

Waldo County Board of Visitors Annual Report

An Overview of Visits and Recommendations for the Waldo County Jail and Maine Coastal Regional Re-Entry Center

March 31, 2025



The Board of Visitors:

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Table of Contents

	Page
Introduction	2
Maine Statute	4
WCSO Mission Statement	7
2023 Recommendations and Improvements	8
2025 Recommendations	10
Conclusion	11
Appendix 1: Nicholas Cullen Report	12
Appendix 2: Crystal Cunningham Report	14
Appendix 3: Tim Hughes Report	15
Appendix 4: Arthur Jones Report	17
Appendix 5: Jessica LeBlanc Report	19
References	21

Introduction

“People with mental illness deserve help, not handcuffs,” in the words of the National Alliance on Mental Illness in a recent report.¹ Yet, people with mental illness are overrepresented in our nation’s jails and prisons. Forty-four percent of people in our jails have a history of mental illness, over twice the prevalence of mental illness within the overall adult population². Sixty-three percent of people with a history of mental illness do not receive mental health treatment while incarcerated in state and federal prisons, and more than half of those taking medication for mental health conditions at the time of incarceration did not continue to receive them once in prison³.

People with mental illness face extraordinary challenges in jail. Behaviors related to their symptoms can put them at risk for solitary confinement or being barred from participating in programming. This underscores the need for appropriate mental health treatment in incarcerated settings. People with mental illness who are incarcerated deserve access to appropriate mental health screening, treatment, regular and timely access to mental health providers, and access to medications and programs that support recovery.⁴

The agreement between Knox and Waldo counties for a joint Board of Visitors (BOV) expired on 1/1/24. In early August 2024, Knox County Sheriff Patrick Polky notified the joint Knox and Waldo Counties BOV that he had decided “sometime in the spring” to separate his county from the joint board and form his own Knox County BOV because of the “complex and overburdensome” new state statute, which came into effect in the new year. He invited the joint Knox/Waldo BOV members to join the Knox County BOV. Luca Mellon, a Knox County resident, chose to apply to become a member of the new Knox County BOV. The other members being Waldo County residents, chose to remain with Waldo County. This report will therefore focus on the Waldo County Jail and Reentry Center.

Once the new bill was enacted, the BOV met with Sheriff Jason Trundy to clarify duties and responsibilities of the BOV. All agreed that the primary need and focus of the BOV be on providing the best treatment possible for residents with mental health issues, consistent with the statute (see following). The Sheriff agreed with board members that opportunities for connection with community-based mental health resources should be improved at the

¹ “Trends in Mental Health and Criminal Justice State Policy,” NAMI, March 2025.

(<https://www.nami.org/wp-content/uploads/2025/03/NAMI-2024StateLegBrief-CriminalJustice.pdf>)

² Ibid., p. 4.

³ Reingle Gonzalez JM, Connell NM. Mental health of prisoners: identifying barriers to mental health treatment and medication continuity. *Am J Public Health*. 2014 Dec;104(12):2328-33. doi: 10.2105/AJPH.2014.302043. Epub 2014 Oct 16. PMID: 25322306; PMCID: PMC4232131. (<https://pubmed.ncbi.nlm.nih.gov/25322306/>)

⁴ “Trends in Mental Health and Criminal Justice State Policy,” NAMI, March 2025.

(<https://www.nami.org/wp-content/uploads/2025/03/NAMI-2024StateLegBrief-CriminalJustice.pdf>)

point of contact. This position is also supported by research conducted by the National Alliance on Mental Health.

As the Board of Visitors, we fulfill our member obligations by visiting the jail and reentry center and making recommendations to the Waldo County Sheriffs Office regarding the care of those residents with mental health issues. Individual tours of the Waldo County Jail by BOV members included visits by Jessica LeBlanc with Officers Matt Hopkins and Randy Fox on 12/27/24, Arthur Jones with Officer Matt Hopkins and VOA Case Manager Kaysee Leary on 12/24/24, Nick Cullen with Officer Matt Hopkins on 1/13, 2025, Crystal Cunningham with Officer Matt Hopkins on 12/30/24, and Tim Hughes with Officer Steve Cole on 4/17/23, Officers Matt Hopkins and Graham Jackson on 4/24/23, and MCRRC residents in the company of Luca Mellon on 4/26/24. All BOV members reported having full access to staff and residents in both the jail and reentry center.

