | 14 |
| SUD OUTPATIENT | 80 | 337 | 411 | 645 | 329 | 167 | 225 |
| MED MGMT | | 713 | 731 | 930 | 920 | 1192 | 481 |
| HOSP | 6 | 36 | 127 | 75 | 37 | 93 | 10 |