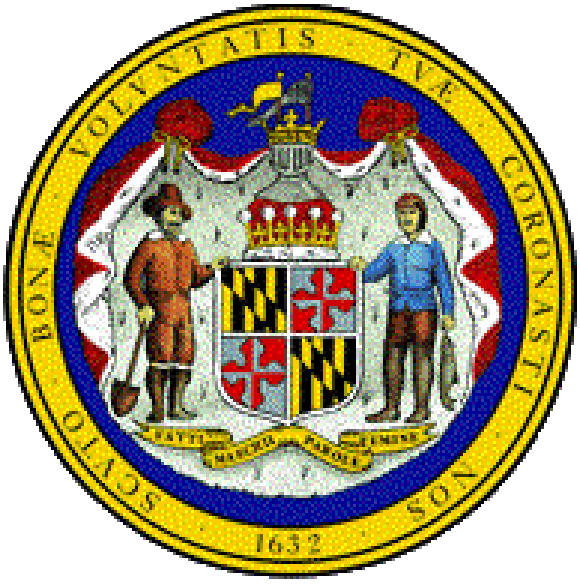

JUVENILE JUSTICE MONITORING UNIT

OFFICE OF THE ATTORNEY GENERAL

3rd QUARTER 2012 REPORTS

NICK MORONEY
Director

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

October 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

Ms. Anne Sheridan, 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. Sheridan, 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 Third Quarter of 2012, from July 1 to September 30, 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 Stocksdale, 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

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Linda McWilliams, Karl Pothier and Jay Cleary, DJS

THIRD QUARTER 2012 - COMPREHENSIVE REPORTS

THIRD QUARTER 2012 - FACILITY UPDATE REPORTS

REPORTS OVERVIEW AND CONTEXT

Pronounced progress has been made by the Maryland Department of Juvenile Services (DJS/the Department) in providing services to Maryland's most vulnerable and challenged youth. A focus on addressing some of the most significant issues for youth has started to pay dividends. Much remains to be done and positive changes need to be permanently institutionalized.

Reducing violence

Violence is the most serious issue inside juvenile detention facilities. The level of violence has come down significantly during 2012 at the three most populous DJS detention centers: the Cheltenham Youth Facility (CYF) in Prince George's County; the Baltimore City Juvenile Justice Center (BCJJC); and the Charles H. Hickey, Jr., School (Hickey) in Baltimore County.

Pending placement and alternatives to detention

Pending placement is the name given to the status of youth waiting in inappropriate and costly detention center environments for a slot in a court-ordered program. The Department has made substantial gains in serving these youth more expeditiously. The results can be seen at the Baltimore City juvenile detention center (BCJJC) and at Cheltenham (CYF) in Prince George's County where many fewer youth are now waiting on dead time (time not counted toward court mandated commitment) on a typical day than at any time for many years. The Department is endeavoring to institutionalize these transformations.

The Department is allocating time and effort in investigating and utilizing appropriate alternatives to detention for non-violent youth and the overall average daily youth population at BCJJC and Hickey is lower than at any time in recent years.

Although the number of youth pending placement at CYF has come down from approximately 50% to approximately 33% of daily population, more youth are being sent to CYF and overall population numbers have not substantially decreased at that facility.

Services for female youth

After years of comingling pre-adjudicated and committed youth, the Department moved its committed program for female youth out of the inappropriate environment of the Waxter detention center and into a dedicated center during November of 2011. The Carter treatment center was recently bolstered by the addition of a trauma informed treatment component and further program enhancements are expected.

JJMU reports for the third quarter of 2012

While DJS has made considerable progress in tackling longstanding problems with broad systemic impact, improvements are still needed at the facility level as indicated by the JJMU reports for the third quarter of 2012.

2012 third quarter reports indicated:

- ✓ Incidents involving aggression decreased at the three most populous detention facilities: BCJJC in Baltimore City; CYF in Prince George's County; and the Hickey School in Baltimore County. Aggressive incidents also decreased at the Waxter, LESCC and WMCC detention centers.
- ✓ Incidents involving aggression markedly decreased at the Victor Cullen treatment center.
- ✓ The numbers and/or proportion of youth in detention centers pending placement (waiting for acceptance into a program) has dropped dramatically at the largest detention centers.
- ✓ The program at the Carter treatment center has been strengthened by the addition of a trauma informed program.
- ✓ The Department has launched an initiative to expand recreational resources and activities throughout DJS facilities.

Reports also indicated:

- At the youth center treatment facilities, aggressive incidents increased during the third quarter compared with the same period last year.
- At Carter, the number of physical restraints increased, including those associated with injury of youth or staff during or preceding restraint. The increase was in the third quarter as compared with the second quarter of this year. At Waxter, physical restraints constituted a substantial portion of total incidents during the third quarter and 44% percent of the physical restraints were associated with injury to youth or staff during or preceding the use of physical restraint.
- Seclusion was sometimes utilized inappropriately at BCJJC and Waxter.
- Overcrowding was an issue at CYF, LESCC and Noyes detention centers.
- Mental health related services and staffing should be enhanced at Carter, Waxter and the youth centers. Trauma-informed care should be expanded so as to be available to all youth in DJS facilities.

NICK MORONEY
Director

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

FACILITY REPORT
BALTIMORE CITY JUVENILE JUSTICE CENTER
JULY – SEPTEMBER, 2012

Facility: Baltimore City Juvenile Justice Center
300 North Gay Street
Baltimore, MD 21202
Superintendent: Jeremy Smith

Dates of Visits: July 6 and 14
August 7 and 28,
September 8, and 11, 2012

Reported by: José D. Saavedra, Senior Monitor
Eliza Steele, Monitor

Persons Interviewed: Youth, Superintendent, Assistant Superintendent, Direct Care Staff, and Education Staff, Medical Staff

Date of Report: October 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 Department of Juvenile Services (DJS/the Department) operates the detention center. The Maryland State Department of Education (MSDE) operates the facility school.

SUMMARY OF CRITICAL FINDINGS

- There was a decrease in the number of reported aggressive incidents during the third quarter compared with the same period in 2011.
- The average youth population at BCJJC during the third quarter was 94 compared with 115 during the third quarter of 2011.
- There was a significant reduction in the number of youth at BCJJC waiting for treatment program placement for 60 days or more compared with the same period last year.
- There is evidence that seclusion was sometimes used inappropriately.
- There was a slight increase in the number of detention status youth at BCJJC for two months or more.
- African American youth constituted 98% of facility population in the third quarter.

FINDINGS

1. Population

a. General (July through September, 2012):

Facility Capacity	High Population	Low Population	Average Population	Days Over Capacity
120	115	71	94	0

The average population at BCJJC has been decreasing. The average population in the third quarter was 94 compared with 115 during the third quarter of 2011. The population at BCJJC on the day of data collection (October 2, 2012) was 78.

b. Pending Placement and Detention – Third Quarter 2012 vs. 2011

Throughout the third quarter, the intake office received 783 youth entries at BCJJC. Some entries represent youth who spent less than a full day at the facility while others entered and exited multiple times between July and September of 2012.

Of the 783 youth entries, 653 were classed as detention status entries and 130 as pending placement (adjudicated and waiting to transit to a program). The chart below shows that the number of youth in long stay pending placement status during the third quarter decreased sizably in comparison to the third quarter of 2011. The number of youth in long stay detention status increased slightly.

