Maryland Department of Juvenile Services
Treating • Supporting • Protecting

**December 8, 2010**

**DJS Response to JJMU Third Quarter Reports**

In response to the JJMU third quarter reports, DJS coordinated with its facility Superintendents and licensed programs to address the identified findings and recommendations. Our comments are provided below. As always, DJS is committed to providing the highest standards of care and we continue to work diligently to address public safety and provide services for youth. For ease of review, please reference the JJMU report for each facility when reviewing the responses.

Prior to addressing the report pertaining to each facility individually, DJS would like to note some of the progress we have made across the system statewide. Significant accomplishments during the third quarter 2010 reporting period include:

- ***Every indicator of performance in key safety and security areas that DJS tracks and reports to StateStat trended in a positive direction, comparing the third quarter 2009 to 2010.***

| | |
|---|---|
| Youth on Youth Assaults Dropped:<br>8% Statewide<br>46% at BCJJC<br>38% at Waxter | Youth on Staff Assaults Dropped:<br>28% Statewide<br>43% at BCJJC<br>34% at Victor Cullen |
| Group Disturbances Dropped:<br>61% Statewide<br>74% at BCJJC | Non-Sports Related Injuries Dropped:<br>22% Statewide<br>60% at BCJJC |
| Escapes/AWOLS Dropped:<br>43% Statewide<br>20% at DJS facilities<br>46% at licensed facilities | Use of Seclusion Dropped:<br>45% Statewide<br><br>Restraint Use Dropped:<br>17% Statewide |

- ***DJS Successfully Exits DOJ Settlement Agreement at BCJJC 10 Months Early, Ending All Federal Oversight of DJS Facilities***

The Baltimore City Juvenile Justice Center (BCJJC) was released from U.S. Department of Justice oversight in August 2010. The federal Monitor, a national expert in conditions of confinement in juvenile facilities, found BCJJC in full compliance with all practices for protection from harm, educational services, behavior management, incident reporting and staff training.

This significant accomplishment represents the end of all federal monitoring of DJS juvenile facilities that began in 2005 and has been resolved at Cheltenham, Hickey and BCJJC by the current administration.

---

DJS coordinated with its facility Superintendents and licensed programs to address the findings and recommendations of the JJMU third quarter 2010 report. Our responses to the JJMU report are provided below in three sections: DJS Detention Centers, DJS Treatment Centers, and DJS Licensed Programs (operated under contract to DJS by private providers).

## DETENTION CENTERS

### Alfred Noyes Children's Center (Noyes)

Recommendations

1. Individual rooms should be limited to single occupancy. No youth should be required to sleep in a "boat" set on the floor.

   **Response**: Noyes is in full compliance with ACA Standard 3-JDF-2C-02 which requires 35 square feet per youth in each sleeping room. Stack-a-bunks, which are supplied with the same mattress used on stationery beds in youth sleeping rooms, are used during population spikes or when a youth requires continuous direct sight supervision and cannot be managed safely in a room with a roommate. Stack-a-bunks are used in juvenile facilities throughout the nation for these purposes. The Correctional Standard (ACA 3-JDF-2C-01 Juvenile Housing) that the Monitor cites is not applicable to Noyes. It applies only to newly constructed facilities.

2. Fire drills must be held on the third shift after youths are locked in their rooms and asleep.

   **Response**: The Noyes facility has passed its annual inspection conducted by both State and local Fire Marshals, is in compliance with all requirements, and has a

current fire safety inspection certificate. Fire drills are routinely conducted on all three shifts.

3. Medical staff should be increased to allow 24/7 coverage.

   **Response**: Noyes has one of the best and consistently covered nursing staff of all the DJS facilities and offers comprehensive medical care with 24/7 on-call physician coverage. On-site nursing coverage is provided from 7 AM to 11:30 PM Monday through Friday and from 8 AM to at least 8:30 PM Saturday and Sunday. On-site pediatric physician or nurse practitioner coverage occurs twice a week. Once a week the DJS Medical Director provides on-site comprehensive girls health care including family planning and gynecological care and is also on call 24/7 for youth with opiate dependency requiring pharmaceutical management and for youth requiring urgent gynecological care. DJS also transports youth requiring optometry, dental, or other out-patient specialty care to medical providers in the community. Radiological services are provided on-site or if needed, at Shady Grove Hospital which is located within 2 miles of Noyes. Laboratory services are provided on-site and pharmaceuticals are ordered and delivered daily through a contracted vendor.

4. Space should be allotted for an infirmary or youth who must be separated should be transferred to other facilities.

   **Response**: Youth who require 24/7 infirmary care can be transferred to one of the other DJS facilities outfitted with an infirmary. Noyes has successfully isolated youth with contagious disease, both chicken pox and H1N1 influenza, on the units through use of single rooms with toilets. Even with an infirmary, isolation of youth with contagious disease is not easy due to having to keep youth confined to their room except for use of the shower/bathroom.

5. Youth should be allowed to participate in outdoor recreation on a regular basis.

   **Response**: Youth are afforded opportunity for outside recreation unless there is inclement weather or a security risk.

Unabated Conditions

1. Overpopulation is a chronic problem.

   **Response**: Overpopulation is not a chronic problem at Noyes; in fact the average daily population was below the rated capacity (57) for each month during the reporting quarter. The average daily population was as follows: July – 54, Aug – 52, and Sept. – 42. The Regional Director continues to conduct Detention

Reviews to assist in expediting youth to placement, discharge home, or to an Alternative to Detention placement in accordance with court orders.

2. Fire drills are still not being held on the third shift after youths are locked in their rooms and asleep as required.

   **Response**: As explained above, the Noyes facility has passed annual fire inspections and has a current fire safety inspection certificate which has been provided to the Monitor for review. Fire drills are routinely conducted on all three shifts.

**Baltimore City Juvenile Justice Center (BCJJC)**

Recommendations:

1. The Department should continue to seek treatment resources in Maryland to alleviate high numbers of youth in pending placement.

   **Response**: DJS actively pursues the identification of in-state resources for youth awaiting placement. Post-adjudicated youth in Maryland (and in states throughout the country) are housed in detention facilities pending their placement in treatment programs. Numerous factors contribute to youths' length of stay in detention. Some youth are more difficult to place due to serious offenses or specialized treatment needs, and others may be pending the outcome of waiver hearings or adult charges. While youth are detained at BCJJC they receive the best possible care including medical, educational and mental health services. DJS continues to partner with the courts, Office of the Public Defender and the State's Attorney's Office to identify and resolve obstacles to expedite lengths of stay.

2. The Department must follow through on the hiring of at least 16 direct care staff. The hiring and training of direct care staff should be expedited.

   **Response**: The facility is actively recruiting for a total of 12 merit (PIN) Resident Advisor positions. BCJJC is completing the conversion of 4 contractual direct care staff to permanent state employment.

3. Another nurse should be hired for the BCJJC medical unit.

   **Response**: BCJJC has been recruiting for the nursing position. In addition, the nursing department at BCJJC has the ability to fill vacant nursing shifts utilizing DJS' contracted nursing agency. Therefore there is never any difficulty ensuring full nursing coverage even if there are vacant nursing positions.

4. A facility case manager position should be filled.

**Response**: The Facility Case Manager position was filled December 1, 2010.

5. The Department must keep BCJJC population within the rated capacity of 120.

   **Response**: The population is not consistently over the rated capacity of 120. The average daily population over the three months reviewed by JJMU was: 119, 117, and 122. Only one month showed a slight and temporary increase over the 120 rated capacity. In addition, the facility has 4 infirmary beds/rooms that can be used during periods of high population.

