



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

1st QUARTER 2012 REPORTS



NICK MORONEY
Director

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

May 24, 2012

The Honorable Thomas V. Miller, Jr., President of the Senate
Maryland General Assembly, H107 State House
Annapolis, MD 21401

The Honorable Michael E. Busch, Speaker of the House
Maryland General Assembly, H101 State House
Annapolis, MD 21401

The Honorable Sam J. Abed, Secretary
Department of Juvenile Services, One Center Plaza, 120 West Fayette Street
Baltimore, Maryland 21201

Rosemary King Johnston, Executive Director
Governor's Office for Children, Office of the Governor
301 W. Preston Street, Suite 1502
Baltimore, MD 21201

Members of the State Advisory Board on Juvenile Services
c/o Department of Juvenile Services, One Center Plaza, 120 West Fayette Street
Baltimore, Maryland 21201

Dear Mr. President, Mr. Speaker, Sec. Abed, Ms. Johnston, and State Advisory Board Members:

Enclosed please find the most recent Quarterly Reports from the Juvenile Justice Monitoring Unit (JJMU) at the Office of the Attorney General. This report covers the First Quarter of 2012, from January 1 to March 31, 2012. The Department of Juvenile Services (DJS) Response is included as part of the present document.

I would be pleased to answer any questions you may have about these reports. I can be reached by email at nmoroney@oag.state.md.us and by phone at 410-576-6599 (o) or 410-952-1986 (c). All current and prior reports of the Juvenile Justice Monitoring Unit are available through our website at www.oag.state.md.us/jjmu.

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
Juvenile Justice Monitoring Unit

Cc: The Honorable James Brochin, Maryland State Senate
The Honorable Joan Carter Conway, Maryland State Senate
The Honorable Brian Frosh, Maryland State Senate
The Honorable Lisa Gladden, Maryland State Senate
The Honorable Nancy Jacobs, Maryland State Senate
The Honorable Edward Kasemeyer, Maryland State Senate
The Honorable Delores Kelley, Maryland State Senate
The Honorable Nancy King, Maryland State Senate
The Honorable James Mathias, Maryland State Senate
The Honorable C. Anthony Muse, Maryland State Senate
The Honorable Victor Ramirez, Maryland State Senate
The Honorable Robert A. Zirkin, Maryland State Senate
The Honorable Norman Conway, Maryland House of Delegates
The Honorable Kathleen Dumais, Maryland House of Delegates
The Honorable Adelaide Eckardt, Maryland House of Delegates
The Honorable Ana Sol Gutierrez, Maryland House of Delegates
The Honorable Susan Lee, Maryland House of Delegates
The Honorable Anthony J. O'Donnell, Maryland House of Delegates
The Honorable Samuel Rosenburg, Maryland House of Delegates
The Honorable Luiz Simmons, Maryland House of Delegates
The Honorable Nancy Stocksdales, Maryland House of Delegates
The Honorable Joseph Vallario, Maryland House of Delegates
The Honorable Jeff Waldstreicher, Maryland House of Delegates
The Honorable Nancy Kopp, Treasurer's Office
The Honorable Katherine Winfree, Chief Deputy Attorney General

Electronic Copies: Susanne Brogan, Treasurer's Office
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Linda McWilliams, Karl Pothier and Tammy Brown, DJS

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NICK MORONEY
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JUVENILE JUSTICE MONITORING UNIT

FACILITY REPORT
AUNT CC's HARBOR HOUSE
JANUARY – MARCH, 2012

Facility: Aunt CC's Harbor House
1031 East Monument Street
Baltimore, Md. 21202
Administrator: Donald Barrett

Date of Visits: February 29
March 27, 2012

Reported by: José D. Saavedra
Monitor

Persons Interviewed: Program Administrator

Date of Report: April 2012

INTRODUCTION

Aunt CC's Harbor House (Aunt CC's) is a shelter that provides short-term, community based, residential care for up to 15 boys, ages 12 to 18. The facility is located in Baltimore City.

The shelter is licensed by the Department of Juvenile Services (DJS/the Department) and operated by the North American Family Institute (NAFI). Youth are referred to Aunt CC's by DJS and the Maryland Department of Social Services.

Aunt CC's staffers work toward stabilizing, counseling, and preparing youth to transition back into their homes and communities. The average length of stay for residents at Aunt CC's is 30 days.

SUMMARY OF CRITICAL FINDINGS

- Aunt CC's provides essential services for youth in helping them transition back into the larger community.

FINDINGS

1. Staffing

Document reviews and interviews indicate Aunt CC's administrators maintained compliance with state standards for staffing, safety and security. Facility staff provided quality residential care services for youth in their care throughout the first quarter.

2. Safety and Security

There were few reported incidents at Aunt CC's during the quarter and no instances involving injury or threat to youth or staff safety.

3. Physical Plant and Basic Services

A current City of Baltimore Fire Department inspection report indicates the facility is in compliance with fire safety standards. Fire drill reports document thorough routine fire drills conducted in a timely and safe manner.

Food is prepared and provided onsite by staff.

4. Education and Recreational Programming

Resident's attend local public schools and an on-site education coordinator acts as a liaison between Aunt CC's staff and administrators at local schools.

Recreation and large muscle exercise takes place daily at a local recreation center or nearby park.

5. Rehabilitative

Upon entry to the facility, youth receive a written plan describing admission procedures and an incentive-based behavior management system as well as expectations for successful program completion. Each youth signs and keeps a copy for reference throughout stay time at Aunt CC's.

In February, the shelter began providing "step down" services for youth returning from residential program placements. Aunt CC's offers these youth an opportunity to receive evidence-based therapy and family support services before returning to the community.

RECOMMENDATION

The Department should fully utilize the Step Down program at Aunt CC's to increase treatment services availability for Maryland youth.



NICK MORONEY
Director

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

FACILITY REPORT
BALTIMORE CITY JUVENILE JUSTICE CENTER
JANUARY – MARCH, 2012

Facility: Baltimore City Juvenile Justice Center
300 North Gay Street
Baltimore, MD 21202
Acting Superintendent: Wallis Norman

Dates of Visits: January 4, 9, 14 and 30
February 1
March 5, 12, 19 and 26, 2012

Reported by: Claudia Wright
Senior Monitor

Date of Report: April 2012

INTRODUCTION

The Baltimore City Juvenile Justice Center (BCJJC) houses a 120- bed detention facility for male youth on the ground floor of a building complex that includes juvenile courts and other youth-related services. The detention center is operated by the Maryland Department of Juvenile Services (DJS/the Department). The school is operated by the Maryland State Department of Education (MSDE).

SUMMARY OF CRITICAL FINDINGS

- Disproportionate confinement of African American youth in Baltimore City has steadily increased over the last five years.
- Residents wait for extended periods of time for placement. 40% of youths at BCJJC at the end of the quarter were adjudicated and awaiting placement.
- Almost all youth in orientation are transferred within the requisite 72 hours. MSDE now provides teachers on the housing unit for youth in orientation status.
- The creation and implementation of the Intensive Services and Transition Units continues to contribute to a reduction in the level of violence.
- Use of handcuffs during physical restraint has been reduced.
- Outdoor recreation yards have not been improved as promised.

FINDINGS

1. Population

a. General

Facility Capacity	High Population	Low Population	Average Population	Days Over Capacity
120	123	67	114	13

b. Pending Placement and Detention

On March 31, 2012, 129 youth were in residence at BCJJC. 40% of these youths had been adjudicated and were awaiting placement. The chart below shows high-end lengths of stay for all youth housed at BCJJC during the 1st quarter.

BCJJC Jan 1 – Mar 31	60 days and over	90 days and over
Pending Placement	27 youths (60, 60, 61*, 63, 63, 64, 66, 66, 68, 69, 71*, 72*, 73*, 73, 73, 75, 75, 76, 77, 77, 81, 82, 83, 83, 86, and 89* days)	30 youths (90, 91, 95, 95*, 96, 96*, 100, 108, 112, 113, 114, 118, 119, 119, 121, 124*, 125*, 128, 134, 135, 139, 142, 145, 153, 163, 166, 175, 176, 180 and 209 days)
Detention	10 youths (61, 62, 62*, 64, 68*, 72*, 80*, 84, 86, and 89 days)	7 youths (90*, 94, 100, 101, 115, 136*, and 205 days)

*Youth still at BCJJC as of data collection date (April 5, 2012).

c. Population by Race/Ethnicity

99% of youth admitted to BCJJC during the 1st quarter were African American.

	1st Quarter 2011	1st Quarter 2012
Total Admissions	718	758
African American	709	748
White/Caucasian	2	6
Other	7	4

Applicable Standards

Maryland Rules, Rule 11-112. Detention or shelter care. *Maximum period of detention or shelter care – continued detention or shelter care pending the adjudicatory or waiver hearing may not be ordered for a period of more than thirty days.*

JDAI Standards I (D) Population Management *1. Written policies, procedures and actual practices (shall) ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or “stepped down” to non-secure settings. 2. Written policies, procedures and actual practices (shall) ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are “stepped down” to less restrictive settings, or transferred to other settings.*

Md. Standards for Juvenile Detention Facilities 5.1.5.1 *The provision of ... living space shall be sufficient to adequately meet the needs of the detained youth.*

2. Safety and Security

a. Aggregate Incidents

A total of 250 incident reports were filed during the quarter, down from 268 in the first quarter of 2011. Although there was a significant rise in population in the first quarter of 2012, compared to the same period last year, violent incidents continued to dramatically decline as they have each year since the implementation of the Intensive Services and Transition units (ISU).

Incident Categories	1 st Quarter 2011	1 st Quarter 2012
1.Youth on Youth Physical Assault	106	72
2. Youth on Youth Physical Assault with Injury	61	34
3. Alleged Youth on Staff Physical Assault	19	11
4. Alleged Youth on Staff Physical Assault with Injury	5	5
5. Group Disturbances (injury/property destruction)	6	6
6. Group Disturbances (without injury/destruction)	0	0
7. Restraints	164	113
8. Restraints with Handcuffs	45	31
9. Contraband	8	15
10. Suicide Ideation, Gesture, Attempt or Behavior	8	8

b. Intensive Services and Transition Units

During the third and fourth quarters of 2009, DJS staff planned and implemented an Intensive Services Unit (ISU). The ISU began as a pilot program for youth involved in aggressive incidents at BCJJC. A Transition Unit was added later for youth in the process of moving from the ISU back into the general youth population.

Since the ISU program was implemented, violent incidents have decreased significantly. The program positively affects the atmosphere and group dynamic among youth at BCJJC. The ISU model includes individualized behavioral and educational assessments and goals. The program incorporates guarded care plans. MSDE certified teachers and a Special Education instructor provide education services within the unit. Resident Advisers who are selected to work on the ISU receive specialized training. The ISU is a well-designed and effective behavior modification system.

The ISU program requires that representatives from the administration, direct care staff, case management, mental health and education meet weekly to review the progress of each youth. At this meeting, the committee members review the goals that have been set for each youth. They also consider referrals to the program and requests for release. All of these factors are controlled by strict, objective criteria. Occasionally there is some deviation from the written criteria. This is particularly true in reference to the individualized goals set for each youth, and the determination whether those goals have been reached. Deviation from the objective criteria is promptly addressed by the members of the team

The Department should expand the ISU and Transition programs to the other detention facilities.

c. Security Equipment and Practices

Use of handcuffs during physical restraints has been reduced by 30% since the first quarter of 2011. However, the Department continues to use metal handcuffs rather than the soft restraints recommended by the Juvenile Detention Alternatives Initiative (JDAI) and other experts.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.1.1 Security and Control *Security in a detention facility shall recognize and balance the legitimate need for security and safety felt by staff and society with the residents' need for a setting that provides them with safety and a reasonable quality of life.*

Md. Department of Juvenile Services Policy and Procedure RF-02-07 Use of Crisis Management (CPM) Techniques Policy *Employees of the Department of Juvenile Services (DJS) ... shall establish and maintain a safe and orderly environment within each facility.*

CHAPTERS Standards, Juvenile Detention Alternatives Initiative, Annie E. Casey Foundation, VI. Restraints, Isolation, Due Process, and Grievances (A)(2)(b) *Except for handcuffs used during transportation or facility emergencies, the only mechanical restraints that staff may use in the facility are soft or "therapeutic" restraints: fleece-lined leather, rubber, or canvas hand and leg restraints, and only with physician or mental health authorization.*

3. Fire Safety and Physical Plant

BCJJC is up-to-date and in full compliance regarding state fire prevention inspection requirements and food handling inspection requirements.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 5.2.1 *All detention facilities shall conform to State fire safety requirements.*

4. Education

Movement of residents in orientation to general population assignments has been accelerated so that very few youths are held more than the 72 hours allowed by policy. Further improvement should include the option of foregoing orientation status for youths who are returning to the facility and have recently experienced the orientation process. Quick movement to general population is important so that youngsters can begin regular school activities. However, the administration has alleviated the problem to some extent by allowing some classes on the orientation units.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.1 Educational Services *The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.*

5. Rehabilitative and Recreational Programming

All residents receive one hour each day of physical exercise. This exercise usually takes place indoors. Each resident also participates in the BCJJC Boys Club two hours per week. Youth on higher levels of the behavior management program are also allowed to attend Ravens Lounge, where they can play video games and watch movies.

Outdoor recreation areas at BCJJC are not appropriate for youth recreation. In response to the JJMU 2011 Pictorial Report, the Department suggested the following improvements to “reduce the risk of injury and increase visual appeal” of the recreation areas:

- Power cleaning the brick walls;
- Install rubber flooring to cover the concrete surface of the 96’x128’ outdoor area;
- Install 12’ stainless steel bench seating to be bolted, for added safety and security, to the building surface;
- Install vinyl-covered padding behind goals to be bolted, for added safety and security, and finally;
- Install creative mural-type vinyl banners to be bolted, for security, safekeeping and visual appeal.

At the end of the first quarter of 2012, none of these improvements have been accomplished.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.1.5.4 ... *Exercise and recreation ... services shall be maintained at a sufficient level to accommodate the number of youth at the facility.*

Md. Standards for Juvenile Detention Facilities 4.5 Recreational activities *A well-defined and structured recreation program shall be provided for each resident.*

Md. Dept. of Juvenile Services Policy and Procedure RF-08-07 Recreational Activities Policy *The Department of Juvenile Services (DJS) shall provide recreation and leisure activities to youth in DJS residential facilities and programs to promote skill development and prevent idleness. Recreation shall be available to all youth each day. Leisure activities shall be provided to alleviate boredom, provide positive reinforcement and develop skills of cooperation, teamwork and sportsmanship.*

6. Medical

An infirmary is available at BCJJC for those youth who need to be separated from the general population for medical reasons. The medical unit operates 24/7. Dental and psychiatric services are also provided.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.3 Health Care Services *Health care services shall be in accordance with established Departmental policy and procedures.*

7. Youth Advocacy, Internal Monitoring and Investigation

A total of nine grievances were filed at BCJJC during the quarter.

Applicable Standard

Md. Department of Juvenile Services Policy and Procedure MGMT-01-07 Youth Grievance Policy *The Department of Juvenile Services (DJS) shall permit youth and individuals on behalf of DJS youth to file a grievance for a circumstance or action related to behavior of other youth, behavior of employees, or conditions of confinement.*

RECOMMENDATIONS

1. The Department should expand the ISU and Transition programs to other DJS facilities.
2. Handcuffs should only be used for transport. Soft restraints should be used when restraint within the facility is necessary.
3. Outdoor recreation yards should be improved as promised.

UNABATED CONDITIONS

1. BCJJC remains unsuitable for housing youth for extended periods of time.
2. The Department continues to hold youth in pending placement status for long periods of time at BCJJC.



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Director

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FACILITY REPORT
J. DEWEESE CARTER CHILDREN'S CENTER
JANUARY - MARCH, 2012

Facility: J. DeWeese Carter Children's Center
300 Scheeler Road
Chestertown, MD 21620
Superintendent: Derrick Witherspoon

Dates of Visits: January 10 and 26
February 7 and 28
March 8, 27, and 29, 2012

Reported by: Claudia Wright
Senior Monitor

Date of Report: April 2012

INTRODUCTION

The J. DeWeese Carter Youth Facility (Carter) is a 12-bed secure treatment program for committed girls on Maryland's Eastern Shore. It is located in Chestertown, Kent County. It is operated by the Maryland Department of Juvenile Services (DJS/the Department). Education is provided by the Maryland State Department of Education (MSDE).

SUMMARY OF CRITICAL FINDINGS

- Incident reports are not filed as required by DJS policy.
- Youth are placed in a seclusion cell which does not comply with DJS requirements.
- Youth are physically restrained in violation of DJS policy.
- Youth do not have sufficient privacy in the Carter bathrooms.
- Food quality is poor.
- There is no gender-responsive program for girls at Carter.

FINDINGS

1. Population

a. General

Facility Capacity	High Population	Low Population	Average Monthly Population	Number of Days Over Capacity
12	11	6	8	0

2. Safety and Security

a. Aggregate Incidents

A total of 19 incident reports were filed at Carter during the 1st quarter. The chart below primarily details incidents involving aggression and potential self-harm.

Incident Categories	1st Quarter 2012
1. Youth on Youth Physical Assault	0
2. Youth on Youth Physical Assault with Injury	0
3. Alleged Youth on Staff Physical Assault	4
4. Alleged Youth on Staff Physical Assault with Injury	1
5. Group Disturbances (injury/property destruction)	0
6. Group Disturbances (without injury/destruction)	0
7. Restraints	9
8. Restraints with Handcuffs	1
9. Contraband	0
10. Suicide Ideation, Gesture, Attempt or Behavior	1

Data regarding reportable incidents at Carter during the 1st quarter is not reliable. At some point following the transfer of girls into the facility, some staff members decided to document reportable incidents on forms called Special Behavior Reports (SBR's) rather than following the DJS Incident Reporting Policy. SBR's are intended to record minor behavior infractions, and they are not forwarded to headquarters and are not included in the DJS data base. This practice continued for several months before it was discovered by the administration.

Applicable Standard

Md. Dept. of Juvenile Services Policy and Procedure MGMT-03-07 Incident Reporting Policy. *The Department of Juvenile Services (DJS) employees shall report and manage incidents involving a youth or program in a manner that provides for the public safety and the proper care, health, safety, and humane treatment of DJS youth.*

b. Seclusion

Since the arrival of the girls' program at Carter, the administration has created a new seclusion cell. This cell contains no pillow, sheet, pillow case or blanket. In fact, there is nothing in the cell other than a mattress, which was added after numerous requests from the monitor. Girls are routinely placed in this room for "time out."



Applicable Standard

Md. Dept. of Juvenile Services Policy and Procedure RF-01-07(4)(a)(6) Seclusion Policy *Youth shall be provided with (i) a mattress and pillow and (ii) Sheet, pillow case, and blanket.*

a. **Physical Restraint and Mechanical Restraints.**

Gender-responsive, trauma-informed treatment seeks to minimize the use of physical force to accomplish compliance. Available data indicate that physical restraint is used in non-violent, non-dangerous situations (9 incidents of physical restraint, 5 incidents of alleged assault), in violation of DJS policy. Incident reports indicate that physical restraint is routinely improperly used to force compliance with verbal directives. For example, reports describe incidents in which girls were physically restrained for refusing to go to their rooms, refusing to come out of their rooms, refusing to go to Room 19 (a designated seclusion cell), or refusing to leave a locked toilet stall.

Virtually all physical restraints are carried out by male staff. In two instances, a girl was forcibly removed from a toilet stall by a group of male staffers (IR #99056, IR #100747). The case managers have, on a number of occasions during the quarter, been required to participate in the physical restraint of a youth, and to videotape others during a physical restraint.

Since the girls program was transferred to Carter, the administration has purchased and implemented the use of steel belly chains and black boxes fastened by padlocks. When youth are handcuffed for transport, this supplemental apparatus is applied so that the handcuffs are attached to the waist chain, and the black box is placed over the handcuffs and padlocked. This apparatus is uncomfortable, and dangerous when used while youth are travelling in a vehicle. Youth are transported in vans while wearing this apparatus and are not secured in their seats with a seat belt. This practice is dangerous in the event of a vehicle accident. Girls at Carter are required to be shackled in this manner for trips to the doctor or dentist, and have to remain in the apparatus during examinations. The youth in the picture below and on the next page was shackled in preparation for transport to an appointment with an oral surgeon.





Applicable Standard

Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 (4)(a)(2)(ii) Use of Crisis Prevention Management (CPM) Techniques Policy. *Restraints shall be used as a last resort only when a youth displays behavior indicative of imminent injury to self or others, or makes an overt attempt to escape.*

3. Physical Plant and Basic Services

a. Fire Safety

Fire drills are not held on each shift as required by policy.

b. Physical Plant

The staff includes a full time maintenance man who tends to maintenance needs in a timely manner. Beds are suicide-resistant and each youth has her own room. The exterior and interior of the facility are clean and well kept.



Since the transition to a girls' program, the doors have been removed from the bathrooms. There is an unobstructed view from the corridor into the toilet stalls, sinks and the showers. The shower curtains are waist high. Any staffer in the corridor, including male staffers, can view the girls while they are in the shower.

New furniture and a new TV were purchased for the dayroom. The new couches in the dayroom have wooden dividers between each seat so that the girls may not touch each other while they are seated.

c. Basic Services

The Food Service Manager for Carter and LESCC works diligently to ensure appropriate meals and healthy snacks for youth. Headquarters' nutrition personnel also monitor the food service provider. However, youth consistently complain about the poor quality of the food. Food service is provided by a contract provider housed in the adult facility located next door to the Carter program. Food service provided by this contractor has consistently been sub-standard.

Linen service is provided by a professional contractor. Adequate equipment is available for youth laundry on site. Girls are allowed to do their own personal laundry.

Administrators hold regular Town Hall meetings with staff and youth. Suggestions or concerns about food and housing are addressed at these meetings.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.2.1 Conformity with Codes *All detention facilities shall conform to state fire safety requirements.*

Md. Standards for Juvenile Detention Facilities 5.5.1 Food Service Management *A full time staff member experienced in food service management shall supervise the food service operation within a detention facility.*

4. Education

The Maryland State Department of Education (MSDE) provides education services at Carter. The education building is clean, spacious and provides a constructive learning environment.

Youth at Carter enter school upon arrival. Records are requested from local schools and are received in a timely manner. Special education requirements continue to be consistently met at Carter.

Youth are in class for six hours each day. Classroom observations indicate youth are academically engaged. The staff-to-youth ratio allows individual attention to youth education needs. Youth and instructors utilize appropriate, up-to-date textbooks and computer equipment. Students needing GED programs are assisted on an individual basis.

There are no vocational programs for the girls at Carter.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.1 Educational Services *The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.*

5. Rehabilitative and Recreational Programming

a. Therapeutic Program

There is no gender-specific program at Carter. The Growing Great Girls program that was used with girls at Waxter was abandoned and has not been replaced. The therapeutic program that is in place includes a behavior management program called Challenge. This program involves a system of points and levels and is used for boys and girls in all DJS facilities. The Challenge program is not gender-specific, and is not designed for use with traumatized girls.

The Challenge program was initially embraced by the girls at Carter because it allowed home visits, educational excursions in the community and recreational opportunities at the local community center for girls who reached the highest levels. During the quarter, because of security breaches in the boys' programs, all off-campus activities were arbitrarily cancelled. Use of belly chains and black boxes were ordered for all youth, regardless of individual security risk. These decisions by headquarters undermined the effectiveness of the behavior management program. The immediate result was an increase in disciplinary problems.

Therapeutic activities also include individual, group and family therapy. There is a drug/alcohol program called Seven Challenges which is also used system wide and is not gender-specific. However, the girls enjoy these activities.

b. Recreational Programming

Carter youth participate in a variety of recreational activities including crochet, board games and cards. The basketball court was recently resurfaced but remains uncovered.

c. Parental Involvement

Parents and guardians can visit twice per week, and youth receive at least two phone calls per week. Parents and guardians are encouraged to attend treatment and education-related meetings for youth.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 4.5 Recreational activities *A well-defined and structured recreation program shall be provided for each resident.*

Md. Department of Juvenile Services Policy and Procedure RF-08-07(4)(a)(3) *Youth shall be provided a minimum of two hours of structured activities and one hour of leisure activities daily.*

6. Medical and Behavioral Health

Youth who come to Carter receive prompt physical exams and screenings regarding mental health issues. The physician conducting the physical exam also provides a dental screening. Youth are not seen by a dentist unless referred by the physician or for emergencies. Dental services are provided in nearby Chestertown by appointment.

Medical services are provided on-call on the third shift and on some weekends. A physician is present one day per week and a psychiatrist is available one day per week for medication management.

During the quarter it was discovered that medical staff was not routinely notifying Child Protective Services of suspected child abuse (IR #100527). This issue has not been resolved.