Youth at BCJJC 60 days or more	During Third Quarter 2011	During Third Quarter 2012
Pending Placement	85 youths (60, 60, 61, 63, 63, 63, 64, 67, 69, 69, 69, 69, 69, 71, 71, 75, 75, 75, 75, 76, 76, 76, 77, 78, 78, 79, 82, 83, 84, 85, 85, 86, 86, 86, 86, 87, 88, 90, 91, 91, 92, 93, 93, 93, 94, 94, 95, 96, 97, 97, 100, 101, 102, 103, 106, 110, 111, 113, 116, 117, 117, 119, 120, 121, 123, 124, 130, 131, 135, 139, 139, 140, 141, 141, 143, 145, 159, 163, 172, 175, 176, 180, 190, 198 and 209 days)	30 youths (61, 64, 64, 67, 68, 69, 70, 70, 71*, 72, 73, 75*, 77*, 80, 82*, 85, 87, 92, 94, 105, 107, 114*, 118, 123, 129, 131, 145, 174, 179, and 189 days)
Detention	14 youths (60, 65, 70, 72, 73, 81, 95, 106, 122, 123, 123, 123, 194, and 205 days)	24 youths (63, 64, 65, 68*, 69*, 70, 74, 76, 77*, 77*, 78*, 85*, 87, 91*, 92*, 104*, 113, 117, 124, 127, 139, 142, 144 and 154 days)

*Youth still at BCJJC as of data collection date (October 9, 2012).

Each number in the long stay table above represents a youth who spent at least two months at BCJJC. The chart indicates a significant reduction in the number of youth "pending" or awaiting placement while at BCJJC during the third quarter compared with

the same period last year. The table also details the slight increase in the number of detention status youth at BCJJC for two months or more.

c. Population by Race/Ethnicity

During the third quarter of 2012, total admissions to BCJJC were down, however, approximately 98% of youth entries were for African-American youth, up marginally (1%) from the same period in 2011.

	Q3 2011	Q3 2012
Total Admissions	803	783
African American	781	769
White or Caucasian	19	8
Latino/Hispanic	3	5
Asian/Native Hawaiian/American Indian/Unknown	0	1

Race/Ethnicity	% Q3 2011	% Q3 2012
African American	97%	98%
White or Caucasian	2%	1%
Latino/Hispanic	<1%	<1%
Asian/Native Hawaiian/American Indian/Unknown	0%	<1%

2. Staffing

The detention center needs to be fully staffed and current position vacancies include those for an assistant superintendent, a group life manager and four resident advisors (direct care staff).

3. Safety and Security

a. Aggregate Incidents

BCJJC staff reported 239 total incidents in the third quarter of 2012, a decrease from 328 in the same period last year. Incidents associated with injury to youth and staff also declined, from 111 in the third quarter of 2011 to 96 during the same period this year. This is positive news, but it is important to note population differences within the comparison: average population decreased from 115 youth in the third quarter of 2011 to 94 during the third quarter of 2012. Selected events are compared below.

BCJJC - Selected Incident Categories	Q3 2011	Q3 2012
1. Youth on Youth Assault	86	69
2. Youth on Youth Assault – Associated With Injury	48	39
3. Alleged Youth on Staff Assault	13	6
4. Alleged Youth on Staff Assault – Associated With Injury	4	2
5. Group Disturbances - Injury/Destruction Associated	6	6
6. Group Disturbances – Without Injury/Destruction	3	1
7. Restraints	142	109
8. Restraints – Associated With Injury	53	48
9. Restraints with Handcuffs and/or Shackles	49	39
10. Seclusions	141	104
11. Locked Door Seclusions over eight hours	4	3
12. Contraband	11	9
13. Suicide Ideation/Gesture/Attempt/Behavior	4	5
14. Physical Child Abuse Allegations (DJS Custody)	1	2
15. Alleged Inappropriate Staff Conduct/Comments	4	2

b. Seclusion and Physical and Mechanical Restraint

Seclusions and restraints involving handcuffing or shackling lessened during the third quarter compared with the same period last year, however, evidence cited below suggests seclusion and restraint are sometimes being used inappropriately at BCJJC.

DJS crisis prevention management (CPM) policy includes the following: "Employees may not use CPM techniques, including restraints or seclusion, as a means of punishment, sanction…demonstration of authority, or program maintenance (enforcing compliance with directions)." Per Departmental policy, seclusions and restraints may only be used in order to "protect or prevent a youth from imminent injury to self and others or to prevent overt attempts at escape" and, even in these situations, only "as a last resort."

The section that follows contains descriptions of a selection of incidents which occurred at BCJJC during the third quarter during which seclusion, physical restraint, mechanical restraint or a combination of the three were applied in violation of the above referenced DJS policy:

1. Youths were secluded for refusing to process about previous day's incident:

   Youths H and I were involved in a physical assault at 4:15 p.m. Youth H was both physically and mechanically restrained, but was not placed on seclusion. Youth I was not restrained, but was placed on seclusion for two to four hours (see DJS Incident Report [IR] number 103948).

   Youths H and I were both placed on seclusion at 7:50 a.m. the following day for refusing to process with staff about the alleged assault detailed in IR 103948 (see IR 104018).

   The seclusion of youths H and I was extended for more than eight hours because both youth "refused to process and to give positive alternatives to their negative behavior" (see IR 104020).

   For other instances when one or more youths were secluded the day after their involvement in a separate incident for which they were not secluded at the time see IRs: 103327/103331, 103509/103536, 103532/103533/103548, 104095/104113, and 104349/104370.

2. Youths were secluded as a punishment for ongoing disruptive or disrespectful behavior:

   Youth "continued to sit in the dayroom being disrespectful" and "using an excessive amount of profanity." Youth refused directives to stop. Additional staffers responded to the unit and the youth was placed on seclusion (see DJS IR 104345).

For other instances when youth was secluded for prolonged negative, but not physically aggressive behavior, see IRs: 103535, 103238, 103294, 103783, and 104291.

3. Youths were restrained (physically and/or mechanically) and/or secluded for refusing to comply with staff directives:

Youth was restrained, handcuffed and placed on seclusion for refusing staff directives to go to his room after he threw a sweater in the trash. According to the documentation, the youth remained in handcuffs for thirty minutes while in his room on seclusion, during which time he was either "lying down or sitting calmly," or "walking about calmly" (IR 104213).

For other instances when a youth was restrained and/or secluded to enforce compliance see IRs: 103885, 104420, 104423, 104573, 104823 and 105073.

c. Seclusion versus Social Separation

According to administrators at BCJJC, staff may use "time-outs," as opposed to seclusion, whereby a youth voluntarily enters his room, the door remains unlocked, and the youth spends no more than one hour cooling off or allowing a situation to defuse. This assertion is correct in so far as it describes instances that do not violate DJS policy governing such time outs which are termed "social separation."

DJS policy defines social separation as "the supervised placement of a youth in his/her room for a 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 youth's door "shall remain opened and unlocked" during social separation.

Elongating time out/social separation beyond the time allowed by policy not only involves the breaking of a departmental rule but is potentially dangerous as there is little or no formal documentation of regular observation of youth while they are on a time-out. The official placement of a youth on seclusion means documentation must be kept and updated and so helps ensure observation of youth by staff at least every 15 minutes. When staffers class youth as on a time-out and not in seclusion, there is no policy-based mandate for staff to observe, document and report the status of youth at regular and stipulated intervals.

The list that follows indicates violation of the DJS policy governing social separation.

1. Youths were forced, via physical and/or mechanical restraint, into their rooms for a "time-out:"

   Youth "refused to close his door and pushed it back open" upon being asked to "step to his door." The youth was placed in handcuffs at which point he kicked a staff member to prevent her from closing the door. The youth was physically restrained and "was placed in his room on a time-out" at 6:30 p.m. The youth was never formally placed on seclusion yet the incident report indicates that he was in his room until at least 8:25 p.m. He could not be "seen in medical until 8:25 p.m. because he continued to make threats" (see DJS IR 104828).

   For other instances when a youth was forced into his room for a "time-out" see IRs 103511 and 105040.

All DJS policies regarding seclusion, social separation and restraint, should be adhered to in every DJS facility and at all times.