Unabated Conditions

1. BCJJC remains unsuitable for housing youth for extended periods.

   **Response**: BCJJC was designed to hold 144 youth. DJS reduced the rated capacity to 120 youth. All youth, whether pre- or post-adjudicated, receive six hours of educational services daily, which complies with requirements for Maryland secondary schools, as well as recreation and leisure activities, mental health services, medical and dental care, and case management.

2. The Department continues to hold youth in pending placement status for long periods at BCJJC.

   **Response**: As indicated above, post-adjudicated youth may be held in detention facilities pending their placement in treatment programs, and there are numerous factors that contribute to length of stay. Some youth are more difficult to place due to their offenses or specialized need for treatment, and others may be awaiting waiver hearings or have unresolved adult or other legal charges. While youth are with us, they receive the best possible care including medical, educational and mental health services provided by dedicated and qualified staff. DJS continues to partner with the courts, Office of the Public Defender and the State's Attorney's Office to identify and resolve any obstacles to expedite lengths of stay.

3. The orientation units remain overcrowded.

   **Response**: BCJJC is developing alternatives to the current Orientation structure for use during temporary population spikes.

4. Youth in orientation do not receive appropriate education services.

   **Response**: Youth on the orientation units receive educational materials from the Maryland State Department of Education staff. Youth eligible for special education receive those services. Youth who have very short lengths of stay in detention and are housed in Orientation units, benefit most from educational transition services that are provided to assist their return to school in the community.

5. All filmed incidents involving alleged abuse, assault and/or physical restraint should be archived and held for at least a year.

   **Response**: BCJJC does not need to keep copies of every incident that occurs for a year. The video footage of every incident involving a fight or group disturbance is required to be viewed by the shift commander very promptly, within one to two days. Therefore, if a problem presents during that viewing, the shift commander would refer the incident to the DJS Office of the Inspector General (OIG) for investigation and it would be archived. Any incident under OIG or police investigation is recorded on CD and kept on file, as are any incidents requested by facility or DJS leadership or the Quality Improvement Unit. The retrieval and storage of every incident for a year would be time-consuming and unnecessary, as the vast majority of incidents do not generate any concern that would require lengthy investigation.

6. One of the classrooms at BCJJC still does not have camera coverage. Cameras should be installed in every room or office frequented by youth.

   **Response**: The installation of additional stationery cameras is considered by DJS as funding permits. Hand-held cameras continue to be available for use by staff in all areas of the facility, including the school.

7. The medical suite does not have enough examination rooms.

   **Response**: There are two fully equipped examination rooms at BCJJC which our Medical Director considers sufficient space for completing all exams and medical treatment.

8. Community case manager contact forms should be mandatory at all DJS facilities.

   **Response**: Community Case Manager contacts are tracked at other facilities besides BCJJC, but not all use the same Contact Form. There are numerous quality assurance mechanisms in place to track case manager visits.

9. The Department should supply personal distress alarms for teachers and direct care staff at all DJS facilities.

   **Response**: Personal distress alarms are considered for purchase by DJS when funding allows. Currently most of the detention areas at BCJJC are under constant video surveillance, large windows and doors with windows allow ready viewing into all units at all times, teachers and other non-direct care staff are not left alone with youth, and staff assistance is remarkably fast.

10. The Department should expand the ISU and Transition programs to Cheltenham.

**Response**: DJS appreciates that the JJMU recognizes the success of the ISU and Transition Units. As it continues to meet the needs of youth at BCJJC, it may be considered for expansion to other sites.

## Charles H. Hickey Jr. School (Hickey)

1. The Monitor observed a large number of youth cramped in a small dining room size space in the rear of Roosevelt Hall. The youth had nothing to do to occupy their time. Staffers said that they were trying to prevent direct contact between youth from two different cottages. Youth in orientation were therefore being required to stay in the rear of the cottage while Roosevelt Hall youth occupied the front of the cottage. Staff was unable to provide sufficient programming for youth as they sat in a small space for several hours.

   **Response:** This finding is very misleading. Nothing improper or of concern was occurring. The space designated for the orientation unit is a dayroom located in the rear of the Roosevelt housing unit. The population in the area did not exceed 12 youth during the third quarter. Each day several youth attend court which further reduces the population. The youth have a twenty-four hour activity schedule including recreation, several orientation groups, arts and crafts, board games, etc. The youth are separated for safe management just as youth in other units. The youth leave the unit daily for recreation and meals.

2. According to the DJS Incident database, there were 225 total reported incidents during the third quarter of 2010 compared to 219 during the third quarter of 2010. The number of suicide-related events increased significantly this quarter as did the number of restraints (from 39 to 49) and restraints with injury (17 to 26). However, seclusions decreased by half.

   **Response**: Suicide related events may be ideation and/or gestures thus may not always be actual attempts or "events." During this quarter several of the incidents involved youth who were new admissions and who were sent out for emergency psychiatric evaluation and released back to the facility. All such instances require an incident report. Youth who could not contract for safety were also sent for psychiatric evaluation multiple times and upon departure and return an incident report was generated. In addition, because Hickey has an infirmary and excellent 24/7 mental health coverage, youth from other facilities are assigned to the facility by court order or Departmental decision.

3. During a visit, the Monitor observed a psychiatrist alone with a youth in a confined space with the door closed. The psychiatrist did not have a radio or distress alarm. No direct care staffer was present.

**Response**: The psychiatrist was conducting an evaluation of a youth on Douglas Hall in an area located in clear line of sight between the Nurse's Station and the housing unit. The door leading to the infirmary was left ajar and staff was posted at the door between the dayroom and the area which the other students occupy. Staff was always within sight and sound supervision. There are windows on one side of the doorway and one window cut into the door itself which allow direct view of the entire area.

4. Teachers do not have radios or distress alarms. The facility should purchase distress alarms and radios to ensure the safety of all staff and youth.

   **Response:** Direct Care staff is present at all times equipped with a radio to ensure the safety of staff and youth.

5. Staff does not record youth movement consistently, as required. Roosevelt Hall and Ford Hall orientation units were sharing a logbook. The logbook included scratch-overs and fill-ins. Neither unit was able to record all movement as required by DJS policy. Each unit should be in possession of a discrete logbook.

   **Response:** Ford Hall wasn't in operation at the time of the monitor's visit. Roosevelt Hall residents leave the unit to attend school. The orientation section of Roosevelt remains on the unit except for meals and recreation. The facility immediately instituted an additional logbook for use by the orientation section of Roosevelt Hall to avoid confusion about the documentation of counts. Prior to implementation of this procedure, staff communicated log book entries to the orientation staff via radio and telephone.

6. The wiring on the fences near the cottages is inadequate - shortcomings should be addressed. A youth was able to crawl through a small hole in a gate on the side of the infirmary during an attempted escape.

   **Response:** The youth exited the area in the rear of the infirmary. The area of the fence was being repaired; staff pursued the youth immediately and he simply sat down on the steps of the education area. Additional staff responded. The youth did not breach the exterior of the fence.

7. The Monitor observed a Muslim youth praying in the middle of a noisy unit while his peers were engaged in recreational time. The youth, who needs to pray a number of times each day, had neither a Qur'an nor a prayer mat to kneel as he went about his devotions.

   **Response:** The youth was always accommodated and separated himself from the group to pray, while remaining in direct supervision of staff.

8. The educational needs of youth housed in the infirmary remain unaddressed. During the second quarter, the Maryland State Department of Education – Division of Special Education and Early Intervention Services conducted an investigation into allegations concerning education services at Hickey and found that youth housed on the infirmary at Douglas Hall had not been provided special educational services.

   **Response:** This statement is not accurate. In response to an April 29, 2010 complaint filed by an attorney, the Maryland State Department of Education Division of Special Education/Early Intervention Services conducted an investigation that alleged non-compliance with the Home and Hospital Teaching COMAR requirements at Hickey.