Maine Statute:

Title 30-A: MUNICIPALITIES AND COUNTIES; Part 1: COUNTIES; Chapter 13: COUNTY JAILS AND JAILERS

Subchapter 4: MISCELLANEOUS PROVISIONS

§1651. Examination of jails; board of visitors

1. Examination. At the commencement of each session required by law, the county commissioners shall examine the jail in their county and take necessary precautions for the security of prisoners, for the prevention of infection and sickness and for the accommodations of the prisoners.

[PL 2003, c. 482, Pt. A, §1 (NEW).]

2. Appointment. The sheriff for each county shall appoint a board of 7 visitors for each jail or other county correctional facility under the sheriff's supervision.

A. Members of the boards of visitors serve for terms of 3 years. [PL 2023, c. 383, §1 (AMD).]

B. Members of the boards of visitors are eligible for reappointment at the expiration of their terms. The boards of visitors must be representative of a broad range of professionals, family members and citizens interested in the well-being of prisoners, including representatives of advocacy groups for human and civil rights, medical and psychiatric professionals, persons who have served in corrections settings, and other interested citizens. One member of each board of visitors must be a person with knowledge of issues related to the incarceration of women. One member of each board of visitors must be a woman who has been incarcerated in the State and who has prior child welfare experience with the Department of Health and Human Services, Office of Child and Family Services. One member of each board of visitors must have experience in the field of mental or behavioral health. [PL 2023, c. 383, §1 (AMD).]

C. A member of the Legislature or an employee of a sheriff's department may not serve on a board of visitors. [PL 2023, c. 383, §1 (AMD).]

D. The sheriffs of 2 or more counties, at their discretion, may appoint a joint board of visitors of 7 or more members. [PL 2021, c. 620, §3 (AMD).]

[PL 2023, c. 383, §1 (AMD).]

3. Powers.

[PL 2023, c. 383, §1 (RP).]

4. Duties. Boards of visitors have the following duties.

A. Each board of visitors shall inspect the jail or other county correctional facility to which it is assigned. Each board of visitors must be provided open access to all physical areas of the jail or other county correctional facility, including access to areas housing prisoners. Each board of visitors must be provided the opportunity to speak to prisoners and to staff. Members of the board of visitors shall comply with all sheriff's office policies and procedures and security practices regarding access to the jail or other county correctional facility, shall adhere to all federal and state laws regarding confidentiality and shall refer concerns or complaints regarding specific individuals to the jail administrator or advocate or other county correctional facility administrator or advocate. [PL 2023, c. 383, §1 (NEW).]

B. Each board of visitors shall make recommendations to the sheriff regarding services or treatment for prisoners who have mental health challenges or are mentally ill. [PL 2023, c. 383, §1 (NEW).]

C. Each board of visitors shall review the management of the jail or other county correctional facility to which it is assigned to determine whether that management is consistent with the philosophy, mission and policy goals of the sheriff's office and facility. On or before February 15th of each calendar year, each board of visitors shall prepare an annual report including its recommendations and shall provide copies of its report to the jail administrator, the county correctional facility administrator, the county commissioners, and the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters. The sheriff shall provide copies with the sheriff's response to the reports to the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters within one month of receiving the annual reports. [PL 2023, c. 383, §1 (NEW).]

D. Each board of visitors shall appear before the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters upon request. [PL 2023, c. 383, §1 (NEW).]

E. Each board of visitors shall meet regularly and tour the jail or other county correctional facility to which it is assigned at least 4 times a year. At each meeting, a board of visitors may request and must receive information from the jail administrator or a county correctional facility administrator that the board determines will assist in the review of the management of the jail. To the extent that a board of visitors is not discussing matters made confidential by federal or state law, a meeting of the board is a public proceeding and must

be conducted in accordance with [Title 1, section 403](#). Boards of visitors may meet jointly.
[PL 2023, c. 383, §1 (NEW).]