Applicable Standards

Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 (3) (p) *Social Separation means the supervised placement of a youth in his/her room for a 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.*

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.*

Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 (4) (b) Discontinuation of Restraint or Seclusion. *A youth shall be released from restraint or seclusion when the Team Leaders 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-01-07 (4) (a) (7) *Seclusion shall not be used as punishment and is limited to youth who: (i) Present an imminent threat of physical harm to themselves or other individuals; (ii) Have not responded to less restrictive methods of control or for whom less restrictive measures cannot reasonably be tried; or (iii) Have escaped or are attempting to escape.*

Applicable Standards (continued)

Md. Dept. of Juvenile Services Policy and Procedure RF-01-07 (4) (a) (8) *The length of seclusion shall not be a pre-determined time frame and shall be based on the criteria identified in section 4 (a) (7) of this policy. When these conditions are no longer present, youth shall be released from seclusion.*

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.*

4. Education

School is provided to general population residents at an onsite MSDE school. Youth on the orientation and ISU units receive education services on unit.

5. Rehabilitative and Recreational Programming

Residents receive one hour of large muscle exercise daily via the indoor gym and at times outdoors. Youth also participate in structured recreation activities provided by the Boys Club two hours weekly. Residents who reach higher levels in the behavior management program are allowed to play video games and watch movies in the honors/Ravens Lounge.

6. Medical

The facility has an infirmary available for youth who, for medical reasons, need to be apart from other residents. The medical unit operates 24/7. Dental and psychiatric services are also available to youth as needed.

7. Youth Advocacy

Grievances filed during the quarter included complaints about a lack of consistency in awarding and removing points for youth behaviors and about not having seen a case manager. The DJS youth advocate followed-up to ensure these concerns were addressed without delay.

RECOMMENDATION

Staff must follow DJS policy regarding seclusion, restraint and social separation. The Department should enhance staff training on promoting positive behavior among youth and on skills and strategies to minimize the need for and use of physical and mechanical restraints, seclusion and time outs.

NICK MORONEY
Director

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

FACILITY REPORT
CHELTENHAM YOUTH FACILITY
JULY – SEPTEMBER, 2012

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

Dates of Visits: July 13
August 7 and 16
September 5, 11, 19 and 28, 2012

Reported by: Nick Moroney

Persons Interviewed: Superintendent, Assistant Superintendents, Security Staff, Group Life Managers, School Staff, Vocational Education Staff, Residential Adviser Management and Staff, Youth, Glass Mental Health Management and Staff, Infirmary Personnel, Office Administrators, DJS-HQ Staff

Date of Report: October 2012

INTRODUCTION

Cheltenham Youth Facility (CYF) is operated by the Maryland Department of Juvenile Services (DJS/the Department) and 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 aged detention units inside a security fence.

SUMMARY OF CRITICAL FINDINGS

- Since the arrival of a new administrative team in September of 2011, operations at CYF have improved and violent incidents have decreased in frequency.
- Reported instances of aggression at CYF were down significantly during the third quarter when compared with the same period in 2011.
- An intensive services unit (ISU) has been developed for CYF to help address the needs of youth involved in aggressive incidents.
- 32 youths who were at CYF during the third quarter spent 2 to 3 months or longer waiting at the facility waiting for a slot in a program elsewhere. This is an improvement over the same period in 2011.
- At the same time, the proportion and number of youth detained at Cheltenham who are not waiting for a program has increased significantly in recent months.
- The residential cottages at CYF continue to be overcrowded and remain an inappropriate physical environment for youth.
- The facility is not fully staffed. Mandatory overtime continues to be used. The planned implementation of a new recreational program and an ISU are advances which will further stretch current staff unless staffing is augmented without delay.
- The Department utilizes an outdated total population capacity figure for CYF.

FINDINGS

1. Population

a. General (July through September, 2012)

Facility Capacity	High Population	Low Population	Average Population	Days Over Capacity
115	120	89	104	2

There were 600 youth entries to CYF during the third quarter of 2012, down slightly from 604 during the second quarter. Some youth spent less than a full day at the facility - others entered and exited more than once between July and September.

High and low population figures at Cheltenham continue to fluctuate widely. However, the third quarter average population of 104 at CYF changed little from the 105 of the second quarter, but is lower than the first quarter of 2012, when the average was 115. Population exceeded the DJS official capacity rate 2% of the time, compared with 14% in the second quarter and 52% during the first quarter. Despite incremental reductions, Cheltenham remains chronically overcrowded. The table below shows individual rated capacity of the three residential units as compared with the number of youth sleeping in the units. In the overcrowded Rennie and Henry units, a number of youths had to share cells and sleep on a plastic boat beds with a mattress inserted.

CYF BY UNIT on September 30, 2012	YOUTH COUNT	RATED CAPACITY
Rennie Cottage	46 (+90%)	24
Henry Cottage	42 (+75%)	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	123	115

The DJS set capacity of 115 for CYF continues to include slots for two closed units. The capacity also includes 14 slots for the infirmary which has only six cells. The infirmary should not be counted as part of the capacity. The open residential units account for 72 slots and therefore the rated capacity should be no more than 72.

b. Detention and Pending Placement

The proportion and number of youth detained at Cheltenham who are not waiting for a program increased significantly during the third quarter of 2012. There has been a higher than usual proportion of pre-adjudication youth or youth sent to CYF as a sanction or punishment for not adhering to conditions set by case managers or the courts.

One of the results of this increase is that the average population at CYF has remained substantially the same despite effective actions taken by the Department to reduce the number of youth in the pending placement segment of the Cheltenham population. Gains made in placing youth without undue delay have been offset by the significant increase in the proportion of youth in detention status.

The table below shows the increase in the number and percentage of youth in detention status at CYF on the last day in July versus the last day in September.

CYF July 30, 2012	CYF September 30, 2012
Total Youth at CYF 98	**Total Youth at CYF** 123
Youth Classed as Detained 48 **(49%)**	**Youth Classed as Detained** 91 **(74%)**

The Department should continue to work to ensure the availability of proven alternatives to detention throughout Maryland. Detention services are not individualized or beneficial to youth and are costly. Mixing together youth who do not have records of violence with those who do is counterproductive as well as expensive. Comprehensive utilization of proven detention alternatives (such as evening reporting centers) in appropriate circumstances would lower the population at CYF and would help alleviate overcrowding of youth. Eliminating the detention of non-violent youth would have the additional benefit of reducing overtime and operational costs at CYF.

In addition to the youth classed as detained at CYF, there are youth who have already been adjudicated and are waiting to transfer to a committed program. These youth are classified as pending placement. Whether a youth spends 1 day or 169 days waiting at CYF, time waiting does not count toward court mandated placement time. Youth call pending placement “dead time.” While pending placement remains a

significant problem, the Department has made noteworthy strides in reducing the number of youth waiting to go to a committed placement. Of 123 youth at CYF on the last day of the third quarter, 32 youths or 26% were pending placement. The daily proportion of youth in pending placement before recent progress averaged 40% to 55%.

The table below shows that 32 youths who were at CYF during the third quarter spent two or even three months or more waiting at the facility for a slot in a program elsewhere. Each number in parentheses represents a youth and the number of days the youth spent at CYF before leaving for placement in a program.

July 1 – Sept. 30, 2012	60 days and over	90 days and over
Pending Placement	21 youths (62, 62, 64, 65*, 67, 68, 69, 70, 71, 72, 73, 73*, 74, 77, 77, 78, 78, 80, 84*, 87 and 88 days)	11 youths (91*, 92, 93, 94, 99, 101*, 101*, 103, 113, 134 and 169 days)
Detention	9 youths (61, 63, 65, 65*, 70, 70*, 79, 81 and 85* days)	4 youths (90, 93*, 96 and 136* days)

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

The DJS data that undergirds the table above does not adequately capture the full extent of the prolonged length of stay problem for youth in the custody of DJS, whether the youth is in pending placement or detained/pre-adjudication status.