   In response, MSDE/Juvenile Service Education took the following steps: a) revised its Special Education Policies and Procedures to comply with COMAR and the Individuals with Disabilities Education Act (IDEA) regarding Home and Hospital Teaching services, b) conducted training on the revised policy with all special education teachers and school administrators c) completed a review of student records and determined that no educational harm related to student progress toward meeting the goals and objective on the students' IEPs was evident, and d) submitted documentation to MSDE indicating corrective action for compliance.

   COMAR requires a minimum of 6 hours of instruction for Home and Hospital students with disabilities. MSDE exceeds this requirement, providing 10 hours of special education services to all students unable to come to school due to medical/emotional reasons until an IEP meeting is held to determine Home and Hospital Teaching eligibility.

   After the IEP team meeting has been held, the student receives the approved hours of services as documented on the IEP in accordance with IDEA and COMAR.

9. There is no documentation or information to demonstrate that steps are taken to determine whether students are well enough to receive instruction in the infirmary, and if they are, there is no documentation to ensure that they are provided with special education instruction required by the IEP

   **Response**: A Physician Verification Form is submitted to DJS staff for completion for all students with disabilities who are housed in the infirmary for more than 10 days. MSDE implements the IEP goals and objectives and provides comparable services until an IEP meeting is held to determine Home and Hospital eligibility and continued services.

10. There is no documentation to determine whether there is verification that students are unable to attend school due to a physical or emotional condition and to ensure that home and hospice procedures are followed.

**Response**: This is not accurate. A Physician Verification Form is submitted to DJS for all students with disabilities who are housed in the infirmary for more than 10 days.

11. Although a special education teacher provided two hours per day of instruction to the youth in the infirmary, there is no information or documentation that these services are consistent with each student's IEP.

    **Response**: In full compliance with COMAR, MSDE implements the IEP goals and objectives and provides comparable services until an IEP meeting is held to determine Home and Hospital eligibility and continued services. All documentation, including the IEP team meeting minutes and decisions made by the team, are included in the student's Special Education folder.

## Cheltenham Youth Facility (CYF)

Recommendations

1. Cheltenham's youth population should not exceed 86.

   **Response**: Cheltenham's total capacity is 148 with double occupancy in each youth sleeping room. The facility never reached its total capacity of 148 at any time during this reporting period, and single rooms were always available as required by specific circumstances related to youth characteristics. Youth attended school and recreation.

2. The Department should ensure enough direct care staffers are available to cover every shift and youth should never be confined to cells because of coverage problems.

   **Response**: Youth are confined to their rooms for defined reasons. If the youth is confined to a locked room because he is a danger to himself or others, the incident is reported as seclusion and the youth is closely monitored. The facility is in the process of filling 24 new direct care positions, and the addition of these positions will ensure that youth are not confined for short periods due to lack of staff. Note that although the Monitor uses the term "cell," Cheltenham refers to youths' rooms, not cells, in order to avoid promoting a prison-like environment.

3. Staff on each shift should be supplied with radios and man down alarms.

   **Response**: All staff on duty, including educational staff, is supplied with a radio at the start of every shift. The Superintendent has developed a process to ensure that radios are always available and accounted for. Duress alarms (in particular

areas of the facility) are a part of the design plan of the new Cheltenham detention center.

4. Camera coverage should be extended to all areas in the facility (interior and exterior) frequented by youth.

   **Response**: The facility currently has adequate camera coverage internally and externally. To ensure optimum safety and security, the Department is exploring expanding camera coverage as funding permits.

5. Each youth at Cheltenham should have his own individual cell.

   **Response**: The facility has double occupancy capacity of 148. Each sleeping room provides at least 80 square feet. This exceeds ACA Standards, thus youth have sufficient space to sleep in a double occupied room. Sleeping youth in a double room is contingent on the facility's population. Youth who cannot be safely managed in a room with a roommate are assigned to a single room, regardless of population.

6. No youth at Cheltenham should have to sleep in a plastic bed placed on the floor.

   **Response**: Stack-a-bunks are elevated from the floor and are supplied with the same mattress that youth have on stationery beds in sleeping rooms. These moveable beds are used for youth requiring direct and continuous line of sight supervision and during temporary periods of high population. Stack-a-bunks are in use in juvenile facilities across the country.

7. New personnel should be hired to supervise one-on-one learning and for other school area duties. These new employees should be hired to work exclusively at the school.

   **Response**: The Department is in the process of filling 24 additional Resident Advisor positions at Cheltenham. Some of those vacancies will be designated primarily for supervision in the school. Currently youth attend school with supervision by their housing unit Resident Advisor staff.

8. The Department should expand on the success of the ISU and Transition model at BCJJC by bringing the model to Cheltenham.

   **Response**: The facility leadership and the Regional Director will review the ISU model to examine appropriateness for implementation at Cheltenham.

Unabated Conditions

1./2. The cottages at Cheltenham continue to be severely overcrowded. The DJS rated capacity for CYF should be lowered to 86 youth to reflect the loss of 29 youth slots with the closure of the Murphy and Shelter cottages.

**Response**: Please see responses above to Recommendations 1 and 5. Also, the Shelter was not a detention center and therefore would not hold detained youth. The Re-Direct (Murphy) Program was a treatment program and also would not hold detained youth.

3. The CYF Shelter should be re-opened with a sprinkler system so that it can be expanded to serve more youth.

**Response**: The Department is reviewing the need for reopening the shelter and completion of a cost analysis.

4. Social Separation should be a reportable incident.

**Response**: Each social separation occurrence is clearly and carefully documented. Facility staff reviews each incident's documentation as well as the videotape of the incident to ensure that all Departmental policies are followed.

5. Lock barrels need to be replaced at CYF to guard against the use of unauthorized keys.

**Response**: DJS will be completing re-keying of the entire facility (some areas of the facility have been completed) and lock barrels will be replaced. Keys are maintained securely in areas of the facility that youth cannot access such as the tour office, per the Department's Key Control Policy.

## J. DeWeese Carter Center (Carter)

Recommendations

1. Population should remain capped at no more than 15 youth.

**Response**: DJS has not housed more than 15 youth at Carter since December 2007.

Unabated Conditions

1. Camera coverage should extend to all areas in the facility frequented by youth (including classrooms, hallways and case management offices).

**Response**: The need for additional stationary cameras is assessed as funding permits. Hand-held cameras are available for use by staff in all areas of the facility including the school.

2. Staff should be supplied with emergency man down alarms.

   **Response**: Due to the small size and configuration of the physical plant which provides for clear lines of sight, and because all vendors, MSDE employees, and guests are supervised by Resident Advisors at all times when they are with youth, man down alarms are not necessary.

3. A part-time nurse should be added to the medical staff.

   **Response**: The current medical staff is sufficient for a facility with a population no greater than 15 youth. All youth admitted to Carter receive prompt physical exams and screenings for mental health, suicide risk and substance abuse. The physician conducting the physical exam also completes dental screening. A physician and psychiatrist are on site weekly. Dental services are provided in the nearby Chestertown community. There is always back-up on-call to reach the nurse and physicians. If youth have a condition that requires more extensive care, the Carter Center would transfer him to a DJS facility that provides 24/7 on-site medical services.

4. A behavioral health staffer should be available to meet with youth and staff on a 24/7 basis.

   **Response**: Carter staff includes two Licensed Clinical Social Workers, two case managers, and an addictions counselor. Behavioral health staff is also always on-call after business hours. The behavioral health vendor has provided the Carter Center with a pager and hot line to reach mental health clinicians should the need arise outside of normal working hours. To date, the vendor has responded to these few requests very promptly and continues to work with the facility to provide excellent service.

