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— Raising standards, preserving potential for youth in Maine —

A Brief: A Whole Child Approach to Juvenile Justice

The deinstitutionalization efforts toward Long Creek Youth Development Center, LCYDC, without improved standards of care, secured funding, or effective community-based oversight, creates a void where youth are lost. With the failure to establish safety for each youth, coupled with political pressures to swiftly close a facility, without meaningful interventions or effective care delivery services in place, we are likely creating another crisis. I believe now, more than ever, that policy efforts to establish oversight to preserve the potential of our youth, through raising our standards of care, will be transformative.

The alternative to raising standards is simple closure. The tradeoff for a youth without options, is just as devastating and costlier. True freedom for these youth can only be achieved when we lift the veil on the underlying issues, and unmet needs. Only then can we begin to create effective intervention programs that seek to treat the whole child, both brain and body, through health and wellness. Enacting such comprehensive public health policy and practice will raise standards of care, establish safety, and empower our youth through healing.

What is holding us back? When we view behavior as a public safety and recidivism issue, we may exclude the overall well-being of each youth. The very definition of recidivism, a relapse of behavior, seems lost when we seek to return youth to their community and homes where these very behaviors likely took root. If, instead, we recognize delinquent, destructive or even distracted behaviors as symptomatic of something greater, a signal or a red flag, of needs going unmet, we would seek to understand the root cause. If we seek to understand the underlying issues, we can create compassionate systems of care and informed response, to heal the whole youth, versus simply working to correct behavior.

Since juvenile justice systems operate much like adult correction systems, we can learn from them. Current use of risk assessments, and identified treatment options, likely stem from versions of the adult model. The adult system provides entitled health care, often through private and for-profit means. If the inherent conflict between health care and for-profit systems exists, to save

costs and gain profit, who is actually in the driver seat of care and treatment decisions? Such for-profit care systems often deny, defer or delay care and effective treatment especially toward our most vulnerable. The adult mental health institutions were rightly deinstitutionalized in the 1970's, for alternative community-based care. Where are these alternatives now? How often is community-based treatment available, or simply denied, deferred or delayed?

The bottom line, algorithm is simple. If we seek to heal a child in crisis, in need, then we will raise our standards of care across the state of Maine, through the guidance and support of appropriate and independent oversight. Such oversight, must be inclusive of pediatric and adolescent expertise in brain and body development. These standards can provide a crucial step toward identifying and navigating debiased, compassionate, and equal pathways forward in all systems of care, (health and wellness, education, as well as juvenile justice, child welfare) through relevant, comprehensive assessments and evaluation of strengths and unmet needs. Ultimately, informing safe responses, better outcomes, increasing accountability, providing transparency and creating mechanisms for continued improvements.

Independent oversight, and raising the standards of care for youth, can prevent backslide regardless of administration changes. Oversight must be independent, to be effective, never political and therefore, vulnerable to any party philosophy. Oversight should embody compassionate space, such as a council, to learn from our past, reflect our present and guide where we are going: *preserving the potential of our youth, by raising our standards of care.*

Identified issue:

The bottom line, algorithm is simple. If we seek to nurture a youth in crisis and in challenge toward healing, then we will raise our standards of care across the state of Maine, through the *guidance and support of appropriate and independent oversight. Such oversight, must be inclusive of pediatric and adolescent expertise in brain and body development.*

Oversight models:

Children's Cabinet: The Children's Cabinet is an important collaborative model to implement policy and practice, learn from the field and adjust as needed. The limitation of this model is the inherent nature in the design of the committee, it is not free from political persuasion or fiduciary lens.

Juvenile Justice System: There is likely no current independent oversight in the juvenile justice system, for youth placed at LCYDC (inactive review board), or youth supervised in the community. The juvenile justice task force may be acting in oversight capacity however, it is

co-chaired by the DOC Commissioner, and a state legislator. Recent task force reports suggest regional committees provide added oversight to community-based care programs.

The Maine Child Ombudsman office is designated to assist in “resolving concerns and complaints” regarding Child Protection Services. *Limited scope to open cases in child welfare, versus welfare of children.*

The Child Advocate Office: New Hampshire. Newly devised model and steadily growing in other states. Although independent, it is *limited in pediatric expertise, and member capacity. Which may increase bias, and decrease innovation and research driven standards.*

Policy effort:

Pediatric Oversight Council: The best model based on numerous iterations, pairs pediatric experts in brain, body and neuro health with youth champions, in a compassionate space such as a council, to reconcile the past, reflect the present and guide the future. Such a council informs safe responses versus reviews current standards of care in our care systems, to create consistent healthy outcomes for our youth.

Improved oversight standards potential impact:

Independent Pediatric Oversight Council:

- Informing safe responses, increasing accountability, providing transparency and creating mechanisms for continued improvements.
- Consistent healthy youth outcomes.
- Public reporting, education and awareness.
- Raise standards of care in intervention, and prevention systems practice and policy approaches.
- Experts in the driver seat, market and politics removed from health policy lens.
- Collaborative, multi system impact and integration.
- Expert and research driven comprehensive evaluations of strengths and unmet needs for all youth.
- Identify compassionate and equal pathways forward in all systems of care: health and wellness, education, as well as juvenile justice, child welfare.
- Long term research to develop effective intervention and intervention systems.
- Inspire innovation to address social determinants and impact policy and practice.