Carter staff includes two therapists, two case managers, and an addictions counselor to provide screening and counseling for youth. A behavioral health staffer is on-call after normal business hours. Mental Health services are provided by a contract provider, Corsica River Mental Health, located in nearby Centreville, Maryland.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.3 Health Care Services *Health care services shall be in accordance with established Departmental policy and procedures.*

7. Youth Advocacy, Internal Monitoring and Investigation

The DJS Child Advocate retrieves and processes youth grievances in a timely and effective manner. There were 38 grievances filed during the quarter. In one grievance, girls complained that male staffers were using their toilets. Staff denied this allegation, no further action was taken.

There was no DJS internal monitoring at Carter during the quarter.

The DJS Inspector General completed one investigation during the quarter (IR #99080). A male staffer was alleged to have engaged in an improper relationship with one of the girls, including an allegation that he had contact with her while she was in the community on a home visit. The staffer was moved to a boys' facility.

Applicable Standard

Md. Department of Juvenile Services Policy and Procedure MGMT-01-07 Youth Grievance Policy *The Department of Juvenile Services (DJS) shall permit youth and individuals on behalf of DJS youth to file a grievance for a circumstance or action related to behavior of other youth, behavior of employees, or conditions of confinement.*

RECOMMENDATIONS

1. Staff should be re-trained and required to file incident reports as required by DJS policy.
2. If youth must be placed in seclusion, such placement should be in the youth's own room.
3. Staff must be re-trained in crisis management techniques, including the proper implementation of physical restraints and application of mechanical restraints. Physical restraint should not be carried out by male staff.
4. Girls at Carter should be provided with a reasonable degree of privacy, especially while engaged in bathroom activities. Male staff should not be present during bathroom activities, nor should they be allowed to use the girls' toilets.
5. The administration must address the poor quality of food at Carter.
6. The administration should employ qualified experts to create a gender-responsive program for committed girls.



NICK MORONEY
Director

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OFFICE OF THE ATTORNEY GENERAL
JUVENILE JUSTICE MONITORING UNIT

FACILITY REPORT
CHELTENHAM YOUTH FACILITY
JANUARY – MARCH, 2012

Facility: Cheltenham Youth Facility
11001 Frank Tippet Road
Cheltenham, MD 20623
Superintendent: Anthony Wynn

Dates of Visits: January 6
February 2, 14 and 28
March 20, 2012

Reported by: Nick Moroney

Persons Interviewed: Superintendent, Assistant Superintendent, School Principal, School Staff, Residential Management and Staff, Youth, Glass Mental Health Management and Staff, Infirmary Personnel, Office Administrators, DJS Headquarters Staff

Date of Report: April 2012

INTRODUCTION

Cheltenham Youth Facility (CYF) is operated by the Maryland Department of Juvenile Services (DJS/the Department) and is located in Prince George's County. CYF serves young men from 12 to 18 years old. Until 2010, the facility included three separate components. The detention component at CYF consists of youth awaiting trial, adjudication or committed placement. The ReDirect program for committed youth housed in Murphy Cottage was closed following the death of a staff member in February 2010. The third component, a small group home shelter program for youth who do not require secure confinement, was also shut down. Since early 2010, all youth sent to Cheltenham are housed in the aged detention units inside a high security fence.

SUMMARY OF CRITICAL FINDINGS

- The number of reported instances of aggression at CYF has dropped significantly compared with the first quarter of 2011.
- The number of injuries associated with instances of aggression has declined markedly compared with the same period last year.
- The dilapidated residential cottages at CYF continue to be severely overcrowded and remain an inappropriate physical environment for youth.
- The infirmary is also often overcrowded.
- The Department of Juvenile Services continues to use an outdated population capacity figure for the Cheltenham Youth Facility.
- As in previous quarters, forty to fifty percent of youth at CYF are stuck there waiting for a program placement to open up elsewhere. This problem has continued for years.
- As in previous quarters, the facility is not fully staffed. Mandatory overtime continues to be used.
- Comprehensive security camera coverage has yet to be achieved.

FINDINGS

1. Population

a. General

Facility Capacity	High Population	Low Population	Average Monthly Population	Number of Days Over Capacity
115	128	98	Jan 108 Feb 115 Mar 122	47 (52%)

The chart above is based on DJS population data that includes an outdated population capacity figure of 115. Cottage closures in early 2010 resulted in the loss of 29 youth beds. Rated capacity for CYF should have been lowered to reflect the loss. Also, infirmary capacity should not be included when setting a facility capacity figure. Furthermore, infirmary capacity should be six as there are only six cells in that unit – the Department sets infirmary capacity at 14. Deducting the infirmary and closed units would leave a 72-youth facility capacity for CYF and that is the maximum number of youths that should be housed there. There were more than 72 youths at CYF every day during the first quarter - the high population is recorded at 128. The extent of overcrowding is shown when the individual rated capacity of the three remaining residential cottages is compared with the number of youth assigned to the cottages.

CYF BY UNIT on March 31, 2012	YOUTH COUNT	RATED CAPACITY
Rennie Cottage	46 (+91%)	24
Henry Cottage	39 (+60%)	24
Cornish Cottage	26 (+8%)	24
Infirmary	9	14
Re-Direct (closed since February 2010)	0	24
Shelter Care Program (closed since February 2010)	0	5
Total Youth at CYF	120	115

Source: DJS ASSIST database – data collected on April 3, 2012

b. Pending Placement & Detention

Of the 120 youth at CYF on the last day of the quarter (March 31), 45% of the population, 54 youths, were there awaiting transfer to placement. Time spent in pending placement status in a detention center does not count towards completion of a program. A number of youth at CYF during the first quarter waited there for months before being placed, as shown by the table below.

Cheltenham Jan 1 – Mar 31	60 days and over	90 days and over
Pending Placement	20 youths (61, 62, 62, 63, 64, 64, 64*, 65, 65*, 66, 69, 71, 76, 77, 78, 78*, 79, 82, 86*, and 86 days)	16 youths (91*, 92*, 92*, 93, 93, 100, 104, 108*, 108, 112, 123, 132, 136*, 144, 181*, and 187 days)
Detention	16 youths (60, 61, 62, 63, 63, 64, 66*, 67, 67, 69, 70*, 71*, 71, 75*, 80, and 89 days)	5 youths (91, 92, 112, 127, and 182 days)

*Youth still at CYF as of data collection date (April 5, 2012).

In the table above, each number in parenthesis under pending placement represents the length of time a youth waited at CYF before leaving for placement in a program. Whether a youth spends 1 day or 187 days waiting at CYF, time waiting does not count toward Court-mandated placement time.

A lasting solution to excessive lengths of stay must include in-State, community-based treatment options for youth. Detention services are costly and are not individualized or beneficial to youth. Comprehensive use of appropriate detention alternatives and of a wider range of treatment resources would help lower CYF population and alleviate overcrowding and staffing problems. The Department should continue working on expanding available community-based treatment and appropriate alternatives to detention in Prince George’s County and throughout Maryland.

c. Population Breakdown by Race/Ethnicity

	1 st Quarter 2011	1 st Quarter 2012
Total Youth Entries	688	635
African American	570	517
White/Caucasian	81	71
Hispanic/Latino	36	43
Other/Unknown	1	4

Overall youth admissions to CYF decreased by approximately 7.5% over the same period last year. Hispanic admissions are up almost 20% over the first quarter of 2011 and up by 33% compared with the first quarter of 2010. The continued growth in the number of Latino/Hispanic youth entries to CYF is cause for concern. White entries decreased approximately 12%. African American entries are down 9%.

Applicable Standards

Maryland Rules, Rule 11-112. Detention or shelter care. *[C]ontinued detention or shelter care pending the adjudicatory or waiver hearing may not be ordered for a period of more than thirty days.*

Md. Standards for Juvenile Detention Facilities 5.1.5.1 *The provision of ... living space shall be sufficient to adequately meet the needs of the detained youth.*

JDAI Standards I (D) Population Management *1. Written policies, procedures and actual practices (shall) ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or “stepped down” to non-secure settings. 2. Written policies, procedures and actual practices (shall) ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are “stepped down” to less restrictive settings, or transferred to other settings.*

2. Staffing

New leadership took charge at CYF in September of 2011. The new superintendent was transferred from Baltimore City Juvenile Justice Center (BCJJC), where he helped institute substantial operational improvements. Additionally, an assistant superintendent with previous experience at CYF was transferred from the Hickey School to CYF.

Since the arrival of the new administrators, operations at CYF have improved. However, administrators calculate 112 staff are needed onsite every day to optimize CYF operations and, without the imposition of mandatory overtime, there continues to be an insufficient number of staff available to work to assure safety and security, and provide programming for approximately 120 residents.

In addition to having a negative effect on services to youth, staff shortages and fatigued workers increase safety and security risks. The expense associated with overtime wages is high.

The Department continues to hire and train new staffers but retention of staff continues to be a major challenge and an obstacle to progress for the Department at Cheltenham and in other facilities throughout much of the system.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 5.1.5.5 Staffing *Staffing levels shall ensure the proper supervision and safety of the residents.*

3. Safety and Security

a. Aggregate Incidents

Incident Categories	1st Quarter 2011	1st Quarter 2012
1. Youth on Youth Physical Assault	108	85
2. Youth on Youth Physical Assault with Injury	59	25
3. Alleged Youth on Staff Physical Assault	15	12
4. Group Disturbances (injury/property destruction)	12	8
5. Group Disturbances (without injury/destruction)	2	1
6. Restraints	169	140
7. Restraints with Injury	72	31
8. Seclusions over eight hours	2	0
9. Physical Child Abuse Allegations (DJS Custody)	9	4
10. Suicide Ideation, Gesture, Attempt or Behavior	24	18
11. Alleged Inappropriate Staff Conduct/Comments	4	1

There were 305 total incidents reported for the first quarter of 2012, including sports related injuries. The total number was up slightly compared with the same period in 2011, when the total was 297.

However, the chart above is focused on serious incidents involving alleged aggression as well as inappropriate and self-injurious behavior and these categories were, without exception, significantly lower in number during the first quarter of 2012 than they were during the same period of 2011.

As the chart data indicates, assaults among youths have been reduced by over 20% compared with the first quarter of 2011, while those involving injury have been cut by almost 50%. Alleged assaults by youth on staff are down almost 25%. Serious group

disturbances are down by a third and physical restraints are down 17%. Restraints involving injury are down by close to 60%. The number of recorded instances involving suicide ideation has also dropped significantly – down 25% compared with the same period last year.

While mental health professionals at Cheltenham work effectively on a case-by-case basis to address many behavioral health challenges at Cheltenham, the facility has yet to adopt the systemic approach that has helped drive down serious assaults at the Baltimore juvenile detention facility (BCJJC). The department should enable CYF administrators to work with onsite mental health professionals in order to offer a well-designed program to address the needs of challenging youth. The successful operation of the Intensive Services (ISU) and Transition Units within the BCJJC detention component has helped propel a marked reduction in serious incidents of aggression for the past two years. The Department should insure Cheltenham management is able to adopt a similar approach and offer similar services.

b. Security Equipment and Practices

The Cheltenham campus should be retrofitted with additional security cameras and staff assigned to view screens with real-time camera feeds from throughout the Cheltenham facility. This is the only way that security cameras function as a real-time security device. At BCJJC, the DJS-run Baltimore City youth detention facility, employees in the Master Control Office monitor camera feeds at all times. As of early April, extra cameras and monitoring screens have yet to be installed as planned at CYF.

4. Physical Plant

CYF is in compliance with fire safety regulations and mandatory health and food preparation inspections are being scheduled. While long-planned roof repairs have taken place, fulfillment of a facility management request made in the fall of 2011 for furniture for youth use remains unfulfilled.

Extensive physical plant shortcomings remain a long-term problem at CYF. The facility has been in operation since 1872. The three residential units which remain open would be unfit for youth residency even if youth population remained below set capacity. Cheltenham is first in line for DJS facility replacement and plans were announced in early 2008 for a purpose-built detention and a purpose-built treatment center at Cheltenham. Construction has yet to begin. In the meantime, close to half the youth at CYF await a treatment placement and all youth at CYF continue to be housed in an inappropriate physical environment.

The CYF shelter building has been closed for almost two years, despite a statewide shortage of shelter slots for DJS-involved youth. With fire-suppression sprinklers installed, the shelter could accept up to 12 youth. The Department should reopen the shelter program which offered a home-like and well-managed environment.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.2.1 *All detention facilities shall conform to State fire safety requirements.*

Md. Standards for Juvenile Detention Facilities 5.1.5.1 **The condition of the physical plant** *The provision of lighting, heat, plumbing, ventilation, living space, noise levels and recreational space shall be sufficient to adequately meet the needs of the detained youth.*

5. Education

At the end of the third quarter of last year, the Maryland State Department of Education (MSDE) assumed responsibility for education services at CYF - MSDE operation of the school began in October of 2011. Unannounced visits to the school and classroom observations indicate that education services are being provided appropriately.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.1 *The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.*

6. Programming

Youth should be able to take advantage of Woodworking, Graphic Arts, Ceramics and Horticulture programs in the evenings and on weekends. These valuable small group programs have not been consistently available. As of the end of the quarter, Graphic Arts classes have been more widely available and there are plans to re-institute Woodworking class and horticulture projects. However, the continuation of a contract for the popular ceramics class seems to be in doubt.

Two years ago, the Department introduced an initiative called the Treatment Orientation Program (TOP) to qualifying youth at some DJS detention centers. The program offers comprehensive information to youth about program expectations at the Department's Youth Centers. Successful completion of TOP while in a detention center can result in a more successful and possibly shorter length of stay in placement for youth sent to the Youth Centers. The TOP initiative is online at some DJS detention facilities but has yet to be implemented at CYF, reportedly due to lack of space.

7. Medical and Behavioral Health

There were 10 youth in the infirmary on the last day of the first quarter. The Department rates infirmary capacity at 14 youth who share six cells and one all-purpose common room. Youth frequently have to share a single infirmary cell and sometimes

overflow youths have to sleep on plastic boat beds placed on the common room floor. Each youth in the infirmary should have an individual cell. In addition and per best practices, the infirmary should not be counted in the CYF overall facility capacity figure.

Glass Mental Health Services provides behavioral health services. While CYF operations as a whole continue to suffer serious challenges, Glass therapists have been very effective in helping youth and staffers address many issues of concern.

Applicable Standard

Md. Standards of Juvenile Detention Facilities 4.3.2 Mental Health Services *The Department shall be responsible for acquiring, either directly or by agreement or contract with a public or private mental health agency, necessary mental health care and services for youth within facilities operated by the Department and its vendors. All mental health services shall be provided in accordance with guidance from the Department of Health and Mental Hygiene.*

8. Youth Advocacy, Internal Monitoring and Investigation

The DJS child advocate at CYF is diligent and tenacious.

Youth are to be provided at least one hour of large muscle exercise each day. When youth complained about not receiving mandatory large muscle recreation, the advocate found only one staffer was assigned to plan recreation and, when the staffer was off, recreation did not take place for many youth (Grievances 9718 [multiple complainants] and 9686).

The recreation issue is further complicated by a directive from DJS HQ not to allow any non-emergency youth movement around DJS-operated detention and treatment facilities after darkness throughout the winter months. If recreation at CYF campus has not been taken care of before dark, exercise must take place on unit per the mandate.

The advocate found that, over a twelve consecutive day period, there were four instances where recreation was “on the unit” and 5 further days where groups of youth did not receive large muscle exercise per policy because the staffer who plans recreation was off (4 days) and because of a weather-related electrical outage (1 day).

Applicable Standard

Md. Standards for Juvenile Detention Facilities 5.1.5.4 ... (E)xercise and recreation *... services shall be maintained at a sufficient level to accommodate the number of youth at the facility.*

RECOMMENDATIONS

1. Cheltenham's youth population should not exceed 72 and each youth in the infirmary and in the residential units should have an individual cell. No youth should have to sleep in a plastic bed placed on the floor.
2. Ensure sufficient staffing to cover all aspects of operations and maintain appropriate staff-to-youth ratio at CYF without mandatory overtime.
3. Extend camera coverage to all areas in the facility, interior and exterior, frequented by youth. Assign staff to view screens with real-time camera feeds.
4. Make intensive services (similar to those offered at the Baltimore City detention center) available to youth at CYF.
5. Institute a comprehensive schedule of constructive activities to ensure youth are appropriately occupied outside of school hours.
6. Complete the implementation of a centralized laundry service.
7. Renovate the run-down bathrooms on the residential units.
8. Repair defective and damaged flooring throughout the facility.
9. Supply appropriate furniture for youth use on the residential units.
10. Ensure the TOPS program is available to qualifying youth at CYF.

UNABATED CONDITIONS

1. The cottages at Cheltenham continue to be severely overcrowded. The DJS rated capacity for CYF fails to reflect the loss of 29 beds with the 2010 closure of the Murphy and Shelter cottages. The rated capacity should be set at a maximum of 72 youth (The infirmary should not be included in facility population rating calculations).
2. The construction of long-planned and purpose-built treatment and detention facilities at Cheltenham has not started.
3. The facility is not fully staffed – mandatory overtime continues to be used.
4. Comprehensive security camera and monitoring screen coverage has not been achieved.
5. The CYF Shelter remains closed amid a statewide shelter facility shortage.



NICK MORONEY
Director

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

FACILITY REPORT
THE GRAFF SHELTER FOR GIRLS
JANUARY – MARCH, 2012

Facility: Dr. Henry F. and Florence Hill Graff Shelter for Girls
8504 Maplesville Road
Boonsboro, MD 21713
Administrator: Bruce Anderson

Date of Visit: February 21, 2012

Reported by: José D. Saavedra, Monitor

Persons Interviewed: Intake Director and Staff

Date of Report: April 2012

INTRODUCTION

The Dr. Henry F. and Florence Hill Graff Shelter for girls (Graff) is a short-term shelter program located in Washington County. The Department of Juvenile Services (DJS/the Department) and the Department of Human Resources license the shelter to provide residential services to up to 12 girls, between 13 and 18 years old. Youth are referred to Graff by DJS and the Department of Social Services and may stay for up to 90 days.

Graff is owned and operated by San Mar Children's Home, Inc. (San Mar). In addition to Graff, San Mar operates several programs for youth including a group home for girls, a therapeutic group home for girls and a treatment foster care program for boys. San Mar is licensed by the Department of Health and Mental Hygiene and serves youth with psychiatric diagnoses. School is provided onsite under license from the Maryland State Department of Education.

SUMMARY OF CRITICAL FINDINGS

- Graff shelter is underutilized

FINDINGS

1. Population

A total of 29 girls resided at Graff during the first quarter, five of whom stayed between one and four days. The length of stay for the remaining girls was between 11 and 108 days. Youth at Graff came from around the State (Baltimore City, Baltimore County, and Anne Arundel, Calvert, Carroll, Frederick, Harford, Prince George's, and Washington counties).

Three girls successfully completed the program while one girl was unsuccessfully discharged during the quarter. Fifteen girls were released following an appearance in Court or transferred to a community placement. At the end of the first quarter, ten girls were in residence at Graff.

2. Staffing

The staff-to-youth ratio is consistently maintained within COMAR standards.

3. Safety and Security

No serious incidents occurred at Graff during the quarter.

4. Physical Plant and Basic Services

The facility is fastidiously maintained and in compliance with State fire prevention and health safety standards.

5. Education

School and GED training is provided onsite and staff coordinates opportunities for youth to take examinations as needed.

6. Rehabilitative and Recreational Programming

a. Therapeutic Program

Because of the short duration of youth stay time at Graff, therapy is offered on an as-needed basis by professional therapists who work primarily at the San Mar Group Home next door. A licensed social worker holds weekly group meetings and a contracted psychiatrist is available for medication assessments and needs.

Youth acquire basic life skills through hands-on involvement in daily activities including table set-up, cleaning, cooking and laundry.

b. Recreational Programming

Girls regularly visit a local library and participate each week in service learning activities (such as arts & crafts) at a local nursing home. Youth exercise for at least one hour daily while the type of activity is rotated. For example, four girls go to the gym while the rest participate in other activities such as volleyball or swimming.

RECOMMENDATION

DJS should fully utilize Graff's capacity to provide therapeutic residential services to girls in DJS care and custody who might otherwise be in more restrictive settings.



NICK MORONEY
Director

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

FACILITY REPORT
THE CHARLES H. HICKEY, Jr., SCHOOL
JANUARY – MARCH, 2012

Facility: Charles Hickey School for Boys
2400 Cub Hill Road
Baltimore, Md. 21234
Superintendent: Mark Hamlett

Dates of Visits: January 6, 27 and 31
March 7 and 20, 2012

Reported by: Claudia Wright
Senior Monitor

Date of Report: April 2012

INTRODUCTION

The Charles H. Hickey, Jr., School (Hickey) is a Department of Juvenile Services (DJS/the Department) owned and operated detention facility for male youth between the ages of 12 and 18. The facility is located in eastern Baltimore County. The facility houses 72 youth. The Maryland State Department of Education (MSDE) utilizes modular buildings at Hickey to provide educational services to residents.

SUMMARY OF CRITICAL FINDINGS

- Hickey administration and behavioral health staff continue to utilize the Intensive Behavior Management Plan program. This program includes isolation of youth in a vacant wing of Ford Hall for extended periods of time.

FINDINGS

1. Population

a. General

Facility Capacity	High Population	Low Population	Average Population	Days Over Capacity
72	92	58	69	29

Ford Hall is available for youth housing when the population exceeds the rated capacity. During the quarter each youth was housed in an individual room, and no youth was required to sleep in a plastic boat bed placed on the floor.

b. Detention and Pending Placement

Hickey Jan 1 – Mar 31	60 days and over	90 days and over
Pending Placement	7 youths (66*, 70*, 72, 78, 78, 80, and 86 days)	7 youths (105, 105, 111, 112, 122*, 139 and 196 days)
Detention	11 youths (60*, 61, 61, 62, 65, 65, 66, 68, 69, 72* and 83 days)	2 youths (91 and 134 days)

*Youth still at Hickey as of data collection date (April 5, 2012).

c. Population by Race/Ethnicity

73% of youth admitted to Hickey during the first quarter were African-American.

	1st Quarter 2011	1st Quarter 2012
Total Admissions	380	398
White/Caucasian	85	96
African American	288	291
Other	1	11

2. Safety and Security

a. Aggregate Incidents

A total of 236 incident reports were filed at Hickey during the first quarter of 2012, compared to 231 filed during the same period in 2011. The chart below primarily details instances of aggression and potential self-harm.

Incident Categories	1st Quarter 2011	1st Quarter 2012
1. Youth on Youth Physical Assault	48	62
2. Youth on Youth Physical Assault with Injury	26	24
3. Alleged Youth on Staff Physical Assault	10	7
4. Alleged Youth on Staff Physical Assault with Injury	3	4
5. Group Disturbances (injury/property destruction)	2	2
6. Group Disturbances (without injury/destruction)	3	2
7. Restraints	47	85
8. Restraints with Handcuffs	2	6
9. Contraband	10	1
10. Suicide Ideation, Gesture, Attempt or Behavior	23	23

b. Security Equipment and Practices

Video cameras have been installed throughout the facility, including the school.

Applicable Standard

Md. Dept. of Juvenile Services Policy and Procedure RF-05-07 Video Taping of Incidents Policy *The Department of Juvenile Services (DJS) employees shall video tape room extractions, escorts to seclusion, use of restraints or other critical incidents that relate to the safety and security of a residential facility.*

3. Physical Plant and Basic Services

a. Fire Safety

The facility is in compliance with all fire safety requirements.

b. Physical Plant

Living units are clean and well maintained. Many have recently been refurbished with paint, new flooring and new bathrooms.

c. Basic Services

The Baltimore County Health Department conducts regular inspections of the food service at Hickey. All violations of health regulations have been corrected. Youth indicate that they enjoy the quality and quantity of food that is served.

Laundry service at Hickey is remarkable. Youth care for their personal laundry in the units, but linens are distributed from a central laundry. Every youth is regularly provided clean sheets, towels and blankets. Laundry staff should be commended for providing outstanding service to youth.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.2 *All detention facilities shall conform to state fire safety requirements.*

Md. Standards for Juvenile Detention Facilities 5.5.6 *Food service shall comply with applicable sanitation codes as promulgated by the federal, state, and local authorities.*

Md. Standards for Juvenile Detention Facilities 5.6.5.5 *The facility shall issue clean bedding and linen, including two sheets, a pillow and pillow case, a mattress and sufficient blankets to provide comfort under existing temperature controls. Linen shall be exchanged at least weekly, and towels exchanged three times per week.*

4. Education

Education is provided by the Maryland State Department of Education.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.1 *The Department should ensure that educational services within the detention facility are consistent with state requirements and that they meet the educational needs of the youth.*

5. Rehabilitative and Recreational Programming

All Hickey residents receive one hour per day of large muscle exercise in the gym or outdoors, if weather permits.