F. Each board of visitors shall share copies of that board's annual report with the other boards of visitors of that sheriff's office. [PL 2023, c. 383, §1 (NEW).]

[PL 2023, c. 383, §1 (NEW).]

5. Orientation and training. A board of visitors must receive annual training, including:

A. Facilities orientation, including a tour of the jail or other county correctional facility to which the board of visitors is assigned, explanation of the facility command structure and receipt of the Department of Corrections' publication regarding detention and correctional standards for Maine counties and municipalities, facility prisoner handbooks, volunteer policies and board of visitors policies; [PL 2023, c. 383, §1 (NEW).]

B. Review of the federal Americans with Disabilities Act of 1990 and guidance concerning domestic violence, substance use disorder including opioids, behavioral health and adverse childhood trauma; [PL 2023, c. 383, §1 (NEW).]

C. A list and explanation of available community resources; [PL 2023, c. 383, §1 (NEW).]

D. The legal requirements of this section; and [PL 2023, c. 383, §1 (NEW).]

E. Training on any other subject as determined by the sheriff or chair of the board of visitors. [PL 2023, c. 383, §1 (NEW).]

[PL 2023, c. 383, §1 (NEW).]

SECTION HISTORY

PL 1987, c. 737, §§A2,C106 (NEW). PL 1989, c. 6 (AMD). PL 1989, c. 9, §2 (AMD). PL 1989, c. 104, §§C8,10 (AMD). PL 2003, c. 482, §A1 (RPR). PL 2021, c. 620, §3 (AMD). PL 2023, c. 383, §1 (AMD).

Waldo County Sheriff's Office Mission Statement:

To provide the best possible services in Corrections, Law Enforcement, and Civil Service in a professional, courteous, and fair manner to improve the Quality of Life in Waldo County while maintaining public trust and support.

2023 BOV Summary of Recommendations and WCSO Response

1. Install a shatter-proof clock in cells or in communal areas to support resident orientation.
2. Inform 72-hour hold individuals of their right to access phone calls to natural supports, mealtimes, drinks, showers, and hygiene products, in written and verbal formats.
3. Inform the chosen contact of the 72-hour-hold individual's presence in jail and expected duration or transfer.
4. Inform the 72-hour-hold individuals of their rights, expected duration of stay, and access to resources to meet basic emotional and physical needs, in written and verbal formats.
5. Ask the 72-hour-hold individuals for the presence of any psychiatric diagnoses or conditions, related medical information, active treatment providers, emergency contact, guardianship information, and natural supports.
6. Provide staff training in and adopt the Columbia Suicide Severity Rating Scale (C-SSRS).

WCSO Improvements and Response to 2023 Recommendations

The BOV is pleased that the jail has completed several of our recommendations from our last report. A clock was added to the jail cell so individuals know the time. They also have coloring books, coloring tools, and books available for residents to use as a coping skill or to pass the time. Sgt. Hopkins has a binder that contains the AC-OK (Adult Screening Form for Co-Occurring Disorders), which measures Mental Health, Trauma-Related Mental Health Issues, and Substance Abuse. If the person receives a score indicating that they need mental health or substance abuse treatment, a referral is made to a VOA community liaison or OPTIONS liaison.

Sgt. Hopkins reported that individuals who report being suicidal are sent to Waldo County Hospital, where they receive a crisis assessment to determine if they can return to jail or need a higher level of care. The jail used to utilize the local Maine Contracted Mobile Crisis Agency. Still, Sgt. Hopkins reported that crisis staff could not come to do an assessment, which was a loss for the individuals in jail who could benefit from a crisis assessment and follow-up and support in the community after discharge. Individuals who are experiencing mental health symptoms in jail call an independently contracted medication management provider for support.

Sgt. Hopkins reports that every effort was made to ensure residents receive their mental health medications. Mental health medications are stored by the jail and are self-administered. Officers have access to Narcan to prevent deaths by overdose. Sgt. Fox reported that inmates who came from facilities with mental health providers keep their

providers while in the reentry program. If an individual's mental health symptoms worsen, they return to the facility where they came.