5. A cover should be provided for the basketball court.

   **Response**: It would not be cost effective at this point for the Department to enclose the basketball court at the Carter Center, especially as other options are available. The Department has resurfaced the outdoor basketball court and youth utilize an indoor recreation area in inclement weather.

6. To reflect the actual DJS rated capacity of the Carter facility, DJS-HQ should correct the reported rated capacity at Carter from 27 to 15 youth on all facility related documentation, including DJS population reports.

**Response**: The current population cap for the Carter Center continues to be 15 youth and the rated capacity was adjusted.

## Lower Eastern Shore Children's Center (LESCC)

Recommendations

1. DJS should increase staffing levels in order to provide adequate supervision of youth.

   **Response**: Ratios are in line with DJS policy (1:8 ratios) and LESCC routinely provides even greater supervision coverage at a 1:6 ratio. Youth are more than adequately supervised.

2. Staff training should be improved to provide all necessary skills.

   **Response**: The Crisis Prevention and Management (CPM) techniques that DJS uses were assessed as safe and effective by the federal CRIPA monitor. The JIREH curriculum has been approved for use by DJS by the Maryland Correctional Training Commission (MCTC). In addition, the amount of CPM training required by DJS is well within professionally accepted standards and exceeds the requirements of juvenile justice agencies in many other states. An essential component in DJS training is not "dominance" (as explained in the JJMU report), but rather safe de-escalation strategies.

3. DJS should provide crisis prevention training.

   **Response**: See explanation above.

4. DJS should maintain a maximum population of 18 male and 6 female youth.

   **Response**: LESCC's population is often less than 24. However, detention populations fluctuate and when more than 24 youth are in the facility, LESCC provides sufficient staff to meet youth supervision ratios.

## Waxter Children's Center (Waxter)

Recommendations

1. The long term secure commitment program should be relocated. If that occurs, the medical department should consider moving to the C wing.

   **Response**: All youth at Waxter receive comprehensive medical care on site at the facility provided by physicians and nursing staff. Youth requiring additional

medical care receive services through a network of physicians, hospitals and clinics with which DJS contracts.

2. All staff who works with youth should complete the gender responsive training.

   **Response**: Beginning in July 2010, DJS Behavioral Health staff, The University of Maryland and Residential Services staff partnered to provide gender responsive and trauma informed care training to all Waxter employees. This specialized training will be ongoing to orient new staff and foster continual skill development for existing staff. In addition to all direct care staff, the facility's maintenance, dietary, education, and behavioral health staff completed the training.

3. Fire drills should be held once per month on each shift. At least one drill per month should be held during sleeping hours.

   **Response**: Waxter holds fire drills that provide staff on all three shifts the opportunity to become familiar with the emergency response required during a fire emergency. Waxer has a current fire safety inspection certificate indicating the facility is in full compliance with all requirements for fire drills.

4. Mentally ill youth should not be housed at Waxter.

   **Response**: Youth identified with mental illness receive treatment appropriate to their level of need during their stay in detention. Waxter employs psychiatric, psychological, and social work clinicians with extensive experience treating girls with delinquency and mental health problems. Youth evaluated as needing intensive services in a Residential Treatment Center (RTC) are referred to the appropriate RTC placement. Youth with acute mental illness are referred for hospitalization.

5. Critical staff positions should be filled as soon as possible. An Assistant Superintendent should be hired.

   **Response**: Waxter continues active recruitment to fill all vacancies, and some direct care staff are expected to start employment in mid-December. In addition to filling the current vacancies, the Department has assigned 12 additional direct care positions to the facility. The Department has also selected and hired an additional Group Life Manager II.

6. Cameras should be installed in school classrooms.

   **Response**: Currently one classroom is equipped with video surveillance. The need for additional surveillance equipment to include stationery cameras for the classrooms will be considered pending availability of funding. Hand-held cameras are available for use throughout the facility, including in the classrooms.

7. The Department should consider alternatives for the provision of gynecological services and medical space at Waxter.

   **Response**: Expansion of medical space is underway through conversion of an office that connects to the health suite into an examination room. The room will require further modifications including storage cabinets, curtains, and modification to the door leading out to the hall. In the meanwhile, it is being used as needed by the psychiatrists.

   Immediately following the incident identified in the JJMU report and the completion of the OIG investigation the DJS Medical Director conducted counseling with the gynecologist during which they discussed that a significant percentage of girls at Waxter suffer from past abuse and trauma and have psychiatric illness, developmental delay, and sexual identity issues. The girls' past experiences and current mental health will definitely affect their attitudes and overall reaction to and perception of the pelvic examination, and both the gynecologist and Medical Director appreciate this and will continue to deliver care in a professional manner with sensitivity and compassion for each girl.

   DJS also consulted with the DJS Medical Director, who is a board certified pediatrician and adolescent medicine specialist, and a Director of Perinatal and Reproductive Health in the Center for Maternal and Child Health in the Maryland Department of Health and Mental Hygiene (DHMH) separately to seek advice on what is acceptable practice during a pelvic examine. Both the Director and DHMH advised it was common practice for a practitioner in preparation for or during a pelvic examination to compare the size of the speculum or gloved finger to other objects including a penis, especially if the patient is sexually active. It was also noted, as per the AAP publication identified below, "Because of previous negative experiences or inaccurate information relayed by peers or family members, the adolescent may be fearful or anxious about the examination. It is important to proactively allay any fears before performing the examination." The gynecologist was attempting to educate the patient about the pelvic examination and trying to reduce concerns that the bimanual portion of the examination that requires use of gloved fingers should not hurt.

   In the DJS setting in which youth are more likely to have behavioral and legal issues, it is of utmost importance to have a chaperone present to prevent and mitigate false allegations in addition to prevention of physical harm to the health care provider. In the investigation mentioned in the report, the youth involved did have behavioral health issues and diagnosed mental health conditions and a nurse chaperone was in the room with the patient and the gynecologist throughout the patient visit. Waxter nursing staff has always ensured that there is a nurse chaperone in the room during the gynecological examination. A recent publication (September 2010) by the American Academy of Pediatrics (AAP) entitled *Clinical Report – Gynecological Examination for Adolescents in the Pediatric Office Setting* states, "Chaperones are strongly recommended, with the

permission of the patient, even when the patient and clinician are the same gender, to help avoid any false accusations of impropriety."

The nurse chaperone did not corroborate the verbal statement made by the youth and did not believe that comments made by the gynecologist to the patient were inappropriate. The nurse did confirm that the gynecologist made a comparison between the size of his finger which would be used in the examination to the size of a penis. DJS ensures that allegations made by youth receive thorough investigation, and referred this youth's complaint to the Office of Inspector General (OIG), which concluded that the gynecologist violated DJS Standards of Conduct for use of inappropriate language.

Because the youth involved in this case was instructing other youth to refuse to see the gynecologist, fewer girls received gynecological and obstetrical care following her visit with the gynecologist. This however was time limited and as in the past, girls soon began frequently requesting to see the gynecologist for various health concerns. They arrive at the nurse's window and at sick call or medication times wanting to keep track of the day that the next GYN clinic is scheduled.

It is not unusual for DJS youth, both boys and girls, to occasionally refuse laboratory testing, medication, and medical, nursing, and dental care at DJS facilities and with community health care providers. It typically does not reflect on the health care provider but on how the youth is feeling at the time; for example, they may be scared, too tired, upset or mad at the time the medical care is being offered. DJS never forces youth to receive care against their will. If ever there was a situation in which a youth was refusing to see a particular health care provider and care was urgently needed, alternative care would be provided such as at the emergency room, or with another health care provider within DJS or within the community.