Residents participate in a Behavior Management Program. Points are earned for good behavior. As points are accumulated, residents reach levels at which a variety of rewards are available. Rewards include additional time in the game room, videos, additional phone calls to parents and commissary items.

6. Medical and Behavioral Health

The Hickey infirmary is clean, spacious, and contains up-to-date equipment to provide medical and dental services to residents.

Youth receive clinical services from a private provider, Glass Mental Health Services. Glass clinicians also provide Anger Replacement Training.

Hickey administration continues to use the Intensive Behavior Management program, designed in collaboration with Glass Mental Health staff, to manage difficult youth (See JJMU 1st Quarter 2011 report and JJMU 3rd Quarter 2011 report). Youth who are subject to this program are separated from the general population for indefinite periods of time. They are held in a vacant wing of Ford Hall that is now referred to as "Infirmary Overflow."

In contrast to the Intensive Services Unit at the detention component in the Baltimore City Juvenile Justice Center, this program fails to comport with DJS policy. There are no rules or policy which define or limit the conditions under which an individual can be confined under the Intensive Behavior Management program. Youth are not provided with notice that such a plan exists (for example, in their handbook, which does describe the regular Behavior Management program) or what behavior may subject them to such punishment. The program is arbitrary. There are no written, objective criteria for admission or release from the program. It has not been tested or validated. There is no evidence to show that participation in the program results in positive behavior change.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.3.8.2 Opportunity to Provide Statement *A youth accused of a major infraction of facility rules that results in a loss of privileges shall be informed of the infraction(s) as soon as possible, once safety and order in the facility or unit is ensured, but always within 24 hours of the infraction(s). Staff responsible for reporting the incident shall complete a written report by the end of the shift during which the incident occurred, and the youth shall be given the opportunity to write his statement of the infraction or if unable to write it, dictate his statement to a staff member or Child Advocate, who will write verbatim and have the youth sign the document when completed. Copies of the report and the youth's signed statement of alleged major rule infractions shall be included in the youth's case record.*

Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 Use of Crisis Management (CPM) Techniques Policy (1) *...Crisis Prevention Management techniques may be utilized only to: protect or prevent a youth from imminent injury to self and others or to prevent overt attempts at escape. In the event that a youth remains an imminent threat to self or others and the youth's behavior has escalated, restraints or seclusion may be used as a last resort. Employees may not use CPM techniques, including restraints or seclusion, as a means of punishment, sanction, infliction of pain or harm, demonstration of authority, or program maintenance (enforcing compliance with directions).*

(3)(o) *Seclusion means the placement of a youth in a locked individual room, separate from the youth's room, where a youth is kept for a period of time.*

(3)(p) *Social Separation means the supervised placement of a youth in his/her room for an non-punitive "cooling-off" period of no more than 60 minutes, which provides an opportunity for a youth to calm down and the situation to defuse. The door of the room shall remain opened and unlocked.*

(4)(a)(4)(i) *Seclusion shall only be used to de-escalate behavior and not as punishment or a sanction.*

(4)(b) *A youth shall be released from restraint or seclusion when the Team Leader indicates that the youth is calm, or the restraint is no longer needed to protect or prevent the youth from imminent injury to self or others, or to prevent overt attempts at escape.*

Md. Dept. of Juvenile Services Policy and Procedure RF-01-08 Classification of Youth in Detention Facilities (1) *...The classification assessment shall be implemented for all youth on their admission to the facility and shall provide for reclassification in response to circumstances or special needs that may require modification of housing assignments.*

(3)(a) *Housing Classification Assessment/Re-Assessment means the assessment tool used to determine the appropriate level of supervision and housing assignment of youth upon completion of the Intake process, and re-assessment to be completed as dictated by the needs of youth or the security of the facility.*

(3)(c) *Special Needs means identified behavioral health and/or medical issues, developmental disabilities, or sensory impairment issues that may require special supervision.*

(4)(b)(2)(i) *Housing Classification Re-Assessment shall be used to update a youth's housing classification and/or supervision level considering the youth's program participation, interaction with peers and staff, and general behavior. (iii) shall be completed within 24 hours of a youth being involved in a third serious incident since initial housing classification assessment.*

COMAR 14.31.06.15 (A)(2)(c)(vi) *A licensee may not use the following measures as disciplinary measures: the withholding of program participation other than recreation or leisure activities.*

COMAR 16.18.02.03 Use of Locked Door Seclusion (C)(3) *The maximum stay in seclusion as a result of a single incident may not exceed 72 hours, unless a declared written emergency is issued by the superintendent.*

(D) *A youth shall be released from locked door seclusion when the youth no longer fits the criteria for placement in locked door seclusion.*

7. Youth Advocacy, Internal Monitoring and Investigation

a. Youth Advocacy

Hickey residents filed 28 grievances during the quarter.

The Youth Advocate responds promptly and effectively to all youth grievances. The grievance system at Hickey consistently works well to resolve grievances, keep the administration informed of youth concerns, and avoid unnecessary conflict. Youth make use of the system without fear of reprisal.

b. Incident investigation

The Office of the Inspector General issued five completed investigative reports of incidents at Hickey during the quarter.

Applicable Standard

Md. Department of Juvenile Services Policy and Procedure MGMT-01-07 Youth Grievance Policy *The Department of Juvenile Services (DJS) shall permit youth and individuals on behalf of DJS youth to file a grievance for a circumstance or action related to behavior of other youth, behavior of employees, or conditions of confinement.*

RECOMMENDATION

The Intensive Behavior Management Plan program at the Hickey School should be redesigned to comply with DJS policy and procedure, or abandoned.



NICK MORONEY
Director

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

FACILITY REPORT
KARMA ACADEMY FOR BOYS - RANDALLSTOWN
JANUARY – MARCH, 2012

Facility: Karma Academy for Boys - Randallstown
KHI Services, Inc.
4202 Holbrook Road
Randallstown, Md. 21133
Administrator: Janet Scruggs-Hadley

Date of Visit: February 2, 2012

Reported by: José D. Saavedra
Monitor

Persons Interviewed: Program Administrator, Direct Care Staff, and Youth

Date of Report: April 2012

INTRODUCTION

The Karma Academy for Boys (Karma) is a short-term residential program for up to eight boys, ages 14 to 18. Located in Randallstown, the group home offers intensive therapy to low-level offenders and youth in need of sex-offender treatment. Karma is licensed by the Maryland Department of Juvenile Services (DJS/the Department) and operated by KHI Services, Inc. The Karma program takes six to nine months to complete successfully.

FINDINGS

1. Population

A total of nine youth resided at Karma during the quarter. Residents were from Baltimore City and Anne Arundel, Baltimore, Calvert, Frederick, Prince George's, St. Mary's, and Wicomico counties.

2. Staffing

Karma has vacancies for two direct care staff. The Director is present during various shifts in order to provide staff coverage and assure maintenance of appropriate staff-to-youth ratio.

3. Safety and Security

There were no serious reported incidents.

4. Physical Plant and Basic Services

a. Physical Plant

The overall condition of the physical plant improved during the first quarter. Maintenance staff refurbished floors and renovated bathrooms and shower areas used by youth. Workers also installed new carpets throughout the facility, including the basement. The interior is cleanly maintained and the exterior is free of debris and environmental hazards.

b. Fire Safety

There were no fire safety violations at Karma according to a November 2011 inspection report by the Baltimore County Fire Department. Fire drill logs indicate staff practiced effective and timely facility evacuation procedures on all shifts throughout the quarter.

c. Basic Services

In December of 2011, the Baltimore County Department of Health found the facility free of health code violations.

5. Education

a. Classes

Youth attend classes at local public schools for at least four hours each weekday. Karma staff advocate for residents at local public schools.

b. Vocational Education

Karma does not provide educational opportunities for youth to develop practical employment skills.

Applicable Standard

COMAR 14.31.06.12.D.1. *The licensee shall train a child in work readiness according to the child's age and capability.*

6. Therapeutic, Rehabilitative and Recreational Programming

The home utilizes Positive Peer Culture and Aggression Replacement therapy. Each week, youth meet with a counselor and participate in independent peer support meetings. The program offers instruction in life skills and participation in sex-offender rehabilitation and narcotics anonymous meetings as needed.

Every month, a therapist at Karma hosts a family group therapy session to include parents and guardians in the youth rehabilitation process.

Youth are provided large muscle exercise daily at school and on the facility grounds basketball court and weight room. Residents periodically travel on group outings.

RECOMMENDATION

Karma should provide vocational education opportunities for residents.



NICK MORONEY
Director

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

FACILITY REPORT
KENT YOUTH BOYS GROUP HOME
JANUARY – MARCH, 2012

Facility: Kent Youth Boys Group Home
7582 Quaker Neck Road
Chestertown, MD 21620
Executive Director: Jillyn Coleman

Date of Visit: December 1, 2011

Reported by: Claudia Wright
Senior Monitor

Persons Interviewed: Jillyn Coleman

Date of Report: April 2012

INTRODUCTION

Kent Youth Boys Group Home (Kent Youth) is located in Chestertown, on the Eastern Shore of Maryland. It is operated by Kent Youth, Inc., and provides a comfortable, home-like environment for 10 adjudicated boys aged 14 to 18. The residential group home was founded in 1971 as a local alternative to institutional or out-of-state placement of Eastern Shore youth. The group home is licensed by the Maryland Department of Juvenile Services (DJS/the Department).

SUMMARY OF CRITICAL FINDINGS

The program is stable and is performing as an essential resource to redirect children who might otherwise become more deeply involved with the juvenile justice system. The home provides personal attention and mentoring within a less restrictive setting than youth would experience in an institution.

FINDINGS

1. Population

At the end of the 1st Quarter, there were ten youth in the program.

2. Staffing

The program director is a certified Child Care Program Administrator who previously worked as program manager at Kent Youth. The program is fully staffed.

Applicable Standard

COMAR 14.31.06.06.3 *The program administrator shall be certified as required by Health Occupations Article, Title 20, and Annotated Code of Maryland.*

3. Safety and Security

a. Aggregate Incidents

There were seven incident reports filed at Kent Youth during the quarter. None of the incidents involved violence, restraints or seclusion.

4. Physical Plant and Basic Services

The physical plant consists of a home-like environment which is fastidiously maintained by staff and youth.

Kent Youth is up-to-date and in full compliance regarding state fire prevention, nutrition, food preparation, sanitation and well-water inspections.

Applicable Standards

COMAR 14.31.06.07 A.1 *The licensee shall comply with federal, State, and local building, fire, and health codes, and all applicable local zoning laws.*

COMAR 14.31.06.07 C. *The licensee shall maintain all structures and grounds in good condition, free from health or safety hazards.*

5. Education

Residents at Kent Youth attend Kent County public schools. The facility ensures each youth is represented at school-based meetings concerning the educational needs and academic progress of Kent Youth residents.

A well-equipped computer room is available to residents for research and homework. Some members of the evening shift direct care staff have college degrees and assist youth during a period set aside daily for supervised study and tutoring.

Applicable Standard

COMAR 14.31.06.12.2(C) *The placing agency and licensee shall work cooperatively with the local school system to participate as appropriate in the child's educational activities.*

6. Rehabilitative and Recreational Programming

a. Therapeutic Program

Kent Youth residents participate in the Passage program that includes a level system. Youngsters work their way up to higher levels with good behavior and participation in the program. Youth may be released 30 days after reaching the highest level. Each higher level increases privileges such as extra phone calls.

Youth also receive individual and group counseling four times a week with a licensed clinical social worker (LCSW). Drug and alcohol education programs are offered once to twice a week while a therapist provides weekly anger management sessions. Numerous life skills programs and activities, including cooking and cleaning, occur throughout the week including a weekly formal life skills program. Family therapeutic meetings are scheduled monthly to every 6 weeks or more frequently depending on a counselor's assessment of youth and family therapeutic needs.

Parents participate in the orientation process when youth first come to the facility. Ongoing visiting takes place on Sunday afternoons. Phone calls are allowed in the

evening, with details worked out in accordance with the facility behavior level system (Passage). Parents are included in the preparation of Individual Service Plans and discharge plans. Youths can earn weekend home passes through the Passage system.

b. Recreational Programming

Youth play basketball and use the weight room daily, with staff guiding youth on physical fitness related issues. There is a recreation room in the basement where youths can watch TV and DVDs, read, and play games. Off-campus activities include trips to the library, roller skating, and shopping. Kent Youth residents have a full schedule of activities which is published monthly.

Applicable Standards

COMAR 14.31.06.17.2.F *Within 30 days after admission, develop for each child an individual service plan that identifies documentation indicating that the child, child's advocates, guardian, and family, when appropriate, have been involved in, informed of, and agree with the plan.*

COMAR 14.31.06.12.B.1 *The licensee shall provide the children with a range of indoor and outdoor recreation and leisure activities both in the program and in the community.*

COMAR 14.31.06.12.C.1 *The licensee shall have a written plan of normal daily routines which shall be made available to the children and employees.*

7. Medical

The residents at Kent Youth see a local family doctor upon entry to the program and for routine medical needs. The doctor is available as needed. Regular visits to a dentist are also scheduled for each youth.

Applicable Standards

COMAR 14.31.06.13.G.1 *The licensee shall secure for each child a physical examination and a copy thereof within 30 days of admission or earlier if indicated by the child's health status.*

COMAR 14.31.06.13.E.2 *The licensee shall unless a child has been examined and treated as necessary during the 12 months before the child's admission to the program, have each child examined by a dentist within 30 days after admission.*

COMAR 14.31.06.13.E.3 *Have each child examined by a dentist at least every 12 months or more frequently as prescribed by the dentist.*

8. Youth Advocacy, Internal Monitoring and Investigation

The DJS Youth Advocate visits Kent Youth regularly and responds promptly to any grievances. Three grievances were filed during the 1st Quarter.

Kent Youth Boys Group Home was evaluated by the DJS/OIG Quality Assurance Unit on January 19, 2012.

Applicable Standard

COMAR 14.31.06.09.E.2 (a)(b)(c) *The licensee shall provide the child and the child's parents, as appropriate, a description of how to file a grievance, including any formal grievance forms or other requirements for the format and content of the complaint.*

RECOMMENDATION

Youth should continue to be referred to Kent Youth. This program is an essential resource helping to redirect children who might otherwise become more deeply involved with the juvenile justice system.



NICK MORONEY
Director

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

FACILITY REPORT
LOWER EASTERN SHORE CHILDREN'S CENTER
January – March, 2012

Facility: Lower Eastern Shore Children's Center
405 Naylor Mill Road
Salisbury, MD 21801
Superintendent: Derrick Witherspoon

Dates of Visits: January 13
February 13
March 19, 2012

Reported by: Tim Snyder
Monitor

Persons Interviewed: Superintendent, Group Life Managers,
Resident Advisors and Youth

Date of Report: April 2012

INTRODUCTION

The Lower Easter Shore Children’s Center (LESCC) in Salisbury is a 24-bed maximum-security detention facility owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). The facility opened in 2003 and is designed to house male and female youth awaiting adjudication or placement. Youth are separated into three housing pods according to gender and security considerations. Pod A houses a maximum of 6 girls; Pod B accommodates 6 boys; and Pod C houses 12 boys.

SUMMARY OF CRITICAL FINDINGS

- DJS should increase staffing levels to enhance supervision, safety, and security
- Population should not rise above 24 youth

FINDINGS

1. Population

a. General

Facility Capacity	High Population	Low Population	Average Daily Population	Average Monthly Population	Days Over Capacity
24	30	20	27	Jan 27 Feb 25 Mar 28	79

During the first quarter, LESCC was over-populated for 79 out of 91 days. Although the DJS-set rated population capacity is 24 youth, the population reached 30 youth at one point. When overcrowding occurs, LESCC management must house youth in the infirmary, or double-cell youth, or have youth sleeping in a fiberglass container with mattress – in other words, a boat bed that is placed on the floor in the sleeping area common room. The population should not exceed the rated capacity of 24 (18 boys and 6 girls).

b. Detention and Pending Placement

	Youth in Status 60 Days or More	Youth in Status 90 Days or More
Detention	1 youth (70 days)	4 youths (112, 117, 151, and 152 days)
Pending Placement	1 youth (81 days)	1 youth (112 days)

c. Population Breakdown by Race/Ethnicity

	1st Quarter, 2011	1st Quarter 2012
Total Youth	127	135
White	48	40
African American	78	92
Latino	1	3
Asian	0	0

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.1.5.1 *The provision of ... living space shall be sufficient to adequately meet the needs of the detained youth.*

JDAI Standards I (D) Population Management *1. Written policies, procedures and actual practices ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or “stepped down” to non-secure settings. 2. Written policies, procedures and actual practices ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are “stepped down” to restrictive settings, or transferred to other settings.*

2. Staffing

a. General

LESCC continues to need more staff. Administrators have been recruiting and hiring prospective employees but it can take 4 or 5 months for position vacancies to be approved by DJS Headquarters. Some prospective employees are lost during this period. DJS should offer contractual positions that the department could fill without delay and convert contractual positions to merit positions as appropriate at a later date. The Department should fill four direct care staff vacancies in addition to a Group Life Manager position that has been vacant for nearly a year. LESCC also continues to need an Assistant Superintendent.

Youth interviewed report they feel safe and cared for by staff. The Lower Eastern Shore Children's Center is held in high regard because of the caring culture nurtured by staff. The "You Have Been Spotted" procedure allows staff members to recommend other staffers for special recognition in their work with youth.

b. Staff Training

In addition to the DJS required training, LESCC utilizes a video surveillance system where supervisors provide feedback to direct care staff as incidents are reviewed for training purposes. DJS continues to use the JIREH training curriculum although DJS staff members have noted deficiencies in the training. The Department should consider an alternative training program.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.1.5.5 Staffing *Staffing levels shall ensure the proper supervision and safety of the residents.*

Md. State Govt. Code Ann. § 6-404. Duties. *The Unit shall: (1) evaluate at each facility: (v) the adequacy of staffing.*

COMAR 14.31.06.05 F (3) *The training of employees who may provide direct care to children shall include: (f) approved forms of discipline and behavior management techniques including crisis management and the use of isolation and restraints.*

3. Safety and Security

a. Aggregate Incidents

Incident Categories	1st Quarter 2011	1 st Quarter 2012
1. Youth on Youth Physical Assault	9	17
2. Youth on Youth Physical Assault with Injury	5	7
3. Alleged Youth on Staff Physical Assault	4	2
4. Alleged Youth on Staff Physical Assault with Injury	1	0
5. Physical Restraint	20	21
6. Physical Restraint with Injury	7	7
7. Seclusion	2	4
8. Physical Child Abuse Allegation (DJS custody)	1	0
9. Suicide Ideation, Gesture, Attempt or Behavior	7	2

The number of reported incidents of assault among youth increased at LESCC compared with the same period last year. Increases in incident numbers tend to occur when the facility is over populated.

b. Behavior Management Plan

The Department hired a consultant to develop a behavioral management program called the Challenge program which is to be implemented in all DJS detention and treatment programs. The Department has indicated that the new system should lessen confusion and help youth transition throughout the DJS system more easily.

The behavior management system currently in place at LESCC utilizes a four-level system built on earning points and levels, with increasing privileges as youth progress. Youth receive a handbook upon entrance which describes expectations, responsibilities, rewards and consequences. Emphasis is placed on earning points throughout the day, especially in school where youth spend a significant amount of time. Out of a total of 200 points, a youth may earn up to 140 points during class time.

A supervisory staff member or administrator holds a Town Hall Meeting on each unit on a bi-weekly basis. Residents are encouraged to express concerns and ideas to staff during these meetings. Some youth also participate in monthly Youth Advisory Meetings held with an administrator to discuss life in the facility and to suggest changes.

c. Security Equipment and Practice

DJS completed installation of an electronic cell checking system (Tour Guard) at LESCC and staff were trained to operate the system. Tour Guard recording of patrol stations checks began in mid-March.

The Department has committed to installing eight additional security cameras at LESCC and also to installing outside lighting at the back of the facility.

There is a broken monitor in the control room which should be replaced as soon as possible.

d. Intake of Youth

Staff shortages negatively impact the intake process. Although two staff members are required to process youth into the facility, two staff members are not always available to report to intake when youth are brought to LESCC.

4. Physical Plant and Basic Services

The Maryland Department of Health and Mental Hygiene conducted a food services inspection in mid-October of 2011. Youth and staff generally enjoy the meals and snacks provided at LESCC.

The Maryland State Fire Marshall's Office conducted a fire safety inspection in mid-May of 2011. The inspector indicated several minor issues needing attention and the concerns were addressed in a timely manner.

LESCC is conducting and recording fire drills as required.

5. Education

Youth attend six hours of instruction each school day. LESCC teachers assess youth in order to design a curriculum that meets each youth's individual educational needs. Teachers also administer a career interest inventory.

Youth may prepare to take the GED test, if appropriate. Maryland State Department of Education (MSDE) teachers provide classes including Math, Language Arts, Social Studies, Science, Computer Technology, Career Development, Life Skills, and Library Media. Generally, one-third to one-half of the youth in LESCC at any given

time require special education services and a special education teacher provides services as needed.

Youth at LESCC can earn a Certificate of Achievement in school. Youth earning this award have their picture posted on the wall in front of the master control room.

Educators provide ServeSafe food preparation training and certification for youth at LESCC. Youth can utilize the credential to help in obtaining employment in the hospitality industry. MSDE also provides allows students with C-Tech entry level training during youth learn the rudiments of fiber optic cable installation.

Youth can also earn an opportunity to work on housekeeping duties while earning minimum wage. The process enables youth to develop a work resume including references from supervisory staff.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.1 Educational Services *The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.*

6. Rehabilitative and Recreational Programming

Therapists on staff provide a number of services including psycho-educational groups and substance abuse groups. An Aggression Replacement Training group meeting is held weekly. Counselors and therapists meet with youth individually on a regular basis and as needed. A psychiatrist visits weekly to provide services at the facility.

When a youth at LESCC detention center is accepted into one of the DJS Youth Centers programs, it has become a practice to move that youth to the Alfred D. Noyes Detention Center in Montgomery County reportedly because it is closer to the Western Maryland Counties where the Youth Centers are located. The practice will potentially enable DJS to free up space and move some youth from the eastern shore who are detained in other detention facilities back to LESCC which is in their home region. Problems may arise if youth are stuck for months in Noyes waiting to go to a program. Additionally, some, if not all, parents and guardians will have difficulty getting to Noyes to visit their kids.

The Treatment Orientation Program (TOP) is supposed to be made available to youth who have been accepted for admission to the DJS Youth Centers and are awaiting an opening at one of the Camps. Youth complete a workbook and maintain contact with designated staff in the receiving facility with the goal being that youth may begin to learn and adopt cognitive and behavioral changes that will facilitate successful completion of the residential program. The TOP program sometimes helps youth feel

they are not doing not counted toward treatment (“dead time”) in detention as they have the opportunity to begin pre-placement treatment orientation.

Youth at LESCC receive at least one hour of large muscle exercise per day, typically in the gymnasium or, weather permitting, in the outdoor recreation area.

Staff at LESCC provide a number of evening programming activities. Gender Responsive Activities are held monthly and include such activities as cooking, doing make up and dress up, writing poetry, and art projects.

“LESCC After Dark” is a monthly event for youth who have earned enough points to participate. Activities include movies, video games and refreshments. LESCC held its First Annual Gospel Affair in mid-February. Musicians and speakers were hosted by the facility for youth who wanted to participate. “Kids Rock” is another entertainment event held periodically for youth who have achieved the higher levels in the behavior management system.

c. Parental Involvement

Parents or guardians can visit on Wednesdays and there are two visiting sessions every Sunday. LESCC provides families and youth a “fun box” which includes puzzles and card games for use during visitation hours. The games are to help facilitate positive social interaction beyond routine conversation. LESCC also encourages parents and guardians to attend treatment and education-related meetings for youth.

DJS policy permits youth at least two phone calls per week.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.5 Recreational Activities *A well-defined and structured recreation program shall be provided for each resident.*

7. Medical and Behavioral Health

Staff manages medication effectively within the guidelines at LESCC. A problem arises however when DJS Transportation does not transport medications together with incoming youth. The Department should remedy this problem.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.3 Health Care Services *Health care services shall be in accordance with established Departmental policy and procedures.*

8. Youth Advocacy, Internal Monitoring and Investigation

The DJS Child Advocate retrieves and processes grievances with youth and DJS employees. Investigations into alleged staff misbehavior are conducted as needed.

Applicable Standard

Md. Department of Juvenile Services Policy and Procedure MGMT-01-07 Youth Grievance Policy *The Department of Juvenile Services (DJS) shall permit youth and individuals on behalf of DJS youth to file a grievance for a circumstance or action related to behavior of other youth, behavior of employees, or conditions of confinement.*

RECOMMENDATIONS

1. DJS should not house more than 18 male youths and 6 female youths at LESCO.
2. Staff vacancies should be filled as soon as possible.
3. An Assistant Superintendent position should be filled.
4. Time taken to process new hires should be significantly reduced.
5. DJS should maintain a minimum staffing formula of 2.0.
6. The Challenge behavior modification program should not be implemented until input from facility management, staff and youth is included.
7. DJS should use a Governor's Office of Children approved provider for crisis management training.
8. Installation of additional cameras and a monitor should be completed.
9. Intake of youth should be attended to by two staff members.