For example, a youth at CYF during the third quarter is listed as being at Cheltenham for 56 days and is classified as in detention status. The youth (DJS youth ASSIST # 2827864) was actually waiting for a placement and waited for far longer than 56 days. In August of 2011, the youth was sent to a DJS facility in western Maryland for treatment. He was discharged “unsuccessful” for “not being compliant” in February of 2012 and sent back to detention. In March of 2012, DJS recommended the youth be sent home with enhanced supervision (VPI program) and wraparound services. In April, the Court denied this request and DJS began sending out requests for placement to out-of-state facilities. The youth remained in detention. An interview in May for placement in Pennsylvania did not go well and DJS subsequently contacted a provider in Tennessee. The youth’s admission package was sent in mid-May. The youth continued in detention at Cheltenham and was placed in Tennessee in September 2012. He is expected to be there until September 2013.

Department leadership recognizes that such egregiously long periods spent waiting on dead time is unjust. As of July 2012, DJS has implemented a mechanism to allow the Department to shorten or cut out the practice of sending youth back to a detention center upon being discharged from programs as “unsuccessful”. The

Department has begun to work more intensively to try and keep youth in programs with supports and to transfer those who cannot stay into other programs without a prolonged waiting period or stay in a detention center. It is too early to comprehensively assess the effectiveness of this initiative.

A shortage of in-state community-based and residential treatment options drives the pending placement problem. The Department should continue working to facilitate expansion of community-based treatment.

c. Population Breakdown by Race/Ethnicity

CYF	3rd Quarter 2010	3rd Quarter 2011	3rd Quarter 2012
Total Youth Entries	637	619	600
African American	533	496	484
White/Caucasian	72	78	75
Hispanic/Latino	29	44	34
Other/Unknown	3	1	7

Admissions to Cheltenham have slightly decreased over the past 3 years.

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

There continues to be an insufficient number of staff available to work to assure safety and security, and provide programming for approximately 120 residents, without the imposition of mandatory overtime. 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. Although DJS continues to hire and train new staffers, retention of staff continues to be a major challenge and an obstacle to progress for the Department at Cheltenham and throughout much of the system.

The upcoming launch of an intensive services unit (ISU) at CYF for youth with severe behavior problems will require staffing above minimum standards. Given the challenges and needs of the youth to be served by the ISU, the JJMU recommends a ratio of one staffer for every 3 youth (1:3). The table below details current and estimated staffing needs at Cheltenham as of October 2012. The estimates take into account the initiation of the ISU.

CYF STAFF	CURRENT STAFFING	ESTIMATED FULL STAFFING
Resident Advisor (permanent and contractual)	77	97 **(25% increase needed)**
Lead Resident Advisor	9	9
Resident Advisor Supervisor	5	5
Group Life Manager I	2	2
Group Life Manager II	3	4 **(25% increase needed)**
Facility Case Manager Specialist	7	7
Facility Case Manager Specialist Supervisor	2	2

The current youth-to-staff ratio for the general youth population at CYF is 8:1 (8 youth to one staffer). While this meets minimum requirements, it does not take into account differing needs and challenges of youth. The JJMU recommends that CYF staffing be increased to allow for a 6:1 ratio.

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

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

CYF – Selected Incident Categories	Q3 2011	Q3 2012
1. Youth on Youth Assault	78	43
2. Youth on Youth Assault – Injury Associated	32	11
3. Alleged Youth on Staff Assault	12	6
4. Alleged Youth on Staff Assault – Injury Associated	2	0
5. Group Disturbances (Injury/Destruction Associated)	27	3
6. Group Disturbances (No Injury/Destruction)	3	0
7. Restraints	125	96
8. Restraints – Injury Associated	48	11
9. Restraints with Handcuffs and/or Shackles	10	7
10. Seclusions	64	4
11. Locked Door Seclusions Over Eight Hours	13	0
12. Contraband	4	6
13. Suicide Ideation/Gesture/Attempt/Behavior	9	5
14. Suicide Ideation/ Gesture/Attempt/Behavior – Injury Associated	2	0
15. Physical Child Abuse Allegations (DJS Custody)	0	0
16. Alleged Inappropriate Staff Conduct/Comments	3	0

The number of incidents involving violence or aggression sharply declined at CYF during the third quarter compared with the same period in 2011. There were a total of 163 incidents (including sports related injuries) reported in the third quarter versus 245 during the same period in 2011. Total incidents associated with injury numbered 39 during the third quarter of 2012 compared with 97 during the same period in 2011.

The current superintendent and assistant superintendent have instituted effective management and operational systems and the piloting (prior to full implementation) of intensive services for challenging youth has likely also contributed to conspicuous and positive changes at the facility.

b. Security Equipment and Practices

During the second quarter, additional cameras and monitoring screens were added to the security system at CYF. Cameras were added to those already in use inside residential units and have also been installed in the outdoor recreation areas at the back of the units. Classrooms in the school are now camera covered, as is the outdoors portion of the Cheltenham campus.

The Department plans to continue a system wide winter-months curfew plan instituted last year. Throughout the winter months, movement of youth will be not be allowed on campus, except in emergencies, in all DJS run detention and treatment centers. The mandate covers hardware secure (security fences/locked doors) facilities such as CYF detention center and the Victor Cullen treatment center. The mandate also covers the staff secure treatment centers in western Maryland where youth will be confined to residential units from dusk to dawn.

4. Physical Plant

Youth at CYF continue to be housed in an inappropriate physical environment. The residential units are unfit for youth residency even if youth population remained below set capacity. Cheltenham is first in line for DJS facility replacement. Construction of a purpose-built detention center is set to begin by September of 2013. There is still no definitive decision as to whether or not a treatment facility will also be constructed at Cheltenham – a decision is likely to come at the end of 2012.

CYF is in compliance regarding fire marshal and food hygiene inspections and associated corrective actions. The CYF shelter building has been closed for over two years. With fire-suppression sprinklers installed, the shelter could accept up to 12 youth. The Department should re-open the shelter program which offered a home-like and well-managed environment. Some significant physical plant improvements have been undertaken at CYF. Failing roofs have been replaced and building renovations to facilitate a centralized laundry are underway (see the photograph on the next page).

Applicable Standard

Md. Standards for Juvenile Detention Facilities 5.1.5.1 *… 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

The Maryland State Department of Education provides education services at CYF. Intensive services offered to the most challenging youth at CYF include provision of education services in the school building. This process is working and should continue. Plans to implement intensive services must ensure appropriate education services for youth, including full school day instruction time by MSDE teachers.

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

Graphic Arts classes and horticulture projects have been available to youth during the quarter. Administrators want to re-institute woodworking class.

Popular ceramics classes at CYF have been discontinued. Facility staff will be expected to provide alternatives.

The Department is initiating a comprehensive recreation related sports program throughout the system. Plans include organizing sports teams within facilities and competitions between teams representing facilities. The program sounds promising. Figuring out how to include as many youth as possible in this programming and how to transport youth to other facilities without using shackles is essential. It will also be important to provide expertise and extra staffing to properly implement the program.

The Treatment Orientation Program (TOP) offers comprehensive information to youth about program expectations at the Department's Youth Centers. Successful completion of TOP can result in a more successful and possibly shorter length of stay in placement for youth sent to the Youth Centers. Though there are plans to begin offering the TOP initiative at CYF, it is not yet online, reportedly due to lack of space.

7. Medical and Behavioral Health

Per best practices, the infirmary should not be counted in the CYF overall facility capacity figure. Infirmary overcrowding was a considerable problem during the first quarter. The problem was mitigated during the second quarter, however, the population has again spiked. There were nine youth in the six cell infirmary on September 30.

Glass Mental Health Services continues to provide behavioral health services on a case-by-case and group basis to address a wide range of behavioral health needs and challenges at Cheltenham. Glass management helped design and are intrinsic to successful operation and performance of the new intensive services unit at CYF.