Sgt. Fox reported a gap in services for residents in need of mental health services, as they do not have a contracted therapist who meets with clients. Some inmates have health insurance and can find providers in the community, but this has been challenging.

Sgt. Fox provided a list of officers who had completed training that supported their understanding and treatment of individuals with mental health and substance abuse symptoms. The trainings included suicide prevention in the corrections environment, lesbian-gay-bisexual-and-transgender inmates, emotional Intelligence, and use of naloxone.

Although the Inmate Medical Screening Form does a thorough job of assessing imminent physical risk, it continues to need improvement in its assessment of mental illness, capacity, and imminent safety risk. Additions to this form can include a section on mental health, explicitly asking for the presence of a diagnosis or psychiatric condition, related medication information, active treatment providers, identifying emergency contact and natural supports, and obtaining guardianship information (if applicable).

The Columbia Suicide Severity Rating Scale (C-SSRS) is an accessible, effective and evidence-based questionnaire that can be administered quickly and by persons without formal mental health training. The BOV recommended that the Waldo County Jail consider training in and adopting this screening tool into their intake process.

Having access, even virtual, to a licensed mental health professional staffed or contracted by the jail would be helpful if any acute psychiatric event arises.

2025 BOV Summary of Recommendations

1. Apply for grants or other funding sources to partner with an agency or private contractor to offer group or individual mental health treatment to residents, including aftercare follow-up.
2. Provide regular Alcoholics Anonymous and Narcotics Anonymous meetings to all residents.
3. The Board requests a meeting with Chelsea Howard, NP to better understand the management of psychiatric medications.
4. Offer regular Bible study or other spiritual resources to residents.
5. Train staff in:
 - a. Mental Health First Aid (MHFA)
 - b. Columbia Suicide Severity Rating Scale (C-SSRS)⁵
6. Add to the intake form the following:
 - a. Name/contact information of guardian if one exists.
 - b. Name/contact information of emergency contact.
7. Add the following questions:
 - a. "Are you currently being treated for a psychiatric condition"?
 - b. If so, what is your condition or diagnosis?
 - c. Who are your treatment providers?
8. Clarify to the BOV the protocols for managing psychological medications. The Board requests a visit with the nurse practitioner to understand these practices better.
9. Post a laminated poster in the 72-hour hold area, visible to inmates, informing them of their rights, including access to phones, hygiene materials, books, coloring books, etc.
10. Provide less expensive telephone services, residents' link to external supports.
11. Provide formal training for Board of Visitors members, as required by statute.
12. Publish a 'Request for Proposal' for all service or program contracts, in accordance with industry best practices..
13. Require evaluation for all programs by an autonomous agency every three years, in accordance with industry best practices.
14. Explore how state policymakers and advocates can address mental health diversion through legislation.

⁵ "The Columbia Protocol," <https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/>

Conclusion

All BOV members indicated that the Waldo County Jail and the Maine Coastal Regional Re-Entry Center officers and staff were receptive, professional, and eager to answer all questions. They completed additional mental health training including Harassment Prevention for Employees (including sexual harassment), Supervision Roles and Responsibilities, Ethics, Career Survival Training, Basic Corrections, Suicide Prevention in the Correctional Environment, Lesbian, Gay, Bisexual and Transgender Inmates, DHHS Mandated Reporting, Emotional Intelligence, Naloxone Use, and Current Drug Trends.

The Maine Coastal Regional Re-Entry Center and Waldo County Jail in collaboration with Volunteers of America and the Restorative Justice Project, continue to provide numerous supportive programs to the residents, including a CBT-informed treatment approach for mental health and substance use, case management, recovery coaching, mentorship, and employment and education assistance in collaboration with Maine Pretrial Services. In partnership with the Restorative Justice Project, Health Equity Alliance, and the Waldo and Knox County Sheriff's Department, the Law Enforcement Assisted Diversion (LEAD) program offers community members support in diverting offenders away from the criminal justice system while being linked to supports and resources in the community.

