

---

**JUVENILE JUSTICE MONITORING UNIT  
OFFICE OF THE ATTORNEY GENERAL**

**FIRST QUARTER 2014**



**NICK MORONEY**  
*Director*

STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL  
JUVENILE JUSTICE MONITORING UNIT

June 2014

The Honorable Thomas V. Mike Miller, Jr., President of the Senate  
Maryland General Assembly

The Honorable Michael E. Busch, Speaker of the House  
Maryland General Assembly

Members of the General Assembly

The Honorable Sam J. Abed, Secretary  
Department of Juvenile Services

Ms. Anne Sheridan, Executive Director  
Governor's Office for Children, Office of the Governor

Members of the State Advisory Board on Juvenile Services  
c/o Department of Juvenile Services

Dear Mr. President, Mr. Speaker, Members of the General Assembly, Sec. Abed, Ms. Sheridan,  
and State Advisory Board Members:

Enclosed please find the First Quarter 2014 reports compilation from the Juvenile Justice Monitoring Unit (JJMU). The reports provide data and analysis concerning treatment of and services provided to youth in Department of Juvenile Services (DJS) directly run and licensed facilities throughout Maryland. The Department of Juvenile Services' response and a response from the Maryland State Department of Education are included, as indicated on the contents page.

Recent research indicates that 75% of youth in the juvenile justice system have experienced traumatic victimization.<sup>1</sup> In the introductory paragraph to the treatment centers section, the JJMU recommends the provision of evidence-based and trauma-informed treatment at every facility to begin to address the complex needs of youth.

The introductory paragraph to the detention centers section notes a decrease in aggressive incidents at every detention facility with the exception of the Baltimore City Juvenile Justice Center.

All current and prior reports of the Juvenile Justice Monitoring Unit and related DJS responses are available through our website at [www.oag.state.md.us/jjmu](http://www.oag.state.md.us/jjmu).

The JJMU First Quarter 2014 Reports were produced by Nick Moroney, José Saavedra, Tim Snyder and Eliza Steele. Thanks to Maria Welker, Taran Henley and Fritz Schantz for technical assistance.

We respectfully submit this report to the Governor, members of the General Assembly, the Secretary of Juvenile Services, and members of the State Advisory Board on Juvenile Services as required under Maryland law.

I am pleased to answer any questions you may have about these reports. I can be reached at [nmoroney@oag.state.md.us](mailto:nmoroney@oag.state.md.us)

I look forward to continuing to work with you to enhance programs and services provided to the youth of Maryland.

Respectfully submitted,

*Nick Moroney*

Nick Moroney  
Director  
Maryland Juvenile Justice Monitoring Unit

Cc: The Honorable Katherine Winfree, Chief Deputy Attorney General  
Ms. Susanne Brogan, Treasurer's Office  
Mr. Ronjoy Sen et al, StateStat Office  
Deputy Secretary Linda McWilliams, Mr. Karl Pothier and Mr. Jay Cleary, DJS  
José Saavedra, Tim Snyder and Eliza Steele, JJMU

---

<sup>1</sup> Mental Health and Juvenile Justice Collaborative for Change, "Better Solutions for Youth With Mental Health Needs in the Juvenile Justice System," January, 2014. p. 2. The full publication can be accessed here: <http://cfc.ncmhjj.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>

# JUVENILE JUSTICE MONITORING UNIT FIRST QUARTER 2014 REPORTS

## TABLE OF CONTENTS

<b>OVERVIEW.....</b>	<b>5</b>
<b>I. TREATMENT CENTERS.....</b>	<b>6</b>
Victor Cullen Center.....	7
Youth Centers x4.....	9
Silver Oak Academy.....	11
J. DeWeese Carter Center.....	12
<b>II. DETENTION CENTERS.....</b>	<b>15</b>
Baltimore City Juvenile Justice Center.....	16
Cheltenham Youth Facility.....	18
Charles H. Hickey, Jr., School.....	19
Thomas J. S. Waxter Children’s Center.....	20
Alfred D. Noyes Children’s Center.....	21
Lower Eastern Shore Children’s Center.....	22
Western Maryland Children’s Center.....	23
<b>III. SMALLER FACILITY UPDATES .....</b>	<b>24</b>
<b>IV. Maryland State Department of Education in DJS Facilities.....</b>	<b>25</b>
<b>Appendices:</b>	
Appendix A – Sample DJS incident review checklist.....	27
Appendix B – Sample MSDE transcript review form.....	28
<b>DJS RESPONSE.....</b>	<b>29</b>
<b>MSDE RESPONSE.....</b>	<b>37</b>

# Juvenile Justice Monitoring Unit First Quarter Reports 2014

## OVERVIEW

Progress continues and challenges remain in the protection from harm and provision of appropriate services to Maryland's most vulnerable and challenged youth.

Comparing the first quarter of 2014 to the same time last year:

- ✓ Average daily populations (ADP) decreased at the Waxter, Noyes, lower eastern shore (LESCC) and western Maryland (WMCC) detention centers.
  - ✓ The ADP of youth in treatment centers decreased at Victor Cullen and the four youth centers.
  - ✓ Assaults and fights in detention centers decreased 53% at Cheltenham Youth Facility (CYF), 47% at the Hickey School and 20% at the Waxter center.
  - ✓ Incidents of aggression remained low at the LESCC and WMCC detention centers and at the Silver Oak treatment facility.
  - ✓ Assaults and fights at western Maryland treatment centers decreased by 13% at the youth centers and 18% at Victor Cullen.
  - ✓ Seclusion was not used at the CYF, Waxter and WMCC detention centers.
- 
- Assaults and physical and mechanical restraints increased substantially at the Baltimore City Juvenile Justice Center (BCJJC).
  - The use of seclusion increased at the Hickey and Noyes detention centers and at the Carter treatment center.
  - The use of handcuffs and shackles increased for youth in treatment at the youth centers and for those in detention at Noyes.
  - Handcuffs or shackles were not used in any incident at Carter, however, the Department continued to transport girls in placement at Carter to and from educational and medical appointments in shackles and handcuffs fastened to belly chains and black boxes.
  - The use of physical restraints increased for youth in treatment at Silver Oak Academy.
  - There were 64 incidents involving suicide ideation and 14 incidents of self-injurious behavior at DJS-operated facilities.

## TREATMENT CENTERS

Seventy-five percent of youth in the juvenile justice system have experienced traumatic victimization according to data published by Models for Change and the National Center for Mental Health and Juvenile Justice.<sup>2</sup> Research indicates that “[c]onfinement has been shown to exacerbate the symptoms of posttraumatic stress disorder,”<sup>3</sup> and some studies have found that incarceration can increase recidivism.<sup>4</sup> Youth and their families should be served in the community in order to effectively address the challenges they face. Placement in a residential facility should only be used as a last resort for youth who cannot be served in a community setting.

Youth sent to residential facilities by the Department of Juvenile Services (DJS/the Department) and the courts should have access to cohesive, evidence-based treatment programs in small, non-restrictive settings that provide trauma-informed services to youth and staff near their home communities.

The most recent recidivism data available suggests that Department of Juvenile Services’-operated treatment facilities are not offering effective rehabilitative services to youth involved in Maryland’s juvenile justice system. The chart below shows the percentage of youth in fiscal year 2012 who were re-incarcerated within one year of their release from treatment.

TREATMENT CENTER	SILVER OAK ACADEMY	YOUTH CENTERS (Combined)	VICTOR CULLEN CENTER	WAXTER/CARTER CENTER	WILLIAM DONALD SHAEFER HOUSE
Percentage of youth re-incarcerated within one year	9.5%	17.5%	16.9%	16.6%	19.2%

Source: Maryland Department of Juvenile Services, Fiscal Year 2013 Data Resource Guide

Each of the facilities in the chart above is operated by DJS, with the exception of Silver Oak Academy, which is privately operated and licensed by DJS. Silver Oak is the only facility included in the table that currently has evidence-based treatment components holistically integrated in a cohesive program.

Facility behavior management and/or crisis prevention programs should not conflict with proven treatment components and best practices. All staff in DJS-operated facilities should

<sup>2</sup> Mental Health and Juvenile Justice Collaborative for Change, “Better Solutions for Youth With Mental Health Needs in the Juvenile Justice System,” January, 2014. p. 2. The full publication can be accessed here: <http://cfc.ncmhjj.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>

<sup>3</sup> Defending Childhood Initiative, “Report of the Attorney General’s National Task Force on Children Exposed to Violence,” December 2012. p 179. The full report can be accessed here: <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

<sup>4</sup> Ibid.

be treatment specialists trained in adolescent development, the effects and treatment of trauma, and the delivery of evidence-based services.

According to a report published by the U.S. Attorney General's task force on children exposed to violence, trauma-specific treatment is "free from the use of coercion, restraints, seclusion, and isolation."<sup>5</sup> However, DJS-operated facilities frequently use physical and mechanical restraints and seclusion.

