

Juvenile Justice Testimony re: Maine LD 1923 An Act to Repurpose Long Creek Youth Development Center and Build a Community System of Support

January 12, 2026

Dear Honorable Representatives Brennan, Noonan, Gattine, and Senators Rafferty and Pierce,

I am a child and adolescent psychiatrist, and I've been involved in the intersection of mental/behavioral health needs and juvenile justice throughout my career, in Colorado, Michigan, Rhode Island, and Maine, in the care of individuals and in consultation regarding challenges in developing services that serve the needs of public safety and the needs of young people and their families. I was the Director of the Maine Health Division of Child and Adolescent Psychiatry from 1996 to 2016, and I continued work in teaching and treatment at MaineHealth through 2025. I practice based in Yarmouth and by telehealth.

Mental health needs of young people involved in juvenile justice systems are serious and rarely sufficiently addressed. Many studies have documented clearly that psychiatric diagnoses observed in mental health clinics and hospitals are present in juvenile justice populations, with socioeconomic, ethnic, racial factors being the primary factors in individuals ending up in the latter. I have repeatedly observed a difficult tension between the focus of correctional systems on public safety and of mental health/behavioral health systems on treatment of the individual – perspectives that are both valid, but which are rarely successfully integrated.

Treatment is insufficiently available and often ineffective. The safety of the public is rarely ensured beyond periods of physical incarceration.

The understandable need to prevent dangerous behavior often takes priority, with an emphasis on incarceration, during which time the treatment of mental illness and substance use disorders plays a limited role. The common experience is that individuals are temporarily prevented from illegal and dangerous behavior, but that fundamental changes in behavior are limited, and recidivism and re-arrest are common, with rates of re-arrest within three years of 70-80%. Incarceration itself is observed in many studies to increase the probability of re-arrest and re-incarceration.

Family, community, and social issues are critical and must be part of effective intervention. Mental health and substance use needs in parents, peers, and the community often need to be addressed. Treatment geographically separate from families, schools, and the home community is limited in its ability to create enduring change.

Simply closing Long Creek is not the answer. There are certainly times when individuals pose a danger to the community or when a phase of confinement is necessary to initiate change. A secure residential facility can play a constructive role, but it needs to be one part of a system of care, and tightly woven into family- and community- based intervention. Effective services for young people involved in juvenile justice have been developed, and many of these are included in the community services in LD 1923.

It is also not sufficient to add elements of mental health treatment, such as the use of psychotropic medications, to Long Creek and existing outpatient interventions, without a full re-orientation to fundamental behavioral and psychological change in a population with many needs.

Some challenges are notable in Maine, and must be directly addressed. The causes of the increase in youth incarceration since the COVID pandemic need to be understood, and may reflect stresses on families, on schools, and the limited availability of mental health services. The increase in incarceration of girls is notable and needs to be understood. The needs of young people from the immigrant and refugee populations in Maine must be addressed, including traumatic experience in the young and in their parents and families, past and possible future experiences of separation from family members, cultural patterns, economic challenges, parentification of some youth, and other issues.

While any change involves funding, with attention to implementing evidence-based practices in ways that assure their effectiveness in the intended population. A full and complete consideration of cost effectiveness, is important, however, including not only the cost of incarceration but also the costs associated with future illegal or dangerous behavior, absence from the productive workforce, costs associated with child welfare and other costs extending into the next generations.

LD 1923 is a thoughtful and needed step towards more effective, and more cost-effective intervention to make Maine safer, more stable, and more productive.

Relevant Literature:

- CORE PRINCIPLES FOR REDUCING RECIDIVISM AND IMPROVING OTHER OUTCOMES FOR YOUTH IN THE JUVENILE JUSTICE SYSTEM, White Paper, Council of State Governments Justice Center, New York, 10005 © 2014 by the Council of State Governments Justice Center.

- Mendel R, Effective Alternatives to Youth Incarceration, Report. The Sentencing Project, 2026 <https://www.sentencingproject.org/reports/effective-alternatives-to-youth-incarceration/>
- Refugee Resettlement: Challenges and Opportunities Zarin Noor, MD, MPH; Jordane P. Tofighi ACADEMIC PEDIATRICS 2024; 24:61–62.

Please contact me for additional background or for further discussion.

Douglas R. Robbins, MD, DLFAACAP

Douglas.Robbins@Tufts.edu