Most practicing OB/GYNs in the community are not following the most recently released ACOG guidelines. Gynecologists treating adolescents who they consider high risk are often choosing to continue to screen for cervical dysplasia and cancer by performing annual PAP smears. The new ACOG guidelines were developed based upon research conducted on adolescent girls from the general population rather than on girls with multiple risk factors for cervical cancer and were based on the fact that alternative mechanisms exist for girls to be screened for sexually transmitted infections other than by doing PAP smears. Girls receiving care at DJS facilities tend to have multiple risk factors for cervical cancer due to high risk sexual activity and therefore obtaining PAP smears on them would be in line with what the community standards are in this State. Another factor that encourages continued PAP smear screening of adolescent girls is the fact that the State of Maryland has not yet approved other testing that is available to fully screen for sexually transmitted infections.

Adolescent girls often do not know what is normal and what is not normal and may not report a problem for which they actually should be seen. There is no right answer or one size fits all for how best to screen girls in juvenile justice facilities for potential gynecological issues. DJS does screen every youth for gonorrhea and Chlamydia upon admission with urine based testing and female youth are offered a variety of further gynecological care depending on their individual needs and what they want.

More PAP smears are being performed at Waxter than other DJS facilities for good reason including: 1) Waxter's female population is significantly higher (564 girls in FY 2010) than the female population at LESCC (97 girls in FY 2010) and Noyes (324 girls in FY 2010), 2) the gynecologist at Waxter, similar to OB/GYNs in the community, tends to follow the older ACOG guidelines and determined that the girls who received the PAP smears were at high risk, and 3) The DJS Medical Director and the physician at LESCC are following the newer ACOG guidelines often to the disappointment of some girls who specifically request Pap smears. Although only 10 Pap smears were performed on girls at Noyes, 101 wet preps (vaginal specimens) obtained by pelvic examination or by the youth themselves were done in the same time period to check for vaginal infection by microscopy. Girls may receive a pelvic examination at any of the three DJS facilities without receiving a Pap smear so looking at Pap smear numbers alone does not reflect the number of girls receiving a gynecological or pelvic examination.

In summary, the level of on-site gynecological and family planning services offered to DJS youth often surpasses what is available in other states and the gynecologist and nursing staff at Waxter were the trailblazers for advocating for and administering comprehensive gynecological services to DJS youth. The current gynecologist at Waxter has been working with DJS at the facility for over 15 years and also has an active community and hospital based OB/GYN practice. During this time period, he has been a very credible and professional employee and has had no lawsuits or any legal action brought against him. His concern for the Waxter patient population is evident in his determination to provide them with comprehensive gynecological and obstetrical care, testing, and family planning in a very low tech medical space within the facility.

8. Long terms plans should be developed to close the Waxter facility.

   **Response**: The Department continues to plan for replacement of older facilities including Waxter.

## Western Maryland Children's Center (WMCC)

Recommendations

1./2. Staffing

**Response:** WMCC complies with or exceeds the State standards for direct care staffing levels (1:8). Double staffing on pods with 6 youth and triple staffing on pods with 12 youth is unrealistic and not necessary.

The need for a Recreations Specialist position would be considered as funding is available.

3. WMCC should ensure front doors remain secured at all times.

**Response**: In this isolated situation, the staff responsible for leaving the front doors unsecured received appropriate disciplinary action.

4. Sleeping rooms should be painted.

**Response**: The painting of the sleeping rooms is scheduled by maintenance as a winter project.

5. Youth should receive career and technical programming.

**Response**: MSDE plans expansion of career and technology education consistent with programs currently implemented at Carter and the LESCC.

Unabated Conditions

1. Staffing and Training

**Response:** WMCC complies with or exceeds the State standards for direct care staffing levels (1:8). Double staffing on pods with 6 youth and triple staffing on pods with 12 youth is unrealistic and not necessary.

The need for a Recreations Specialist position would be considered as funding is available.

DJS Crisis Prevention and Management (CPM) techniques were deemed safe and effective by the federal CRIPA monitor. The JIREH curriculum has been approved for use by DJS by the Maryland Correctional Training Commission (MCTC). In addition, the amount of CPM training required by DJS is well within professionally accepted standards and exceeds requirements of many other juvenile justice agencies.

2. Safety/Security

   **Response:** Material to dampen noise on the pods is extremely expensive and the need for these materials will be considered as funds allow.

3. Offer a post-GED curriculum.

   **Response**: The recommendation to implement a post-GED curriculum will be discussed with MSDE, but post high school services are generally not necessary or appropriate in a detention facility with average lengths of stay of 12 or 13 days. DJS and MSDE do assist youth enrollment in college courses on discharge to the community or while placed in longer-term treatment programs.

4. Additional programming should be provided.

   **Response**: A total of 940 hours of structured youth programming took place during this quarter to include addictions groups, case management groups, behavior management groups, therapeutic recreation, large muscle exercise, and school.

## TREATMENT CENTERS

**Backbone Mountain Youth Center, Green Ridge Youth Center, Meadow Mountain Youth Center and Savage Mountain Youth Center**

Recommendations

1. Admit only youth who meet admission criteria.

   **Response**: Admission to the Youth Centers is based on defined criteria and a rigorous screening process that includes extensive review of offense history, cognitive ability and other relevant factors to assure youth are appropriate for the program. Admission decisions have also recently been even more informed by use of the DJS Maryland Comprehensive Assessment and Service Planning (MCASP), an objective system integrating risk and treatment based factors to

derive fair and impartial recommendation for the level of placement required for each youth.

In the event youth are denied admission to the Youth Centers only a Regional Director may request an appeal. If the appeal is granted, individual interviews are conducted with the youth and a decision to accept or deny admission is based solely on the recommendation of the review committee, which consists of Assistant Regional Director/Regional Director, Center Administrator, and Intake Coordinator.

JJMU does not explain how it defines "very low IQ" scores, but youth without the cognitive capacity to participate in all aspects of treatment are not admitted to the Youth Centers. As a standard practice the Department utilizes other treatment programs that are operated by provider providers and designed specifically for youth with cognitive limitations.

DJS requests that the JJMU provide specific information about any youth it believes has an IQ that is "very low" and cannot therefore participate effectively in treatment so that we might clarify and address these concerns.

Once accepted for admission to the Youth Centers, youth are placed according to their specific needs at one of the following facilities: Meadow Mountain Youth Center, a statewide treatment facility; Green Ridge Youth Center, the Western Regional facility which operates "Mountain Quest" a 90 day treatment program, a 6 to 9 month residential program, and a 6 to 9 month traditional group program that utilizes the PPC and Equip group concept; Savage Mountain Youth Center, a 36 bed, 6 to 9 month traditional group program that utilizes the PPC and Equip group concept and accepts youth from across the state; and Backbone Mountain Youth Center, a 48 bed, 6 to 9 month traditional group program that utilizes the PPC and Equip group concept. It is also dedicated to youth enrolled in the honors and college program and accepts youth from across the state.

2. Use a staffing ratio of 2.0 for direct care positions.

   **Response:** The Department uses a weighted factor of 1.72 to determine staffing needs for direct care positions. This is the standard factor commonly used in juvenile justice facilities across the country. The weighted factor helps determine the number of staff needed to operate the facility accounting for days off, training, call outs and other relevant factors.

3. Female staff should not supervise male youth during shower time.

   **Response**: The Department of Juvenile Services is an equal opportunity employer. Employees are informed of site supervision requirements in a staff secure sight supervised facility during the initial employment interview. All showers have privacy curtains allowing staff to monitor youth discreetly and to be

able to respond to situations regardless of where the issue may occur. Furthermore 100% of staff are trained on PREA and meet or exceed the PREA guidelines. Also the impact of one male staff monitoring all groups' showers displaces the treatment team approach used by the Youth Centers placing an unnecessary burden on the safety and security of the facility.