Department of Juvenile Services' data from 2010 indicates that 90% of girls and 75% of boys in out-of-home placements had a moderate-to-high family related need.<sup>6</sup> Family involvement at the DJS-operated treatment centers is usually limited to two 10-minute phone calls and one visit per week. Increased family contact is used as a reward in the behavior management program. Family involvement should not be regulated by a facility behavior program but should be regarded as an integral component of the treatment program in every facility. Residential facilities should allow youth to have daily telephone contact with their families and youth should be able to participate in home passes of gradually increasing frequency and duration.

There should be wide-ranging educational, recreational, and professional experiences both on and off campus. The Maryland State Department of Education (MSDE) operates the schools at each of the DJS-operated facilities, however vocational and higher educational opportunities are extremely limited (see page 25).

### **Victor Cullen Center**

The Victor Cullen Center (Victor Cullen) is a hardware secure (fenced and locked) treatment facility owned and operated by the Department of Juvenile Services (DJS/the Department). The facility is located in Frederick County and houses up to 48 boys who have been committed to the Department.

There is no cohesive treatment program at Victor Cullen and staffers are not trained treatment specialists. Evidence-based aggression replacement treatment is not available.

According to DJS data published in 2011, 67% of boys in out-of-home placement had a moderate-to-high need for substance abuse treatment.<sup>7</sup> There are no addictions counselors at Victor Cullen.

Department data shows that 57% of boys in out-of-home placement had a moderate-to-high mental health need.<sup>8</sup> There are currently two mental health counselors for up to 48 youth. The Department should follow through with plans to hire a mental health supervisor and two additional counselors.

---

<sup>5</sup> "Report of the Attorney General's National Task Force on Children Exposed to Violence," p. 210.

<sup>6</sup> DJS Report on Female Offenders, February 2012, p.11. The full report can be accessed here:

<http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf>

<sup>7</sup> DJS Report on Female Offenders, February 2012, p.11.

<sup>8</sup> Ibid.

The Department's data also indicates that 79% of boys in out-of-home placement had a moderate-to-high family-related need.<sup>9</sup> Family involvement is limited to two 10-minute telephone calls and one visit per week. Youth at Victor Cullen should have daily telephone contact with their families and should be able to participate in home passes of gradually increasing frequency and duration.

<b>Victor Cullen – Selected Incident Categories</b>	<b>Q1 2012</b>	<b>Q1 2013</b>	<b>Q1 2014</b>
<b>Average Daily Population (ADP)</b>	<b>39</b>	<b>47</b>	<b>46</b>
1. Youth on Youth Assault/Fight	11	28	23
2. Alleged Youth on Staff Assault	9	15	4
3. Restraint	100	88	60
4. Use of Handcuffs and/or Shackles	65	56	36
5. Seclusion	21	24	16
6. Contraband	5	4	2
7. Suicide Ideation/Attempt	0	3	1

DJS policy (RF-01-07) mandates that seclusion shall not be used as a punishment and is limited to youth who “[p]resent an imminent threat of physical harm to themselves or other individuals; [h]ave not responded to less restrictive methods of control or for whom less restrictive measures cannot reasonably be tried; or [h]ave escaped or are attempting to escape.”

The seclusion of one youth at Victor Cullen lasted from 7:30 a.m. on Sunday March 9<sup>th</sup> until Tuesday March 11<sup>th</sup> at 3:30 p.m. - a total of 40 hours in seclusion (not including eight hours of sleep time on Sunday and Monday nights). The seclusion was partially documented on the DJS incident report database through a series of incidents categorized as “Other” (#118340, #118338, #118370).

---

<sup>9</sup> Ibid.



Notes in the seclusion log describe the child as: “lying down or sitting calmly,” “answers questions appropriately,” “walking around calmly,” “follows directions, cooperative,” “sleeping, awakens easily.” There was one brief period of less than ten minutes on the second day when the youth is noted as being “agitated, pacing.”

The implementation of a cohesive, evidence-based, trauma-informed treatment program at Victor Cullen would likely reduce the use of seclusion.

According to DJS policy (RF-02-07), time out or “social separation” is the “supervised placement of a youth in his/her room for a non-punitive ‘cooling off’ period of no more than 60 minutes.”

Although DJS policy limits social separation to a maximum of one hour, a youth was placed in social separation on the evening of January 31 and not released until late in the morning of February 3. On February 5, the same youth was again placed in social separation and spent 21 hours and 47 minutes in a cell.

“Youth may experience symptoms such as paranoia, anxiety and depression after very short periods of isolation,” according to an assistant attorney general at the U.S. Department of Justice in a 2002 letter to the governor of Maryland.<sup>10</sup>

#### **Youth Centers x4**

The youth centers consist of four separate facilities owned and operated by the Maryland Department of Juvenile Services (DJS/the Department): Green Ridge (40 beds), Savage Mountain (36 beds), Meadow Mountain (40 beds) and Backbone Mountain (48 beds) Youth Centers. The youth centers are staff secure (not fenced) facilities.

Staff at the youth centers are not trained treatment specialists and there is no cohesive evidence-based, trauma-informed treatment program.

There is a mental health supervisor assigned to oversee the four centers and each center has a mental health counselor. Each youth center has one or more addictions counselors and Meadow Mountain, the dedicated substance abuse treatment program, has four. Addictions groups are held twice a week. There is no evidence-based aggression replacement treatment program available at the youth centers.

The table on the following page enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm, which were detailed in incident reports.

---

<sup>10</sup> Boyd, R. (2002, August). *Letter to Governor Parris N. Glendening from Assistant Attorney General Ralph F. Boyd, Jr.* United States Department of Justice, Civil Rights Division, Washington, D.C. Retrieved from [http://www.justice.gov/crt/about/spl/documents/baltimore\\_findings\\_let.php](http://www.justice.gov/crt/about/spl/documents/baltimore_findings_let.php)

Combined Youth Centers (x4) – Selected Incident Categories	Q1 2012	Q1 2013	Q1 2014
<b>Average Daily Population (ADP)</b>	<b>163</b>	<b>155</b>	<b>135</b>
1. Youth on Youth Assault/Fight	36	58	41
2. Alleged Youth on Staff Assault	4	14	13
3. Restraint	60	98	77
4. Use of Handcuffs and/or Shackles	16	19	25
5. Seclusion	0	0	0
6. Contraband	7	14	6
7. Suicide Ideation/Attempt	4	9	4

Assaults and fights and physical restraints remained high during the first quarter.

Seventy-five percent of youth in the juvenile justice system have experienced traumatic victimization,<sup>11</sup> and the experience of “being handcuffed [and] restrained” can “reactivate memories of past traumatic violence.”<sup>12</sup> The use of handcuffs and shackles at the youth centers increased during the first quarter compared to the same time last year while the average daily population decreased over the same period.

Installation of security cameras to enhance youth and staff safety should be completed during the fourth quarter of fiscal year 2014 as planned.

There is a need for increased direct care staff, particularly at Savage Mountain where the configuration of the dormitory makes it almost impossible for a single staffer to safely supervise youth. An increase in staff would help ensure that transportation of youth to medical appointments does not leave the centers short staffed. Additionally, there are not enough DJS staff members who are certified to handle medication. Those who are certified are sometimes

<sup>11</sup> Mental Health and Juvenile Justice Collaborative for Change, “Better Solutions for Youth With Mental Health Needs in the Juvenile Justice System,” January, 2014, p. 2. The full publication can be accessed here: <http://cfc.ncmhjj.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf> p. 2

<sup>12</sup> Defending Childhood Initiative, “Report of the Attorney General’s National Task Force on Children Exposed to Violence,” December 2012, p 175. The full report can be accessed here: <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

summoned during off-duty hours to cover medication delivery to youth. Certification to handle medication should be included in entry level and ongoing training.

The Juvenile Services Education (MSDE-JSE) program (run by the Maryland State Department of Education), operates the schools at the youth centers. The full range of core subjects is not taught on a continuous basis at the youth centers. A shortage of teachers has led to instances where uncertified instructional assistants are left to manage classes and simply hand out worksheets.

Computers and SmartBoards should be available in each classroom at the centers. Current vocational programming at the youth centers is book based with no hands-on component. Additionally, there are no options for post-secondary education unless a youth is accepted into the limited college program at Backbone Mountain youth center.

### **Silver Oak Academy**

Silver Oak Academy in Carroll County is a privately operated and staff secure (not fenced) treatment center licensed by the Maryland Department of Juvenile Services. In June 2013, the license was expanded to allow Silver Oak to serve up to 96 boys. The average daily population for the first quarter of 2014 increased 30% compared to the same time last year.

The comprehensive program at Silver Oak employs an evidence-based treatment model in a school-like environment. Students may graduate from high school, prepare for and take the GED test, and/or enroll in college or community college. Several vocational education programs leading to certification are available onsite. Youth hold jobs in the community and participate in interscholastic sports teams.

The table on the following page enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm, which were detailed in incident reports.

SOA – Selected Incident Categories	Q1 2012	Q1 2013	Q1 2014
<b>Average Daily Population (ADP)</b>	<b>48</b>	<b>45</b>	<b>59</b>
1. Youth on Youth Assault/Fight	8	6	9
2. Alleged Youth on Staff Assault	2	0	2
3. Restraint	4	2	13
4. Use of Handcuffs and/or Shackles	0	0	0
5. Seclusion	0	0	0
6. Contraband	4	8	9
7. Suicide Ideation/Attempt	0	1	0

There was an incident during the first quarter (#118556) which resulted in a staffer being indicated for child abuse by Carroll County Child Protective Services after he hit a child in the face with a closed fist.