NICK MORONEY
Director

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

FACILITY REPORT
LIBERTY HOUSE SHELTER FOR BOYS
JANUARY – MARCH, 2012

Facility: Liberty House Shelter
5005 Liberty Heights Avenue
Baltimore, MD 21207
Administrator: Derrick Southard

Dates of Visits: February 3
March 16, 2012

Reported by: Nick Moroney

Persons Interviewed: Executive Director, Program Manager, Direct Care Staff,
Community College Tutor, and Youth

Date of Report: April 2012

INTRODUCTION

Liberty House shelter for boys is located in northwest Baltimore City and has been in operation since April of 2011. The shelter offers a 24-hour residential alternative to detention and is managed by Youth Enterprise Services, Inc. Liberty can house up to 10 male youths aged 13 to 18. Youth are referred to the facility by the Maryland Department of Juvenile Services (DJS/the Department), which also licenses the shelter.

SUMMARY OF CRITICAL FINDINGS

Liberty House provides a structured environment and personal attention within a less restrictive setting than youth would experience in an institution.

FINDINGS

1. Population

As of March 28, 2012, there were 9 youth staying at Liberty House. All youth were African American and 8 of 9 were from Baltimore City. One youth was from Prince George's County. Three youth were transferred from a DJS facility. Two youth were staying there pending adjudication.

2. Safety and Security

There were no recorded incidents of aggression involving youth residents during the first quarter. The home is a safe environment for youth in residence.

3. Physical Plant and Basic Services

The physical plant consists of a converted private residence with basement, ground floor and upper floor. The facility was recently inspected by Baltimore City officials and is up to date and in compliance on fire prevention (through December 2012) and health and food preparation (through February 2013) inspections. The DJS issued license for the Liberty Shelter currently runs through April of 2013.

5. Education and Programming

Residents attend local public schools and some residents receive in-home tutoring through a local community college. The manager at Liberty prepares a detailed daily schedule for youth and the program emphasizes therapy and tutoring in life skills.

6. Medical

Liberty staff coordinate with local providers for youth medical and behavioral health needs.

7. Youth Advocacy and Internal Monitoring

Youth residents expressed satisfaction with the Liberty program. The Department has assigned a child advocate to visit youth at the home and there were no reported grievances during the first quarter.

DJS quality assurance evaluators visited Liberty during the quarter. Corrective action is to be taken to address physical plant and documentation issues and youth service plans documentation concerns.

RECOMMENDATION

Youth should continue to be referred to the Liberty Shelter which offers an important alternative to the detention of youth.



NICK MORONEY
Director

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

FACILITY REPORT
MORNING STAR YOUTH ACADEMY
JANUARY – MARCH, 2012

Facility: Morning Star Youth Academy
1441 Taylors Island Road
Woolford, MD 21677
Chief Administrator: Dave Boyle
Program Administrator: Gerry Fox

Dates of Visits: January 11
February 15
March 21, 2012

Reported by: Tim Snyder
Monitor

Persons Interviewed: Administrators, Supervisors, Direct Care Staff,
Teachers and Youth

Date of Report: April 2012

INTRODUCTION

Vision Quest National operates Morning Star Youth Academy (Morning Star). The Maryland Department of Juvenile Services (DJS/the Department) licenses the residential program to accommodate up to 40 youth. Morning Star is located in rural Dorchester County, near Cambridge, on Maryland's Eastern Shore. Vision Quest/Morning Star also contracts with DJS to provide Functional Family Therapy (FFT) to youth and their families preceding or following residential enrollment in the Morning Star program.

SUMMARY OF CRITICAL FINDINGS

- The census continues to be low.
- Staff turnover has been high.
- Staff teambuilding and training are needed.
- Consistency in maintaining routine is lacking.
- Programmed activities need to be increased.

FINDINGS

1. Population

Morning Star's population remains under rated population capacity. According to the initial license granted by DJS, Morning Star can serve up to 40 residents, however, the census is usually under 30 youth.

2. Staffing

a. General

In the past year, nine Morning Star staff resigned and eleven were terminated. Two senior staffers, each with five years service, were also let go and several potential staff recruits were not hired because they failed background checks or drug tests. Mentoring new hires and providing a mechanism for staff to air grievances to leadership are important to ensure staff success and ultimately retention.

The facility administrator required staff to work overtime several times this quarter to maintain a 1:8 staff-to-youth supervision ratio. When a staff member scheduled to work a day shift calls out, staff working the earlier shift are required to stay and work another shift to ensure adequate coverage.

b. Staff Training

Morning Star utilizes Safe Crisis Management training developed by JKM, Inc. The training emphasizes prevention, de-escalation, and use of positive reinforcement.

Staff members at Morning Star report that communication tends to break down between shifts and within shifts. Minimal presence by administrators is said to have caused a communication breakdown between administrative and line staff.

Additionally, observation by this Monitor and interviews with youth and staff reveal that staff often falls short in consistently adhering to program norms concerning basic routine, order, and structure.

Morning Star is holding numerous meetings to jump start implementation of the Sanctuary Model, a trauma informed method of creating an organizational culture of care. The process will reportedly take two years to complete.

The Sanctuary Model focuses on actively inviting feedback to help create a safe atmosphere through effective communication and conflict resolution. The process challenges administrators to encourage open communication with staff while staff receive training to seek feedback and learn to practice effective listening skills.

3. Safety and Security

Over the past year, there have been 56 reported incidents, including 31 assaults among youths. Direct care staff at Morning Star need to provide tighter supervision and be proactive in practicing early intervention and de-escalation.

Youth consistently note a shortage of constructive activities, especially on weekends and during the winter months. Youth spend too much time watching TV or playing cards and say the situation leads to boredom and, sometimes, acting out.

The facility has 16 cameras throughout the campus and cameras were recently installed in classrooms.

4. Physical Plant and Basic Services

a. Fire Safety

A State Fire Marshal inspected Morning Star on two occasions in July of 2011. A follow-up inspection found all deficiencies were corrected.

Youth and staff are aware of fire safety procedures and know where to go in the event of an emergency. Fire drills are conducted each month in various locations and on different shifts.

b. Physical Plant

The Morning Star physical plant and property is leased. The residential units, classrooms and offices are all modular units and are approximately 50 years old. They are generally in poor to fair condition. The property owner is not involved in maintaining or upgrading the facility.

The maintenance staffer is currently working to separate out laundry facilities on each cottage by enclosing hot water heaters and furnaces. Morning Star has a gas-operated generator for use in case of a power failure.

Vision Quest, along with a maintenance staff person and some youth residents, have spent considerable time and resources to give a face-lift to the facility. The Morning Star parent corporation provided the resources to repaint the interior of each cottage, strip and wax the floors, and sand, stain and polyurethane the beds and dressers. Staff also stripped and waxed the cafeteria and Vision Quest purchased new dining tables and chairs.

Dorchester County completed installation of a new septic system. When it rains, puddles can form on the grounds between the buildings and in the drainage culverts. Leaves and pine needles sometimes clog the drains, however, with septic work finished, the culverts and drains are more easily kept open.

c. Basic Services

Morning Star has experienced a series of turnovers in cooking staff.

The Dorchester County Health Department regularly inspects food service at Morning Star. The most recent inspection was in October of 2011.

Applicable Standards

COMAR 14.31.06.07 (A)(4). *The licensee shall ensure compliance with the local fire and health requirements by submitting annually to the licensing agency, reports of all fire and health inspections conducted by the local jurisdiction.*

COMAR 14.31.06.07.C.1 *The licensee shall maintain all structures and grounds in good condition, free from health or safety hazards.*

5. Education

Morning Star operates a Type III school. New residents are enrolled directly into the educational program and a Personal Education Plan (PEP) is developed. Educators fill out regular report cards providing weekly educational progress updates to guardians and therapists.

The school follows the Dorchester County Schools curriculum and meets Maryland State Department of Education (MSDE) standards. The facility has arranged with the Dorchester County Schools system for youth requiring five or fewer hours of special education to be served at the facility.

The school provides classes for youth at ninth grade level and offers remedial help to those who need it. Teachers also provide GED preparation. Approximately 75% of Morning Star youth who have taken the GED test have passed. Youth who earned a GED before entering Morning Star (or who are staying after taking the exam) have a 27-hour per week work schedule. After a 30-day internship, youth keep a time sheet and earn a wage.

One of the teachers at Morning Star has developed off campus resources and organized educational field trips and other extra learning opportunities for youth in the program. Morning Star received a grant for youth to learn about building and launching rockets and youth have visited manufacturing plants in the local area.

Youth traveled to state parks and to an arboretum where they provided community service in return for use of the facilities. A local boat-works craftsman is teaching boat building skills to some Morningstar youth.

Anchor Point Inc., an Eastern Shore non-profit entity that focuses on helping at-risk youth, sends three instructors to Morning Star every week to teach a variety of life skills including first aid, CPR, and Coast Guard boating safety instruction.

6. Rehabilitative and Recreational Programming

a. Therapeutic Program

Morning Star treats male youth ages 14 to 19 years old who exhibit substance abuse and behavioral, relational, self-esteem, and mental health concerns. The facility utilizes a cognitive behavioral approach in helping youth make positive changes.

Youth at Morning Star follow a treatment plan including participation in a number of therapeutic elements: Cognitive Behavior Therapy (CBT); Aggression Replacement Training (ART); Seven Challenges substance abuse counseling; individual therapeutic sessions; group process intervention; and equestrian-based therapy.

A therapist from Delmarva Family Resources works with Morning Star youth for 40 hours each week. A multidisciplinary team meets monthly to review progress and needs for each youth in the program. The Morning Star equine assisted therapy program recently acquired three new and younger horses. Almost all youth report that the equestrian program is of value to them.

Vision Quest programs have historically integrated Native American values and rituals from the Crow Tribe within its overall programmatic model. This aspect of

programming has been substantially lost at Morning Star.

Youth do work through four stages as they progress from cottage to cottage and finally enter the “Upper Dorm” before Morning Star recommends successful discharge. As a youth prepares for release, he creates and presents a Discharge Board for senior staff to review. Upon successful presentation, staff members post the Board on a wall in the administration building. Residents who demonstrate significant problems may lose a level. Those who incur a major infraction may have time added to their placement.

Morning Star integrates family involvement into treatment programming. Youth must complete three successful home visits before release. Staff and youth also sign-off on a Youth Guide, which lists significant steps successfully achieved by youth.

b. Recreational Programming

Recreational resources on grounds are limited, especially during the winter months. The facility does have a partially covered basketball court, a space for volleyball and football, a weight lifting room, and a swimming pool for use from April through October.

Youth have some opportunities to participate in activities in the local community. For example, youth and staff have frequently participated in local running events. Some youth who reached treatment goals earned a chance to take part in a running event in Florida, where they also visited Walt Disney World. Some other youth from Morningstar have participated in extended Vision Quest wilderness experiences.

c. Parental Involvement

Family members take part in multidisciplinary meetings and youth can earn weekend home visits to maintain family contact and prepare for transition back to their communities. On-site family visits take place once a week. Youth call home once during the workweek and once on the weekend. Youth send and receive mail from approved sources.

Some family members were found to have delivered contraband items to residents on campus. Staff members need to be vigilant to ensure such situations do not reoccur.

Applicable Standard

COMAR 14.31.06.12.B.1 *The licensee shall provide the children with a range of indoor and outdoor recreation and leisure activities both in the program and in the community.*

7. Medical

Upon a youth's first arrival at Morning Star, staff members administer an assessment called the Facility Initial Reception/Referral Screening Tool (FIRRST). FIRRST screens for immediate concerns that might preclude admission. The MAYSI, another youth screening test, is administered within two hours of entry. Health and safety screening is completed within 24 hours of entry. The Child and Adolescent Needs and Strengths (CANS) assessment is administered within 20 days of arrival, and again at 90 days, and again upon discharge from the program.

Morning Star provides on-site nursing care and has a dedicated examination room and infirmary. There has been some turnover in the nursing staff at Morning Star and, at times, the Vision Quest Nursing Supervisor has traveled to the campus to fill in and assure nursing services are delivered. A nurse is present at the facility for 40 hours each week and is on call 24/7. The nurse responds to sick call slips daily from 12:30 pm, but also sees youth immediately as needed. Choptank Community Health provides both medical and dental services for youth at Morning Star.

8. Youth Advocacy, Case Management and Advisory Board Activity

a. Youth Advocacy

There is a locked box for youth grievances in the dining hall and youth report the system works well. The DJS child advocate responds to youth concerns.

b. Community Case Manager Visitation

DJS regulations require community case managers to visit youth onsite on a monthly basis. Some rarely call or visit. Records show that on January 6, and February 5, 2012, youth were not seen by case managers as required. Staff report that some youth do not receive a visit from their community case manager at any time during their entire stay at Morning Star.

c. Community Advisory Board

Morning Star hosts facility advisory board meetings on the first Wednesday of each month. Members of the board are invited to a periodically held "Congress" where youth enjoy a cookout, games, and other activities at the facility. DJS officials, community case managers, staff members, and youth family members are all invited to attend.

Applicable Standard

Department of Juvenile Services Policy CJ-1-05.1(2) *Community Case Manager Specialists shall: (vi) Meet at least monthly with youth who are in residential care in Maryland to assess progress and plan for community reintegration.*

RECOMMENDATIONS

1. DJS should increase utilization of Morning Star as a placement option for youth that are appropriate for enrollment in the treatment program.
2. Morning Star administrators should increase staff team-building efforts by modeling Sanctuary staff development principles: seeking feedback, using active listening skills, and utilizing effective conflict resolution.
3. Communication between departments at Morning Star should be facilitated and enhanced.
4. Direct care staff need to be more diligent in providing close supervision, early intervention in potential altercation situations, and de-escalation when a conflict arises.
5. Administrative staff should support program staff by increasing their presence on campus and on the units.
6. Additional on-campus activities should be made available to youth, especially on weekends and during inclement weather. Local community based activities and recreation options and resources also need to be expanded.
7. The Department should ensure youth at Morning Star are seen as required by community case managers.
8. A formal vocational component should be provided to youth as part of the educational curriculum.



NICK MORONEY
Director

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

FACILITY REPORT
ALFRED D. NOYES CHILDREN'S CENTER
JANUARY – MARCH, 2012

Facility: Alfred D. Noyes Children's Center
9925 Blackwell Road
Rockville, MD 20859
Interim Superintendent: Antoinette McLeod

Dates of Visits: January 13
February 15
March 15 and 22, 2012

Reported by: José D. Saavedra
Monitor

Persons Interviewed: Interim Superintendent, Assistant Superintendent,
Direct Care staff, Education staff, and Youth

Date of Report: April 2012

INTRODUCTION

The Alfred D. Noyes Children's Center (Noyes) is a state owned and operated detention center located in Montgomery County. The facility has three male housing units and one female unit with an overall rated population capacity of 57.

SUMMARY OF CRITICAL FINDINGS

- Youth do not have sufficient programmed activities after school hours
- Youth continue to be housed two-to-a-room
- Reports of aggressive incidents declined compared with the first quarter of 2011

FINDINGS

1. Population

a. General

Facility Capacity	High Population	Low Population	Average Daily Population	Average Monthly Population	Number of Days Over Capacity
57	60	32	49	Jan. 42 Feb. 50 Mar. 55	6

The overall youth population at Noyes remained below the DJS-established rated capacity for most of the quarter. However, youth are still being housed two residents per cell, a practice that belies best practices because it enables risk of harm to residents. Single-occupancy housing would enhance resident safety.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.1.5 Crowding. *The population of each juvenile detention facility shall generally be limited to the budgeted operating capacity.*

American Correctional Association (ACA) Standards for Juvenile Detention Facilities 3-JDF-2C-01 Juvenile Housing *Living units are primarily designed for single occupancy sleeping rooms; multiple occupancy rooms do not exceed 20 percent of the bed capacity of the unit.*

Md. Standards for Juvenile Detention Facilities 6.5.2 Resident rooms. *Each resident shall be afforded: (1) a clean, dry room of moderate temperature, equipped with light sufficient for reading during regular waking hours; and (2) access to adequate toilet and bathing facilities.*

b. Pending Placement

Twelve youths residing at Noyes during the first quarter spent more than 60 days waiting for a placement opening in a program. Three of the youths waited for over three months. Time spent waiting in a detention center (pending placement) does not count towards treatment time and unjustifiably increases youth length of stay in DJS custody.

c. Population Breakdown by Race/Ethnicity

Compared to the same time last year, the total number of youth entries slightly increased. The number of entries for African American youth remained disproportionately high. Hispanic/Latino youth entries increased substantially while White youth numbers decreased.

	1st Quarter 2011	1st Quarter 2012
Total Youth Entries	231	236
White	25	15
African American	171	172
Hispanic/Latino	31	47
Other	4	2

Source: DJS ASSIST database

d. Percentage of Total Population by Race/Ethnicity

As a proportion of the population, African Americans continue to make-up the largest sub-group (73%) of Noyes residents. The second largest group, Hispanic/Latino is up seven percent, fully one-fifth of all youth at the facility.

	% of Total 1st Qtr. 2011	% of Total 1st Qtr. 2012
White	11%	6%
African American	74%	73%
Hispanic/Latino	13%	20%
Other	2%	1%

Source: DJS ASSIST database

2. Staffing

The Department is currently recruiting for a chief administrator (Superintendent) to manage Noyes.

3. Safety and Security

Incident Categories	1 st Quarter 2011	1 st Quarter 2012
1. Alleged Inappropriate Staff Conduct/Comments	1	3
2. Alleged Inappropriate Youth Conduct/Comments	71	22
3. Contraband	2	2
4. Group disturbance resulting in bodily harm/property destruction	2	0
5. Physical Assault Youth on Youth	25	17
6. Suicide Ideation, Gesture, Attempt or Behavior	4	6
7. Alleged Youth on Staff Physical Assault	0	4

Source: *DJS Incident Reporting database*

Compared to the same time last year, the total number of reported incidents involving aggression decreased (even with a slight increase in youth entries in 2012).

4. Physical Plant and Basic Services

While the facility is aged, the physical plant and services provided comply with state fire and health inspection safety standards. A private contractor provides hot meals three times daily to residents. Youth receive all necessary toiletries.

5. Education

The Department of Juvenile Services provides education services on-site at Noyes. Youth attend lessons for six hours each day to study writing, reading, science, math, social studies, and computer studies. Classes take place in various locations including in a dedicated room, on the unit, and in a trailer external to the main plant.

6. Rehabilitative and Recreational Programming

Residents receive one hour of mandated large muscle exercise daily. However, after school hours, youth spend most of their time idling on the living units. With the exception of a contracted arts program called Class Acts (which youth enjoy), Noyes does not provide constructive activities for youth.

Applicable Standard

Md. Dept. of Juvenile Services Recreational Activities Policy RF-08-07 *The Department of Juvenile Services (DJS) shall provide recreation and leisure activities to youth in DJS residential facilities and programs to promote skill development and prevent idleness. Recreation shall be available to all youth each day. Leisure activities shall be provided to alleviate boredom, provide positive reinforcement and develop skills of cooperation, teamwork and sportsmanship.*

7. Medical and Mental Health Services

There is no dedicated infirmary at Noyes which leads to problems including an increase in youth susceptibility to catching communicable illnesses from other residents who are sick.

During regular work hours, a clinical psychologist, addictions counselors, and a licensed social worker meet with residents to provide mental health support services. On weekends, mental health support is provided on an as-needed basis.

RECOMMENDATIONS

1. Youth at Noyes should each have his or her own cell, per best practices.
2. The Department should provide a greater amount of constructive programming for youth at Noyes.
3. Noyes should have a dedicated infirmary.



NICK MORONEY
Director

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

FACILITY REPORT
ONE LOVE GROUP HOME FOR BOYS
JANUARY – MARCH, 2012

Facility: One Love Group Home
5301 Georges Avenue
Baltimore, MD 21212
Administrator: James Stokes

Dates of Visits: February 3
March 16, 2012

Reported by: Nick Moroney

Persons Interviewed: Administrator, Case Manager, Direct Care Staff
and Youth

Date of Report: April 2012

INTRODUCTION

One Love Group Home (One Love) is located in the Northwood community in Baltimore City. The facility is operated by Building Communities Today for Tomorrow (BCTT), and provides a comfortable, home-like environment for adjudicated boys aged 14 to 17. Youth are referred to One Love by the Maryland Department of Juvenile Services (DJS/the Department) which also licenses the home. The group home opened in January of 2011.

SUMMARY OF CRITICAL FINDINGS

The One Love Group Home program is a resource to redirect children who might otherwise become more deeply involved with the juvenile justice system. The home provides personal attention and mentoring within a less restrictive setting than youth would experience in an institution.

FINDINGS

1. Population

The One Love program can accept up to six youth and is not fully utilized. As of March 28, 2012, there were 4 youth in the program – two from Baltimore City and two from Prince George's County.

2. Staffing

The program is fully staffed. The staffing pattern is based on three shifts: 7am to 3pm; 3pm to 11pm; and 11pm to 7am. At least two staffers are onsite throughout the day and during evening and weekend shifts. After bedtime there is one staffer on duty. The staffers on duty during unannounced monitoring visits had substantial experience working with BCTT and other youth serving organizations.

3. Safety and Security

There were no serious incidents involving youth residents during the first quarter. The home is a safe environment for youth in residence.

4. Physical Plant and Basic Services

The physical plant consists of a converted private residence. It is impressive overall. The house is nicely decorated and well maintained. There is a fenced-in lawn area at the back of the house. The furnishings and amenities include good quality home furniture and utilities such as a washer and dryer. There is a comfortable common room with a television and a designated study area outfitted with computers. Youth use the

computers for homework and academic research purposes. Youth bedrooms are bright, clean and neat. Bathrooms are clean and well maintained.

One Love is up-to-date on Baltimore City Health Department and Fire Department inspections. The facility will be due a fire marshal's inspection as of the end of the first quarter. The next health inspection will be in May of 2012.

5. Education

Residents at One Love attend local public schools or local concerns offering GED preparation courses. The facility ensures each youth is represented at school-based meetings concerning the educational needs and academic progress of One Love residents. The facility case manager follows-up with youth and the schools to check on academic engagement and progress. Homework time is part of the evening schedule at the home.

Applicable Standard

COMAR 14.31.06.12.2(C) *The placing agency and licensee shall work cooperatively with the local school system to participate as appropriate in the child's educational activities.*

6. Rehabilitative and Recreational Programming

The One Love program encompasses life skills, money management and career planning; behavioral health services; and independent living skills assessment and coaching. Current treatment plans included provision of intensive community outpatient therapeutic services.

Staff follow a set daily schedule. The facility has negotiated a group membership at a local YMCA and youth visit there weekly. Other outings include attending plays and going to see movies. Residents play basketball on local courts. Youth also go to two local libraries - a community and a university library. In the home, residents have access to books and board games as well as sports-related video games.

Applicable Standards

COMAR 14.31.06.12.B.1 *The licensee shall provide the children with a range of indoor and outdoor recreation and leisure activities both in the program and in the community.*

COMAR 14.31.06.12.C.1 *The licensee shall have a written plan of normal daily routines which shall be made available to the children and employees.*

7. Medical

Youth in residence see a local primary care doctor and dentist for check-ups and as needed. Visits to an optician are also scheduled. Medication is administered by a nurse at the home.

Applicable Standards

COMAR 14.31.06.13.G.1 *The licensee shall secure for each child a physical examination and a copy thereof within 30 days of admission or earlier if indicated by the child's health status.*

COMAR 14.31.06.13.E.2 *The licensee shall unless a child has been examined and treated as necessary during the 12 months before the child's admission to the program, have each child examined by a dentist within 30 days after admission.*

COMAR 14.31.06.13.E.3 *Have each child examined by a dentist at least every 12 months or more frequently as prescribed by the dentist.*

8. Youth Advocacy, Internal Monitoring and Investigation

Residents at One Love expressed satisfaction with the facility and evidenced positive, constructive relationships with staff members.

The Department has assigned a child advocate to visit youth at the home. There were no reported grievances during the first quarter.

DJS quality assurance evaluators visited One Love during the quarter. Corrective action is to be taken to address issues related to frequency of fire drills, physical plant repairs and record keeping including incident reporting.

RECOMMENDATION

Youth should continue to be referred to the One Love Group Home. The home is an important resource helping to redirect children who might otherwise become more deeply involved with the juvenile justice system.



NICK MORONEY
Director

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

FACILITY REPORT
RITE OF PASSAGE - SILVER OAK ACADEMY
JANUARY - MARCH, 2012

Facility: Silver Oak Academy
999 Crouse Mill Road
Keymar, MD 21757
Facility Administrator: Kevin McLeod

Dates of Visits: February 3
March 16, 2012

Reported by: Nick Moroney

Persons Interviewed: Facility Administrator and Supervisors, Direct Care Staff,
School Staff, and Youth.