4. Provide appropriate crisis training.

   **Response**: DJS has incorporated "flanking" moves into its safe non-violent physical interventions and training. These approved interventions prepare staff to provide safe, therapeutic, and effective control when required to address more aggressive behaviors. Direct care staff also receives PPC and Equip training on entry to the Youth Centers and required PPC and Equip refresher training annually.

5. Video cameras should be placed in strategic places.

   **Response**: The Youth Centers have functioned effectively without video surveillance. These are staff secure residential treatment programs. Items associated with secure detention facilities and hardware secure facilities such as fences, locks, cameras and metal detectors do not complement staff secure programs as well, however the Department has explored placing cameras in certain locations.

6. The Department should finalize Commitment Care Standards for review.

   **Response**: The Department recently completed an exhaustive review and revision of its detention standards and will implement the same process to develop standards for committed treatment programs. It is important to emphasize that the Youth Centers continue to operate within the requirements and guidelines established by policy, statute, regulations, and applicable procedures.

7. The driveways at Savage Mountain and Backbone Mountain should be resurfaced.

   **Response**: Resurfacing at Savage Mountain Youth Center has been requested; Backbone Mountain Youth Center has had recent blacktopping completed in the 2009- 2010 fiscal year. The Youth Centers' maintenance departments fix damaged areas as they occur on the driveways.

8. The shower house at Green Ridge should be remodeled.

   **Response**: The shower is currently safe, clean and functional, therefore remodeling for purely aesthetic reasons may be deferred in the current fiscal climate.

9. A 20-passenger activity bus should be provided.

**Response**: All facilities have passenger vans for safe transportation of youth and staff. Currently the Youth Centers use 10 and 15 passenger vans to accommodate youth travel.

10. Community case managers should visit youth on-site.

    **Response**: Community Case Managers are visiting sites and will often send a representative from their region if they cannot be present. DJS has added video conferencing capability to supplement in-person visits. Youth Centers contact the Community Case Mangers after review of records at the end of each month as necessary to alert them to a missed visit.

    Regarding the sampling of case manager visits to Savage Mountain reported by the JJMU for July 2010, some of the youth in the sample were admitted at the end of the month and therefore had not yet received their monthly visit. Contrary to the results reported by the Monitor, case managers completed 85% or 35 of 41 required visits in the month.

11. Community Case Managers should follow the same youth throughout youth involvement with the Department.

    **Response**: DJS utilizes continuity of care models for case management whenever applicable.

12. Groups should be limited to a maximum of nine youth as prescribed in the PPC model.

    **Response**: *Positive Peer Culture*, 2nd Edition (1985) referenced by the JJMU was a standard text when published 25 years ago. It references the "ideal" group size to be 9 but also identifies a range of possible group sizes from 6 to 20 youth.

    The understanding of group dynamics and group size in the juvenile justice field has evolved over the last quarter century. The Missouri Youth Services Institute explains that the "Missouri Model," which is considered a national exemplary treatment approach, uses a group process similar to PPC with group sizes of 10 to 12. At some locations, the Youth Centers have successfully operated groups of 12 for the past 10 years. Not waiting to limit a youth's future success the Regional Director at times approves the college program to accept up to 16 youth. When this occurs the group is divided into two smaller groups for PPC and Equip processes.

13. Vocational training, certification, and job placement should be provided to facilitate entry into the work force.

**Response**: The Aquaculture and Automotive Technology programs issue certificates upon a youth's completion. The World of Work program also provides youth with experiences and skills to prepare them to enter the workforce. Each student is interviewed by a guidance counselor who conducts an interest inventory with them, and counsels them about college and job training opportunities that correspond to their interests.

14. Professional Days should be scheduled so that educators are on campus during the high stress times around the holidays.

    **Response:** The Youth Centers follow the professional day schedule for teachers and other education employees developed by the Maryland State Department of Education. MSDE issues an annual calendar of instructional and professional days for all DJS facilities, which DJS schools also follow. The Youth Centers staff has been able to adequately compensate when school is not in session during holiday periods by offering extended programming, home passes, and community service and holiday events.

## William Donald Schaefer House (WDSH)

Recommendations

1. Utilize available treatment slots at Schaefer House.

   **Response**: The Department assesses the need for and utilization of treatment slots on an ongoing basis.

2. Schedule Fire Marshal's inspection.

   **Response**: The Baltimore City Fire Department conducted the annual inspection and issued a certificate to Schaefer House in May 2010. The inspection of fire safety equipment is current. Schaefer House is scheduled for inspection by the State Fire Marshal this month.

3. Dispose of broken exercise equipment and outdated files in the basement.

   **Response**: Cleaning of the basement is being completed including disposal of broken equipment and outdated material.

4. Basement should be cleaned and remodeled.

   **Response**: The basement is being cleaned; remodeling is not planned at this time.

## Victor Cullen Center (VCC)

Recommendations

1. The Department should fill vacancies at Victor Cullen.

   **Response**: The facility actively recruits to fill any positions.

2. Utilize physical restraint only when youth is a threat. Use only soft restraints.

   **Response**: DJS policy and COMAR 16.18.02.04 direct that a facility employee may not apply any restraint to a youth as punishment and restraints may be applied only for (1) the protection of youth or other individuals; (2) secure transportation; or (3) to prevent escape.

   Victor Cullen complies fully with policy and COMAR and limits the use of physical restraint only to prevent imminent harm or escape, and for secure transport. Mandatory training that covers restraint policies and procedures is required for all Cullen direct care staff when they begin employment and twice each year.

   COMAR broadly defines "restraint" as "a mechanical device or a chemical agent which, when used, limits movement of a youth's body or temporarily disables a youth." The MCTC certifies training for juvenile services staff on procedures for application of the mechanical restraints that are utilized when necessary in our facilities and for transport.

3. Staffers should follow Crisis Prevention Management during physical altercations.

   **Response**: Mandatory training in Crisis Prevention Management is required for all direct care staff when they begin employment and twice each year.

4. Develop policy to address religious needs of non-Christian youth.

   **Response**: The Department accommodates any and all religious practices of youth at Victor Cullen and its other facilities.

5. Treatment plans should be completed according to policy.

   **Response**: Victor Cullen is improving the preparation and documentation of treatment service plans. The facility has a full complement of mental health clinicians that ensure youth specific plans with clear and measurable goals. Each youth's treatment plan will be updated per policy to include, at a minimum, progress on prior goals and any updated/modified goals, youth compliance, family involvement/therapy, and potential aftercare treatment recommendations. Final

aftercare treatment recommendations include individual/family therapy, substance abuse treatment, and educational service plans. The facility conducts quarterly audits of treatment plans in conjunction with central office behavioral health staff.

6. Therapist should present substantial and relevant Seven Challenges lesson plans.

   **Response**: The Seven Challenges is an evidence based program for adolescents with substance abuse problems (see http://nrepp.samhsa.gov recognizing Seven Challenges as an evidence-based program). The program is clinically based and therefore clinical staff do not use lesson plans. Rather, the identification of youth needs, goals and progress is individualized and documented in progress notes and treatment service plans.

   Seven Challenges is a decision-making model that is designed to help youth make their own informed decisions about drugs. The program is developmentally appropriate and different from mainstream traditional substance abuse treatment approaches because, instead of dictating behavior and/or focusing sessions solely on external control, youth are engaged in understanding the issues of concern. Goals are incremental and attainable so youth learn they can be successful as they move through the stages of change.