As noted in our 2023 annual report, Waldo County facilities are led by caring, well-informed, well-trained, and thoughtful professionals who have invested time and energy into developing programming that seeks to support and improve the well-being of residents. Much of the programming aims to address the root causes of criminal justice involvement, ranging from a focus on unmet basic needs to mental health treatment, trauma, and substance use. Intake forms were comprehensive, and the case management services offered to residents were a link between their time at the facility and their support in the community.

The Waldo County Sheriff's Office and staff are making the necessary changes to improve the care and treatment of those who have mental health challenges. There are still changes needed, and the members of the BOV realize it will take time to make all of the changes. BOV members will continue to make visits and recommendations and assist when possible.

We, the BOV members, would like to thank the Maine Coastal Re-Entry Center and the Waldo County Jail for their thorough and timely access to their facilities, policies, and practices and want to offer our availability to review this report and implement or discuss further any of our recommendations.

Appendix 1: Nick Cullen Visit Report

I met with Officer Matt Hopkins on Monday, January 13th, and toured the Waldo County Jail and Re-entry Center from around 10 to 11:45 AM. Matt was welcoming and answered all of my questions to the best of his ability. At the time of my visit, Matt was eager to share that someone in the 72-hour hold had just been admitted into a rehab facility with the help of Audrey Ryan, a County Coordinator with Maine Pre-Trial.

I met with Audrey for roughly twenty minutes. She shared with me the details of her role at the jail as well as some of the resources she uses there to support those with mental health and substance use needs. Of note was the Maine Recovery Action Project, a resource on social media that maintains an active list of available treatment beds in the state of Maine. She shared that just this morning, she was able to secure placement for an inmate. Audrey is active in the recovery community attending a biweekly diversion and deflection meeting facilitated by the Volunteers of America. She reported that she does her best to meet the needs of everyone coming into the 72-hour hold.

I focused a lot of my attention on the 72-hour hold. As mentioned in our previous report, this point of contact at the facility, to me, would likely be the place where someone with a mental illness would go unrecognized and or be in a heightened state of vulnerability and stress. I was eager to continue learning how people are screened and treated for mental health issues, including substance use problems. I learned that a Nurse Practitioner is contracted to provide services at the jail. Their name is Chelsea Howard, NP. I obtained Chelsea's email address for further discussion around this inquiry. I spoke with Officer Matt Hopkins about additional procedures and protocols around detoxing, including the standard practice of prescribing Librium and Clonidine. I reviewed the intake forms and, after the visit, had additional questions about medications, risk assessment, and mental status examination. For example, there are follow-up questions on the intake form related to medications for epilepsy and heart problems but not for mental health. There also seems to be still the need for LCSWs to be present at the facility in some capacity.

I was pleased to see the facility follow through on several of my previous recommendations regarding making clocks, crayons, coloring books, and reading books available. However, previous recommendations made in the 7/2/23 reports were not followed through.

The previous Annual Report dated 7/2/23 stated;

"Additions to Screenings/Assessment for Risk: The Inmate Medical Screening Form does a thorough job of assessing for imminent physical risk but needs improvement in its assessment for mental illness, capacity, and imminent safety risk. Additions to this form can include a section on mental health, explicitly asking for the presence of a diagnosis or psychiatric condition, related medication information, active treatment providers, identifying emergency

contact and natural supports, and obtaining guardianship information (if applicable) would all be helpful additions.”

The Columbia Suicide Severity Rating Scale (C-SSRS) is an accessible, effective and evidence-based questionnaire which can be administered quickly and by persons without formal mental health training. The BOV recommends that the Waldo County Jail consider training in and adopting this screening tool into their intake process.

If any of the above concerns are indicated, having access to a licensed mental health professional staffed or contracted by the jail might also be helpful. This can be done virtually as well.

Recommendations:

- Adding a guardian question to the screening form
- Adding emergency contact questions to the Intake screening form
- Adding to the intake form the following questions:
 - *“Are you currently being treated for a psychiatric condition”? If so, what is your condition or diagnosis? Who are your treatment providers?*
- Consider training in the Columbia
- More clarity around how medications are managed. The intake has specific follow-up questions regarding heart and seizure-related medications but not for psychiatric conditions.
- A laminated poster visible to inmates in the 72-hour hold informs them of their rights, including access to phones, hygiene materials, books, coloring books, etc.