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.*

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 including proposed intensive services and recreation initiatives.

3. Maintain appropriate staff-to-youth ratio at CYF without mandatory overtime.

4. Plans to expand intensive services must ensure appropriate education services for youth, including full school day instruction time provided by MSDE teachers.

5. Institute a comprehensive schedule of constructive activities to ensure youth are appropriately occupied outside of school hours.

6. Renovate the run-down bathrooms on the residential units (work is currently set to begin in late-October).

7. Complete the centralized laundry.

8. Ensure the TOP program is available to qualifying youth at CYF.

UNABATED CONDITIONS

1. The cottages at Cheltenham continue to be severely overcrowded.

2. Youth in the infirmary have to share a cell or sleep in a plastic bed in the infirmary common area.

3. The construction of long-planned, purpose-built treatment and detention facilities at Cheltenham has not started - however, construction of a 72-bed detention center is reportedly set to begin at CYF in or before September of 2013.

4. The facility is not fully staffed – mandatory overtime continues to be used.

5. The CYF Shelter remains closed.

NICK MORONEY
Director

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

FACILITY REPORT
J. DEWEESE CARTER CHILDREN'S CENTER
JULY - SEPTEMBER, 2012

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

Dates of Visits: July 23
August 8 and 29
September 12, 19 and 28, 2012

Reported by: Tim Snyder, Senior Monitor
Eliza Steele, Monitor

Date of Report: October 2012

INTRODUCTION

The J. DeWeese Carter Children's Center (Carter) is a 14-bed secure treatment program for committed girls on Maryland's eastern shore. It is located in Chestertown, Kent County, and operated by DJS/the Department. Education services are provided by the Maryland State Department of Education.

SUMMARY OF CRITICAL FINDINGS

- Physical restraints associated with staff or youth injuries (during or preceding the physical restraint) increased during the third quarter in comparison with the second quarter of 2012.
- All girls, regardless of behavior or individual progress in the Carter program, continue to be secured in handcuffs and shackles including belly chains before, during, and after medical appointments.
- The Carter treatment program has been bolstered by the addition of a trauma informed treatment component and further program enhancements are expected. More trauma informed and gender responsive programming should be added. Anger management group (held weekly) should be held more frequently.
- Youth family involvement in the Carter program should be increased through expanding visiting days/hours; allowing more telephone calls; and arranging transportation to and from the eastern shore.

FINDINGS

1. Population

The resident population at the Carter Center averaged 13 youth during the third quarter of 2012 and never exceeded the rated capacity of 14 youth.

2. Safety and Security

a. Aggregate Incidents

The table below enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm which were detailed in incident reports from Carter during the second and third quarter of this year.

CARTER – SELECTED INCIDENT CATEGORIES	2nd Qtr. 2011	3rd Qtr. 2012
1. Youth on Youth Physical Assault	2	3
2. Youth on Youth Physical – Injury Associated	0	2
3. Alleged Youth on Staff Physical Assault	1	3
4. Alleged Youth on Staff Physical Assault – Injury Associated	0	2
5. Physical Restraint	8	12
6. Physical Restraint – Injury Associated	0	5
7. Seclusion	2	2
8. Contraband	0	3
9. Suicide Ideation, Gesture, Attempt or Behavior	9	6
10. Suicide Ideation/Gesture/Attempt/Behavior – Injury Associated	0	2
11. Physical Child Abuse Allegations (DJS Custody)	2	0
12. Alleged Inappropriate Staff Conduct/Comments	2	3

Incident occurrence at Carter is compared using numbers from the third quarter versus the second quarter of this year. A comparison using the third quarter this year versus the same period last year cannot be made as Carter changed from an all-male detention center to an all-female committed program in November of 2011. There were a total of 40 reported incidents (including sports related injuries) during the third quarter of 2012 compared with 41 during the second quarter. Physical restraints associated with staff or youth injuries (during or preceding the restraint) increased.

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

A dedicated room has been used for seclusion, however, a Carter administrator has given assurances that should seclusion be used, it will take place in a youth's room.

Applicable Standard

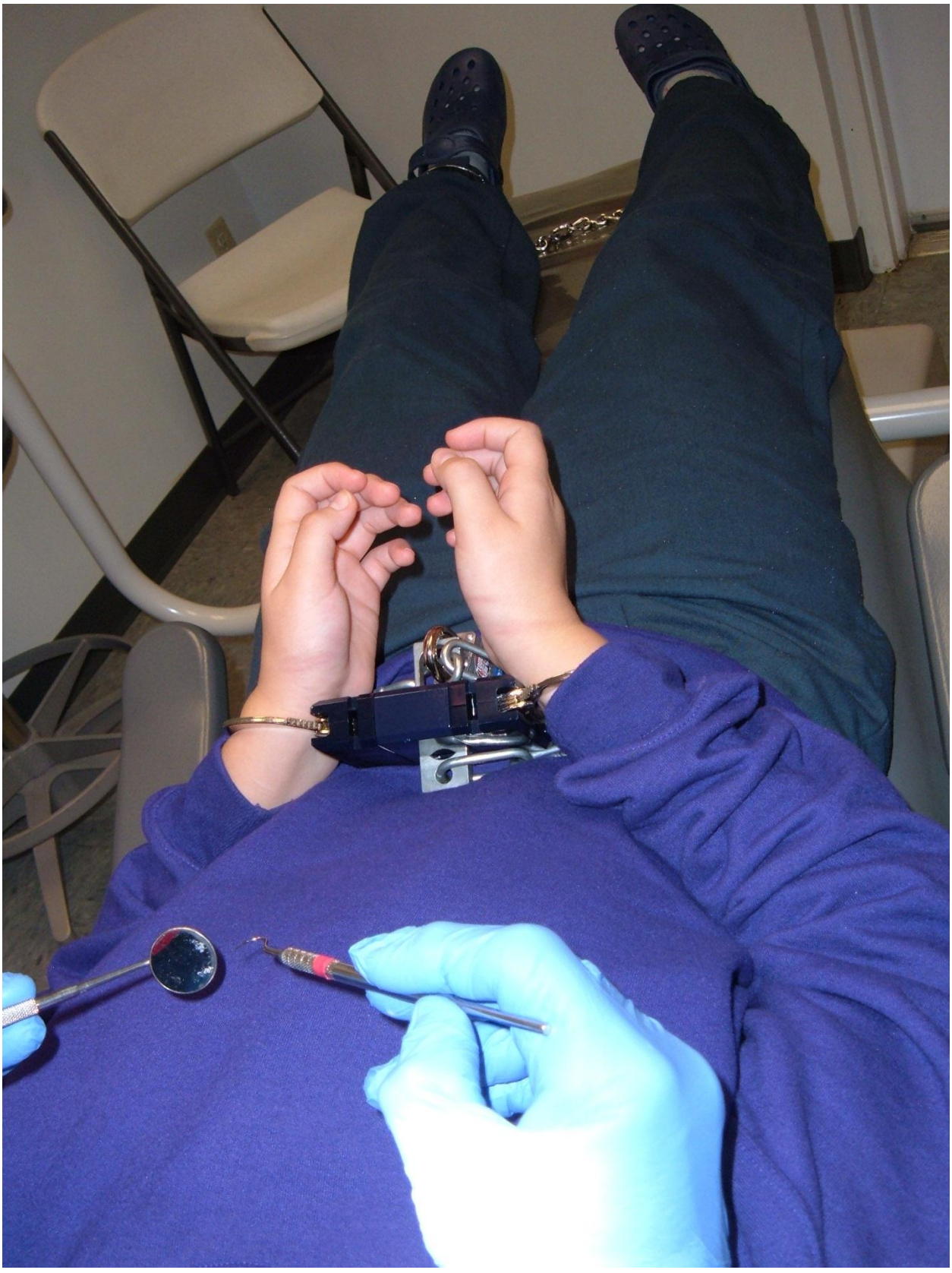
Md. Dept. of Juvenile Services Policy and Procedure RF-01-07(4)(a)(6) Seclusion Policy *Youth shall be provided with (i) a mattress and pillow and (ii) Sheet, pillow case, and blanket.*

c. Physical Restraint and Mechanical Restraints.