   All facility staff is trained in The Seven Challenges, understanding that regardless of their position they are involved in the holistic treatment approach. Incorporated in The Seven Challenges is a rich array of materials, including a book of readings based on the words of youth, nine Seven Challenges Journals in which counselors and youth engage in a written exchange with one another called Supportive Journaling, and The Seven Challenges Activity Book (a resource for counselors).

## LICENSED PROGRAMS

### Allegany County Girls Group Home

1. Population

   **Response**: DJS will continue to encourage referrals as appropriate.

2. Physical Plant

   **Response**: The windows in the sun room, staff office, bathroom and two in the basement are in need of repair. Three bids have been submitted to DJS for review.

On 11/18/10, representatives from DJS visited the group home and stated they will arrange to repair the windows.

3. Fire Safety

**Response**: The group home is 100% compliant with fire drills. COMAR requires 3 (one on each shift) quarterly. The group home goes above and beyond the requirements. Drills were conducted on the following dates and times: June: 6/16 Night, 6/25 Evening and 6/27 Day ; July 7/16 Evening, 7/29 Night and 7/31 Day; Aug: 8/7 Day, 8/29 Evening and 8/30 Night; Sept: 9/11 Evening, 9/22 Night and 9/28 Night; Oct: 10/2 Day, 10/22 Night; Nov: 11/6 Day and 11/18 Evening.

## Aunt CC's Harbor House

1. Inspections

**Response**: Baltimore City Fire Inspector completed the annual Fire Safety Inspection on November 4, 2010. The new permit is posted.

Annual Fire extinguisher service was completed on August 24, 2010 and Annual Fire Alarm Service was completed October 29, 2010.

The most recent Baltimore City Health Department Inspection was conducted January 29, 2010.

2. Medical

**Response**: Regarding the allegation that two youth did not receive asthma medication: in order to provide clarification, the program needs to have specific information (i.e., youth's name and date of incident.)

The Program employs an RN to address medical needs of the youth. The RN communicates with parents and guardians concerning any medication that a youth may need or is already administering.

The Program also has a physician on contract that is available to the RN to address medication and medical needs.

3. Youth Advocacy, Internal Monitoring and Investigation

**Response**: During the admission process, the Grievance procedures are explained to the youth by the staff member and the youth's signature is required as confirmation that the topic was discussed. The blank DJS Grievance Forms in English and Spanish and the DJS and Harbor House Grievance boxes are located in the computer room and are positioned on the wall for easy access.

To ensure the youths are actually reviewing the Policy, effective October 2010, the policy has been added to the admission packet with signature line for both staff and youth to acknowledge the procedure was reviewed.

In addition, the program is assigned a DJS Youth Advocate who frequently visits and discusses grievance procedures with the youth.

**Karma**

1. Staff Training

   **Response**: The training regarding working with sex offenders was not conducted by the Center for Sex Offender Management (CSOM). CSOM produced the curriculum, including all PowerPoint slides and instructional materials; however, the training itself was led by Dr. Washington.

2. PREA

   **Response**: Youth and staff have already been trained on PREA, beginning in spring 2010 when the Department of Juvenile Services began providing information about the Act in licensed provider meetings. Staff has received information in Community Council (treatment team meetings) and residents have been informed, both in Community Council meetings and groups, as well as in structured educational groups held by the DJS Youth Advocate. In fact, it was a discussion of PREA in Community Council meeting in September that led one of the two youth involved in the sexual acting out referenced in "Safety and Security" section of the report to disclose the behavior to his therapist.

3. Safety and Security

   **Response**: The staff member in question (referenced in Incident Report #85024) was given a written reprimand after the completion of the investigation by the Office of the Inspector General (OIG) of the Department of Juvenile Services for failure to supervise the residents involved in the incident with appropriate diligence. However, in neither investigation was it established that the staff member had been asleep, as alleged.

4. Education

**Response**: The majority of youth at KAR attend school in Owings Mills at New Town High School. One youth attends Owings Mills High School due to educational needs that can be met there that cannot be addressed at New Town. Only in cases of a need for Level V or alternative educational placement are residents enrolled at Florence Bertell Academy (Level V youth under 18), Youth In Transition School (Level V youth over 18), or Catonsville Alternative High School (youth who have been suspended or expelled from regular educational placements).

5. Therapeutic Program

**Response**: Individual therapy sessions are held at a minimum weekly with a licensed staff therapist, not with one of the counselors (KHI term for "youth care worker"). In addition, Multi-Family Group is held every other Tuesday, not monthly. In addition, parents are involved in at a minimum bi-weekly family therapy with their sons and the full-time therapist.

## Kent Youth

1. Education

**Response**: The program operated a school program three days a week during summer vacation.

2. Therapeutic

**Response**: The program offers individual and group counseling one time per week (more if the need is indicated by the therapist.)

## VisionQuest/Morningstar

1. Physical Plant

**Response**: The program has taken a number of steps to rectify the standing water issue. Most recently the program has installed large paving stones in an attempt to reduce the amount of standing water. The program continues to look for other ways to address this issue. In regard to the cleanliness of the facility the program has instituted a "Cottage of the Month" competition which encompasses both cleanliness and ownership of the living units. Mr. Fox is scheduled to meet with all the Shift Supervisors to address the cleanliness and physical plant issues.

2. Revisions

**Response**:

Page 1, listed under Facility - The Program Administrator is Mr. Gerry Fox.

Page 2, first paragraph – The company is VisionQuest National not Vision Quest Inc.

Page 2, third paragraph - .FFT is completed by the number of sessions, not by a time period.

Page 3, first paragraph - Mr. Fox is the Program Administrator; however, he is working with Mr. Boyle to at some point transition into the role of the Program Administrator.

Page 3, first paragraph - Mr. Boyle is the Chief Administrator not a direct care staff in Arizona.

Page 7, last paragraph - Youth who receive write ups do not receive extra time in treatment. Extra time in treatment would be a result of a major infraction.

Page 8, last paragraph - FFT is completed upon discharge not while the youth are at Morning Star Youth Academy.

Page 9, fourth paragraph - The Advisory board is conducted monthly not quarterly.

## SAN MAR GRAFF SHELTER

1. The JJMU report stated that San Mar had only conducted 8 of 9 required fire drills for the month.

**Response**: Per COMAR the shelter is not required to perform 9 fire drills in a one month period. San Mar seeks to complete and document fire drills on every shift each quarter per COMAR.

## SILVER OAK ACADEMY

**Summary of Critical Findings**

1. Since opening in July, 2009, 22 students have successfully completed the program. Thirty-three students have been discharged as unsuccessful, at a cost to taxpayers of $468,375.00.[1]

   **Response:** The method of calculating cost effectiveness, therapeutic program success and treatment progress for young people that is utilized by the JJMU is completely unheard of and outside of any accepted methodology in the juvenile justice field. Using that method, however, the number of youth at Silver Oak who are doing very well and benefiting from the program, and the number of youth who have successfully completed the program, would mean that the worthwhile investment in young people and their future and public safety equals a grand total of $2,391,000.00.

   For the 101 students admitted to Silver Oak since July 2009, the majority of outcomes are positive as shown below:

| | | |
|---|---|---|
| Program completed successfully | 24 | |
| Currently In Program | 46 | |
| Discharged unsuccessfully | 5 | |
| Program ended early by court, etc | 15 | |
| AWOL On Site | 7 | |
| AWOL Off Site (from home pass) | 3* | (One youth returned and completed the program) |
| Medical Discharge | 2 | |
| TOTAL | 101 | |

   Calculating the success of the program using the JJMU formula, 24 students (counting the returned runaway who completed) is $1,027,687.50 plus the 46 students on site who are in good standing (for example, up to10 students will graduate high school in the next 45 days) is another $1,363,312.50 for a grand total of $2,391,000.00.