Date of Report: April 2012

INTRODUCTION

The Silver Oak Academy (SOA) is a 48-bed, staff secure (non-fenced) residential program for boys. It is owned and operated by Rite of Passage, Inc. The Maryland Department of Juvenile Services (DJS/the Department) licenses the facility. SOA began admitting youth into the program in July of 2009. It is located in Keymar, in northern Carroll County, Maryland, on the grounds of the former Bowling Brook Academy.

SUMMARY OF CRITICAL FINDINGS

- The number of reported instances involving aggression at SOA was low during the first quarter. The facility continued to provide a safe, therapeutic and constructive environment for youth.

FINDINGS

1. Population

The program is licensed to accept up to 48 youth and was full throughout the first quarter. At SOA on March 31, 2011, there were 14 youth in the program from Prince George's County; 13 youth from Baltimore City; 6 from Anne Arundel County; 4 from Baltimore County; 2 each from Calvert, Montgomery and Wicomico counties; and 1 each from Carroll, Dorchester, Harford, Howard and Talbot counties. Youth ranged in age from 14 to 18 years old. There were 43 African American youth and 5 White/Caucasian youth.

2. Staffing

SOA is fully staffed. Daytime staff to youth ratio is one staffer per eight youth; at night, it is one to twelve. There are 2 staffers in each youth dormitory area throughout the nighttime hours.

3. Safety and Security

The number of reported instances involving aggression at Silver Oak remained low during the first quarter with a total of eight youth-on-youth assaults over 91 days. The number of physical restraints dropped for the second consecutive year and there were no AWOLS during the first quarter (there were 3 during the same period in both 2010 and 2011). Silver Oak continues to provide a safe environment for youth.

There are no fixed cameras at SOA. Security could be further enhanced by the addition of security cameras at the facility. Camera footage can also be used in training and retraining of staff.

4. Physical Plant and Basic Services

The physical plant at SOA is well appointed, suitable for youth residency and includes ample space for therapy, programming and recreation. The facility is in compliance with fire and nutritional health codes. Food services are licensed by Carroll County through the end of 2012. A food preparation-related inspection by the Maryland Department of Health and Mental Hygiene in January of 2012 included an inspector's comment noting that the "facility is very clean." The program operation license issued by DJS for SOA runs through July 17, 2013.

Applicable Standard

COMAR 14.31.06.07 A *The licensee shall comply with Federal, State, and local building, fire, and health codes, and all applicable local zoning laws.*

5. Education

In June of 2010, the school at SOA was placed on an intensive monitoring schedule by MSDE because of significant non-compliance with COMAR requirements. The school was judged to be in compliance and intensive monitoring was discontinued as of January 2011.

MSDE visited the school in June of 2011 as part of a regular site visit schedule and will continue to monitor the school on an annual basis until consistent compliance has been demonstrated. The next visit by MSDE will be on June 7 and 8, 2012.

Classes at SOA include English, Algebra, Geometry, Physics, Biology, History, Government, and Music. Vocational programming is fully realized at SOA. Youth continue to be actively engaged in career and workforce preparation, construction and culinary classes.

Applicable Standard

COMAR 14.31.06.12 *Each licensee shall collaborate with the placing agency to ensure that each child of mandatory school age who has not earned a high school diploma or certificate of completion under COMAR 13A.03.02.02 is receiving an appropriate elementary or secondary school education.*

6. Rehabilitative and Recreational Programming

SOA uses guided group meetings to teach stress management, social and organizational skills. The program also offers Aggression Replacement Training (ART), a cognitive behavioral intervention program emphasizing social skills and moral reasoning to manage anger and reduce aggression. SOA provides family counseling and uses the Common Sense Parenting program developed by the Girls and Boys Town organization.

The overall SOA program emphasizes participation in various athletic programs. Weightlifting, basketball, wrestling and football are available. There are 2 hours of structured recreational and leisure programming daily, 1 hour of large muscle exercise. Students participate in off campus football games and wrestling tournaments.

Parents may visit students weekly. SOA staff are charged with maintaining contact with parents and the community, and assisting with transition when students complete the program. SOA employs two fulltime and a part time employee to help youth transition into and out of Silver Oak. Aftercare services include mentoring, school enrollment and job placement assistance.

7. Medical

Onsite health care is provided by a nurse. A behavioral health services provider based in Frederick manages psychotropic medications and provides evaluative and therapeutic services.

8. Youth Advocacy, Internal Monitoring and Investigation

Youth are aware of the grievance process but file few formal grievances with the assigned DJS Child Advocate.

The DJS Quality Assurance Unit visited SOA during the first quarter and reported on deficiencies regarding documentation that needed to be added to youth files. The deficiencies are being remedied through the corrective action process.

RECOMMENDATIONS

1. Youth should continue to be referred to Silver Oak Academy which has become an important resource helping to redirect children who might otherwise become more deeply involved with the juvenile justice system.
2. Security cameras should be installed throughout the facility.



NICK MORONEY
Director

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

FACILITY REPORT
THE WAY HOME-MOUNTAIN MANOR
JANUARY – MARCH, 2012

Facility: The Way Home-Mountain Manor
3800 Frederick Avenue
Baltimore, MD 21229
Program Director: Jennifer Posey

Dates of Visit: February 22, 2012

Reported by: Claudia Wright
Senior Monitor

Persons Interviewed: Barbara Groves (Vice President, Mountain Manor),
Staff and Youth.

Date of Report: April 2012

INTRODUCTION

The Way Home (TWH) is a non-secure group home for girls who are committed to the Department of Juvenile Services (DJS/the Department). It is located within the Maryland Treatment Center, Inc., Mountain Manor complex of therapeutic programs in West Baltimore. The Way Home is licensed by the Department to provide services to 15 residents.

SUMMARY OF FINDINGS

The Way Home offers a gender-appropriate, comfortable and therapeutic environment to troubled girls. The program benefits from its location on the grounds of Mountain Manor, which offers a wide variety of inpatient and outpatient mental health services.

FINDINGS

1. Population

The population remained below the rated population capacity of 15 throughout the quarter. The Department should endeavor to appropriately utilize this facility to its full capacity.

2. Staffing

No staffing concerns were noted this quarter.

3. Safety and Security

a. **Aggregate Incidents**

A total of 17 incident reports were filed during the quarter and the chart below tabulates 19 details from these reports (some of the reported incidents contain more than one of the tabulated elements).

AWOL of youths	5
Inappropriate conduct or comments by youth	10
Discovery of Contraband	1
Physical assault youth on youth	2
Suicide ideation, gesture, attempt or behavior	1

The Way Home is not a secure facility. Girls attend school and work in the community. AWOL's generally walk away or fail to return home from school or work. Contraband might easily be carried into the facility from the community so personal possessions are closely monitored by staff.

b. Behavior Management Plan

The Way Home girls participate in a six-level behavior management system. Residents may apply for promotion to a higher level every two weeks. Requirements for promotion are based on each resident's treatment goals and therapeutic needs. Girls receive incentive awards such as increased computer time, cash allowance, and "kudos" which girls spend at The Way Home's store. Counselors and youth collaborate to develop individual program tasks and goals. There is a clear set of program rules and consequences for rule violations.

Department of Juvenile Services quality assurance evaluators determined that TWH is in full compliance with all applicable laws and standards in regard to behavioral interventions.

Applicable Standard

COMAR 14.31.06.15.A (1)(a)(b)(c)(f). *The licensee shall establish and follow written policies and procedures that are communicated to the child, the child's parent, employees, and the placing agency; identify all approved forms of discipline; specify the approved procedures for the administration of each form of discipline; and periodically review the forms of discipline used for effectiveness and safety.*

4. Physical Plant and Basic Services

a. Fire Safety

The program complies with all fire safety requirements.

b. Physical Plant

The Way Home is located on the third floor of the Mountain Manor complex main building. It is comfortable and appropriate for teenage girls. The structures and grounds are in good condition and comply with all health and safety codes. It is conveniently located for girls who need to use public transportation to go to school or work.

c. Basic Services

Basic services including food, clothing and shelter are adequate.

Applicable Standards

COMAR 14.31.06.07 A. 4 *The licensee shall ensure compliance with the local fire and health requirements by submitting annually to the licensing agency, reports of all fire and health inspections conducted by the local jurisdiction.*

COMAR 14.31.06.07.C.1 *The licensee shall maintain all structures and grounds in good condition, free from health or safety hazards.*

5. Education

The Way Home residents go off campus for school and work. The director maintains close contact with school authorities.

Applicable Standard

COMAR 14.31.06.12.2(C) *The placing agency and licensee shall work cooperatively with the local school system to participate as appropriate in the child's educational activities.*

6. Rehabilitative and Recreational Programming

a. Therapeutic Program

Girls at The Way Home participate in individual, group and family therapy. Individual and group grief counseling are offered. Outpatient substance abuse services are available within the Mountain Manor complex of programs. Individualized treatment Service Plans are created for each girl. Treatment teams meet weekly to determine progress and treatment needs.

b. Recreational Programming

Recreation schedules are provided each month.

c. Parental Involvement

TWH provides family counseling. Hours and availability have been increased to make family therapy sessions more convenient for family members. Therapy sessions can now be scheduled around visitation times.

Applicable Standards

COMAR 14.31.06.17.2.F *Within 30 days after admission, develop for each child an individual service plan that identifies documentation indicating that the child, child's advocates, guardian, and family, when appropriate, have been involved in, informed of, and agree with the plan.*

COMAR 14.31.06.17.2.F.3 (a) *Assure that the individual service plan is reviewed and updated at least every 90 days.*

COMAR 14.31.06.12.B.1 *The licensee shall provide the children with a range of indoor and outdoor recreation and leisure activities both in the program and in the community.*

7. Medical

Youth at The Way Home have access to all medical services available at the Mountain Manor complex.

Applicable Standard

COMAR 14.31.06.13 A General Health Services. *The licensee shall: (1) observe a written plan for the provision of preventive, routine, and emergency medical, dental, and mental health care for the children.*

8. Youth Advocacy, Internal Monitoring and Investigation

a. Youth Advocacy

Youth grievances are processed efficiently. Eight grievances were filed during the first quarter.

b. Internal Monitoring and Investigation

The Way Home was evaluated by the DJS/OIG Quality Assurance Unit on February 15, 2012.

Applicable Standard

COMAR 14.31.06.09.E.2 (a)(b)(c) *The licensee shall provide the child and the child's parents, as appropriate, a description of how to file a grievance, including any formal grievance forms or other requirements for the format and content of the complaint.*

RECOMMENDATIONS

1. The Way Home continues to improve. DJS should maintain the population at the optimum capacity as appropriate.
2. The Department should make gender-responsive training available to staff at The Way Home.



NICK MORONEY
Director

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

FACILITY REPORT
THE VICTOR CULLEN CENTER
JANUARY – MARCH, 2012

Facility: The Victor Cullen Center
6000 Cullen Drive
Sabillasville, MD 21780
Superintendent: James Washington

Dates of Visits: January 11 and 24
February 8 and 9
March 5 and 27, 2012

Reported by: Tim Snyder and Nick Moroney

Persons Interviewed: Administrators, Group Life and Case Managers,
Maryland State Teachers, Direct Care Staff and Youth

Date of Report: April 2012

INTRODUCTION

The Victor Cullen Center (Victor Cullen) is a hardware secure treatment facility owned and operated by the Department of Juvenile Services (DJS/the Department). The facility is located north of Sabillasville, in Frederick County, and houses adjudicated males between the ages of 14 and 19. The population capacity is 48, spread over four cottage units.

SUMMARY OF CRITICAL FINDINGS

- The number of youth placed in seclusion at Victor Cullen during the first quarter of 2012 was more than one-and-a-half times the total for all of 2011.
- Reported physical restraints in the first quarter doubled compared with the same period last year and quadrupled compared with the first quarter of 2010.
- Intensive staff training is needed in basic supervision of youth, communication skills, relationship building skills, and problem resolution skills.
- A new behavior modification program was implemented in March.
- Understaffing at Victor Cullen negatively impacts safety, security, supervision, and programming.
- There are no security cameras in the school buildings. This is an unabated issue.
- DJS should develop a profile of youth to be served at the facility and institute programming specifically designed to meet targeted treatment needs.

FINDINGS

1. Population

a. General (1st Quarter 2012)

Facility Capacity	High Population	Low Population	Average Daily Population	Days Over Capacity
48	42	35	39	0

2. Staffing

a. General

In March of 2012, a new head administrator took over at Victor Cullen. The new superintendent was transferred to Cullen after a year managing the Alfred D. Noyes Children's Center, a detention center at Rockville, in Montgomery County. In addition to facility management, the incoming administrator has prior experience in treatment programming from past work at the DJS-operated youth centers.

DJS is also recruiting an Assistant Superintendent for Victor Cullen.

The Department is continuing to recruit staff to fill direct care vacancies. As of the end of the quarter, there were six direct care positions vacant. A second Recreational Specialist is also needed.

The long timeline involved with the recruiting process should be addressed. It can take 4 to 6 months or even longer for a new recruit to be made fully ready to begin work. In some cases, it has taken a year or more to fill a vacant position.

The Department is increasing direct care staffing in the Victor Cullen residential cottages. A Resident Advisor Supervisor will reportedly be appointed for each cottage. At the end of the first quarter, there are only two Resident Advisors available to cover four cottages and one direct care staffer covering the school.

The Department should also consider assigning Group Life Managers to the cottages to ensure supervisory staff support until additional Resident Advisors are assigned. When the additional positions are filled, Group Life Managers could assume supervisory responsibility for the campus during each shift.

b. Overtime Due to Vacancies and Staff Calling Out

Although overtime use is down slightly (according to data reported to StateStat¹), the use of overtime to make up for staff coverage shortages at Cullen remains a concern.

Staff vacancies and call-outs cause managers to hold staff over for a second shift. Staffers also continue to report that, when they come to work, they do not know for sure when they will be able to go home. Additionally, overtime has been used to accommodate staff training in the new behavior modification program.

As of recently, call-outs are being carefully monitored to ensure that staff show up for work unless there is a legitimate reason for not doing so.

c. Training

The Victor Cullen Academy used to have a Training Coordinator, but the position is now vacant. As a result, staff members travel to Cumberland, Maryland, for training. The Department should reinstate the Training Coordinator position at Victor Cullen to help reduce travel and overtime expenses.

Empty buildings outside of the fence could be converted for use as a training center for training.

DJS has assigned a Training Administrator to conduct training for Challenge - the new behavior modification program (BMP). The trainer will work with staff at the facility for six months to enable a successful incorporation of the new program at Cullen.

The Department should provide intensive team building and skill training for all staff members and with a focus on active listening, positive communication, trust building, and interpersonal conflict resolution. Facility management should ensure that education staff, treatment staff and direct care staff engage in ongoing constructive collaboration by meeting routinely to discuss concerns and propose solutions for shared challenges.

¹ Statistics available through StateStat indicate overtime at Victor Cullen from 1-10-12 through 2-21-12 totaled 2,853 hours, representing a decrease of 27.5% from the previous reporting period.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.1.3 *Staffing arrangements shall aim to provide a safe, humane, and caring environment.*

Md. Standards for Juvenile Detention Facilities 5.1.3.1 Staffing Plan *Each facility shall develop a staffing plan which shall be reviewed and reassessed annually consistent with changes in population, facilities, activities and services.*

Md. Department of Juvenile Services Standards of Conduct 2.2 Personal Conduct
2.2.1 *Each employee shall conduct him or herself ... in such a manner as to reflect most favorably on the Department. Any ... neglect of duty, misconduct, or any conduct ... which tends to undermine the good order, efficiency, or discipline of the Department ... shall be ... subject ... to disciplinary action.* **1.2.3** *An employee acting in his or her official capacity may not use any course, profane, or insolent language, or take action towards other employees, supervisors, delinquent youth, offenders, clients or members of the public that is abusive or otherwise considered offensive to contemporary community standards, except as required as part of an approved treatment program.*

Md. Department of Juvenile Services Standards of Conduct 2.10 Performance of Duties *An employee of the Department shall be responsible for his or her own actions, as well as the proper performance of his or her duties ... Examples of unsatisfactory performance include ... unwillingness or inability to perform assigned tasks, failure to conform to work standards established for the employee's classification or position, or failure to take appropriate action to ensure compliance with Department regulations.*

COMAR² 16.05.03.02 *In addition to complying with the training standards set by the Maryland Correctional Training Commission: A. Program staff may participate in courses of study approved by the Department's Office of Professional Development.*

² The Department has not promulgated commitment care standards that specifically address the unique culture of a treatment program as opposed to a detention center. JJMU therefore currently utilizes DJS detention standards and COMAR as applicable.

3. Safety and Security

a. Aggregate Incidents

Incident Categories	1st Quarter 2010	1st Quarter 2011	1st Quarter 2012
1. PHYSICAL RESTRAINT	25	49	100
2. RESTRAINT - MECHANICAL RESTRAINTS USED	0	28	64
3. YOUTH ON YOUTH PHYSICAL ASSAULT	10	14	11
4. YOUTH ON YOUTH ASSAULT – WITH INJURY	3	5	1
5. ALLEGED YOUTH ON STAFF ASSAULT	8	4	9
6. ALLEGED PHYSICAL CHILD ABUSE (DJS CUSTODY/SUPERVISION)	0	1	2

The number of reported incidents involving aggression at Victor Cullen continues to be of concern. The numbers of physical restraints of youth by staff and restraints using mechanical means of control are particularly high.

Several youth who were involved in repeated aggressive incidents were removed from the Victor Cullen Academy during the first quarter.

b. Seclusion of Youth

During the first quarter, youth were frequently separated and secluded in specially built cells. While there were no reports of seclusion being used at Victor Cullen in 2010 and 12 seclusions of youth there during 2011, youth were secluded 21 times at Victor Cullen during the first quarter of this year.

A review of 34 seclusion logs found that 15 youth were not reviewed for release nor did staff visit them while in seclusion. A behavioral health specialist should be assigned to insure youth are seen and seclusion documents are reviewed so that youth are released from seclusion at the earliest appropriate time.

A new procedure has been implemented to document and file seclusion logs.

c. Security Surveillance

Security cameras are needed across the campus including the school building. Department management has indicated Victor Cullen will have cameras installed after Cheltenham Youth Facility receives new cameras. Cameras enhance safety and security and aid in staff training. The Department should prioritize installation at Cullen and at Cheltenham.

d. Contraband

Routine searches have been instituted and are being done regularly.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 2.24.3 *An employee may not engage in any form of physical, sexual, or verbal abuse of youth. If an employee has reason to believe that any such abuse has occurred, he or she shall immediately report that information to the appropriate authorities and Department officials...*

Md. Department of Juvenile Services Policy and Procedure RF 05-07 *Department of Juvenile Services (DJS) employees shall video room extractions, escorts to seclusion, use of restraints or other critical incidents that relate to the safety and security of a residential facility.*

Md. Department of Juvenile Services Standards of Conduct 2.24.1 *An employee shall be fair, firm and impartial in relationships with youth and ... shall maintain a humane objective and professional interest in the welfare of youth and clients ...* **2.24.2** *Every employee has a responsibility to ensure a safe and humane environment for youth and to respect the individual rights of youth and other clients.*

4. Physical Plant and Basic Services

DJS recently installed locks on the doors between the day room and the back hallway where the sleeping rooms are located. Sleeping room doors were already lockable.

There is a walk-through metal detector at the facility entrance. Visitors and staff are to be patted down to reduce the likelihood of contraband being brought into the facility - however, searches do not always occur.

Staff report more radios are needed along with replacement batteries that can be kept charged. The radios should have short antennas - long antennas tend to break.

a. Fire Safety

A Fire Safety Inspection was conducted in November of 2011 and related corrective action requirements were completed in January of 2012.

Fire-drills are now being conducted as required.

b. Basic Services

A Maryland Department of Health and Mental Hygiene Inspector conducted an inspection in October of 2011 and found the facility to be in compliance.

c. Perimeter Security

Broken perimeter lights have been fixed and staffers reportedly complete two perimeter checks per shift. However, the Shaker System that acts as a fence alarm continues to cause false alarms readings as it is easily triggered. There is a risk that staff will ignore the alarm.

d. Handcuffs and Leg Irons

An overnight shift report for February 10, 2012, accounted for 4 of 6 sets of handcuffs and 7 of 8 sets of leg irons. Managers need to improve inventory control.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.2.1 Conformity with Codes *All detention facilities shall conform to state fire safety requirements.*

Md. Department of Juvenile Services Standards of Conduct 2.13.2 Breach of Security: *An employee may not take any action or fail to take any action when the action or failure to act causes a breach of security or a potential breach of security by jeopardizing the safety or security of any employee, delinquent youth, offender, client, visitor or member of the public.*

5. Education

a. GED and Secondary Education

The Maryland State Department of Education (MSDE) operates the school at Victor Cullen.

Regular class scheduling resumed on January 18, 2012, after a months long period when school days consisted of three hours of instruction because of teaching staff shortages.

In addition to regular high school classes, a GED preparation program is also offered for youth that qualify. In the past, some youth have also qualified to take online courses from a community college.

MSDE plans to add an aquaponics project to the current science curriculum.

Staff have had difficulties in getting groups of youths to the school classrooms on schedule. Many youth arrive in class between 15 and 45 minutes late. In part, this is because groups of youth are organized to move to the school in a particular order - if one group is late, the groups following are held up as well.

More effective and closer supervision of youth is needed in the school. Teachers report youth wandering the hall in school and entering the Principal's office uninvited. While privacy film on classroom windows helps to keep youth from disrupting classes, youth sometimes wander around classrooms and have, at times, opened emergency doors to the outside. Alarms on the doors may help deter youth from this practice.

b. Vocational Education

An instructor provides vocational instruction to youth in a dedicated building. The curriculum includes tool handling instruction, safety procedures, basic electrical installation, blue print reading and construction materials handling. The instructor also aids youth in developing communication and employability skills.

Youth who complete the vocational course receive certification through the National Center for Construction Education and Research (NCCER), a not-for-profit organization that offers students industry recognized credentials. Youth receive a wallet card from NCCER and are recorded on a national registry documenting completion of the curriculum. Course completion also means students receive 22 credits toward course work if they enroll in a state community college.

Victor Cullen also offers youth ServeSafe training which provides a certificate youth can present when applying for work in food service related industries. Dietary staff cross trained as direct care workers oversee the process to ensure appropriate supervision of youth.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.1 *The Department should ensure that educational services within the detention facility are consistent with state requirements and that they meet the educational needs of the youth.*

6. Rehabilitative and Recreational Programming

Of the 30 youth discharged from Victor Cullen during the first quarter, only 18 successfully completed the program. Since reopening in 2007, the facility has lacked effective programming outside of school hours and throughout weekends.

Staff at Cullen have been inconsistent in implementing structure and in effectively addressing problematic behaviors. The Department recently developed and began instituting a new behavior modification program model called Challenge. Cullen staffers were trained in the model during February and the new program was rolled out in mid-March. Early reports from staff indicate that positive changes are slowly taking place on campus as youth and staff are beginning to buy into the program.

The Challenge program comprises four levels with increased privileges that youth earn as they progress. Each youth is assigned a treatment team which includes case management, a school representative, the behavioral health counselor and residential unit manager. The treatment teams meet weekly to review progress for each youth, and also meet monthly with the youth. The program is designed to take a minimum of six months to complete.

After completion of the Victor Cullen program, youth also need assistance to successfully transition back to their homes and communities. The Department is currently assessing the need for step down programs to facilitate successful transitions.

Victor Cullen has a well-equipped gymnasium and youth receive at least one hour of large muscle exercise as required. The Recreation Specialist is no longer pinch hitting as a direct care staffer and is able to devote time to planning recreational activities for youth. DJS is in the process of interviewing for an Assistant Recreational Specialist.

7. Medical and Behavioral Health

The medical department now provides 24-hour nursing services.

Seclusion cells were recently constructed in the Diggs Cottage which is adjacent to the nursing offices and medical rooms. Having seclusion cells next to the nursing unit is problematic. Perhaps a sound reduction separation divider could be installed between the nursing area and the seclusion rooms.

Youth receive individual mental health counseling as needed. A psychiatrist visits the facility on Friday afternoons to assess newly admitted youth and provide medication as needed.

Applicable Standard

DJS Policy and Procedure RF-11-05.3(1) *The Facility nurse shall be informed of any incident involving injury to youth as soon as the incident has occurred.*

8. Youth Advocacy and Community Case Management Visitation

Many youth are not visited at Victor Cullen Academy by their community case manager as required by Departmental policy. A review of the sign-in sheet showed that, in January of 2012, 24 out of 34 youth were visited. In February, 23 out of 36 youth were seen. In March, 20 out of 26 youth were seen. Community case managers are required to meet with youth at Victor Cullen at least once each month.