Appendix 2: Crystal Cunningham Visit Report

On Monday, December 30th, at 5 p.m., I visited the Waldo County re-entry center and conducted a tour of the facilities. During this visit, I began by Meeting Matt Hopkins and talking with him about how the facilities are run and the resources that are offered to the residents of the re-entry center. I then began my tour and found the facilities well-kept; it was calm and quiet while I was there.

I spoke with the residents of the re-entry center, and after the conversation, I learned that the residents are happy and grateful for being in the program; I observed they have free access to roam the facility, and no doors locked until you come to the entrance of the holding facility. The residents discussed with me how they feel there should be more mental health treatment, such as therapists or psychologists. We must be addressing and treating addiction and mental health equally. I was also told that some Narcotics Anonymous groups would be beneficial as well; alcoholics and anonymous groups aren't really designed to support a narcotic addiction. Another thing discussed was a Bible study or some religious activity offered to the residents, maybe weekly or biweekly. The last pressing thing discussed with me by the residents was employing a group of about five residents to voice their concerns. A group of about five residents voiced that concern.

Recommendations:

- More mental health treatments, such as therapists or psychologists, are available for residents.
- Narcotics Anonymous groups would be beneficial as well; Alcoholics Anonymous groups.
- Another topic discussed was offering a Bible study or other spiritual resources for residents, maybe weekly or biweekly.
- The last pressing topic the residents discussed with me was employment.

Appendix 3: Tim Hughes Visit Report

Board of Visitors visit to Maine Coastal Regional Reentry Center, 4/26/24

On the afternoon of April 26, 2024, Luca Mellon and Tim Hughes presented to the MCRRC after notification to Corrections Administrator of our desire to visit as BOV members. We spent fifteen minutes on a tour of the facility and an hour talking with reentry residents in the outside area.

We were greeted at the door by Supervising Corrections Officer Beau Seekins who took us on a brief tour. We noted a new unit inside the resident block for non-reentry beds, apparently somewhat but not completely isolated from the other reentry beds. We learn that non-reentry people housed here will generally reside in or have some connection to Belfast. They are also screened as people generally favorable for the reentry program.

We learn that, after an orientation period, there are five levels that reentry residents can work their way through, but L5, which allows furloughs and weekends home, is rare. There are no ankle monitors in use. You generally 'level up' after a month in a level. To level up you need to apply by writing an essay about why you want to level up, and you need the recommendation of two corrections officers (COs) to be approved. Level 4 can have visits 'any time,' but the visits are 'minimal contact.'

There are Dollar Tree runs regularly instead of a Commissary, and you can ask to buy 'almost anything' there. Also, family can ship directly from stores to residents in the Center.

There is a Securis phone system in place; phone calls to family cost 21 cents/minute. There are no cell phones and no internet allowed, though a CO can be asked to look something up on their own personal cell phone. They get to bring and wear their own clothes, bedding, hygiene stuff. Also "Angels in Action" provide them (new) gifts for their kids. They can make and attend their own dental appointments.

They don't get 2-for-1 'good time' while there; good time maxes out at two days per month.

They get substance use disorder prescriptions and medical visits via zoom with Chelsea Howard NP and that works well for them. There are random urine tests on average once weekly. If you test positive you can be sent back to jail.

Residents are busy 'all day long' with classes (recovery, reentry, life skills, etc). VOA services are 'great;' VOA provides connections for reentry, but they don't have a lot of funding for much else. One time they took all Level 3s and 4s to a job fair in Rockland. VOA also provides rides to work for those with jobs. They can walk to the YMCA, can go jogging accompanied by a CO, and get a "pass" every two weeks.

People work locally with Dana Keene and also at Point Lookout/Ducktrap. One resident paid a \$100/month rent with his paycheck, working 32 hours per week for Ducktrap. The MRRC doesn't take anything out of their paycheck.