While incidents of aggression remained low during the first quarter of 2014, there was a substantial increase in the use of physical restraints. Silver Oak should expedite the installation of a comprehensive security camera system to enhance accountability and effective review of all incidents.

### **The J. DeWeese Carter Center**

The J. DeWeese Carter Center (Carter) is a hardware secure (locked and fenced) treatment facility operated by the Maryland Department of Juvenile Services (DJS/the Department). Carter is located in Chestertown on the eastern shore and has a DJS rated housing capacity of 14.

There is no cohesive treatment program at Carter and the staff has not been trained to provide rehabilitative services. There is no evidence-based aggression replacement treatment program available. Department of Juvenile Services' data shows that, in 2010, nearly 50% of all girls in residential placements had a history of physical or sexual abuse and that 75% had a

moderate-to-high mental health need.<sup>13</sup> The Department should adopt a comprehensive, evidence-based, trauma-informed treatment program at Carter and train all staff accordingly.

<b>Carter – Selected Incident Categories</b>	<b>Q1 2012</b>	<b>Q1 2013</b>	<b>Q1 2014</b>
<b>Average Daily Population (ADP)</b>	<b>8</b>	<b>10</b>	<b>10</b>
1. Youth on Youth Assault/Fight	0	0	2
2. Alleged Youth on Staff Assault	4	0	2
3. Restraint	9	4	11
4. Use of Handcuffs and/or Shackles	1	0	0
5. Seclusion	5	0	2
6. Contraband	0	0	1
7. Suicide Ideation/Attempt	1	0	5

Although incidents of aggression generally remained low at Carter during the quarter, incidents involving suicidal behavior increased from zero to five when compared to the same time last year. There were also four incidents of self-injurious behavior at Carter during the first quarter of 2014.

The use of physical restraints increased substantially at Carter during the first quarter compared to the same time last year. The Department should make every effort to eradicate the use of physical restraint on children. According to a report published by the U.S. Attorney General’s task force on children exposed to violence, trauma-specific treatment is “free from the use of coercion, restraints, seclusion, and isolation.”<sup>14</sup>

<sup>13</sup> DJS Report on Female Offenders, February 2012, p.11. The full report can be accessed here: <http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf>

<sup>14</sup> Defending Childhood Initiative, “Report of the Attorney General’s National Task Force on Children Exposed to Violence,” December 2012. p 210. The full report can be accessed here: <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>.

The report also states that “being handcuffed, restrained, and searched” can “reactivate memories of past traumatic violence.”<sup>15</sup> Handcuffs or shackles were not used in any incident at Carter during the first quarter, however, the Department continues to transport girls at Carter to and from educational and medical appointments in shackles and handcuffs fastened to belly chains and black boxes. Additionally, DJS policy requires all girls to be strip searched after family visits and also after outings in the community which are earned as rewards for good behavior. The Department should discontinue both of these practices which are counter to the principles of trauma-informed care.<sup>16</sup>

Department of Juvenile Services’ data shows that 90% of girls in out-of-home placement had a moderate-to-high family-related need.<sup>17</sup> Carter’s location prevents many families from being able to visit the facility on a regular basis. The Department should ensure that girls at Carter have daily telephone contact with family members and girls should complete numerous home passes of gradually increasing frequency and duration throughout their treatment.

---

<sup>15</sup> Defending Childhood Initiative, “Report of the Attorney General’s National Task Force on Children Exposed to Violence,” December 2012. p 175.

<sup>16</sup> Ibid.

<sup>17</sup> DJS Report on Female Offenders, February 2012, p.11.

## DETENTION CENTERS

Secure detention should not be used except as a last resort and only when youth are not eligible for alternatives. The U.S. Attorney General's task force on children exposed to violence found that "detention facilities and the justice system, through their routine practices, can bring additional harm to already traumatized youth."<sup>18</sup>

The Department of Juvenile Services (DJS/the Department) has lowered the average daily population of youth in secure detention through efforts to expedite the process of placing youth in court-ordered treatment programs.

The reduction in population of DJS youth in secure detention has also been driven by the Department's reinvigoration of the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) in Baltimore City. The JDAI effort seeks to reduce the secure detention population by promoting the appropriate use of effective alternatives to detention. Department data shows the average daily population of DJS youth in secure detention at the Baltimore City Juvenile Justice Center (BCJJC) decreased by 17% in the first quarter of 2014 compared to the same time last year (see page 17).

The average daily population at the secure detention center in Prince George's County, Cheltenham Youth Facility, increased during the first quarter of 2014 compared to the same time last year. In order to decrease the inappropriate use of secure detention in Prince George's County, stakeholders including the Prince George's County courts should expand the use of alternatives through JDAI.

To further reduce the overreliance on secure detention in Maryland, the JDAI effort should continue in Baltimore City and Prince George's County, and should be expanded statewide as planned by the Department.

There has been a decline in incidents of aggression in secure detention facilities across the state with the exception of the Baltimore City Juvenile Justice Center (see page 16). During the first quarter of 2014 at BCJJC, there were significant increases in fights/assaults, physical restraints and the use of handcuffs and shackles, compared to the same time last year. The use of seclusion also remained high at BCJJC.

---

<sup>18</sup> Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012. p 175. The full report can be accessed here: <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

## Baltimore City Juvenile Justice Center

The Baltimore City Juvenile Justice Center (BCJJC) is a 120-bed secure detention center for boys owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). African American youth represented 97% of youth entries to BCJJC in the first quarters of 2014 and 2013.

The table below enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm, which were detailed in incident reports.

BCJJC – Selected Incident Categories	Q1 2012	Q1 2013	Q1 2014
<b>Average Daily Population (ADP)</b>	<b>114</b>	<b>68</b>	<b>89</b>
1. Youth on Youth Assault/Fight	72	26	68
2. Alleged Youth on Staff Assault	11	4	7
3. Restraint	113	60	97
4. Use of Handcuffs and/or Shackles	31	24	40
5. Seclusion	113	54	70
6. Contraband	15	6	8
7. Suicide Ideation/Attempt	8	3	4

When comparing the first quarter of 2014 with the same time last year, the average daily population increased 31%, while fights/assaults increased by 161%. The use of physical restraints increased by 62% and the use of handcuffs and shackles increased by 67%. The use of seclusion remained high.

According to a report published by the U.S. Attorney General’s task force on children exposed to violence, the experience of “being handcuffed, [and] restrained” can “reactivate memories of past traumatic violence.”<sup>19</sup> In a 2002 letter to the governor of Maryland, an

---

<sup>19</sup> Defending Childhood Initiative, “Report of the Attorney General’s National Task Force on Children Exposed to Violence,” December 2012. p 175. The full report can be accessed here: <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>



assistant attorney general at the U.S. Department of Justice wrote that youth may “experience symptoms of paranoia, anxiety and depression even after very short periods of isolation.”<sup>20</sup>

DJS staff should be trained in trauma-informed approaches that facilitate de-escalation of incidents to reduce the use of physical restraints and handcuffs and shackles. The administration at BCJJC should also enhance incident review practices through the use of video footage and thorough critiques of incident reports to reduce the use of restraints and seclusion.

The 31% increase in average daily population is the result of an agreement between the Department of Juvenile Services (DJS) and the Department of Public Safety and Correctional Services (DPSCS) whereby certain youth who are charged as adults in Baltimore City are detained at BCJJC, as opposed to at the adult jail (Baltimore City Detention Center, BCDC).

Department data shows the average daily population of DJS youth at BCJJC decreased by 17% in the first quarter of 2014 compared to the same time last year. During the same time period, the average daily population of youth charged as adults held at BCJJC increased from five to 35. At time of writing (April 17, 2014), there were 41 youth charged as adults being held at BCJJC.

The agreement to house certain youth charged as adults at BCJJC has protected a substantial number of youth from being held at the adult detention center in Baltimore.

---

<sup>20</sup> Boyd, R. (2002, August). *Letter to Governor Parris N. Glendening from Assistant Attorney General Ralph F. Boyd, Jr.* United States Department of Justice, Civil Rights Division, Washington, D.C. Retrieved from [http://www.justice.gov/crt/about/spl/documents/baltimore\\_findings\\_let.php](http://www.justice.gov/crt/about/spl/documents/baltimore_findings_let.php)

## Cheltenham Youth Facility

The Cheltenham Youth Facility (CYF/Cheltenham) in Prince George's County is a secure detention center for boys owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). African American youth represented 80% of total entries during the first quarter of 2014 and 2013.

The average daily population at the facility increased 2% (to 84) in the first quarter compared to the same time last year. Two of the living units were overcrowded at times.

CYF BY UNIT on March 31, 2014	YOUTH COUNT	DJS-RATED CAPACITY
Rennie Cottage	29 (+21%)	24
Henry Cottage	35 (+46%)	24
Cornish Cottage	22	24

Incidents of aggression and use of restraints decreased substantially during the first quarter while incidents of suicide ideation increased. Use of seclusion remained low.