   The average length of stay for most of the youth who were unsuccessful was under 30 days, not 240 days as stated and used by the JJMU in their calculations.

   JJMU has not explained their definition of a "wasted day." A typical day for Silver Oak students is a day during which a young man is provided high school classes and receives documented credits toward graduation; receives treatment services by licensed clinicians; receives medical, mental health and physical health assessments; are supervised, instructed in life skills and engaged in socially

[1] The approved DJS per diem rate is not $187.50 as reported by JJMU; it is $185.65.

appropriate interactive programs and services, including interscholastic athletics and community service; and are fed nutritious meals along with snacks, sheltered, and clothed.

During his time at Silver Oak, the young man is also no longer a threat to the safety of his community. This young man, who has likely been suspended or expelled from school before his admission to Silver Oak and in many cases has been a threat – is now exhibiting many modified behaviors that indicate there is still promise for his rehabilitation. This is not the waste of an investment in a young person, the return on this investment by taxpayers is simply not yet fully realized. This young person may have left Silver Oak but taken with him, for the first time, a strong foundation to continue rehabilitation that will be ultimately successful for him and his community.

Most of the young men that were deemed program "failures" by the JJMU were admitted to Silver Oak in the early days of the program. Silver Oak has a more developed admission process and admits the type of student that is a good fit for the staff secure level of care and supervision that is provided. There is a direct correlation to the number of "program failures" earlier in the program (those accepted prior to March 2010) and the dramatic decrease since, an important point completely overlooked in the JJMU Report.

Moreover, JJMU identifies 7 students as having been re-arrested or issued a warrant following their successful discharge from Silver Oak. This conclusion is also misleading: One of these youth was issued a warrant for child support; another was arrested for a traffic violation; two youth were identified by Silver Oak before their discharge as requiring additional residential treatment before they returned to the community.

Silver Oak has made the Department aware of alleged statements by certain JJMU monitors that the Academy reports has had a negative impact on their youths' ability to be successful in the program. The Department will be forwarding these allegations and the supporting information to the JJMU so that it may, in turn, conduct an appropriate investigation. The Department subsequently will be available at the convenience of the JJMU to discuss the details of the alleged statements, and it would like to be notified of the results of the investigation when completed.

2. The number of staff on duty at night – 3 awake and 2 sleeping – has not proved sufficient to prevent serious incidents.

   **Response**: This is not accurate. Silver Oak has twice increased the licensed requirement of awake night staff in the past year: in April 2010 from two to three staff and again in August 2010 from three to four awake night staff, reducing the supervision ratio by half to 1:8.

The male contract nurse that transported the student did so without incident. The Silver Oak transport policy has been modified to keep all nursing staff on site and utilize group living or emergency ambulance transport when necessary.

3. There are no fixed security cameras in the facility.

   **Response**: Similar to many staff secure programs across the country, Silver Oak has not employed security cameras but the program has ample security equipment and procedures and it is safe and secure for students and staff. Staff are equipped with radios, the living units have alarms on the windows and doors (since April 2010), and the number of awake night staff was increased. Cameras would not have prevented the incidents identified in the report – rather, multi-layered and interactive supervision quickly uncovered these issues and Silver Oak intervened immediately to address the issues.

4. Incidents of reportable and critical incidents are not consistently filed as required by DJS policy and COMAR. When incident reports are filed they are often incomplete.

   **Response**: Silver Oak reports incidents consistent with DJS Policy and COMAR. Silver Oak remains committed to providing and improving timely, thorough and consistent Incident Reports.

5. Twenty-one youth were quarantined for 5 days in June due to an outbreak of Salmonella enteritidis.

   **Response**: The outbreak of Salmonella was handled in a timely manner. The initial reported sick calls were treated promptly as isolated bouts of diarrhea until a pattern emerged which resulted in Silver Oak contacting the Carroll County Health Department. The JJMU report fails to mention that three separate kitchen and health reviews were conducted within two weeks prior to and after the outbreak: Carroll County Health Department conducted an annual inspection in May; the Maryland Department of Education/ School and Community Nutrition Programs Branch, conducted a review in June and a third review in connection with the outbreak was conducted also in June by the Maryland Department of Health and Mental Hygiene. None of those inspections identified any violations of food preparation or health standards consistent with kitchen practices or unsafe staff. Nearly a hundred different types of food were tested and a month-long review resulted in no determination of adverse findings.

   The outbreak was not discovered by the JJMU monitor; it was independently reported by Silver Oak to the Carroll County Health Department as described above and DJS was also notified. The monitor‘s issue is with a failure to report on an incident report form. As explained above, the incident initially had been determined to be a routine sick call which would not require an incident report

and later, when the cases increased, action was taken to address the issue and an Incident Report was filed.

6. The school was found non-compliant with COMAR regulations, and was placed on intensive monitoring by MSDE in June 2010.

   **Response**: The MSDE has monitored the Silver Oak Non-Public School Program five times since June 2010. The recent reviews demonstrate substantial progress and compliance with COMAR regulations. A determination about successfully concluding the intensive monitoring status is expected soon.

   The on-site school has complied with all aspects of the MSDE requirements and to date has eliminated or corrected all non-compliant areas, including: a) licensing standards for all staff, b) meeting staff: student instructional ratios, c) meeting curricular standards in accordance with the Maryland Voluntary System or Local School Systems, d) awarded a high school diploma to one student with three other transcripts currently submitted for graduation, e) reinstituted the vocational program in Building Trades and Computer Technology, and f) developed cooperative relationships with the host county (Carroll) and other Local School Systems to meet the special education needs and regulatory compliance

   The JJMU report that an employee who had been working at the school since November 2009 had not been subject to a criminal background check. This was later found to be incorrect - the staff had been fingerprinted, and the criminal background was completed and returned indicating that the employee was cleared for work.

7. Provision of medical care and documentation of medical procedures are not adequate.

   **Response:** Silver Oak Academy responded swiftly and decisively to the allegation that a youth received inadequate medical care. DJS required and Silver Oak agreed to engage a board certified pediatrician to conduct an extensive, independent medical review of the care provided to this youth and of the medical services provided by Silver Oak to all youth.

   It is critical to clarify that the youth in question was never actually in the kind of danger reported by JJMU. Prior and following the incident, the youth has been actively playing football and otherwise engaging fully in the Silver Oak program and he will graduate from the program this month.

   Silver Oak also arranged for two additional reviews of its medical services conducted by medical personnel from other Rite of Passage programs, which reached similar conclusions.

Silver Oak has acted on the recommendations of the medical reviews including hiring of an on-site nurse for weekend coverage (rather than using contracted weekend nursing) and is in the process of engaging the services of a medical director and arranging for additional physician services.

Trainings and consultation by a physician have already been provided to non-medical Silver Oak staff to increase awareness of appropriate response to youth and additional sessions will be conducted on an ongoing basis. In addition, four staff were trained as Certified Medication Technicians, and passed their test and received their certificates from the Maryland State Board of Nursing.

Medical record keeping continues to improve. The categorical statements by the JJMU that a) there is no off-grounds logbook or lab logbook, b) referrals for services are not documented; c) parents are not timely notified of illness, d) pictures of injuries are not included in the files, and e) Silver Oak does not have a psychiatrist are incorrect assessments.

Silver Oak is committed to improve documentation, and Silver Oak does have a psychiatrist. Silver Oak contracted with Behavioral Health Partners of Frederick, Maryland after on-going search and negotiations started in April 2010. A Board certified psychiatrist has seen Silver Oak students for medication management, psychiatric evaluation and other responses to mental health needs since September 2010.