Trauma is widespread among girls in DJS custody. In calendar year 2010, 46% of females placed in an out-of-home placement reported histories of physical or sexual abuse.[1] Every effort should be made to ensure that youth are not further or re-traumatized while in treatment and DJS policy stipulates that physical restraint should not be used unless youth behavior becomes immediately dangerous to self or others.

The Department continues to transport all Carter residents, regardless of individual progress in treatment, to and from all medical appointments using shackles, handcuffs, steel belly chains and black boxes fastened by padlocks. The apparatus is dangerous as well as uncomfortable as youth have no way of protecting themselves in case of a sudden stop or accident. The photograph on the next page is of a girl undergoing a dental examination while remaining shackled throughout. Note the marks on the girl's wrists from wearing handcuffs. The handcuffs were on during examination time and transportation to and from the Carter facility. The girl is about to successfully complete the Carter program.

[1] Summary of Statistical Information, DJS Girls Workgroup, August 13, 2012.



According to Carter administrators, medical providers to Carter youth have not stipulated or even expressed a preference that youth on medical visits be shackled and cuffed. Some DJS managers have argued that the drivers transporting the youths do not know the youth as individuals which leads to possible security risks, however, the youths are usually transported to and from Carter by the same DJS direct care staff that work with the youth at the facility every day.

The policy of cuffing and shackling is inconsistently applied as well as unnecessary and humiliating. Carter youth are routinely taken off-grounds under supervision but without shackles to engage in community activities and reward-based excursions, yet the same youth are chained during supervised medical appointments.

Shackling in these circumstances runs counter to a treatment model which seeks to reward progress, build esteem and normalize a youth's sense of self.

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.*

d. Cameras/Security Equipment

Carter is equipped with a digital recording system and recorded footage is retained for two months. Incidents involving serious injury or allegations of abuse or neglect should be archived and held for at least a year.

There are no cameras in the school building – the system should be expanded to include the education area.

The Tour Guard system has been installed which requires that staff electronically record security checks of each cell at night at specified intervals.

3. Staffing/Staff Training

a. Staffing

Staffing remains inadequate at the facility. In September, several youth were unable to participate in off-grounds activities they had earned as a part of the behavior management system because of deficiencies in staffing and transportation. The staffing plan at Carter should be developed to sufficiently accommodate planned activities and not deprive youth of activities they have earned. This concern is also a matter of safety. In the event of an emergency, there should be enough staff and sufficient transportation to appropriately respond.

The facility also continues to have openings for a group life manager and a recreation specialist.

b. Staff Training

Staff have begun training in trauma informed care using the ARC (Attachment, Self-Regulation, and Competency) program. The course focuses on understanding and implementing trauma informed care of youth, including the impact of trauma on the care giver. Carter staff members will also receive training in interviewing techniques and active listening. Staff members should continue to receive training in providing structured and consistent care.

4. Physical Plant and Basic Services

a. Physical Plant

Problems regarding supervision and privacy during shower time have been addressed and full length shower curtains have been installed. A female staffer is posted at each end of the hallway during shower time.

The outdoor basketball court is uncovered and cannot be used during inclement weather. An all-weather gym could be part of a long term solution while a cover for the basketball court would help in the short term.

5. Education

The Maryland State Department of Education (MSDE) provides education services at Carter. Youth are in class for six hours each day. Class observation of youth indicated youth are academically engaged. Youth interviewed said Carter education programming and instruction was very helpful.

A strong vocational program should be in place for the girls at Carter. Currently the only vocation related program at Carter is ServSafe, a food hygiene course, which will end in October and will not restart until April.

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

a. Behavior Management Program

There has been an increase in stability and structure at Carter, however, programmatic concerns remain.

The Department has implemented a behavior management program called Challenge. Challenge is a point and level system which can make it difficult for youth entering the program to earn rewards in the early phase of the program. While a choice of activity can be connected to progress, there should not be a surfeit of downtime for any youth. Proactive pursuits should be available for all so that youth can be constructively occupied regardless of their level in the points system.

b. Family Involvement

According to DJS data, 90% of female out-of-home placements between 2006 and 2010 had a family-related need that was rated moderate to high.[2] Youth at Carter need to maintain regular contact with family members while in treatment and while they still have supports offered at residential placement. Family involvement is encouraged at Carter. It is recommended that family involvement be fully integrated into the treatment programming at Carter.

Transportation to the eastern shore for family members who have difficulty getting to Chestertown needs to be assured. DJS transportation is available to bring family members to Carter on Saturdays, but only if they can get to a pick up location at juvenile detention centers in Baltimore City or Laurel in Anne Arundel County. DJS should ensure transportation for visits by family members who do not have transportation.

Girls that have achieved a certain level in the behavior program are eligible to have a home visit. However, only one girl has been able to go on a home visit while three girls have completed the Carter program without ever having a home visit. Two girls did receive a court order that enabled them to go home to attend a funeral. In the event that a home visit is not a realistic or appropriate option for a particular youth, the Carter administration should develop an alternative. In those cases, transportation should be ensured or provided when needed so that members of the youth's family can come to the facility for a family visit. Additional phone calls should also be offered when a home visit is not possible.

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. There should be as much flexibility as possible in visiting hours so as to accommodate every family wishing to participate. When family members are available to come to Carter for a visit or partake in family therapy, every

[2] Summary of Statistical Information, DJS Girls Workgroup, August 13, 2012.

effort should be made to accommodate the visit including assistance in transportation, if needed. Visits and participation in therapy should be organized to take place whenever feasible for families and the Department.

c. Treatment Programming

Between 65% and 70% of youth arrested each year in the United States have some kind of mental health disorder.[3] DJS has identified its female population as displaying more intensive mental health needs than their male counterparts: 75% of girls in out-of-home placements displayed a moderate to high mental health need in 2010.[4] The girls at Carter represent the population within Maryland's juvenile justice system with the most acute treatment needs.

Treatment and education staffers hold weekly treatment team meetings to discuss individual youth progress at Carter. A therapist recently noted improvements in youth growth and program consistency. The treatment center has been bolstered by the addition of a trauma informed treatment component and further program enhancements are expected. Trauma informed therapeutic programming should continue to be enhanced.

Currently, two licensed therapists are available five days a week to serve the needs of 14 youth. Each youth is seen for individualized therapy at least once per week at Carter, which is the same time allotted to a girl in pending placement status at the Waxter detention center, where (unlike at Carter) the state is not legally mandated to provide treatment services. Youth at Carter are sometimes seen more frequently for crisis intervention or short check-in sessions, but these are not formally arranged appointments and are limited to youth who initiate the process themselves.

The mental health staff at Carter should be augmented to ensure that youth can receive individual counseling more than once a week. Anger management group should also be held more frequently than once per week and could be offered throughout the week as a part of regularly scheduled group and individual counseling sessions.

Treatment also takes place in the form of constructive relationships with well-informed staff. Training of staff in providing trauma-informed care is ongoing.

To help in the development of gender responsive programming at Carter, a senior staff member from the Lower Eastern Shore Children's Center has been coming to Carter every Wednesday to engage the girls in "Girls Talk" activities including a spa day, poetry writing and putting together collages and photo albums. Sessions also include a discussion of the relevance of these activities to the youths' perception of themselves and their lives. Youth spoke highly of these activities. Gender responsive programming should also continue to be offered and enhanced.