CYF – Selected Incident Categories	Q1 2012	Q1 2013	Q1 2014
<b>Average Daily Population (ADP)</b>	<b>115</b>	<b>82</b>	<b>84</b>
1. Youth on Youth Assault/Fight	85	60	28
2. Alleged Youth on Staff Assault	12	6	1
3. Restraint	140	110	30
4. Use of Handcuffs and/or Shackles	12	9	4
5. Seclusion	37	2	0
6. Contraband	7	8	2
7. Suicide Ideation/Attempt	18	2	5

## Charles H. Hickey, Jr., School

The Charles H. Hickey, Jr., School (Hickey) is a detention center for boys located in Baltimore County. Hickey is owned and operated by the Maryland Department of Juvenile Services (DJS/the Department) and has a DJS rated housing capacity of 72. African American youth represented 64% of entries during the quarter, down 6% from the same period last year.

Incidents of aggression and use of physical restraints decreased substantially during the first quarter of 2014 compared with the same time in 2013 and 2012. The Hickey administration created a checklist which has promoted a more thorough review of all incidents and contributed to the reduction in restraints (see Appendix A on p. 27). Administrators at other facilities should adopt this protocol to facilitate thorough incident reviews and critiques.

Hickey – Selected Incident Categories	Q1 2012	Q1 2013	Q1 2014
<b>Average Daily Population (ADP)</b>	<b>69</b>	<b>45</b>	<b>45</b>
1. Youth on Youth Assault/Fight	62	35	14
2. Alleged Youth on Staff Assault	7	4	1
3. Restraint	85	73	32
4. Use of Handcuffs and/or Shackles	6	7	3
5. Seclusion	27	9	14
6. Contraband	1	1	4
7. Suicide Ideation/Attempt	23	4	7

There was an increase in the use of seclusion at Hickey during the first quarter of 2014. In a 2002 letter to the governor of Maryland, an assistant attorney general at the U.S. Department of Justice wrote that youth may “experience symptoms of paranoia, anxiety, and depression even after very short periods of isolation.”<sup>21</sup> Seclusion should not be used except as a last resort and only in situations where a child poses an imminent threat to self or others.

<sup>21</sup> Boyd, R. (2002, August). *Letter to Governor Parris N. Glendening from Assistant Attorney General Ralph F. Boyd, Jr.* United States Department of Justice, Civil Rights Division, Washington, D.C. Retrieved from [http://www.justice.gov/crt/about/spl/documents/baltimore\\_findings\\_let.php](http://www.justice.gov/crt/about/spl/documents/baltimore_findings_let.php)

### Thomas J.S. Waxter Children's Center

The Thomas J.S. Waxter Children's Center (Waxter) is a detention center for girls located in Anne Arundel County. Waxter is owned and operated by the Maryland Department of Juvenile Services (DJS/the Department) and has a DJS rated housing capacity of 42. African American youth represented 82% of entries, up 10% from the same period last year.

<b>Waxter – Selected Incident Categories</b>	<b>Q1 2012</b>	<b>Q1 2013</b>	<b>Q1 2014</b>
<b>Average Daily Population (ADP)</b>	<b>30</b>	<b>26</b>	<b>21</b>
1. Youth on Youth Assault/Fight	32	15	12
2. Alleged Youth on Staff Assault	9	0	0
3. Restraint	70	24	19
4. Use of Handcuffs and/or Shackles	2	1	3
5. Seclusion	10	5	0
6. Contraband	7	2	2
7. Suicide Ideation/Attempt	12	17	17

The average daily population during the first quarter of 2014 decreased by 19% compared to the same time last year. Incidents of aggression during the first quarter of 2014 were low and there was no use of seclusion. Efforts to avoid the use of seclusion should continue at Waxter and be expanded to other facilities.

There were 17 reported incidents of suicide ideation and two incidents of self-injurious behavior in the first quarter of 2014. A maximum security detention center such as Waxter is an inappropriate environment for children with significant mental health needs.

## Alfred D. Noyes Children's Center

The Alfred D. Noyes Children's Center (Noyes), located in Montgomery County, is a secure detention center for boys and girls owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). The Department rates housing population capacity at 57, however, that count includes multiple occupancy cells.

The average daily population decreased 25% compared to the same time last year. Seventy four percent of entries to Noyes during the first quarter were African American youth, a 9% increase compared to the same time last year. Thirteen percent of entries were Hispanic/Latino youth (down 6%).

<b>Noyes – Selected Incident Categories</b>	<b>Q1 2012</b>	<b>Q1 2013</b>	<b>Q1 2014</b>
<b>Average Daily Population (ADP)</b>	<b>49</b>	<b>40</b>	<b>30</b>
1. Youth on Youth Assault/Fight	18	14	13
2. Alleged Youth on Staff Assault	4	2	3
3. Restraint	35	24	20
4. Use of Handcuffs and/or Shackles	1	3	5
5. Seclusion	9	3	5
6. Contraband	3	9	1
7. Suicide Ideation/Attempt	8	6	10

Although there was a 25% decrease in average daily population, fights/assaults declined only marginally. The use of seclusion and mechanical restraints increased. Reports of suicidal behavior also increased.

Some highly-utilized areas such as the gym, education trailers, outdoor recreation yard and hallways are not covered by security cameras. The Department should install cameras during the fourth quarter of fiscal year 2014 as scheduled.

## Lower Eastern Shore Children's Center

The Lower Eastern Shore Children's Center (LESCC) in Salisbury is a maximum-security detention facility owned and operated by the Maryland Department of Juvenile Services (DJS/the Department) with 18 cells for boys and six cells for girls. During the first quarter of 2014, African American youth represented 68% of total entries, an increase of 11% compared to the same time last year.

<b>LESCC – Selected Incident Categories</b>	<b>Q1 2012</b>	<b>Q1 2013</b>	<b>Q1 2014</b>
<b>Average Daily Population (ADP)</b>	<b>27</b>	<b>20</b>	<b>17</b>
1. Youth on Youth Assault/Fight	19	5	4
2. Alleged Youth on Staff Assault	2	1	1
3. Restraint	25	16	11
4. Use of Handcuffs and/or Shackles	1	2	1
5. Seclusion	4	1	1
6. Contraband	0	3	0
7. Suicide Ideation/Attempt	2	9	6

Incidents of aggression decreased while incidents of suicidal behavior remained high. Substance abuse treatment and aggression replacement groups have not been held. The vacancy for an addictions counselor position should be filled.

The Department should ensure comprehensive security camera coverage at LESCC. Cameras were not installed as scheduled during the third quarter of fiscal year 2014.

The Maryland State Department of Education (MSDE) operates the school at LESCC. Students can receive instruction in GED test preparation and two vocational programs that lead to certification.

The staff at LESCC organizes recreational programming during evenings and weekends, and also organizes activities for kids and their families during visitation hours.

### Western Maryland Children's Center

The Western Maryland Children's Center (WMCC), located in Hagerstown, is a 24-bed secure detention center for boys owned and operated by the Maryland Department of Juvenile Services (DJS/the Department).

The average daily population declined 29% in the first quarter of 2014 compared to the same time last year. African American youth represented 60% of total entries during the quarter, up 13% from the same time last year. White/Caucasian youth represented 38% of youth entries, down 9% compared to the same time last year.

<b>WMCC – Selected Incident Categories</b>	<b>Q1 2012</b>	<b>Q1 2013</b>	<b>Q1 2014</b>
<b>Average Daily Population</b>	<b>25</b>	<b>21</b>	<b>15</b>
1. Youth on Youth Assault/Fight	5	7	4
2. Alleged Youth on Staff Assault	0	0	0
3. Restraint	15	18	9
4. Use of Handcuffs and/or Shackles	5	4	0
5. Seclusion	3	3	0
6. Contraband	2	1	0
7. Suicide Ideation/Attempt	6	2	5

While incidents of aggression declined, suicide-related incidents increased during the first quarter compared to the same time last year.

There are malfunctions with the door locking and security camera systems at WMCC. The Department should permanently correct these problems.

## **SMALLER FACILITY UPDATES**

### **Karma Academy**

The Karma Academy in Baltimore County is a privately operated group home licensed by the Maryland Department of Juvenile Services to serve up to eight boys in need of treatment related to low-level sex offenses. Reported incidents remained low during the first quarter of 2014 and Karma continued to provide boys with treatment services in a safe and non-restrictive environment.

### **Kent Youth Boys' Group Home**

Kent Youth Boys' Group Home, located on the eastern shore of Maryland, is a privately operated group home licensed by the Department of Juvenile Services to serve up to 10 boys. Reported incidents remained low during the first quarter of 2014 and Kent Youth continued to offer treatment services to boys in a safe, non-restrictive and homelike environment.

### **Liberty House**

Liberty House is a shelter-care facility in Baltimore City which is licensed by the Department of Juvenile Services. The facility offers a 24-hour residential alternative to detention for boys 13 to 18 years old. Incidents remained low during the first quarter of 2014 and the facility offered an appropriate alternative to secure detention for youth.

### **One Love Group Home**

The One Love Group Home is located in the Northwood community in Baltimore City and provides a comfortable, home-like environment for adjudicated boys ages 14 to 17. Youth are referred to the home by DJS, which also licenses the facility. Incidents remained rare during the first quarter and staff continued to provide personal attention and mentoring within a less restrictive setting than youth would experience in an institution.