Applicable Standard

Md. Dept. Juvenile Services Policy and Procedure CJ-1-05. (1) *Youth who are committed to the Department of Juvenile Services (DJS) for placement... shall be assigned a Community Justice Case Management Specialist. DJS operated residential programs shall also assign a Facility Case Management Specialist. The Facility Case Management Specialist shall maintain daily contact with the youth and be responsible for the coordination of all services within the facility. In collaboration with the Community Justice Case Management Specialist and the facility Interdisciplinary Treatment Team, the Facility Case Management Specialist shall develop a Treatment Service Plan (TSP) and ensure that prescribed services are made available and delivered in accordance with the Department's Treatment Service Plan (TSP) Policy.* (2) *The Community Justice Case Management Specialist shall: (vi) Meet at least monthly with youth who are in residential care in Maryland to assess treatment progress and plan for community reintegration.*

RECOMMENDATIONS

1. Vacant direct care positions should be filled as soon as possible and the Department should provide three additional direct care positions.
2. A vacancy for a second Recreational Specialist should be filled.
3. The Training Coordinator position should be reinstated.
4. The Department should institute intensive staff training on basic youth supervision, effective communication and conflict resolution.
5. All seclusion logs should be completed appropriately.
6. Cameras should be installed in the school building and throughout the campus.
7. All staff and visitors should be searched upon entrance to the facility.
8. Additional radios, with short antennas, should be provided.
9. All security equipment must be accounted for at the end of each shift.
10. Community case managers should visit youth as required.



NICK MORONEY
Director

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

FACILITY REPORT
THOMAS J. S. WAXTER CHILDREN'S CENTER
JANUARY – MARCH, 2012

Facility: Thomas J.S. Waxter Children's Center
375 Red Clay Road, SW
Laurel, MD 20724
Acting Superintendent: Lisa Steeple

Dates of Visits: January 12, 24 and 31
February 1
March 6, 15 and 30, 2012

Reported by: Claudia Wright
Senior Monitor

Date of Report: April 2012

INTRODUCTION

Thomas J. S. Waxter Children's Center is a Department of Juvenile Services (DJS/The Department) owned and operated detention facility for female youth in Laurel, Maryland. The Department-set population capacity is 30 residents. Education services are provided by DJS.

SUMMARY OF CRITICAL FINDINGS

- Population was over capacity on 49 days.
- During the quarter, the Superintendent was transferred and has not been replaced.
- The A Unit is now designated to house an orientation program and a behavior management program. The B Unit houses the general detention population and C Unit houses an Honors program.
- Renovations to the bathroom on the C Unit were completed. All youth bathrooms have now been renovated.
- The Maryland State Department of Education (MSDE) continues to monitor the education program.
- Gynecological services are now provided pursuant to a joint project between DJS and the University of Maryland Nurse/Midwife project.

FINDINGS

1. Population

a. General

Facility Capacity	High Population	Low Population	Average Daily Population	Number of Days Over Capacity
30	42	12	30	49

b. Population by Race/Ethnicity

Sixty-eight percent of the youths admitted to Waxter during the first quarter were African-American.

WAXTER	1st Quarter, 2012
Total Admissions	224
African American	152
White	64
Other	8

2. Safety and Security

a. Aggregate Incidents

A total of 170 incident reports were filed during the 1st quarter.

Because the Waxter secure committed program was moved to the Carter Center in November of 2011, first quarter incident numbers are not directly comparable to previous time periods because of the change in the makeup of the population.

However, as can be deduced from the table below, the number of physical restraints (70) seems extraordinarily high when correlated with the much lower total number of alleged assaults (41).

Incident Categories	1st Quarter 2012
1. Youth on Youth Physical Assault	32
2. Youth on Youth Physical Assault with Injury	22
3. Alleged Youth on Staff Physical Assault	9
4. Alleged Youth on Staff Physical Assault with Injury	2
5. Group Disturbances (injury/property destruction)	0
6. Group Disturbances (without injury/destruction)	0
7. Restraints	70
8. Restraints with Handcuffs	2
9. Contraband	7
10. Suicide Ideation, Gesture, Attempt or Behavior	12

b. Behavior Management Program

A new behavior management program was created and is now operating in the A Unit. This program was modeled, in part, on the Intensive Services Unit program in operation at BCJJC. If the initiative is successful, it should result in a safer environment at Waxter.

Applicable Standards

Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 (4) (a) (2) (ii) *Restraints shall be used as a last resort only when a youth displays behavior indicative of imminent injury to self or others, or makes an overt attempt to escape. The goal of a physical restraint should be to ensure safety.*

Md. Dept. of Juvenile Services Policy and Procedure RF-01-08 *The Department of Juvenile Services (DJS) shall ensure a safe, secure and stable environment for detention facilities. Each facility shall implement an objective internal classification system to assess youths' potential vulnerability and supervision needs, and shall utilize the results of the classification assessment to guide appropriate housing decisions. The classification assessment shall be implemented for all youth on their admission to the facility and shall provide for reclassification in response to circumstances or special needs that may require modification of housing assignments.*

3. Physical Plant and Basic Services

a. Fire Safety

The facility is in compliance with all applicable fire safety requirements.

b. Basic Services

The administration should provide for professional cleaning and laundry services. These services are provided at a number of other DJS facilities, but are not available at Waxter. The staff and the girls do not have the equipment or expertise necessary to provide these basic functions for the population.

Adequate food is provided. Health Department inspections are up to date.

c. Physical Plant

The renovation of the bathroom on the Honors Unit (C Unit) was completed.



Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.2.1 Conformity with Codes *All detention facilities shall conform to State fire safety requirements.*

Md. Standards for Juvenile Detention Facilities 5.5.6 *Food service shall comply with applicable sanitation codes as promulgated by the federal, state, and local authorities.*

Md. Standards for Juvenile Detention Facilities 5.6.5.2 Clothing *Youth shall be provided the opportunity to have three complete sets of clean clothing per week.*

Md. Standards for Juvenile Detention Facilities 5.6.2.5 Clean bedding *The facility shall issue clean bedding and linen, including two sheets, a pillow and pillow case, a mattress, and sufficient blankets to provide comfort under existing temperature controls. Linen shall be exchanged at least weekly, and towels exchanged three times per week.*

4. Education

The Waxter school remained under the supervision of MSDE to assure that special education services are provided.

There are no vocational classes for girls at Waxter.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.1 Educational Services *The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.*

5. Rehabilitative and Recreational Programming

a. Therapeutic Program

Although the girls report that they may participate in mental health groups or drug abuse programs, there is no cohesive program that includes behavior management, education, individual mental health services or therapy, and other rehabilitative programming.

Applicable Standard

Md. Dept. of Juvenile Services Policy and Procedure RF-10-07 *The Department of Juvenile Services (DJS) shall utilize an incentive-based level system of behavioral management for detained youth which promotes the reinforcement of pro-social behaviors. The goal of the system is to emphasize pro-social interactions while consistently encouraging positive behaviors and modifying non-compliant, maladaptive behaviors. Employee training and methods of quality assurance will ensure the integrity and fair application of the behavior management program throughout DJS detention facilities.*

b. Recreational Programming

Girls receive one hour each day of exercise, usually in the poorly designed Cafenasium. Girls spend most of their time watching TV, playing cards or board games, or putting together puzzles.



Applicable Standard

Md. Dept. of Juvenile Services Policy and Procedure RF-08-07 Recreational Activities Policy (4) (a) (1) *A qualified employee trained in recreation and/or leisure services shall be responsible for planning, organizing and supervising recreational activity programs, including the use of the gym, outdoor areas, arts and crafts programs and special events.*

6. Medical and Behavioral Health

a. Basic Medical Services

Gynecology services are now provided pursuant to a joint project between DJS and the University of Maryland nurse/midwife practice. The project will also include gynecological health related education for both youth and staff.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.3 Health Care Services *Health care services shall be in accordance with established Departmental policy and procedures.*

b. Mental Health Services

Many youth with significant mental health issues are held at Waxter, sometimes for long periods of time, awaiting transfer to Residential Treatment Centers (RTC's). These youngsters are not appropriate for placement in detention. Staff is not trained or equipped to care for youth with complex psychiatric needs. According to Waxter staff, inappropriate placement of girls contributes to the high level of violence in the program.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.3.2.2 Transfers to mental health agencies *When a youth demonstrates behavior that is indicative of severe emotional disturbance that indicates a need for more intensive services than can be provided on site, the youth shall be seen by the designated facility health professional. If the health professional determines that a youth's behavior is a risk to himself or others, the health professional shall authorize the youth to be transferred to an area hospital for evaluation.*

7. Youth Advocacy, Internal Monitoring and Investigation

a. Youth Advocacy

There are two advocates assigned to review grievances at Waxter. During the quarter, 14 grievances were filed.

Applicable Standard

Md. Department of Juvenile Services Policy and Procedure MGMT-01-07 Youth Grievance Policy *The Department of Juvenile Services (DJS) shall permit youth and individuals on behalf of DJS youth to file a grievance for a circumstance or action related to behavior of other youth, behavior of employees, or conditions of confinement.*

RECOMMENDATIONS

1. A new superintendent should be assigned to Waxter as soon as possible.
2. Transfer of the education program to MSDE should take place as soon as possible.



NICK MORONEY
Director

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

FACILITY REPORT
WESTERN MARYLAND CHILDREN'S CENTER
JANUARY – MARCH, 2012

Facility: Western Maryland Children's Center
18420 Roxbury Road
Hagerstown, MD 21740
Superintendent: Mark Bishop

Dates of Visits: February 3 and 21
March 28, 2012

Reported by: José D. Saavedra
Monitor

Persons Interviewed: Superintendent, Direct Care Staff
and Youth

Date of Report: April 2012

INTRODUCTION

The Western Maryland Children’s Center (WMCC) is a state owned and operated detention center housing male youth and located in Hagerstown. The population capacity at WMCC is 24 with two 6-bed pods and one 12-bed pod.

SUMMARY OF CRITICAL FINDINGS

- WMCC suffered chronic overpopulation during the first quarter
- A number of youth were stuck at WMCC because program slots were unavailable
- Porcelain toilets and sinks pose a safety risk and must be replaced without delay by suicide-resistant stainless steel alternatives.

FINDINGS

1. Population

a. General

Rated Capacity	High Population	Low Population	Average Daily Population	Average Monthly Population	Number of Days Over Capacity
24	36	19	25	Jan. 24 Feb. 26 Mar. 24	44

WMCC was overpopulated nearly 50% of the time during the first quarter. At one point, there were twelve more youth than beds available.

b. Pending Placement

Eleven youth resided at WMCC for longer than 60 days waiting for a place in a program (pending placement status) during the quarter. One youth waited 133 days.³ Time in pending placement does not count toward treatment time and arbitrarily increases total time spent in DJS custody.

³ Source: DJS ASSIST database (data collection date: April 3, 2012)

c. Population Breakdown by Race/Ethnicity

Overall youth entries increased by almost 12 percent during the first quarter when compared with the same period in 2011.

	1st Quarter 2011	1st Quarter 2012
Total Youth Entries	112	125
African American	44	53
White/Caucasian	64	67
Hispanic/Latino	4	5

Source: DJS ASSIST database

d. Percentage of Total Population by Race/Ethnicity

Percentage of Population by Race/Ethnicity	% of Total Q1 2011	% of Total Q1 2012
African American	39%	42%
White/Caucasian	57%	54%
Hispanic/Latino	4%	4%

Source: DJS ASSIST database

As a proportion youth entries, White youth continue to make-up the largest sub-group at WMCC (54%). However, the proportion of white youth has slightly decreased and the second largest sub-group, African Americans, now make-up 42% of entries - a slight increase compared with the same time last year.

2. Staffing

The WMCC administration maintained a 1:8 staff-to-youth ratio throughout the quarter.

Several vacancies remain unfilled including those for a Lead and regular Residential Advisor, part-time nurse, Building Service Worker, and Recreation Coordinator.

3. Safety and Security

a. Aggregate Incidents

Selected Incident Categories	1 st Quarter 2011	2 nd Quarter 2012
1. Alleged Inappropriate Youth Conduct/Comments	25	16
2. Alleged Youth on Staff Physical Assault	1	0
3. Contraband	1	1
4. Physical Assault Youth on Youth	8	2
5. Suicide Ideation, Gesture, Attempt or Behavior	3	6
6. Youth requiring on grounds medical care (Sports or non-incident related injury)	7	5
7. Physical Plant Problem	0	1
8. Youth requiring non-routine off grounds medical care (Sports or non-incident related injury)	0	1

Source: DJS ASSIST database

The total number of reported incidents involving aggression declined compared to the first quarter last year. Youth reported they feel safe at WMCC.

b. Behavior Management System (BMS)

In applying the behavior management system (BMS) at WMCC, staff utilize a color-coded band system. Residents who meet behavior expectations throughout the day gain points towards differently colored bands representing attainment of higher-levels of the behavior system. Upon admission to the facility, each resident receives a handbook explaining rights, services, and details on how to earn points towards a new-level band. The higher the level, the more privileges the resident receives – incentives include extra phone calls and later bedtimes. Youth understand the BMS and seem to value the process.

4. Physical Plant and Basic Services

Overall, the WMCC building is in satisfactory condition. The facility complies with fire safety, health and food service standards.

The administration recently installed an electronic security monitoring system, known as Tour Guard, to help ensure staff checks on youth are completed. Personnel are being trained on how to operate the system.

The Department of Health and Mental Hygiene inspected WMCC in December 2011 and did not note any health or safety concerns.

The DJS maintenance director inspected the toilets throughout WMCC and determined that they must be replaced with stainless steel commodes, for safety reasons. The toilets and sinks are made from porcelain which can be cracked or broken deliberately or accidentally. Porcelain shards can cause serious injury or facilitate self-injurious actions. As of the end of the first quarter, the porcelain toilets and sinks have not been replaced.

Applicable Standard

Md. Dept. of Juvenile Services Policy and Procedure RF-04-07 Safety and Security Inspections Policy *Department of Juvenile Services (DJS) facilities and programs shall be regularly inspected by Administrative Employees to ensure a safe, secure, clean and healthy environment for youth, employees and visitors. Inspections shall include all security devices, the state of sanitation, and maintenance in and around the facility as well as its property. Contact with employees and youth shall be part of the inspection process. Any deficits discovered shall be corrected in a timely manner.*

5. Education

Maryland State Department of Education (MSDE) instructors provide education services for at least five hours each day at WMCC. Youth participate in class within 24 hours of admission. Classrooms are spacious and contain adequate learning materials, including computers. Classroom observations indicate that teachers provide appropriate lessons and include practical skills training on issues such as personal finances. Students appear to be engaged and interested in learning.

6. Recreational Programming

DJS and MSDE staff work diligently to provide youth with structured recreation and leisure programming to better serve youth and reduce idle time. In addition to the mandated hour of large muscle exercise each day, residents recently participated in a book club forum; hosted guest speakers from the local community; and enjoyed a Superbowl party.

RECOMMENDATIONS

1. The youth population at WMCC should not exceed the rated capacity of 24.
2. The Department should ensure youth do not have to wait for long periods in detention centers for a program slot to open up.
3. Porcelain toilets and sinks should be replaced with stainless steel alternatives without delay.



NICK MORONEY
Director

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

FACILITY REPORT
WILLIAM DONALD SCHAEFER HOUSE
JANUARY – MARCH, 2012

Facility: The William Donald Schaefer House
907 Druid Park Lake Drive
Baltimore, MD 21217
Superintendent: Johnitha McNair

Date of Visit: February 8, 2012

Reported by: José D. Saavedra
Monitor

Persons Interviewed: Direct Care Staff, Educator, Substance Abuse Counselor

Date of Report: April 2012

INTRODUCTION

The William Donald Schaefer House (WDSH) is a 90-day residential substance abuse treatment center for up to 19 boys ages 14 to 18. The facility is located in Northeastern Baltimore City. The Department of Juvenile Services (DJS/the Department) provides residential care and education services while the Department of Health and Mental Hygiene provide treatment services at the WDSH.

SUMMARY OF CRITICAL FINDINGS

- Structured activities and recreational outings are limited
- There are no vocational education opportunities

FINDINGS

1. Population

A total of 106 boys resided at the WDSH during the quarter, nineteen of whom stayed only one day. The length of stay time for the remaining boys ranges from two to 312 days. All but one youth were from Baltimore City and 98% of youth were African American.

2. Staffing

The Department transferred an experienced superintendent to take over operations at WDSH in March. The Department is recruiting an assistant superintendent and there is also a direct care staff vacancy.

3. Physical Plant and Basic Services

The facility complies with state fire safety standards. The home provides plenty of space for private discussion with counselors and visitors. Hot food is brought to the home from the Baltimore City Juvenile Justice Center and youth are provided sufficient clothing and personal hygiene products.

4. Education

Classes in Social Studies, English and Math are provided on-site by the Teaching Education Specialist. A regularly updated class schedule is given to youth. A General Education Program (GED) instructor provides preparation classes on-site. Residents attend Reading classes in the morning and afternoons at the evening reporting center next door to the home.

No vocational education activities are being provided to boys at the home.

Applicable Standard

COMAR 14.31.06.12.D.1. *The licensee shall train a child in work readiness according to the child's age and capability.*

5. Rehabilitative, Recreational and Educational Programming

a. Therapeutic Programming

Therapy at the WDSH is through the *Youth Competency Training (YCT)* program in addition to substance abuse counseling through the *Seven Challenges* program.

The YCT model intentionally focuses on building youth awareness of their role in family, school, society, and within the home. It also teaches boys to develop a positive concept of self, practice peer support and develop public speaking abilities. The YCT provides guided rehabilitation to residents during their stay at the WDSH. Youth make a presentation concerning their understanding of their own role as an individual after program requirements are completed. In order to help ensure successful and consistent adherence to the YCT program, more staff are needed at WDSH.

The Seven Challenges program provides substantial substance abuse treatment for WDSH residents. There are two on-site drug counselors to assess severity of drug and alcohol use among youth coming into the program and also to develop individual treatment plans. Individual treatment is provided five times a week and a psychiatrist and psychologist discuss progress and challenges with youth once a week. The Seven Challenges program is an appropriate model for the treatment of youth with substance abuse issues.

b. Recreational Programming

Recreational activities were mostly provided on site during the first quarter due to a Departmental mandate to keep youth on grounds from 5pm onwards. Youth were limited to utilizing a basement weight room and a basketball court directly outside of the home. They also spent time inside playing board and card games and watching movies. There is no dedicated recreation coordinator who could organize structured activities at the WDSH.

c. Parental Involvement

Visitation hours are on Saturdays and regular youth phone calls are coordinated by staff.

Applicable Standards

COMAR 14.31.06.12.B.1. *The licensee shall provide the children with a range of indoor and outdoor recreation and leisure activities both in the program and in the community.*

COMAR 14.31.06.12.B.2. *The licensee shall base recreation and leisure activities on a child's needs and interests and the group composition.*

COMAR 14.31.06.12.C.1. *The licensee shall have a written plan of normal daily routines which shall be made available to the children and employees.*

COMAR 14.31.06.12.C.2. *The licensee shall, unless inappropriate, permit the children to participate in planning normal daily routines.*

6. Youth Advocacy, Internal Monitoring and Investigation

No youth grievances were filed or internal DJS evaluations of WDSH undertaken during the first quarter.

RECOMMENDATIONS

1. The Department should hire or designate a recreation services coordinator to plan and implement a comprehensive schedule of structured pursuits to take place both at the facility and offsite.
2. The Department should provide vocational education opportunities for youth at WDSH.



NICK MORONEY
Director

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

FACILITIES REPORT
DEPARTMENT OF JUVENILE SERVICES YOUTH CENTERS
JANUARY – MARCH, 2012

Regional Address: Maryland Department of Juvenile Services (DJS)
Youth Center (YC) Headquarters
1 James Day Drive
Cumberland, Md. 21502
Regional Director: Bob McElvie

Reported by: Tim Snyder
Monitor

Persons Interviewed: Regional Director, Assistant Regional Director, Youth Center Administrators, Case Managers, Residential Advisors, Support Staff, and Youth

Date of Report: April 2012

Facilities and Dates of Visits:

Green Ridge YC
10700 15 Mile Creek Road NE,
Flintstone, Md. 21530
Administrator: Judy Hodel

Visits: January 26, February 7
and March 6, 2012

Savage Mountain YC
164 Freedom Lane
Lonaconing, MD 21539
Administrator: Steve Northcraft

Visits: January 27, February 21
and March 7, 2012

Meadow Mountain YC
234 Recovery Rd,
Grantsville, Md. 21536
Acting Administrator: Leslie Wilhelm

Visits: January 30, February 23
and March 12, 2012

Backbone Mountain YC
24 Camp 4 Road
Swanton, Md. 21562
Acting Administrator: Martin
Sharpless

Visits: January 31, February
29 and March 13, 2012

INTRODUCTION

The Maryland Department of Juvenile Services (DJS/the Department) Youth Centers provide commitment care services in four separate facilities: The Youth Centers are “Staff Secure” facilities meaning that safety and security is dependent on the quality and quantity of staffing and not on fences and other physical plant hardware.

Green Ridge, located in Allegany County near Flintstone, provides 40 beds and serves Western Maryland male youth in three separate programs: Mountain Quest, a 90-day intensive adventure based treatment impact program; Revelations, a substance abuse program lasting a minimum of 120 days; and a therapeutic program averaging six to eight months.

Savage Mountain, located in Garrett County near Lonaconing, provides 36 beds and primarily serves youth from non-western Maryland counties.

Meadow Mountain provides 40 treatment program beds and specializes in treatment of addictions in a six to nine month program. The facility serves male youth residing primarily in non-western Maryland counties.

Backbone Mountain provides 48 beds. Three groups of 10 youth and two groups of 9 youth make up the population. Four groups of youth are in the six to eight month treatment program and ten youth are in the college preparation program.

FINDINGS

1. Population

a. General

The combined population capacity of the Youth Centers is 164 youth. Youth who are accepted for admission may be placed in any of the Youth Centers. The decision often depends primarily on where an open bed becomes available rather than a youth's specific needs or the group dynamics where a youth might be placed.

The Youth Centers Intake Office reviews applications of youth being referred to the centers. Following review, some youth are denied acceptance based on their level of violent behaviors, mental health concerns or low cognitive functioning. After appeal, many of these youth are accepted on a trial basis.

The Department has been responsive in removing youth from the centers upon request, usually after more than one center has tried to help the youth. Removal of youth to detention has increased during the first quarter. Four youth were removed from the Youth Centers directly to detention in January, five in February and eleven in March.

Youth who complete the program almost always return to their original community without a step down or transition program to help them reintegrate successfully. A large number of youth recidivate following treatment in the DJS Youth Centers. According to a DJS StateStat Report (dated October 8, 2010) concerning post-commitment recidivism rates, an average of 53% of youth are re-arrested. By three years out, the re-arrest rate reaches 74%.

b. Population Breakdown by Race/Ethnicity

<u>GREEN RIDGE YC</u>	<u>1st Qtr 2010</u>	<u>1st Qtr 2011</u>	<u>1st Qtr 2012</u>
Total Youth Entries	63	61	67
African American	28	39	41
White/Caucasian	22	18	22
Hispanic/Latino	13	3	4
Other/Unknown	0	1	0

<u>SAVAGE MOUNTAIN YC</u>	1 st Qtr 2010	1 st Qtr 2011	1 st Qtr 2012
Total Youth Entries	35	63	59
African American	27	58	52
White/Caucasian	5	4	7
Hispanic/Latino	3	1	0
Other/Unknown	0	0	0

<u>MEADOW MOUNTAIN YC</u>	1 st Qtr 2010	1 st Qtr 2011	1 st Qtr 2012
Total Youth Entries	59	60	67
African American	46	48	46
White/Caucasian	12	8	17
Hispanic/Latino	1	4	4
Other/Unknown	0	0	0

<u>BACKBONE MOUNTAIN YC</u>	1 st Qtr 2010	1 st Qtr 2011	1 st Qtr 2012
Total Youth Entries	73	70	80
African American	58	56	68
White/Caucasian	13	10	10
Hispanic/Latino	1	3	2
Other/Unknown	1	1	0

2. Staffing

a. General

The Youth Centers were given ten new direct care positions to help relieve a staffing shortage. When shifts are run with the minimum required staffing, safety and security concerns are heightened and time staff spend working directly with youth is limited. The centers operate with a different configuration of supervisory staff from center to center. This needs to be corrected so that each center has adequate supervisory staff as well as line staff. Each group should have a resident advisor supervisor as well as a case manager. A group life manager is also needed on each center's management team in addition to a superintendent and assistant superintendent.

Staff coverage shortages are heightened by staff training requirements, vacations, sick leave, family leave and staff call outs. Direct care workers must also make weekly clinic runs taking youth to doctor's appointments, a task that is supposed to be covered by the DJS Transportation Office. The transportation office is also short of staff.