[3] National Conference of State Legislatures: Trends in Juvenile Justice Legislation 2001-2011. Page 8.
[4] Maryland Department of Juvenile Services: Report on Female Offenders (February 2012). Page 11.

Valuable recreational opportunities have been given to youth who have earned honors levels in the behavior system. On two occasions, Carter staffers have taken a group of youths to the Reflections Program located at the Meadow Mountain Youth Center in Garrett County, western Maryland. While there, the girls participated in a number of adventure/treatment activities, including teambuilding exercises on a climbing wall and high and low ropes course elements. Youth who participated felt strongly about their positive experiences on this trip which also included camping.

Youth who have participated are not able to return a second time in order to give other youth a similar opportunity and because of limited transportation and other resources. It is recommended that the Department try to expand the program to allow everyone eligible to attend the valuable program as many times as possible. Other activities for girls at the higher levels of the behavior program have included going to the movies, bowling and swimming at local facilities.

d. Recreational Programming

Although all youth must receive at least one hour of large muscle activity daily, there is not a winterized or indoor gym and currently there is not an arrangement in place for residents at Carter to receive adequate daily recreation during inclement weather. There is an outdoor basketball court and an indoor workout room with donated equipment. The recumbent bicycle is broken and needs to be repaired or replaced. A new ping pong table has been provided and the youth have had a tournament. Currently, girls at honors level in the behavior system have access to a community recreational facility each Saturday.

The Carter Center administration is working to increase programming activities. Special attention should be devoted to the development of meaningful programming in which all youth, regardless of behavior management level, can participate. In general, special programming at Carter is limited to youth who have earned honors levels in the behavior system. At times, this group included as few as two youth. Many girls spend time on the unit crocheting and watching television.

The Chestertown Arts Council has a nine month contract to provide four hours of activities at Carter each weekend. The sessions include activities such as pottery making, drawing, drumming, yoga, and creative writing. The contract also provides for three family unification days where family members will be invited to participate with youth in creative activities. Family unification day took place in October, however, participation was limited to six girls who had reached the honors level in the behavior management program. A youth's level in the behavior management system should not deprive her of this kind of activity.

During September, female students from Washington College visited residents and plan to visit each month. Some residents attended a benefit for the homeless and engaged in arts and craft activities. Other recent activities have included visits from an author, a bank official and a humane society representative.

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.*

7. Basic and Medical Services

a. Basic Services

During the third quarter, youth at Carter faced significant problems regarding the distribution of clean underwear when they requested it. Girls in the program must not, under any circumstances, be denied access to clean underwear. The administration at Carter plans to implement a hygiene system using a staffer from LESCC who successfully coordinates the process there.

Youth at Carter have also been limited to one or two pairs of slip-on rubber shoes. No athletic shoes have been provided to the girls for use in recreational activities. Youth in other DJS facilities have recently been provided with extra athletic shoes for participation in inter-facility sports tournaments. Girls at Carter should also be supplied with proper footwear that encourages outdoor and athletic recreational activities. The administration at Carter began to address this issue at time of writing.

b. Medical Services

Medical services are provided on-call on the night shift and on weekends. A physician is on grounds one day per week and a psychiatrist is available one day per week for medication management. There is a need for nursing services to be provided on a full time basis.

8. Youth Advocacy

Youth indicated that they been visited by community case managers per Departmental policy. On several occasions, youth expressed concern about the grievance process and said they felt grievances often go unresolved. Their concerns are being addressed through coordination between Carter administrators and DJS youth advocacy staff to ensure youth are informed about the process and to ensure Carter staff pursue meaningful resolution of all grievances.

The Carter Center has not had a community advisory board meeting for over a year. The Carter administration is developing an advisory board with a goal of holding a meeting before the end of 2012.

RECOMMENDATIONS

1. The use of physical restraint should be a last resort and involvement of male staff in the physical restraint of female youth should be minimized.

2. Trauma informed and gender responsive programming should continue to be expanded. Anger management group should be held more frequently.

3. Use of handcuffs, shackles and belly chains for youth transport to, from and during medical appointments should cease.

4. Girls at Carter should have access to underwear and showering facilities upon request.

5. Family therapy and family involvement in the program should be increased through expanding visiting and telephone usage opportunities. The Department should help as needed with transportation to the eastern shore.

6. Home visits should take place as youth progress in the program or comparable alternatives should be arranged. Additional phone calls should also be offered.

7. Staff vacancies should be filled.

8. Staffing and transportation plans should ensure consistency in programming and safety in emergency situations.

9. Cameras should be installed in the school building.

10. Recreational programming should be available to all youth. Plans should be implemented to ensure daily recreation for all youth during inclement weather.

11. The recumbent bicycle should be replaced.

12. Comprehensive vocational programming should be available to youth.

13. A community advisory board should be developed.

14. Full-time nursing should be provided.

NICK MORONEY
Director

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

FACILITY REPORT
THOMAS J.S. WAXTER CHILDREN'S CENTER
JULY – SEPTEMBER, 2012

Facility:	Thomas J.S. Waxter Children's Center 375 Red Clay Road Laurel, MD 20724 Superintendent: Terra L. Harris
Date of Visits:	July 12 August 3, 15 September 6, 13 and 27, 2012
Reported by:	Eliza Steele, Monitor José Saavedra, Senior Monitor
Persons Interviewed:	Superintendent, Assistant Superintendent, Mental Health Staff, Education Staff, Direct Care Supervisors and Staff, and Youth
Date of Report:	October 2012

INTRODUCTION

The Thomas J.S. Waxter Children's Center (Waxter) in Laurel is the only all-female youth detention center in Maryland. The facility is owned and operated by the Maryland Department of Juvenile Services (DJS/the Department) which has rated the population capacity at 42 girls.

SUMMARY OF CRITICAL FINDINGS

- The total number of incidents and those associated with injury were markedly down during the third quarter compared with the second quarter of 2012.
- Mental health services at Waxter should be further enhanced.
- The unsuitability of the physical plant hampers effective program operation.
- Many serious incidents are not being filmed – a violation of DJS policy.
- The Maryland State Department of Education (MSDE) assumed responsibility of the Waxter education program during the third quarter

FINDINGS

1. Population

a. General (July through September, 2012)

Facility Capacity	High Population	Low Population	Average Population	Days Over Capacity
42	39	20	29	0

The population at Waxter on the day of data collection (October 5, 2012) was 30.

b. Pending Placement/Detention

Over the course of the third quarter of 2012, there were 221 youth entries to Waxter. Of the 221 youth entries during the quarter, 174 were classed as detention status entries and 47 were classed as pending placement (adjudicated and waiting to transit to a program). Of those youth, four spent more than 60 days and two spent more than three months pending placement, one of whom was pending placement for 104 days. Another youth spent 63 days on detention status while two others spent 91 and 98 days on detention status.

c. Population Breakdown by Race/Ethnicity

WAXTER	Q2 2012	Q3 2012
Total Admissions	240	221
African American	184	144
Caucasian	51	73
Latina/Hispanic	4	4
Other	1	0

During the third quarter of 2012, approximately 65% of youth entries were for African American youth, down 22% from the previous quarter.

Applicable Standard

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 my not be ordered for a period of more than thirty days.*

2. Staffing

As of early October, there were 11 vacancies at Waxter including positions for resident advisors (direct care staff), lead resident advisors and resident advisor supervisors. With these deficiencies, staff at Waxter may struggle to adequately provide programming for youth.

Applicable Standard

JDAI Standards II (E) Mental Health Services – *7. On-site staffing for psychological care is adequate for the number and anticipated needs of youth in the facility.*
8. On-site staffing for care by a psychiatric social worker and/or psychiatric nurse is adequate for the number and anticipated needs of youth in the facility.