### **The Way Home**

The Way Home, located in west Baltimore, is a privately operated group home licensed by the Department of Juvenile Services to serve up to 12 girls. Reported incidents remained low during the first quarter of 2014 and the Way Home continued to provide girls with treatment services in a safe, non-restrictive environment.

### **William Donald Schaefer Home**

The William Donald Schaefer House (WDSH) is a staff secure substance abuse treatment facility for boys operated by the Maryland Department of Juvenile Services (DJS/the Department). WDSH is located in Baltimore City and has a DJS rated capacity of 14. Incidents of aggression remained low during the first quarter of 2014.



## **THE MARYLAND STATE DEPARTMENT OF EDUCATION IN DJS FACILITIES**

The Maryland State Department of Education, Juvenile Services Education program, (MSDE-JSE) provides education services in each of the treatment and detention centers operated by the Maryland Department of Juvenile Services (DJS). According to MSDE data, the MSDE-JSE made an 8% increase in reading gains and a 3% increase in math gains in FY 2013 compared to FY 2012.<sup>22</sup> The MSDE-JSE program brings educational resources and expertise to DJS-operated facilities, however, much remains to be done to ensure that students leave detention and treatment having made tangible progress in their academic careers.

MSDE-JSE schools do not provide instruction in specific content courses in each of the core subjects on a continuous basis. Additionally, schools in the community to which students return have discretion about whether to accept transfer credits and whether to apply them towards graduation requirements. Therefore, credits earned in MSDE-JSE schools are not necessarily applied towards students' high school diplomas.

Upon a student's entry to an MSDE-JSE school, guidance counselors should conduct transcript reviews for each incoming student to ensure that he/she is enrolled in courses required by his/her home school for graduation (see Appendix B on p. 28 for a sample transcript review document). Guidance counselors should also ensure that all credits earned at an MSDE-JSE school have been applied to each student's high school diploma before he/she returns home.

Students cannot earn a high school diploma while enrolled in a MSDE-JSE school. Eligible students should be able to receive a diploma while enrolled in a JSE school.

MSDE-JSE should ensure that students' Individualized Education Plans (IEPs) reflect his/her current educational needs. The availability of resources at a particular site should not determine revisions to IEPs. Each MSDE-JSE school should be staffed with enough qualified personnel to meet the special and general education needs of every student.

A variety of hands-on vocational education programs leading to certification is not available on a continuous basis, either on site or in the community, to students in all MSDE-JSE schools. William Donald Schaefer House, for example, is a treatment facility with no hands-on vocational programs leading to certification available onsite or in the community.

Limited availability of vocational education programming is especially problematic for students in MSDE-JSE schools who have already earned a high school diploma or GED (general equivalency diploma). During the quarter, two girls at the Carter treatment center who

---

<sup>22</sup> The Education Coordination Council for Juvenile Services Educational Programs Annual Report, FY 2013, p. 8 & p.13. Students pre and post tested who make academic gains in reading and math refers to the total number of students whose Basic Achievement Skills Inventory (BASI) pre and post test scores demonstrate a minimum of two months growth for every 30 days of enrollment.

had already earned their GEDs did not receive instruction in preparation courses for college entrance exams. They were not enrolled in university or community college and did not participate in formal employment, internships or apprenticeships.





Students in treatment should have continuous access to post-secondary education on site and in the community. DJS and MSDE-JSE should enable students in treatment to pursue formal employment, internships or apprenticeships in the community.

Students do not necessarily return home from MSDE-JSE schools already enrolled in high school, college or community college. Those in treatment who are eligible and interested in obtaining employment do not apply for jobs and are not transported home for interviews prior to returning to the community. MSDE-JSE and DJS should collaborate to formalize aftercare arrangements that promote the continuation of a student's educational and professional plans and implement them to the extent possible before he/she returns home.

MSDE should direct particular attention towards the above concerns as it continues to develop the JSE program to help ensure that students are able to make significant progress in their academic careers while in detention and treatment.

# Appendix A

## Sample DJS incident review checklist

CHHS INCIDENT CHECKLIST	
<b>Part A</b>	<b>Shift Commander Checklist</b> (Criteria for video review of the incident)
1. Were you, The Shift Commander, involved in the restraint? Yes <input type="checkbox"/>	 *Do not review the video* or No <input type="checkbox"/>
2. Did the Shift Commander speak with all youth and staff involved? Yes <input type="checkbox"/>	or No <input type="checkbox"/> why not?
3. Was there an allegation of abuse by the youth or staff involved?	
Yes <input type="checkbox"/>	 *Do not review the video with the staff(s) involved* or No <input type="checkbox"/>
4. Were proper CPM techniques used during the incident?	
Yes <input type="checkbox"/>	or No <input type="checkbox"/>  *Do not review the video with the staff(s) involved*
 *Immediately contact the on-call administrator	
<b>Part B</b>	<b>Primary Staff Checklist</b>
1. Did you provide details regarding the precipitating factors? YES <input type="checkbox"/>	or NO <input type="checkbox"/>
<i>EX: Describe what happened just before the incident that the youth might be responding to. Was there a situation that the youth might have responded to? Was there a break in routine? Was there any indication that the youth(s) might become involved in physical or verbal altercation? Explain.</i>	
2. Did you identify all staff - where they were posted and the youth involved in the incident? YES <input type="checkbox"/>	
3. Did you include in the narrative staff(s) verbal attempts to de-escalate the situation? YES <input type="checkbox"/>	
4. Did you include details regarding the behavior(s) the youth was displaying in the narrative? YES <input type="checkbox"/>	
<i>EX: youth was cursing and pushing staff – youth was threatening to assault staff. Provide details of exactly what the youth said.</i>	
5. Did you include in the narrative the type of restraint applied and describe in detail how it was applied or attempted and/or why it did not work in detail YES <input type="checkbox"/>	
<i>EX: I placed the youth in a passive restraint by placing my right arm over his right arm and my left arm over his left arm and my hands on his back.</i>	
<i>EX: Due to the youth being combative by kicking and pushing staff the youth was placed in a side restraint (describe side restraint)</i>	
6. Did you include the approximate time the youth was held in the restraint in the report? YES <input type="checkbox"/>	
<i>EX: Youth was held in a passive restraint for approximately 1 minute until he was calm and followed staff directions</i>	
7. Did you include the number of points deducted from the youth for the infraction based on the BMP(Behavior Management Plan).YES <input type="checkbox"/>	
8. Did you include the time the youth was seen by medical and by which medical staff. YES <input type="checkbox"/>	
<i>EX: Youth ___ was seen by nurse Dow at 7:45pm</i>	
9. Were mental health staff or case management involved? YES <input type="checkbox"/>	or NO <input type="checkbox"/> If yes include the information in your report; which mental health staff and/or case manager.
10. Did you, the reporting staff, review the video with the Shift Commander? YES <input type="checkbox"/>	or NO <input type="checkbox"/>

## Appendix B

### Sample MSDE transcript review form

Maryland State Department of Education: JSE Transcript Transfer					
Student Name: Mailing address:		Grade level:	Current School: Address:		
		DOB:	Telephone Number:		
Parent/Guardian Name: Address:			Guardian Contact Numbers Home: Work/Cell:		
Required Courses:	Course Name	Credit	School Yr	Grade	School where earned
Example:					
<b>Student Required Coursework; Credits needed for each content area.</b>		<b>MD Requires 21 Credits to Graduate(some course of studies require more credits for completion)</b>			
English 9, 10, 11, & 12 (4 credits needed)	Health Education & Physical Education ( <b>PE Unavailable</b> )		Foreign Languages (2 credits) ( <b>Unavailable at Carter</b> )		
Algebra I, Geometry, Algebra II & Conceptual Algebra (3 credits needed)	Personal Finance, & Principles of Business & (1-4 credits)		Service Learning Hours (75 needed) _____ hours ( <b>May vary from different schools</b> )		
Biology, Physical Science & Environmental Science (3 credits needed)	Career Research Development, Green System (CTE & Elective Courses)		<b>GED Requirements for Testing: Combined score of 2250 on Pre-Assessments</b>		
US History, World History, & Government (3 credits needed)	Fine Arts (1 credit) <b>Unavailable</b> Foreign Language (3 credits)		GED Sub-Sets Scores:		
Elective 1:	Elective 2:		Elective 3:		
Additional Elective:	Additional Elective:		Additional Elective:		

Developed by Ms. Sonja D. Poole for use at the MSDE-JSE school at the Carter Center



June 2, 2014

### **DJS Response to the Juvenile Justice Monitoring Unit's 1st Quarter Report for 2014**

The Department of Juvenile Services appreciates the time and effort that JJMU has taken to provide the First Quarter Report for 2014. We have thoughtfully considered all findings and recommendations provided.

#### **OVERVIEW**

The average daily populations at the Department's seven detention facilities have decreased or have remained relatively low during the first quarter of 2014. The reduction in the detention population has been positively impacted by implementation of alternative to detention reforms, efficient processing of pending placement cases and the expansion of staff secure treatment beds at Silver Oak Academy. The reductions in population and the vigilant supervision by direct care staff has led to reductions in incidents of aggression at all but one detention site; the Baltimore City Juvenile Justice Center (BCJJC). Factors influencing the increase at BCJJC have been closely analyzed by administrative and executive staff, and appropriate interventions are being implemented.