COs are generally good people; an 'us vs them' mentality is discouraged as bad attitude; 'that can get you back in jail.'

We learn about the 'oh shit' box, for complaints, both about individuals and about the MRRC.

Any complaints? "Can't get my license back while I'm in here; can't do DEEP training (some controversy, one resident did).

Observations/Assessments/Concerns:

- Mixing of regular and reentry residents is a potential concern.
- Expense of phone calls could be a barrier to socially positive family contact.
- Combining substance use disorder prescribing with in-person groups has potential to promote positive behavior change, rather than Zoom-based assessment and refills.

Appendix 4: Arthur Jones Visit Report

I met with Officer Matt Hopkins on December 24, 2024, and toured the Waldo County Jail and Reentry Center. Matt was welcoming and answered all of my questions. It was Christmas Eve, and few residents were at the jail and reentry center. I had no concerns about the jail and how it was being administrated. Matt suggested I meet with the VOA Case Manager to learn about the program side of the facility.

I met with Kaylee Leary, VOA Case Manager, for approximately twenty-five minutes. She shared the details of her role at the jail and the programs and resources VOA uses to support the residents and those with mental health and substance use needs. She said everything was going well, and the residents took advantage of the programs.

A few days after my visit, I received a phone call from someone in the community. She said she knows some of the residents at the reentry center and that one of them complained about the quality of the programs there. The resident said the programs don't help the residents, and they seemed happy and were trying to better themselves.

I contacted Robyn Goff, Director of Community Justice at Volunteers of America, since VOA provides most of the programs at the reentry center. I shared the information about the program's complaint with her. Robyn provided the response below about the complaint and program improvements over the last couple of years at the reentry center:

From my perspective, I do not have concerns related to programming. I work very closely with Kim, and we have weekly meetings on programs and implementation at reentry. Kim also supplies me with a program schedule monthly. But I am open to hearing any complaints or concerns, as there could be something I am unaware of.

Just for your information, I am happy to sit down and talk some more, but here are some highlights of program improvement over the last few years from my perspective:

- Transitioned to using 4th generation, best practice, validated risk assessment tool LS/CMI which incorporates a case plan directly related to high risk factors of recidivating.
- Now use an evidenced-based SAMSHA-approved substance use disorder assessment, the Addiction Severity Index (ASI), with all clients after the initial screening of AC-OK done if clients score having any history of SUD
- Through the contract with WCSO, our Mental Health Liaison now offers a men's group related to mental health issues with the residents
- Nonviolent communication classes

- Cognitive Behavioral Therapy (CBT) programming offered through evidenced based curriculum through Change Companies
- Other high risk areas of recidivism that are provided monthly are financial classes, education and employment readiness, recreation (residents on a league at ymca right now for basketball)
- Treatment groups for those on Medicated Assisted treatment and educational groups, peer support, 12 step and other pathways to recovery offered monthly also.
- Our new APM is also and Licensed Alcohol and Drug Counselor
- RJP still involved providing some programming related to restorative practices.

Recommendations:

- Formal training for the BOV as required by the statute. [PL 20Statue23, c. 383, §1 (NEW).] [PL 2023, c. 383, §1 (NEW).]
- Joint training in mental health with officers, VOA staff, and BOV
- Add a Request for Proposal for all contracts for services/programs
- Require a program evaluation for all programs from service providers by an autonomous agency every three years.