Comprehensive staffing would mitigate overtime costs. For the period from January 10, 2012 through February 21, 2012, the Youth Centers reported 1,044 overtime hours. Overtime pay is calculated based on time spent working over 8 hours in a work day rather than over 40 hours during a work week.

Some staffers work overtime hours for several days and then call out, leaving co-workers to fill in, necessitating more overtime. A document review indicated 38% of the overtime payments at one center were instituted as a result of staff call outs.

The inordinate length of the hiring process also contributes significantly to staffing problems. It takes six months to a year to fill a position and provide training necessary for a new employee to supervise youth on his or her own.

If the Department provides additional staffing at the centers, that will be an important step forward. Additional staff numbers will need to take into account additional staffing duties and adjusted staff-to-youth ratios.

b. Staff Training

A generalized staffing shortage in the centers makes it difficult to maintain ongoing training scheduling requirements in a timely manner. The quality of some of the training required by the Department is also in question. The JIREH curriculum for crisis management is not approved by the Governor's Office for Children (GOC). The GOC does not allow the JIREH curriculum for private child care vendors, including those licensed by DJS, but the GOC does not have jurisdiction over the Department's choice of crisis management trainer for staff in facilities directly operated by DJS.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.1.3 *Staffing arrangements shall aim to provide a safe, humane, and caring environment.*

COMAR 14.31.06.05 F (3) *The training of employees who may provide direct care to children shall include: (f) approved forms of discipline and behavior management techniques including crisis management and the use of isolation and restraints.*

Md. Standards for Juvenile Detention Facilities 2.2.1 *The Department shall ensure that designated classes of departmental and vendor employees are trained according to the standards established by the Maryland Correctional Training Commission.*

3. Safety and Security

a. Aggregate Incidents

Incident Categories	3 rd	4 th	1 st
	Qtr	Qtr	Qtr
	2011	2011	2012
1. Youth on Youth Physical Assault	31	30	36
2. Youth on Youth Physical Assault with Injury	12	18	14
3. Alleged Youth on Staff Physical Assault	8	6	5
4. Alleged Youth on Staff Physical Assault with Injury	1	4	0
5. Restraints	51	46	60
6. Physical Child Abuse Allegations (DJS Custody)	1	1	2
7. Suicide Ideation, Gesture, Attempt or Behavior	6	10	4

Assaults among youth and physical restraint of youth by staff have increased since restrictions in youth movement were imposed by DJS administrators. Self-harm related behaviors increased significantly in the fourth quarter of 2011 (during the holiday season).

Youth interviewed said they were frustrated with restrictions on movement. Some youth said the new rules made it seem like they were “bad kids” back in detention. They noted that it was not the conduct of youth currently in the camps that prompted the

changes and curtailment of freedom. Some interviewees said taking away activities and service projects meant taking away chances to feel and act like normal kids in the community. Some youth also said that having opportunities to do service projects and help others gave them pride in themselves and an incentive to continue toward successful completion of their goals in the program.

b. Incident-Related Procedures, Practices, and Reporting

The Youth Centers do not have stationary security cameras so, in practice, DJS policy requires direct care staff to use portable video cameras to record incidents. Staff members do not follow the requirement as it is often impractical or even inadvisable for safety reasons for staff to remove themselves from a situation to get a camera and record an event involving aggression. While surveys of the centers to establish positioning of stationary cameras have been completed, funding for cameras has not yet been allocated.

Managers and staff at the Centers are completing comprehensive shift reports. Focus is put on youth judged to be exhibiting unacceptable behaviors that could or has already led to an incident. A step-by-step intervention protocol is undertaken to help youth manage behavior and get back on track toward meeting program goals.

Applicable Standards⁴

Md. Standards for Juvenile Detention Facilities 5.1.3 *Staffing arrangements shall aim to provide a safe, humane, and caring environment.*

Maryland Department of Juvenile Services Policy RF-05-07. *The Department of Juvenile Services (DJS) employees shall video tape room extractions, escorts to seclusion, use of restraints or other critical incidents that relate to the safety and security of a residential facility. Incidents shall be videotaped unless videotaping of the incident compromises the safety and/or security of youth and/or employees. The Department encourages the video taping of incidents to de-escalate incidents and to prevent further misbehavior and the use of physical restraint.*

4. Physical Plant and Basic Services

a. Fire Safety

All of the Centers hold current fire marshal inspection reports. Fire drills are held as required.

⁴ The Department has not promulgated commitment care standards that specifically address the unique culture of a treatment program as opposed to a detention center. JJMU therefore currently utilizes DJS detention standards and COMAR as applicable.

b. Physical Plant

The Department allocated significant resources to upgrade the old facilities at the Youth Centers. Buildings are to be renovated and new windows and doors are to be installed. New bathrooms have been constructed at the Meadow Mountain and Green Ridge centers. Backbone is next in line and Savage Mountain is also slated to receive bathroom renovation. Blacktop repair is needed in several of the centers and that project has reportedly been funded for completion this year. New floors have been installed in many of the dormitory areas. Additional roof replacement and the installation of new furnaces and air conditioners where needed is also in the works.

c. Medical

The centers contract with the Allegany County Health Department for health services. Each youth center has a nurse on grounds four days each week. Maintenance workers have completed the construction of a designated nurse's office at each center.

The Youth Centers have a mental health services supervisor and three of four mental health counselor positions are filled. Youth and staff report services provided by counseling staff are very helpful.

The length of time it takes for youth to be seen for a medication review or for initial or follow-up psychiatric visits is of significant concern. It can take up to three months to get an appointment for a youth who may need to be assessed for medication or other reasons.

d. Basic Services

Improvement has been made on fulfilling youth clothing needs but there are still concerns such as when youth complain of boots wearing out and no replacements are provided. Youth have been seen with boots that are torn but still in use, including youth close to a release date when they leave the centers.

A long-standing cook shortage has not yet been addressed and direct care workers often serve meals.

All of the centers have received current health department inspections. Cooking staff at all four centers are consistently commended for food quality and service. Quality and quantity of food is crucial to positive youth perception of overall well-being and treatment, especially in cases where youth have been deprived of proper nourishment in the past.

e. Transportation

A shortage of transportation staff means direct care workers often have to make clinic runs.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 5.6.5 *The stored inventory of clothing, bedding, and linens shall exceed that required for the facility's maximum youth population. An inventory system shall be maintained to ensure the consistent availability of clothing, bedding, and linens to replace items that are lost, destroyed, or worn out.*

Md. Standards for Juvenile Detention Facilities 5.6.5.2 *Youth shall be provided the opportunity to have three complete sets of clean clothing per week.*

COMAR 14.31.06.10.D. *The licensee shall ensure that the children have an adequate supply of clean, comfortable, well-fitting clothes, and shoes for indoor and outdoor wear.*

5. Education

The educational program provides four hours of classroom instruction each school day. Youth generally speak positively about the educational program and say they are making progress in their education. Class observations indicate youth work both independently and with teacher assistance. Teachers also utilize 30 to 40 minute "focus lessons" where the entire class receives instruction. Youth can gain between two and four months towards completion of education requirements for every month they would expect to gain in public school.

Youth receive a health studies credit for participation in drug classes and the 7 Challenges program and can also earn a physical education credit. The GED or pre-GED program is offered to youth who do not plan to return to school. While vocational instruction is offered in a limited way in the centers, the outcomes provide little in the way of job training.

Youth in the centers' World of Work program accompany staff three times per week to help with grounds' work or maintenance. Participating youth receive classroom instruction in workplace related life skills twice weekly. A certificate is granted to youth who successfully complete the program.

The Honors Academy, a joint learning partnership between Garrett County Community College and DJS, is located at the Backbone Mountain Youth Center. A review team selects applicants to participate in the program which includes college preparation courses.

Although youth in the centers worked hard to prepare projects and celebrations for Black History Month, they did not take place this year. Planned events were postponed

and re-planned but, in the end, they had to be cancelled as permission was at first withheld and ultimately not provided in a timely enough way by DJS-HQ administrators for events to go ahead. Last year, youth representing the centers participated in a black history contest at the Lyric Center in Frostburg.

6. Rehabilitative and Recreational Programming

a. Therapeutic Program

The DJS Youth Centers use Positive Peer Culture (PPC), EQUIP, and Seven Challenges. The EQUIP classes are co-facilitated during the day by a teacher and a direct care staffer. The Seven Challenges program is designed to encourage youth to be honest about drug and alcohol use; understand the implications of usage; and take responsibility for decisions.

The Youth Centers provide individualized mental health counseling and a substantial portion of the youth residents at the centers are referred for individual behavioral health related meetings with a mental health counselor.

DJS Headquarters is bringing a behavior modification program (BMP) called Challenge to the Youth Centers. The Challenge BMP was recently developed for DJS by a consultant and the program has been operationalized at the Victor Cullen Academy. Department leadership is prioritizing Challenge because of a need to have the same BMP structure in DJS facilities throughout the state. The result will be that youth do not have to learn different systems depending on where they might be sent.

The Challenge program is based on youth earning points and gaining levels as they progress in behavioral compliance. Behavioral change in itself is significant and some youth gain meaningful insight and useful coping skills through the kind of process offered by Challenge. However, the Challenge program is untested and staff and managers at the centers have expressed concerns that the new system will be imposed on the centers without meaningful input from administrators, staff and youth. The Department should ensure that the Challenge program fits seamlessly with the youth centers' mission to promote constructive change and provide effective treatment to help youth in DJS care to help themselves.

b. Recreational Programming

The Reflections program at Meadow Mountain offers confidence-building experiences and relationship skills honing through participation in high and low ropes course elements, caving, biking, rock climbing and hiking. The activities present experiential challenges which require youths to overcome perceived risk. They also offer opportunities for enhanced communication and learning of cooperative skills alongside fellow participants. The program promotes youth development of both problem solving skills and physical skills.

Because the Reflections program involves off-grounds activities, the program was halted as part of a comprehensive set of movement restrictions throughout DJS facilities ordered by headquarters in late 2011 and early 2012. Reflections program staff members were placed into direct coverage to help with a generalized staffing shortage. Youth center managers expect permission to be granted by administrators at DJS-HQ for the program to re-start at some unspecified time after the first quarter of 2012. The loss of Reflections programming is a loss for the youth.

Before the Reflections program was cut, youth from the centers also travelled to Frostburg State University to participate in teambuilding activities and to use recreational facilities. These excursions were also cut but have recently been reinstated.

In the past, off-campus activities for youth center residents have included outings to state parks, local movie theatres, restaurants, and musical and theatrical events. Basketball teams were formed at each center and youth could earn participation as a privilege. The teams traveled to play each other and youths said they viewed participation in the basketball league as a major incentive driving them to try to succeed in youth center programs. Youth center basketball team game trips were also taken from the youth as these events were also classed as off-grounds travel.

c. Parental Involvement

Youth at the centers had opportunities to earn home passes toward the end of their stay and upon positive progress reports from treatment teams. This incentive has also been halted by the Department and with no announced reinstatement date.

Youth make weekly phone calls to parents and guardians. Each center has video conferencing capability which is used for youth communication with parents and community case managers in situations where on-site visitation is difficult to achieve. Family days are held at each center during which family members visit and participate with youth in specially planned activities.

7. Youth Advocacy, Case Management and the TOP Initiative

a. Youth Advocacy

The DJS child advocate makes regular rounds to each center. Grievances reviewed indicate the advocate addressed issues raised. However, some youth say the process is ineffective and others fear being “burnt” by staff if they write a grievance. Some staff expressed concern that, recently, assertions made in grievances are treated as facts rather than allegations. The Department should make every attempt to ensure each grievance is addressed objectively.

b. Case Management

Community case manager visitation at the centers has improved as the Department has moved to ensure enforcement of requirements that youth be seen at least once a month. Sometimes a proxy worker is assigned to visit all youth from a particular county and such visits are often not meaningful for youth. Youth should be given opportunities to have a consistent and constructive relationship with a dedicated case manager throughout the period of commitment.

Applicable Standards

Md. Department of Juvenile Services Policy and Procedure MGMT-01-07 Youth Grievance Policy *The Department of Juvenile Services (DJS) shall permit youth and individuals on behalf of DJS youth to file a grievance for a circumstance or action related to behavior of other youth, behavior of employees, or conditions of confinement.*

Md. Department of Juvenile Services Policy and Procedure CJ-1-05. (1) *Youth who are committed to the Department of Juvenile Services (DJS) for placement... shall be assigned a Community Justice Case Management Specialist. DJS operated residential programs shall also assign a Facility Case Management Specialist. The Facility Case Management Specialist shall maintain daily contact with the youth and be responsible for the coordination of all services within the facility. In collaboration with the Community Justice Case Management Specialist and the facility Interdisciplinary Treatment Team, the Facility Case Management Specialist shall develop a Treatment Service Plan (TSP) and ensure that prescribed services are made available and delivered in accordance with the Department's Treatment Service Plan (TSP) Policy.*

(2) *The Community Justice Case Management Specialist shall: (vi) Meet at least monthly with youth who are in residential care in Maryland to assess treatment progress and plan for community reintegration.*

Monitor's Observations

For many years the centers have been the mainstay of DJS operated residential treatment programming and yet recent DJS Directives have negatively altered the treatment milieu at the youth centers. Staff and youth interviewed during the first quarter said the centers are becoming more like detention centers than treatment centers as a result of the mandates.

A directive from DJS-HQ in early 2012 required all youth from the centers be handcuffed and shackled with chains and leg irons to go for medical appointment and without taking into account how each youth was progressing through the treatment programs in the centers. This development was distressing to both youth and staff. Some youths allegedly refused medical treatment rather than endure an unfair, embarrassing and arbitrary practice. During the first quarter, the Department decided to discontinue this practice, but it is one that should never have been instituted in the first place.

Also in early 2012, all off-grounds activities, with the exception of medical appointments, were cancelled by DJS-HQ. Home visits were curtailed and youth were sequestered in the dormitories at dusk to play cards and video games or watch television. This change seems to have been prompted by apprehension that youth might run away from the centers after dark. However, if youth are determined to flee from a staff secure (rather than fenced) facility, an AWOL can occur at virtually any time. Severely restricting movement is not going to address flight risk. Restrictions may actually cause frustration and unfocused energy to build, resulting in more incidents. The incident data table on page 6 of this report corroborates this view.

The focus should be on incentives and progress rather than on control and constraint. Youth with histories of flight from facilities are not usually accepted at the centers. Constructive programming and a variety of activities are key to keeping youth engaged on grounds and off grounds.

Some off grounds activities have recently been reinstated, however, a cumbersome permission process makes community based treatment and service activities as well as recreational outings and incentive trips difficult if not impossible to undertake in a timely way.

The youth centers have a long history of undertaking successful and incident free treatment activities and community service projects. Such activities help reinforce positive norms and build youth self-esteem.

The Department should re-institute, without cumbersome protocols, long-standing and successful programming components at the youth centers.

RECOMMENDATIONS

1. Off-grounds activities including educational trips, treatment activities, community service projects, recreational trips and incentive reward trips should be approved without undue delay.
2. Step-down or transition programming should be developed for youth completing the youth centers program to help increase the effectiveness of treatment and reduce recidivism.
3. Home passes should be reinstated for youth to earn as they near completion of the program.
4. Each youth center should have a group life manager and a group life manager supervisor. The facilities should be fully staffed and include a residential advisor supervisor and an individual case manager for each group within each facility.
5. As youth/staff ratios have been revised and additional duties have been allocated, direct care staffing numbers for each facility should also be revised upwards to ensure safety, security and full programming.
6. The long wait times involved in the recruitment process should be shortened in order to achieve full staffing.
7. The Department should evaluate the efficacy of the JIREH training curriculum.
8. Security cameras should be installed at the youth centers.
9. The Department should work with the Allegany County Health Department to ensure that youth appointments are made and accomplished without undue delay.
10. Transportation staffing should be increased.
11. Special educational events such take place as planned.
12. The Reflections program should not be curtailed.
13. The Department should finalize commitment care standards.
14. Vocational training, certification, and job placement should be provided to facilitate youth entry into the work force after treatment.

Juvenile Justice Monitoring Unit Monitoring Responsibilities

In 1999, the Maryland Department of Juvenile Justice (precursor to the Maryland Department of Juvenile Services/DJS) received national media coverage over the treatment of youth in its boot camp facilities. A Task Force investigation concluded that the Department lacked oversight and recommended creation of an external monitoring agency to report to the Governor and members of the General Assembly on conditions in DJS facilities as well as on the safety and treatment of youth in DJS custody. As a result, the Office of the Independent Monitor was established in 2000.

Legislation to codify the Office of the Independent Juvenile Justice Monitor was passed into law in 2002. The Independent Juvenile Justice Monitor was originally housed in the Governor's Office of Children, Youth, and Families. In 2006, the monitoring unit was moved to the Office of the Attorney General and was renamed the [Juvenile Justice Monitoring Unit](#) (JJMU).

<ul style="list-style-type: none"> • Baltimore City Juvenile Justice Center • Charles H. Hickey School • J. DeWeese Carter Children's Center • Kent Youth Boys Group Home • The Way Home - Mountain Manor • Thomas J.S. Waxter Children's Center 	<p>Claudia Wright: (410) 576-6597, cwright@oag.state.md.us</p>
<ul style="list-style-type: none"> • Cheltenham Youth Facility • Liberty House Shelter • One Love Group Home • Silver Oak Academy 	<p>Nick Moroney: (410) 952-1986, nmoroney@oag.state.md.us</p>
<ul style="list-style-type: none"> • Backbone Mountain Youth Center • Green Ridge Youth Center • Lower Easter Shore Children's Center (LESCC) • Meadow Mountain Youth Center • Morningstar Youth Academy • Savage Mountain Youth Center • Victor Cullen Center 	<p>Tim Snyder: (410) 591-6166, tsnyder@oag.state.md.us</p>
<ul style="list-style-type: none"> • Alfred D. Noyes Children's Center • Aunt CC's Harbor House Shelter • Graff Shelter for Girls • Karma Academy for Boys Randallstown • Western Maryland Children's Center • William Donald Schaefer House 	<p>José Saavedra: (410) 576-6953, jsaavedra@oag.state.md.us</p>
<p>Nick Moroney Director</p>	



Maryland Department of
Juvenile Services
Treating • Supporting • Protecting

May 24, 2012

**DJS Response to the Juvenile Justice Monitoring Unit (JJMU)
2012 1st Quarter Report**

DJS appreciates the time and care the JJMU has taken to provide DJS with their findings in the JJMU - 2012 1st Quarter Report. DJS has thoughtfully considered the reporting and suggestions provided. We will take corrective action in areas in need of our attention and response.

This response will first address the following two areas the JJMU has highlighted in their report and then will address comments regarding the facilities.

1. The department should expand the Intensive Service Unit (ISU) to other DJS facilities.
2. Increases in population and pending placement continue to be an issue at the detention centers.

Response

1. Intensive Service Unit (ISU)

DJS agrees that the ISU has helped curb incidents at the Baltimore City Juvenile Justice (BCJJC) facility and we appreciate the JJMU's acknowledgement that it has had a positive impact at BCJJC. The department is looking into the feasibility of expanding it to other facilities that can appropriately implement the model.

2. Population and Pending Placement

a. Population

Though there are occasionally times when every facility has more youth in residence than the rated capacity, the department requires that each facility increase staffing to maintain supervision standards.

As the JJMU are aware, Juvenile Court Judges and Masters issue detention orders (after arguments from both State's Attorneys and Public Defenders) with which we must comply. We do our very best, using a variety of methods (including detention case reviews) to keep detention populations low, but the population is often a result of factors we cannot control but still have to

manage. Our primary concern is for staff and youth safety and security; neither were compromised on the occasional day that we have higher populations.

Additionally, all of our Regional Directors work hand-in-hand with our facility staff to communicate about population spikes and move youth when necessary to avoid overcrowding.

Both the population and pending placement concerns the JJMU lists are limited to DJS' detention facilities. Though we understand the JJMU's concerns about keeping the population within the rated capacity, the JJMU's chart shows that the average daily population across 2011 was either just slightly above or below the rated capacity at each facility.

b. Pending Placement

The Department agrees and can fully appreciate the JJMU's remarks and frustration with youth remaining in detention centers waiting for a placement. Accordingly, the Department has developed a System of Care reform plan to address this problem.

The first component of the plan is the creation of a system of care out of the committed placements available in our system. The Department operates five facilities for committed youth with a combined capacity of 245. In addition, DJS contracts with 64 private providers accounting for 142 programs for additional committed beds. There are 665 youth in placement with private providers in Maryland. Youth who cannot be managed within the range of options available in Maryland are placed with out of state contractors.

The concept of a system of care contemplates taking all of the placements available and arranging them into a continuum based on their treatment delivery and their security level. At the shallow end of the continuum are the placements for youth with the lowest level of security and the least restrictive environments and at the high end, are the most secure facilities. Placements will be grouped by security level and within each group.

When youth struggle within a placement, rather than ejecting them back into detention, the system of care approach will move them into another placement and they will continue their treatment until completed.

The second component of the plan is the development of a Reception and Assessment Process for the evaluation and placement of youth. The goals of the DJS Reception and Assessment Process are:

- 1) Administer evaluations of youth committed to DJS to expedite placement into appropriate facilities;
- 2) Coordinate placements so youth are sent to facilities that best meet their treatment, educational, medical and security needs;
- 3) Develop a standardized assessment process under a best practices method that insures consistent, quality recommendations to the court and other requesting agencies;
- 4) Prepare youth to understand and become initiated into DJS' system of care that would facilitate the youth's transition into his/her appropriate placement;

- 5) Provide monitoring of the youth's progression and placement in various settings to insure that the services he/she receive are appropriate and maintained,
- 6) Provide further evaluation/assessment to those youth who are released from locations unsuccessfully and require transfer to an alternative placement.

The third phase is the development of Length of Stay Guidelines. The length of stay will be based on the severity of the offense committed and the treatment needs of the youth. The low end of the range given will be attainable if the youth successfully meets treatment goals, makes satisfactory progress in educational achievement and exhibits good behavior during the time in commitment. The high end of the range will be used if the youth is not engaged in treatment and/or education or otherwise behaves poorly.

It is important to have an assigned length of stay for youth which can be articulated at the beginning of their commitment so they know where the finish line is and what is expected of them.

Additionally, when considering the system of care concept above, it is vital to track the overall length of stay for youth who may be moving from one provider to another. This serves as a safeguard so that youth do not stay longer when we move to the continuum approach.

Facility Specific Responses

Alfred D. Noyes (Noyes)

Noyes serves male and female youth from Montgomery and Prince George Counties and serves females from Washington County, Allegheny County and Garrett County. The number of youth that are detained by court order in each of these counties rarely allows Noyes to feasibly practice single room occupancy. However, the rooms used for double occupancy meet national standards set by the American Correctional Association (ACA) for appropriate space in youth rooms. Of course, DJS prefers single occupancy in juvenile facilities as long as it is feasible and safe.

DJS continues to actively plan to have youth placed within a feasible time frame, and is addressing this issue system-wide as described above in the System of Care plan. The Department has also implemented the Treatment Orientation Program (TOP). The TOP is available to all youth that are awaiting placement at any of the Youth Centers or Victor Cullen. Youth participate in orientation sessions and follow-up assignments that can be credited towards their length of stay once they are placed at the designated treatment facility.

Noyes administration currently has a year-long contract pending approval for additional programming on the weekend and has identified a six week fitness program for the female population that began May 05, 2012. Noyes administration also has identified a resident advisor who will solely focus on organizing and creating other activities and recreation for all youth.

While the JJMU is correct in noting that Noyes does not have the space to accommodate an infirmary, DJS medical staff at Noyes are authorized to make referrals to an appropriate medical facility for youth who require such care. DJS has not found evidence there have been an increase of youth having communicable illnesses due to not having an on-site infirmary. Youth and staff at Noyes are trained on the daily practices of washing hands, cleaning of common areas, sharing of clothing or property, and basic hygiene to decrease the chance for communicable illnesses to spread.

Baltimore City Juvenile Justice Center (BCJJC)

The Department appreciates the JJMU's ongoing recognition of the success of the Intensive Service Unit (ISU) and its contributions to the decrease in incidents at BCJJC. On April 18, 2012, DJS's Director of Behavioral Health observed the ISU program at BCJJC to evaluate how the program could be implemented at other DJS detention facilities.

Outdoor recreation items have been requested and awaiting approval. Quotes were taken for outdoor flooring. D-Pod outdoor recreation area was power washed on April 7, 2012 and painted on April 15, 2012. F-Pod outdoor recreation area began power washing on May 3, 2012.

Charles H. Hickey Jr. School (Hickey)

Youth are placed on an Intensive Behavior Management Plan for various reasons, most significantly to ensure the safety of the youth and staff at the facility. During the first quarter, there was only one youth on an Intensive Behavior Management Plan requiring him to be placed on the Infirmary Overflow wing. While that youth was placed on this unit from January 1st to the 19th due to his aggression towards youth and staff and AWOL attempts, he did participate in unit activities on Douglas Hall during his time. On January 6, 2012, his behavior plan was implemented and several amendments were made to it as he gradually made his way back into the peer culture.