JJMU cites a research article that states youth with severe mental health diagnosis should not be placed in correctional settings where they may be subjected to restraint and isolation. The Department closely screens all youth to determine how best to address their needs. Only youth who are mentally stable are maintained in DJS operated residential facilities. In July 2013, the Department established the evaluation initiative known as MAST, Multi-Disciplinary Assessment Staffing Teams. The MAST initiative standardized evaluations based on best practices to provide the courts' at pre-disposition a report to assist in determining the commitment of a youth. When determining an out of home placement for youth, it is critical that the decision is based on a thorough assessment and diagnosis in order to make the best placement match to meet the needs of the youth. The MAST process includes completion of a psychological, psycho-social, educational testing, substance abuse, trauma assessment and medical screening. In addition to the initial screening mental health clinicians are available at each facility to assess and provide appropriate responses to the ongoing needs of youth. When behavioral health staff determine a youth has intensive mental health needs that cannot be addressed in a DJS detention or residential facility, that youth is referred for hospitalization and/or placement in an intensive mental health services facility or program. Restraints and/or isolation is only used to manage out of control behaviors that place the youth and others at risk for harm. Mental health assessments

are completed in each instance. Additionally, the Department requires multiple levels of approval and review for each use of restraint and/or isolation.

The Department disagrees with the JJMU assertion that DJS staff are not trained treatment specialists. The Department's organizational structure in residential facilities is comprised of direct care staff who are responsible for ensuring a safe and secure environment, and behavioral health staff who provide clinical services to address the treatment needs of youth. At the time of hire, all direct care residential staff receive a minimum of six weeks of classroom instruction and must receive entry level certification from the Maryland Correctional Training Commission (MCTC) prior to working with youth. Training topics include adolescent development, youth and staff relationships, communication skill building, de-escalation and behavior management techniques, safety and security. Thereafter, direct care staff receives a minimum of 48 hours of in-service training annually. All behavioral health staff are certified and/or licensed to provide services in their areas of specialty, to include substance abuse counseling, psycho-educational groups, individual, group and family therapy. Additionally, all newly hired Behavior Health staff (licensed social workers, professional counselors, addictions counselors, psychologists) receive three weeks of entry level training for MCTC certification. Thereafter, behavior health staff are required to complete 20-30 hours of training annually to maintain their license. They also participate in ongoing departmental training.

The Department is committed to continuously assessing and improving the level of services to youth through program development and staff training. Presently, the department is researching a trauma informed care model that will be implemented system-wide and include training for all staff working directly with youth. The Department is also researching additional programming to address anger management interventions. Given the established training requirements for direct care staff, certification and licensure requirements for behavioral health staff, and the ongoing training efforts Department staff are prepared to serve our youth.

The Department disagrees with the JJMU assertion that DJS does not provide comprehensive and cohesive programming. Youth in DJS operated residential facilities participate in the CHALLENGE Behavioral Management Program which incorporates evidence-based behavioral principles. CHALLENGE supports trauma informed care by establishing a structured and predictable environment for the delivery of treatment services. The program incorporates peer-guided group work and psycho-social educational materials to assist youth to articulate their thoughts, beliefs and feelings; develop problem-solving and decision-making skills; understand and improve interpersonal relationships (including conflict resolution skills and aggression management); and develop goals relevant to being successful when they return to their communities. Youth screened for a substance abuse treatment need participate in 7 Challenges; an evidence based substance abuse program administered by certified addictions counselors and/or licensed behavioral health staff. Behavioral health staff provide crisis interventions, psycho-educational groups, individual, group and family therapy to meet the individual needs of youth. Youth are afforded home visits as a therapeutic tool to assist with re-integration with their families, not as a program reward as reported by JJMU. Youth also maintain contact with their families via facility visits, letter writing, video conferencing and phone calls. The Department funds two postage stamps and two phone calls weekly for each youth. Transportation assistance is also provided to families.

Comprehensive services to youth include daily recreation and participation in C.H.A.M.P.S. (Changing Habits and Making Progressive Strides), an intramural sports, arts, and academic challenge program. Activities include competitions in basketball, baseball, soccer, tennis, bowling; art, poetry and creative writing contest; academic bowl competitions, and camping experiences. The CHAMPS Program gives staff an opportunity to interact with youth in a coaching and mentoring role, which supports the development of healthy and respectful relationships. Intramural activities are scheduled among facilities, and with Job Corps youth. Youth are also afforded opportunities to participate in community service projects that include assisting at food banks, cleaning of community parks and neighborhoods, donation of knitted baby blankets and hats to local hospitals, making of dresses for youth in Haiti, and jewelry making for battered women and children shelters. Youth are given opportunities to participate in an on-site World of Work Program where they earn wages. Youth are also given the opportunity to interact with mentors and faith based volunteer groups routinely.

Educational services are provided by the Maryland State Department of Education (MSDE). Comprehensive services provided by MSDE, Juvenile Services Education (JSE) division are as follows. Each youth receives six hours of academic instruction daily. Programming includes instruction in core academic content subjects, Life Skills, Computer Literacy, and Career and Technology Education (CTE). Library Media services, special education services, and General Equivalency Diploma (GED) preparation programs are also provided. The CTE classes provide students with opportunities to prepare for careers in the construction, communication, business, and hospitality sectors of the economy. Participation in CTE programs results in students acquiring industry certification such as ServSafe (hospitality), OSHA 10 and NCCER Core (construction), C-Tech (telecommunications) and IC3 (IT business applications). CTE programs in the JSE schools are aligned with those offered by the 24 local school systems to facilitate students' transition back to their community schools. Students in a JSE program can earn high school credits toward a Maryland High School Diploma that they may earn upon their return to their home schools. Alternately, some students are enrolled in GED programs to prepare them for the GED examination. A student who passes the GED examination receives a Maryland High School Diploma. There are two GED sites within JSE for students who reside in DJS detention and treatment facilities.

Youth in placement at the Youth Centers who have earned a high school diploma or GED have the opportunity to earn semester credits towards a college degree through participation in the Garrett College Program. Last year nineteen youth enrolled in the program; of those enrollees, fourteen successfully completed. MSDE is exploring the establishment of a similar program for the girls placed at the Carter Youth Center.

The Department, in partnership with the University of Maryland Institute for Innovation and Implementation completed a Residential and Community-Based Services Gap Analysis in December 2013. The Department is developing and implementing plans to address the identified gaps in services.

## FACILITY RESPONSES – RESIDENTIAL PROGRAMS

The JJMU *'recommends the provision of evidence-based and trauma informed treatment at every facility to begin to address the complex needs of youth.'* The Department provided ARC (an evidence-based program in trauma-informed care) training to all behavioral health staff in 2012. This training will be updated and provided again to all behavioral health and associated staff this year. All youth are screened for trauma exposure using the Trauma Symptom Checklist for Children. The results are interpreted by behavioral health staff and integrated in their individual and group work with youth. Additionally, the Department is researching appropriate training for direct care staff to increase their awareness of trauma informed care.

### **Victor Cullen**

Victor Cullen is the only state run, hardware secure treatment facility for boys in Maryland. As a hardware secure facility, it serves youth with the most serious committing offenses and aggressive behaviors.

JJMU's assertions regarding the lack of cohesive programming and trained staff at DJS residential facilities are addressed in the "Overview" section of this response. Aggression management programming for youth at Victor Cullen is provided through the CHALLENGE Behavior Management Program, Forward Thinking, an interactive cognitive-behavioral journaling series, and individual and group therapy.

Interviews to fill the vacant behavioral health positions at Victor Cullen were held during the 1st quarter of 2014. Through those interviews the Department hired a regional social work supervisor who began employment on April 16, 2014, and a mental health counselor who started employment May 28, 2014. The Department has added one additional behavioral health position at Victor Cullen that will result in a total of four clinicians, and a half time licensed doctoral level psychologist. The Department will implement an integrated service model where mental health staff will provide clinical and substance abuse services. The newly hired staff will be trained and credentialed in the evidence-based 7 Challenges substance abuse program. The psychologist position will provide clinical supervision and assist with specialized programming for the more difficult youth cases.

The incidents of seclusion and social separation cited at Victor Cullen all involved one youth who destroyed property and repeatedly exhibited acts of aggression towards peers. The multi-disciplinary Treatment Team implemented a behavioral plan of interventions that included social separation to address this youth's behavior. During periods of isolation and social separation this youth was observed to be calm as reported by JJMU. However, on repeated attempts to re-integrate him in the population his behavior would escalate resulting in the extended period of isolation and social separation. In keeping with department procedures, administrative approval was granted for the use of isolation and social separation.



### **Youth Centers**

Programming, treatment services and staff training at DJS residential facilities are addressed in the “Overview” section of this response.

The JJMU reports that assaults, fights and physical restraints remained high during the first quarter; however, there were noted decreases. As compared to the first quarter of 2013 there was a 29% reduction in assaults and fights; and a 21% reduction in the use of restraints. There was a slight increase in the use of mechanical restraints. In accordance with Department protocol all uses of restraints are reviewed by administrators to ensure strict adherence to operating procedures.