Appendix 5: Jessica LeBlanc, LCSW Visit Report

I visited the Waldo County Jail on 12/27/24, where I met with Sgt. Michael Hopkins and Sgt. Randy Fox. At the time of my visit, no one was in custody at the jail, and the inmates at the reentry center were off the unit on a job site. I was pleased that the prison took the BOV advice from last year and added a clock in the jail cell so individuals knew the time. They also have coloring books, coloring tools, and books available for individuals to use as a coping skill or to pass the time. Sgt. Hopkins showed me a binder that contained the AC-OK: Adult Screening Form for Co-Occurring Disorders. This tool measures Mental Health, Trauma-Related Mental Health Issues, and Substance Abuse. If the person receives a score indicating that they need mental health or substance abuse treatment, they make a referral to VOA community liaison or OPTIONS liaison. Sgt. Hopkins reported individuals who report being suicidal are sent to Waldo County Hospital, where they receive a crisis assessment to determine if they can return to jail or need a higher level of care. The jail used to utilize their local Maine Contracted Mobile Crisis Agency. Still, Sgt. Hopkins reported that crisis staff could not come to do an assessment, which was a loss for the individuals in jail who could benefit from a crisis assessment and follow-up and support in the community after discharge. Individuals who are experiencing mental health symptoms in jail call an independently contracted medication management provider for support. Mr. Hopkins reports that they do all they can to ensure that individuals receive their mental health medications because they understand the importance of taking their medications. Mental health medications are stored by the jail and are self-administered by the individual. Officers have access to Narcan to prevent deaths by overdose. Sgt. Fox reported that inmates who came from facilities with mental health providers, keep their providers while in the reentry program. If an individual's mental health symptoms regress, they return to the facility that they came from. Sgt. Fox reported a gap in services for individuals who develop mental health symptoms while at the reentry, as they do not have a contract therapist who meets with clients. Some inmates have health insurance and can find providers in the community, but this has been challenging.

I requested a list of training that officers completed from Sgt. Fox, and he sent me an email on 12/27/24 with the requested information. Officers completed training that supported their understanding and treatment of individuals with mental health and substance abuse symptoms. These include;

- Suicide Prevention in the Corrections Environment
- Lesbian-gay-bisexual-and-transgender-inmates
- Emotional Intelligence
- Narcan
- Current Drug Trends

Recommendations:

I recommend that the officers should utilize the Columbia suicide severity rating scale (C-SSRS)- This is a tool designed to assess the severity of suicidal ideation and behavior. It evaluates key aspects such as the presence, intensity, and frequency of suicidal thoughts, the occurrence of past or recent suicide attempts, and any preparatory behaviors, such as planning or obtaining means. The scale helps clinicians gauge the level of suicide risk by asking structured questions about ideation (ranging from passive thoughts to detailed plans) and behavior (e.g., past attempts or preparatory actions). The C-SSRS provides a standardized approach for identifying at-risk individuals and informing appropriate interventions, with versions tailored for screening, lifetime history, and recent episodes. This is also a tool that Waldo County General Hospital utilizes to determine if an individual needs a crisis assessment. This could help officers understand the individual's level of risk and if they can maintain the individual safely with their watch matrix.

I recommend that officers be trained in Mental Health First Aid (MHFA). MHFA is a training program designed to teach individuals how to identify, understand, and respond to signs of mental health and substance use challenges. The program provides practical skills and knowledge to help people recognize when someone may be struggling with conditions such as depression, anxiety, or substance use disorders, and how to offer initial support in a non-judgmental and compassionate way. MHFA teaches participants how to approach someone in crisis, offer support, and guide them toward professional help or resources, promoting early intervention and reducing stigma surrounding mental health. It is intended for anyone, regardless of background, to become a more informed and empathetic first responder to mental health concerns.

My recommendation for the reentry center is to look at grants or other sources of funding to partner with an agency or private contractor to provide mental health treatment in an outpatient or group setting.

References

1. "Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12," January 2017, U.S. Bureau of Justice Statistics, <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>
2. "Mental health of prisoners: identifying barriers to mental health treatment and medication continuity" Reingle Gonzalez JM, Connell NM. Am J Public Health. 2014 Dec;104(12):2328-33. doi: 10.2105/AJPH.2014.302043. Epub 2014 Oct 16. PMID: 25322306; PMCID: PMC4232131. <https://pubmed.ncbi.nlm.nih.gov/25322306/>
3. "Mental Illness," NIH statistics, September 2024, <https://www.nimh.nih.gov/health/statistics/mental-illness>
4. "The Columbia Protocol," <https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/>
5. "Trends in Mental Health and Criminal Justice State Policy," NAMI, March 2025. <https://www.nami.org/wp-content/uploads/2025/03/NAMI-2024StateLegBrief-CriminalJustice.pdf>