Intensive services plans are developed to meet the individual needs of each youth. The Treatment Team, in collaboration with the youth, identifies the particular needs and develops the plan to reduce negative behavior. The Treatment Team is headed by a licensed psychologist. The plans are youth driven; staff serve as the support by providing supervision, daily one-on-one interaction and encouragement while the youth is on the plan. The youth is able to identify treatment goals, and action steps to achieve such goals.

The Treatment Team meets weekly to discuss progress and/or to revise the plan. The youth attends each meeting and is able to receive more intense services from the mental health department. The youth also receives educational and recreational services. Youth are usually able to make significant progress while being on the plan such as learning to channel negative energy and the development of pro-social skills. As a direct result of the Behavior Management Plan, the youth described above was able to successfully re-integrate with his peers and fully participate in activities.

The Intensive Behavior Management is consistent with DJS policies and promotes the safety and well-being of youth and staff.

Cheltenham Youth Facility

The Department appreciates the JJMU's acknowledgement that the number of reported instances of aggression at CYF has dropped significantly compared with the first quarter of 2011, as well as their notation that the number of injuries associated with instances of aggression has declined remarkably compared with the same period last year. The reductions from 2011 to 2012 are as follows:

- Youth on Youth Physical Assault was 102 to 85;
- Youth on Youth Physical Assault with Injury reduced from 57 to 25;
- Alleged Youth on Staff Physical Assault reduced from 14 to 12;
- Group Disturbances (injury/property destruction) reduced from 12 to 9;
- Group Disturbances (without injury/destruction) remained the same at 2;
- Restraints reduced from 154 to 140; Restraints with Injury reduced from 67 to 31;
- Seclusions over eight hours reduced from 2 to 0;
- Physical Child Abuse Allegations (DJS Custody) reduced from 8 to 4; and
- Suicide Ideation, Gesture, Attempt or Behavior reduced from 20 to 18.

The Department continues to focus on that trend and has implemented the following interventions to ensure a sustained reduction in incidents:

- On the unit where incidents had increased, the Unit Manager was replaced with a more seasoned manager.
- Increased the number of veteran staff to the unit where most of the incidents were occurring.
- Implemented a Code Orange where staff call for assistance before an incident occurs.
- Implemented a "Unit of the Week" program to encourage the youth to work together as a team to earn an incentive as a unit.
- Mental Health Professionals and Case Managers review youth every Monday that have been potential problems, and counsel them on those issues.
- Assessment to determine feasibility of implementing an Intensive Service Unit at Cheltenham modeled after the program at the Baltimore City Juvenile Justice Center.
- The installation of additional security cameras at Cheltenham, which is scheduled to be completed by June 1, 2012.
- Assessment for implementation of TOP program that is currently utilized at Hickey for youth waiting for placement at the Youth Centers or Victor Cullen.

The environment at Cheltenham is aesthetically clean on all the units, and staffing ratios are met daily to ensure proper supervision of youth.

All of the rooms on the infirmary meet ACA standards. The facility is able to accommodate the youth who are in need of an infirmary bed so that they are in close proximity to the medical staff. The facility has maintained appropriate staff to youth ratios on the Infirmary.

As stated on numerous occasions, while DJS desires to have single occupancy room assignments, during surges in the population it becomes necessary to utilize the available space and assign two youth to a room. All rooms at Cheltenham exceed ACA standards for double occupancy and provide the recommended space needed to accommodate detained youth.

The pending placement population at Cheltenham has not increased during this quarter; it has slowly shown a slight reduction.

Cheltenham continues to recruit to fill staff vacancies. There have been 8 Resident Advisors (RA) hired since January. An additional 14 have been interviewed and are awaiting the results of criminal background checks. There have also been two pre-screenings held at the facility to address the staffing needs during the first quarter. The facility has met its required staffing ratios during its first quarter to ensure proper supervision of youth.

There is a recreation schedule in place that meets the mandatory recreation requirements and there are extra activities scheduled daily.

The Centralized Laundry Service is being renovated. However the facility ensures that youth have an ample supply of clean clothing and soiled items are laundered daily on the living units. Renovations are slated to begin in June 2012. Maintenance has repaired all defective or damage floors throughout the facility. New furniture for each unit has been approved and the facility is awaiting delivery.

J. DeWeese Carter Children's Center (Carter)

DJS would like to clarify that the data reviewed for the first quarter is now accurate. There were two Student Behavior Reports (SBRs) which should have been captured as incident reports, those incidents were later inputted into the incident data base on March 18, 2012 and on March 23, 2012. The entire staff also received training on incident reporting April 11, 2012.

The room referenced in the JJMU report is designated as a place for "time out" or personal restriction for youth. Personal restriction is ten minutes in duration. It gives the youth an opportunity to reflect on their behavior away from peers. Additionally, the room is a safe place for youth who are physically out of control and who may need to cool down. The room is free of additional furnishings, and items such as pillows and sheets that a youth may use to harm herself or cover the observation window.

Physical restraint is used as a last resort only when a youth displays behavior of imminent injury to self or others, or makes an overt attempt to escape. The goal of physical restraint is to ensure safety by controlling the threatening situation. Of the nine restraints for the entire quarter, one youth was restrained on five separate occasions for aggressive behavior that threatened the safety

and security of the other youth and staff within the program. Consistent with DJS policy, all nine restraints were reviewed by the Facility Superintendent and Executive Director.

In response to the two incidents referenced where the youth had to be removed from the bathroom, it was due to the youth destroying property in the bathroom and attempting to barricade herself inside the stall. Two male staff members entered the bathroom after being cleared to do so by the Shift Commander. The handheld video recorder is used to document restraints whenever possible to address issues of performance, accountability, youth allegations and staff training.

Carter is a hardware secure treatment facility. All youth leaving the facility will be secured during transport in accordance with policy. The transporting staff assigned to transport must apply the seat belt to the youth once they are seated, prior to travel. Often times the youth will remove the seat beat during transit. The waist chain and black box helps to restrict the youth movement to prevent breeches of safety and security. The application of restraints during transport is not a new process at Carter or any other hardware secure facility operated by DJS. New equipment was ordered to ensure there was enough equipment.

While fire drills were conducted monthly during this reporting period the JJMU monitor is correct that they were not conducted on every shift. The department takes fire safety very seriously and will work with the facility staff to ensure fire drills are occurring in accordance with departmental policy.

The JJMU monitor's concern in reference to the shower curtain was addressed on March 22, 2012. The shower curtain was adjusted by 12 inches which allows for staff to see the youths' heads. The doors were removed for safety and security reasons to prevent barricading and to allow for quick entry during possible suicide attempts. In keeping with best practices and guidelines of the Prison Rape Elimination Act (PREA) standards the entrance door to the bathroom was removed to eliminate places of seclusion where physical and sexual attacks can occur. Bathroom stalls with doors and shower curtains provide for youth privacy for toileting and showers. Additionally, DJS notes that only female staff members supervise the youth during showers and hygiene. The shifts are divided with 1 male per shift at a minimum. The current ratio male to female staff at Carter is 9 females to 6 males.

In response to the youths' feedback that they are not satisfied with the food DJS has provided at the facility, the following action plan has been implemented:

- Improve communication between the contractor Linton's Managed Services, Carter administration, and the DHMH food contract monitor. A meeting was conducted on March 20, 2012 between Carter administration, DJS Nutrition Services Director, DJS Food Administrator for the Eastern Shore, Linton's Director of Operations and District Manager, and the DHMH contract monitors. As a result of the meeting several menu items were changed, a communication log book and procedure to inspect meals daily was agreed on, and a plan for monthly meetings between DJS management and Linton's management.

- Site visits weekly by DJS management to interview girls and report back to Linton's regarding the food quality and complaints.
- New summer menus to begin in June addressing food preferences and eliminating some of the dislikes in an effort to improve menu acceptability.
- Increase site visits by DHMH to monitor the state contract for contract deliverables, food quality, and food safety standard operating procedures.

In response to the JJMU's comment that there are no vocational services offered at Carter the department would like to offer clarification. When the program re-opened for girls MSDE began offering Computer Literacy training, which offers five levels of competency. The girls are experiencing success in the program and have earned multiple levels of certificates. Additionally, MSDE offers commercial food service training through the Serv-Safe Program. As of April 27, 2012, four youth have completed and earned certificates. However, both MSDE and DJS would like to see additional vocations at the Carter Center and are working collaboratively to expand vocational programming.

Prior to the opening of the Carter program, all staff were provided a three day training in gender responsive services. One full day covered "Trauma Practice in Juvenile Justice Settings," designed by Dr. Laurel Kiser, a psychologist on the staff of the University of Maryland School of Medicine, Department of Psychiatry, and Director of the Family Informed Trauma Treatment Center. This provided the following critical content:

- Understanding trauma and the impact on adolescent girls,
- Incorporating trauma-informed principles in Carter programming, and
- Learning effective trauma-informed practices

The major objective of the training was to ensure that all programming that is provided is guided by a trauma-informed practice. Each girl entering the program is assessed specifically for trauma impact using the Trauma Symptom Checklist for Children (TSCC). The TSCC evaluates responses to unspecified traumatic events in several symptom domains (anxiety, depression, anger, posttraumatic stress, dissociation, and sexual concerns). It has been standardized on a large sample of racially and economically diverse children from a variety of urban and suburban environments and provides norms according to age and sex. The results of the TSCC are interpreted and the therapist integrates them into an individualized treatment plan.

Additional training will be provided in early June by Margaret Blaustein, Ph.D., from the Trauma Center at the Justice Resource Institute. This is a two day training on a focused application of Attachment, Self-Regulation and Competency (ARC). It incorporates psychoeducation regarding complex trauma, and active discussion on ways to implement this within DJS and especially in the Carter Program. In addition, Dr. Blaustein and her staff will provide 12 consultation calls to the Carter staff. The ARC model was recommended to DJS by Dr. Laurel Kiser.

"Gender responsiveness" is a term used to describe treatment approaches designed for women and/or girls, with their needs in mind. This is in recognition that although both boys and girls

both enter the juvenile justice system due to some of the same risk factors, these risk factors may impact girls differently than they do boys.

Maltreatment, mental health issues and family problems are key risk factors for girls. Mental health issues for girls are somewhat different than for boys—for example; boys outnumber girls by a ratio of 3:1 in the diagnoses of ADHD and conduct disorder.. It is good to keep in mind, however, that we see all these diagnoses in both boys and girls. Girls and boys develop differently, both biologically and socially, and face different pressures. The implications for treatment are that services must:

- Address sexual and physical trauma;
- Respond to the mental health problems of depression, anxiety and other trauma related disorders;
- Include a strong family component;
- Encourage positive school attachment; and
- Provide an interdisciplinary treatment model.

The Challenge Program is a behavior management program; it is not a therapeutic program. The program is grounded in the principles of positive reinforcement and modeling and is intended to encourage pro-social behavior. The behavior management strategies of the Challenge Program are designed to elicit positive behavior rather than simply punish inappropriate behavior. Behavior expectations are clearly delineated, and appropriate behaviors are reinforced through the attainment of program incentives and social praise. All DJS staff receive program training and are expected to be positive role models by behaving in a professional manner at all times; by remaining objective in dealing with youth misbehavior; and by showing youth as well as other staff members respect at all times. Respectful interactions between staff and youth, as measured by tone of voice and selection of words when making a request, for example, are very important. If staff treat girls with respect, they are more likely to be treated with respect in return.

Community meetings are held daily and provide the girls with opportunities to develop problem-solving skills, improve interpersonal peer relationships, and practice leadership roles. Community meetings focus on responsibility, teamwork and good citizenship. It also provides the girls with an opportunity to have input into planning activities for the community. For example, goals are set for the achievement of special rewards. Reinforcements are used to reward the girls for positive behavior, which were selected with their input and preferences in mind.

The Challenge Program provides order and structure, teaches the girls needed social skills, and provides the safe environment needed to provide the treatment services offered by Carter clinical staff.

Currently, therapeutic services are provided by two mental health therapists, an addiction counselor, and the nursing staff. These services include individual, family and group therapy; drug and alcohol education and treatment; and health education. The services were designed with the following underpinnings:

- Attention to the specific treatment needs of the girls entering the facility,
- Principles of gender responsiveness, and

- Principles of Trauma-Informed care.

In May 2011, the Department published a report on female offenders in the Maryland DJS system. Between FY06 and FY10, approximately 270 girls were committed to DJS for out-of-home placement. The most common offense committed by these girls was 2nd degree assault. Ninety percent of the girls who were placed out of home had a family related need that was rated "moderate to high." Seventy-five percent had a mental health need rated "moderate to high." Sixty-two percent had a substance abuse need rated "moderate to high." Forty-six percent reported a history of physical or sexual abuse during their lifetimes. Data also showed that while serious incidents in all facilities serving girls increased by 11%, during the same period it decreased by 23% for boys. This data helped to form the treatment services offered at Carter that:

- Address family, mental health and substance abuse needs;
 - Provide treatment to reduce aggression; and
- Ensure that these services were provided in a structured behavioral management program designed to promote positive behavior.

Additionally Carter offers girls the following services:

Seven Challenges: Carter utilizes the Seven Challenges Substance Abuse Treatment Program. This is a structure substance abuse treatment program provided through individual sessions and group therapy. It is an empowerment model for youth who have or are experiencing power imbalances such as, physical and sexual abuse, poverty, and crime ridden neighborhoods. Through the program, the girls develop a voice and build self-esteem as they learn to make their own decisions. A consultant/trainer from the national program provided specialty consultation with the mental health staff, addictions counselor, and other facility staff modifying Seven Challenges specifically for girls. A mental health therapist co-facilitates the group at least one of the groups each week to provide knowledge and insight of trauma-based and other clinical issues that may emerge.

Mental Health Therapy: The mental health therapists are members of the facility interdisciplinary treatment team which includes representation from case management, nursing, substance abuse services, school guidance counselor and a group life manager. The services that the therapists provide include individual, group and family therapy. Mental health services are available 6 days a week. Services on Saturday are available during the hours of family visits to maximize the opportunity for the therapist to provide family therapy services.

Girls' Circle: This is a strengths-based support group that addresses the unique needs of girls by integrating relations, cultural theory, resiliency practices and skills training into a format designed to increase positive connection, personal and collective strengths, and competence in girls. It aims to counteract social and interpersonal forces that impede girls' growth and development. The group is held weekly. The U.S. Department of Justice's Office of Juvenile Justice Delinquency Prevention rates this program as a promising practice.

Individual Therapy: The therapists explore the impact of trauma through their individual sessions. This includes providing supportive listening, validating traumatic impact, and providing empowerment to help the girls view themselves as survivors rather than victims.

Therapists also provide psycho-education during these sessions about trauma, its potentially long-lasting effects, and use journaling with the girls between sessions to sort through affect and develop healing coping mechanisms.

Health Education: Nursing staff at Carter and from headquarters provide educational sessions to girls on a variety of topics.

Making Proud Choices: This 8 week program is designed to educate girls on sexually transmitted diseases, HIV, and pregnancy prevention. These sessions are augmented with additional sessions on puberty, reproductive anatomy and physiology, the process of reproduction; pregnancy and childbirth; sexual diversity.

Currently nursing staff are analyzing a survey on the types of educational programming that girls and facility staff think are important. A new round of sessions will be developed and implemented based on the results of that survey.

Lower Eastern Shore Children's Center (LESCC)

DJS is committed to safe staffing levels. DJS has performed a thorough review of staffing plans for all DJS facilities to determine the appropriate staffing levels. The Secretary is committed to hiring residential staff and has streamlined the process to get new staff on board as soon as possible. LESCC currently only has one RA vacant position.

LESCC assaults did increase during the first quarter of 2012. This increase was partially attributable to a youth who was responsible for more than 8 youth-on-youth assaults during this period.

The intake process begins with two staff, if it is a DJS Transport. The transportation driver stays and helps with the search of the youth. Case Managers are also called to help with the intake process in addition to Group Life Managers.

Lastly, cameras and the DVR system for LESCC are anticipated in the next fiscal year.

Victor Cullen Center (VCC)

The JJMU's quarterly report reflects a reduction in incidents. In the first quarter of 2011, there were 14 youth-on-youth assaults compared to 11 in the first quarter of 2012. In the first quarter of 2011, there were 5 youth-on-youth assaults with injury while there was 1 during the first quarter of 2012. More than half of the restraints used this quarter were directive touch or an escort to prevent situations from escalating. Mechanical restraints were used to safely transport youth to social separation or seclusion to help prevent a more serious incident from occurring.

Seclusion has been utilized at the facility to manage youth who were an imminent threat to self, others or a risk of escape. From July to December 2011, a span of 164 days, seclusion was used 50 times. From January 1, 2012 thru April 30, 2012, a span of 121 days, seclusion was used 28 times.

Challenge, the Department's behavioral management program, was implemented March 19, 2012 to provide for a more structured environment for youth and staff. Oversight of program implementation is being provided by the Director of Behavioral Health and the Executive Director for Residential Services. Additionally, DJS certified training coordinators have been assigned to Victor Cullen to provide on the job training. These trainers will also assist with yearly mandatory re-fresher training for staff at Victor Cullen.

In an effort to increase the pool of applicants, VCC participated in job fairs at Frederick Community College and Hagerstown Community College. The recruitment process is ongoing. When potentially qualified applicants are identified, interviews take place at VCC with up to 15 applicants. As of the end of April 2012, VCC has selected applicants for all RA positions.

DJS has revised the process to assist in educating newly hired staff by assigning them to observe at the facility prior to beginning Entry Level Training. Additionally, newly hired staff complete Entry Level Training in six consecutive weeks, which provides for a fully trained and better prepared employee to assume supervision responsibilities. As of March 21, 2012, VCC interviewed and hired three Resident Advisor Supervisors. Two of the Resident Advisor Supervisors serve as Unit Managers. Each is assigned supervision of two housing units. The third Resident Advisor Supervisor is assigned to supervise school operations and movement.. The facility is in the process of hiring two additional RA Supervisors. The RA Supervisor position was not originally assigned to VCC when it re-opened in 2007. Over the last two years, DJS has added four RA Supervisors to VCC's roster.

In the past, Group Life Managers were performing a dual role acting as the shift commander and cottage manager. Now, they are responsible solely for the overall supervision of the campus. DJS has established a clear rank structure which affords better supervision and communication between each of the levels of supervision. DJS has also submitted a request for an additional Assistant Superintendent who will directly oversee operations, while the existing Assistant Superintendent will oversee facility programming and support. Lastly, the facility is recruiting for a second Recreation Specialist to expand recreational programming for the youth after school and on weekends.

DJS also appreciates the JJMU's acknowledgement of the vocational services being offered at VCC which includes certification through the National Center for Construction Education and Research, a not-for-profit organization that offers students industry-recognized credentials. The JJMU also recognized that VCC is working on the implementation of a new aquaponics project to the current science curriculum.

DJS plans to install security cameras in the school in the near future to help provide additional security. Until that time, an RA Supervisor will continue to be assigned to the school to supervise all youth movement within the school. Youth move in separate groups by their cottages one at a time when leaving the school.

To ensure that Community Case Managers (CMS) are visiting their youth at VCC each month, the Director of Community Services receives a list of youth from VCC that have not yet been

visited by their CMS by the 20th of each month. With that list, immediate instruction is sent out to respond within the next 10 days. This process was implemented in the last few months and it is expected that compliance by CMS will improve.

Thomas J.S. Waxter Children's Center (Waxter)

Changes were made to the leadership at Waxter during this quarter. An Assistant Superintendent position was established at the facility. The assistant superintendent was promoted from within DJS, and began her assignment at Waxter's on March 26, 2012, the same date of transfer of the previous superintendent. The newly recruited Superintendent assumed her duties on May 2, 2012. The new structure provides for improved administrative oversight. The individuals selected bring extensive knowledge and experience in security, case management, and female programming.

The facility is exploring the feasibility of establishing an Intensive Services Unit program to address chronic behavior management problems. In reviewing the incident data, DJS has determined that almost half of the 70 physical restraints were utilized to prevent a physical altercation from occurring.

The following staff provide mental health services for the girls at Waxter: two full time psychologist, a licensed clinical psychologist who is available three days each week, and a psychiatrist, who is available one day each week. Youth who need a more intensive level of service than can be provided on site are screen and placed at an appropriate psychiatric facility.

The following rehabilitative services are currently in place at Waxter: a behavior management program, substance abuse education provided by two addictions counselors, case managers provide groups twice a week and individual counseling daily to address the youth concerns, mental health staff conduct groups weekly and provide individual therapy sessions. Groups provided by mental health staff address topics such as anger management, trauma and abuse, healthy relationships, risk taking behaviors, emotion regulation, distress tolerance, parenting and family issues, and assertiveness training. Additionally, youth receive indoor and outdoor recreation. The assigned recreation specialist is developing an expansion of the fitness program.

The Maryland State Department of Education will assume full responsibility of Waxter's Educational Program effective August 22, 2012.

Waxter has the capacity to sleep 45 youth; the highest population during this quarter was 42.

Western Maryland Children's Center (WMCC)

The part-time nurse position has been filled. The facility has a vacant RA lead position and two vacant Resident Advisor positions. The facility does not have an allocated recreation supervisor position, however structured activities are scheduled by a designated resident advisor. Activities include scheduled indoor and outdoor physical activities and tournaments for youth.

The porcelain toilets are being replaced with stainless steel as needed.

William Donald Schaefer House

The Department temporarily suspended off ground activities while appropriate operating procedures were being developed to ensure safety and security. In an effort to address structured programming, the facility administration is working with clinical staff to develop a structured schedule of activities, to include off grounds.

The Schaefer House program is a 90-day program which limits establishment of a vocational training program.

Youth Centers

The Youth Centers in conjunction with Community Case Management refers many youth to step down programs: Continuum of Opportunity Re-entry Program (CORPS) -Baltimore City Youth, Functional Family Therapy- Anne Arundel County, Regeneration Project-Baltimore City, Telamon Corporation-Wicomico County, and Operation Safe Kids.

The Youth Centers always provide a complete aftercare plan for each youth upon their release. This aftercare plan is always individualized and appointments for specialized needs are scheduled before release. They include, but are not limited to: CORPS program, outpatient treatment, mental health, family therapy, independent living programs, and group homes.

Recently 8 contract direct care positions were allocated for the Youth Centers.

Assaults and restraints did increase to some extent during the first quarter. The Youth Centers have been managing a difficult mix of youth and coupled with newly-hired direct care workers, this was the more likely reason that incidents increased.

The Department suspended off-grounds activities and on ground activities occurring after dark on February 3, 2012 resulting of a number of escapes from on and off campus. This suspension of activities did not impact the College Program at Backbone. Careful consideration was given in the decision to curtail off-grounds trips. Public safety was considered to be a high priority. A partial procedure for off-grounds educational trips was re-introduced on March 8, 2012.

Full reinstatement of off-grounds trips occurred on April 4, 2012. The current process takes into consideration public safety with clearly defined guidelines and expectations while allowing youth to benefit from treatment appropriate activities in the community under the supervision of experienced staff.

Off-grounds activities now have a process for approval and a procedure to determine youth who are eligible for the trips. Off-grounds service projects have also been reinstated. Green Ridge

youth participated with the National Park Service cleanup of Fort Frederick after the annual Market Fair on April 30, 2012. Green Ridge Youth are also scheduled for several projects throughout the summer months. The Reflections program and Frostburg State University outings have resumed.

Although the Black History contest was postponed while the off-campus procedure was being developed, Green Ridge Youth Center held a Black History contest on March 21, 2012.

The Youth Centers do include vocational opportunities in addition to job training, which include landscaping, food preparation, janitorial services, and forestry. These opportunities are all a part of the educational experience.

Uniform clothing is provided to all youth at the Youth Centers. Clothing that has been damaged or overly worn is replaced. An inventory of all youth clothing is conducted bi-weekly. Boots and shoes are replaced when needed.

The length of time it takes for a youth who has been referred for medication evaluation by staff or by Somatic Health is approximately one month. At the very most, that process has taken 6 to 8 weeks on rare occasions. Medication reviews/rechecks are scheduled every 4 to 6 weeks. There was a time when the amount of medication referrals increased, which resulted in a backlog. However the psychiatrist and the Director of the Allegany Health Department have coordinated with the medical staff at the Youth Centers to accommodate for the extra time needed to get the evaluation.

The DJS Director of Behavioral Health has made numerous visits to DJS's facilities around the state to discuss and plan for the implementation of the Challenge Program. Several meetings and discussions regarding its implementation at the Youth Centers have occurred. Currently, a meeting is scheduled for May 16th. All concerns are being addressed to ensure the seamless integration of the Challenge Program into the existing programs at the Youth Centers.