An additional seven contract direct care (resident advisor) positions were assigned to the Savage Mountain Youth Center in July, 2013. These additional positions and the reduced population during the first quarter have led to maintenance of adequate staffing levels with a limited use of overtime.

The JJMU reports *‘there are not enough DJS staff members who are certified to handle medication. Those who are certified are sometimes summoned during off-duty hours to cover medication delivery to youth. Certification to handle medication should be included in entry level and ongoing training.’* During periods of inclement weather there have been occasions that required a trained staff to report to work to administer medication. There has been an increase in nursing coverage resulting in less dependency on resident advisor medication technicians. There are 54 resident advisors trained as medication technicians. Medication technicians only service the Youth Centers. Additional training will be scheduled for the Youth Center staff.

### **J. DeWeese Carter Children’s Center**

Programming for youth in DJS facilities is addressed in the “Overview” section of this report. Carter is the only state operated hardware secure program for girls. Mechanical restraints are used during transport to provide for the needed level of security. Searches of youth following visitation are necessary to eliminate the introduction of contraband and to ensure a safe environment for youth and staff.

The JJMU observes *‘. . . incidents involving suicidal behavior increased from zero to five when compared to the same time last year. There were also four incidents of self-injurious behavior at Carter during the first quarter of 2014.’* During the first quarter, the Carter facility had a total of nine incidents of suicidal ideations and/or self-harm behavior. One youth was involved in four of the nine incidents. Interventions used to address that youth’s needs included implementation of a Guarded Care Plan with daily oversight by a mental health clinician. Additionally, psychological and psychiatric evaluations were completed to inform the development of treatment planning responsive to this youth’s needs.

The JJMU states *‘The use of physical restraints increased substantially at Carter during the first quarter.’* There were eleven restraints at Carter in the first quarter of 2014 as compared to four in the first quarter of 2013. One youth with significant behavioral problems was involved in seven (63%) of the eleven restraints. Facility Administrators, mental health staff, and Executive Directors review all incidents of restraint, including reviews of video. Staff training issues are identified and responsive behavior interventions are implemented to ensure a safe and stable environment for youth and staff.

Staff are trained to use verbal de-escalation, followed by physical intervention, and only as required to protect the youth from self-harm or harming others. Administrative review of incidents includes reviews and investigations, as appropriate, by the Department's Office of the Inspector General (OIG). When it is determined that staff failed to abide by Department policy and procedures, appropriate disciplinary action is taken.

The JJMU reports that *'Carter's location prevents many families from being able to visit the facility on a regular basis.'* When the Carter center opened for girls in 2011, the Department established transportation support for families. The Department offers transportation to and from the Carter Center weekly from two locations; the Waxter Detention Center in Laurel and the Baltimore City Juvenile Justice Center. The Community Case Managers also provide transportation for parents during regular visitation days and non-visitation days. The facility also hosts regular family events to encourage and support family participation. At the most recent family event, seven of the eight youth had family members present.

## **FACILITY RESPONSES – DETENTION PROGRAMS**

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

The JJMU states *'the average daily population increased 31%, while fights/ assaults increased by 161%. The use of physical restraints increased by 62% and the use of handcuffs and shackles increased by 67%. The use of seclusion remained high.'* A review of reports suggests a significant factor in the increase of youth on youth assaults and fights was the number of youth in residence that were 13 to 15 years of age. Twenty nine (29) of the 68 youth on youth fights involved youth in this age range. Management interventions to reduce acts of aggression included assigning additional staff to designated housing units, and training in de-escalation and recognition of pre-cursor behavior was conducted by the facility's administrative and mental health professionals. The facility's administration continues to closely monitor these incidents and will direct additional staff training and other corrective actions as required. All allegations of abuse are referred to Child Protective Services, the Maryland State Police and the Department's Office of the Inspector General for investigation. During investigations, staff involved are removed from supervision of youth. Staff found responsible for any abuse of a youth or failure to adhere to Departmental procedures are held accountable and may be subject to discipline up to and including termination.

### ***Cheltenham Youth Facility***

The JJMU observes *'The average daily population at the facility increased 2% (to 84) in the first quarter compared to the same time last year. Two of the living units were overcrowded at times.'* During the brief period in the first quarter when two living units were above the rated capacity, youth to staff ratios were maintained to ensure appropriate supervision.

Incidents of youth on youth fights and assaultive behavior declined 53% and there was a 72% reduction in incidents of restraint during the first quarter of 2014.

### ***Charles H. Hickey, Jr. School***

JJMU cites an *'increase of seclusion at Hickey during the first quarter of 2014'* compared to the first quarter of 2013. Incidents of seclusion increased from 9 to 14 during the first quarter of 2014 as compared to the first quarter of 2013. Two youth with significant behavioral problems accounted for 54% of the incidents of seclusion. The incidents have been reviewed and were determined to be in adherence to the Department's procedures.

### ***Thomas J. S. Waxter Children's Center***

JJMU states *'There were 17 reported incidents of suicide ideations and two incidents of self-injurious behavior in the first quarter of 2014. A maximum security detention center such as Waxter is an inappropriate environment for children with significant mental health needs.'* At admissions, all youth receive an initial mental health screening. Youth who are unstable are not accepted. A more extensive evaluation is completed as part of the MAST assessment process. When behavioral health staff determine a youth has intensive mental health needs that cannot be addressed at Waxter, that youth is referred for hospitalization and/or placement in an intensive mental health services facility or program. All incidents of suicide ideation are addressed. The facility is staffed with trained mental health professionals to address the youth's immediate need and provide guidance to the direct care staff. All staff is trained in the Department's Suicide Prevention Policy and Procedures.

### ***Alfred D. Noyes Children's Center***

The JJMU observes *'The use of seclusion and mechanical restraints increased. Reports of suicidal behavior also increased.'* The use of seclusion increased slightly from 3 to 5, as did the use of mechanical restraints from 3 to 5, during the first quarter of 2014 as compared to 2013. Staff are trained to apply de-escalation prior to using seclusion. All uses of seclusion and mechanical restraints were applied in accordance with Department operating procedures.

The JJMU observes *'Reports of suicidal behavior also increased.'* Incidents of suicidal ideation increased by 4. All youth expressing suicidal ideations and or gestures are immediately evaluated by behavioral health staff for appropriate interventions. All staff is trained to respond in accordance with the Suicide Prevention Policy and Procedures.

An expansion of video surveillance at Noyes is scheduled for installation in June, 2014.

### ***Lower Eastern Shore Children's Center***

The JJMU asserts *'The Department should ensure comprehensive security camera coverage at the LESCC. Cameras were not installed as scheduled during the third quarter of fiscal year 2014.'* The current CCTV system at the Lower Eastern Shore Children's Center consists of cameras that provide coverage to the most critical areas. The Department has plans to upgrade the existing system and add additional cameras to ensure maximum coverage. Cabling for the additional cameras has been completed.

The JJMU states *'Substance abuse treatment and aggression replacement groups have not been held.'* The position of addictions counselor is currently in the recruitment phase. Additionally, the

Department has assigned a half-time doctoral-level, licensed psychologist to provide MAST assessment and clinical services at the facility.

The JJMU also observed *'Incidents of aggression decreased while incidents of suicidal behavior remained high.'* All youth identified to have suicidal ideation or behavior was referred immediately to behavioral health staff for appropriate assessment and intervention. If the youth required more intensive levels of care, they were referred to the appropriate community facility for further evaluation and services.

### ***Western Maryland Children's Center***

The JJMU observed *'While incidents of aggression declined, suicide-related incidents increased during the first quarter compared to the same time last year.'* Incidents of suicidal ideation increased from 2 to 5 during the first quarter of 2014 as compared to 2013. All youth expressing suicidal ideations were immediately evaluated by behavioral health staff.

The JJMU asserts *'There are malfunctions with the door locking and security camera systems at WMCC. The Department should permanently correct these problems.'* The Department's Information and Technology Division is upgrading the current camera system to a high definition camera surveillance system. The door locking system has been upgraded and is operational.

## **PRIVATE PROGRAMS**

### **Silver Oak Academy**

Silver Oak Academy is a privately operated group home for boys licensed by the Department. This program serves youth requiring a low level of security. The facility does serve youth with highly aggressive behaviors. Mechanical restraints are not used in the program. The use of physical restraint increased from 2 incidents to 13 in the first quarter of 2014 as compared to 2013. This increase primarily involved four youth who accounted for 84% of the increase. These youth did not adjust well to the structure of the program. It should also be noted that the average daily population at Silver Oak increased from 45 to 59 in the first quarter of 2014 as compared to 2013.

## MSDE response to the Juvenile Justice Monitoring Unit report

June 2, 2014

**JJMU comment re: Youth Centers:** “The full range of core subjects is not taught on a continuous basis at the youth centers.” (p. 11).

**Response:** MSDE JSE continues to improve the delivery of a full range of core subjects at the youth centers. MSDE JSE assumed educational instruction at the youth centers on June 28, 2013. Since taking over education it has increased instruction to six hours per day with access to career technology education as well as the provision of special education services consistent with Individualized Education Programs. Since January 2014, the youth center residents receive academic instruction in the core content areas including Math, English, History, and Science. The MSDE JSE continues to align the curriculum in the core subjects with the Maryland Standards for College and Career Readiness. Course names have been revised to be consistent with the course names for the core subjects in the local school systems. These include: English (9-12), History (United States, Government, and World History), Math (Concepts of Algebra, Algebra I/II, Geometry, and Pre-Calculus), and Science (Biology, Physical Science, Concepts of Chemistry, and Environmental Science).

Students are provided with daily instruction in English and Math. School schedules employ the use of A/B days for History, Science, Career Technology Education (CTE), and career research and development (CRD). On A day youth received instruction in history and CTE; on B day youth receive instruction in science and CRD.

MSDE JSE has worked diligently since July 2013, to enhance educational services at all the youth centers. While educational space is still severely limited, the Department of Juvenile Services (DJS) has assisted greatly in renovating and increasing classroom space at several of the centers.

\*\*\*\*\*

**JJMU comment re: Youth Centers:** “A shortage of teachers has led to instances where uncertified instructional assistants are left to manage classes and simply handout worksheets.” (p. 11).

**Response:** An instructional assistant may be assigned to manage a classroom to cover classes for a teacher vacancy or absence. However, instructional assignments and activities for those classes should be aligned to the curriculum and planned by certified teaching staff. MSDE JSE discourages the practice of simply handing out worksheets to students when instructional assistants cover a classroom. MSDE JSE is attempting to increase its staffing allotment from the total of thirty teaching and support staff positions allocated when it assumed responsibility for the educational programming at the youth Centers. The current staffing compliment limits JSE’s ability to provide additional resource teacher

positions that are used routinely at other JSE sites to provide class instruction in the event of teacher absence or a staff vacancy.

\*\*\*\*\*

**JMU comment re: Youth Centers:** “Computers and Smartboards should be available in each classroom at the centers.” (p. 11).

**Response:** MSDE JSE has scheduled the installation of Promethean Boards and training is being conducted. JSE is in the process of enhancing computer access and instructional technology across the program. In addition, JSE is transitioning all schools to a centralized server located at MSDE. During this transition, the youth centers will receive additional computers and be linked to additional instructional resources provided via the server.

\*\*\*\*\*

**JMU comment re: Youth Centers:** “current vocational programming at the youth centers is book based with no hands on component” (p. 11).

**Response:** MSDE JSE career technology education programming for the youth centers includes construction core, OSHA 10, ServSafe, and C-Tech. The construction core is provided at Green Ridge and Backbone Mountain on a daily basis while the other components are provided on a rotating basis. Youth are provided opportunities to have hands on experiences in each of these CTE components along with theory- based instruction.

\*\*\*\*\*

**JMU comment re: Youth Centers:** “Additionally, there are no options for post-secondary education unless a youth is accepted into the limited college program at Backbone Mountain.” (p. 11).

**Response:** MSDE JSE is investigating additional options for post-secondary education for eligible students. Currently, JSE collaborates with the DJS and Garrett Community College to provide a post secondary education program located at Backbone Mountain. Eligible youth from all the centers are provided with the opportunity to apply and be accepted into this program. Over the past year, there has been a notable decrease in the numbers of youth from the youth centers who meet academic requirements for inclusion in this program.

\*\*\*\*\*

**JMU comment Education Generally:** “MSDE-JSE schools do not provide instruction in specific content courses in each of the core subjects on a continuous basis.” (p. 25).

**Response:** MSDE JSE continues to improve the delivery of a full range of core subjects. MSDE JSE is aligning the schools' curriculum with the Maryland Standards for College and Career Readiness in the core subjects at all fourteen sites. These include: English (9-12), History (United States, Government, and World), Math (Concepts of Algebra, Algebra I/II, Geometry, and Pre-Calculus), and Science (Biology, Physical Science, Concepts of Chemistry, and Environmental Science). School schedules employ the use of A/B days. Students are provided with daily instruction in English and Math. School schedules employ the use of A/B days for History, Science, Career Technology Education (CTE), and career research and development (CRD). On A day youth received instruction in history and CTE; on B day youth receive instruction in science and CRD.

\*\*\*\*\*

**JJMU comment Education Generally:** "credits earned in MSDE-JSE schools are not necessarily applied towards students' high school diplomas." (p. 25).

**Response:** MSDE JSE has taken actions to reduce the incidence of credits not applied towards students' graduation requirements. Course names for academic and required classes have been revised to be consistent with the course names for the core subjects in the local school systems. These include: English (9-12), History (United States, Government, and World History), Math (Concepts of Algebra, Algebra I/II, Geometry, and Pre-Calculus), and Science (Biology, Physical Science, Concepts of Chemistry, and Environmental Science). Credits earned during a youth's enrollment in JSE are documented on the standardized State Record Transfer Form (SR 7). Pursuant to procedures, the SR 7 is forwarded to the receiving school system when the youth is released from DJJ custody. The receiving school is responsible for applying the credits earned in the JSE programs towards the student's graduation requirements. MSDE JSE is working to improve communication with receiving schools. When the JSE's new Student Information System (SIS) is implemented in July, 2014, MSDE JSE expects an improvement in the local school system awarding appropriate credit for the courses students took in the JSE school. It is expected that the improved data collection will result in a reduction of instances where local school systems will not be awarding these students with credits towards requirements for a high school diploma. Moreover, MSDE JSE appointed a JSE Coordinator for Guidance and Student Records in May 2014. This will provide the program with enhanced oversight of the student records functions and establish a JSE point of contact for local school systems to address and resolve issues.

\*\*\*\*\*

**JJMU comment Education Generally:** "Upon a student's entry to an MSDE-JSE school, guidance counselors should conduct transcript reviews for each incoming student to ensure that he/she is enrolled in courses required by his/her home school for graduation." (p. 25).

**Response:** MSDE JSE guidance counselors conduct file reviews for all new students and compare review results against the student’s home school records. These results are used to schedule the student into coursework that helps meet his/her graduation requirements. MSDE JSE currently monitors, through monthly file review audits in all schools, whether the guidance counselor’s conduct file reviews for all new students.

\*\*\*\*\*

**JJMU comment Education Generally:** “Eligible students should be able to receive a diploma while enrolled in a JSE school.” (p. 25).

**Response:** The JSE does not have authority to award high school diplomas. High School diplomas are awarded by the students’ local school system where the student is enrolled. COMAR 13A.03.02. Diplomas awarded by private school programs are not Maryland High School diplomas. Alternatively, a student can be awarded a Maryland High School Diploma upon successful completion of the GED examination.

\*\*\*\*\*

**JJMU comment Education Generally:** “The availability of resources at a particular site should not determine revisions to IEPs. Each MSDE-JSE school should be staffed with enough qualified personnel to meet the special and general education needs of every student.” (p. 25).

**Response:** MSDE JSE policy does not allow revision of student IEPs based on the availability of resources at a particular site. Revisions to IEPs are made on the basis of decisions resulting from IEP team meetings based on the special educational needs of the student. Ongoing professional development and regular monitoring of IEPs have been put in place to ensure decisions are not based on resources at a particular site. JSE is addressing qualified personnel vacancies by ongoing recruitment for highly qualified personnel to provide special education, general education, and related services. MSDE JSE replaces staff vacancies subject to the State of Maryland recruitment and hiring policies and practices.

\*\*\*\*\*

**JJMU comment Education Generally:** “A variety of hands-on vocational education programs leading to certification is not available on a continuous basis, either on site or in the community, to students in all MSDE-JSE schools. William Donald Schaefer House, for example, is a treatment facility with no hands-on vocational programs leading to certification available onsite or in the community.” (p. 25).

**Response:** MSDE JSE continues to increase the Career Technology Educational opportunities in all MSDE JSE sites. The CTE programming at detention sites is, in some cases, scheduled on a rotating basis due to space and the smaller facility population. CTE programming at William Donald Schaefer



House is impacted by the space available at the facility. However, youth are currently provided with Office Management Systems instruction and will also be receiving the opportunity to be enrolled in Serv Safe by the end of the summer.

\*\*\*\*\*

**JJMU comment Education Generally:** “two girls at Carter who had already earned their GEDs did not receive instruction in preparation courses for college entrance exams. They were not enrolled in university or community college and did not participate in formal employment, internships or apprenticeships.” (p. 26).

**Response:** MSDE JSE does not have authority to provide community based employment opportunities and internships. At the present time, MSDE JSE is engaging in initial conversations with Chesapeake Community College to explore further educational opportunities for students at Carter. MSDE JSE will work with DJS on exploring opportunities for community based experiences.

\*\*\*\*\*

**JJMU comment Education Generally:** “Students do not necessarily return home from MSDE-JSE schools already enrolled in high school, college, or community college. . . . MSDE-JSE and DJS should collaborate to formalize aftercare arrangements that promote the continuation of a students’ educational and professional plans and implement them to the extent possible before he/she returns home.” (p. 26).

**Response:** MSDE JSE will collaborate and assist DJS with developing educational aftercare plans for youth prior to release.

\*\*\*\*\*