3. Safety and Security

a. Aggregate Incidents

The table below enumerates alleged inappropriate behavior, aggression, or potential self-harm detailed in incident reports. Incidents from this quarter (Q3, 2012) are not directly comparable to those from the same quarter last year because of the transfer of the committed girls program from Waxter to Carter in November, 2011.

Waxter – Selected Incident Categories	Q2 2012	Q3 2012
1. Youth on Youth Assault	17	20
2. Youth on Youth Assault - Injury Associated	6	1
3. Alleged Youth on Staff Assault	6	5
4. Alleged Youth on Staff Assault - Injury Associated	2	0
5. Group Disturbances (injury/property destruction)	1	0
6. Restraints	53	54
7. Restraints - Injury Associated	15	24
8. Restraints with Handcuffs and/or Shackles	4	1
9. Seclusions	6	8
10. Contraband	1	2
11. Suicide Ideation/Gesture/Attempt/Behavior	32	22
12. Suicide Ideation/ Gesture/Attempt/Behavior - Injury Associated	5	5
13. Physical Child Abuse Allegations (DJS Custody)	7	6
14. Alleged Inappropriate Staff Conduct/Comments	1	4

Total incidents (including sports related injuries) reported for Waxter in the third quarter of 2012 were 123, substantially down from the 157 reported during the second quarter. Incidents associated with injury were also markedly down - 29 during the third quarter of 2012 versus 51 during the second quarter.

Although the number of youth assaults slightly increased during the third quarter, only 5% of these assaults were associated with a youth or staff injury - a significant decrease over 35% associated with an injury during the second quarter.

The numbers of physical restraints used on youths remain high. Additionally, 44% percent of restraints were associated with an injury to youth or staff preceding or during the physical restraint.

Administration and staff at Waxter should continue to examine when and how restraints are applied in the facility in order to lessen injury and respond to incidents in as safe a manner as possible. The number of restraints is also troubling in the context of a 15% decrease in average daily population in the third quarter over the second.

b. Length of stay

According to facility administrators at Waxter, there is a correlation between a youth's extended length of stay and her involvement in incidents, in particular for those youth who were at Waxter for two months or more. The administration holds weekly meetings about youth whose length of stay has reached 60 or more days; who have been involved in several serious incidents; or who present signs of significant mental health needs. Waxter is neither designed nor staffed to accommodate youth who fit those criteria.

c. Physical Restraint

The use of physical restraint needs to be a last resort and should not be utilized to force compliance in situations when a youth has not displayed physical aggression.

DJS Incident Report number 103887 concerns a youth at Waxter who was involved in a verbal altercation with another youth. The youth asked a staffer to open the door to her cell so that she could take a voluntary time out. Such a request should be permitted or encouraged to help avoid any escalation toward physical altercation. The staffer denied the request saying it was contrary to facility policy.

The youth began cursing at the staffer and, as the youth began to swear, the staffer ordered the youth to go to her cell (according to the incident report, the youth was "directed to walk to her room for a timeout"). When ordered to her cell, the youth refused to go - staff assistance was requested. A male staffer was called and he gave the youth three directives to enter her room, in an effort to de-escalate the situation. When the youth continued to refuse to go to her cell, she was physically restrained by male staff against the cage in the B Unit dayroom, although she had displayed no physical aggression. Results of the failure to grant a voluntary time out and subsequent inability to de-escalate were that the youth was restrained and ended up falling to the ground on her stomach with one staffer on her back and another grabbing her ankles.

The youth was then dragged across the floor of the dayroom and out into the hallway by her arm. She was eventually forced into her room by a total of three male staff. During the incident, 13 other girls from the same unit were able to stand and watch the event unfold. Once secured in her cell, the youth placed her mattress on the window of the door and punched the wall hard enough to fracture her hand. She was transported to Laurel Regional Hospital for emergency treatment.

The unnecessary use of force should be avoided at all times. The use of physical force can be especially traumatizing for female youth, who have been identified as frequently coming into DJS custody with significant prior histories of abuse.

Three of the six allegations of child abuse involved restraints. Restraints can, and often do, result in an injury to staff or youth. The incident described above also highlights a need for increased mental health services at Waxter. Mental health staff should be on site in the evenings and on weekends so that staffers do not have to rely on repeated directives to youth to calm down as a method of de-escalation. Other restraints used to force compliance at Waxter during the third quarter include DJS IR 104690 during which a pregnant youth was restrained on her stomach, DJS IR 103803, DJS IR 104136, DJS IR 104359, DJS IR 104693 and DJS IR 104643.

Staff at Waxter should be retrained on de-escalation and on the use of physical restraint only as a last resort and after all de-escalation techniques have failed. Video review of relevant incidents should always be incorporated into the incident oversight process as dictated by DJS policy.

Applicable Standards

Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 - *…Employees may not use … restraints or seclusion, as a means of punishment, sanction,…demonstration of authority, or program maintenance (enforcing compliance with directions).*
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.

JDAI Standards V (C) Training for Institutional Staff *3.c. Facility staff receive training on policies and practices regarding conflict management, de-escalation techniques, and management of assaultive behavior, including when, how, what kind, and under what conditions physical force, mechanical restraints, and isolation may be used.*

JDAI Standards VII (A) Physical Force, Mechanical Restraints, and Chemical Agents *2.a. Staff only use approved physical force techniques when a youth's behavior threatens imminent harm to the youth or others or serious property destruction.*

d. Seclusion

Incident number 105237 documents that a youth was placed on a time-out that lasted for six hours after being involved in a physical altercation. According to DJS policy, time-out (also called social separation) is the "supervised placement of a youth in his/her room for a non-punitive 'cooling off' period of no more than 60 minutes… The door of the room shall remain opened and unlocked." The conditions in 105237 clearly violate the DJS policy governing social separation.

During the events described in IR 105237 the youth was not confined to her own room but to the back hallway of the A-Unit where she had unimpeded access to the bathroom across the hall from her room. Although a staffer was present in the dayroom adjacent to the back hallway, the youth was out of sight when she was in her room, which was during the majority of the six hours. Such a situation presents a threat to the safety and security of the youth. She was left unattended and out of sight for long periods of time during which she could have caused serious harm to herself.

At the end of the six hours the youth, frustrated and bored, broke a window using her feet and a plastic chair in the hallway (IR 105331). At that point, she was placed on seclusion for seven and a half hours despite large windows of time during which she was classified as "lying down or sitting calmly," "answers questions appropriately," or "walking about calmly." The youth remained on seclusion because she refused to process back into the population on the unit that included two other youth with whom she fought earlier (as described in IR 105237). In essence, the youth was secluded for a total of 13 hours.

Staff at Waxter are limited by the structure of the facility concerning flexibility of housing assignments for youth. However, that does not justify the separation of a youth for an entire day. Other measures, such as individual recreation time with a staffer supervising, should have been taken to allow the youth some opportunity for relief from confinement to the A-Unit for a six hour period.

e. Camera Coverage

Current DJS policy stipulates staff must record incidents involving force. It is contrary to optimal maintenance of safety and security during these incidents if staff - maintained at minimum acceptable ratios - are held responsible for recording aggressive incidents using handheld cameras. It would be naïve to expect instances of intentional child abuse are routinely video-taped when staff attempt to follow this policy.

Seventeen percent of all incidents and 21 percent of physical restraints at Waxter during the third quarter took place in either the education trailers or the outdoor courtyard. Neither area is equipped with video cameras and staff did not video the incidents so staff and administrators cannot review video footage of these incidents for investigation or retraining purposes. Incident review is an essential operational, investigatory and training tool for staff.

Video cameras should be installed in the education trailers and the outdoor courtyard to aid staff and administrators in accurately accessing and addressing issues surrounding the significant number of incidents that take place in these areas. Fifty percent (three of the six) of the allegations of child abuse during the third quarter concerned events in these areas that are not covered by security cameras. Increased camera coverage is vital to address concerns regarding restraints and allegations of abuse or inappropriate conduct by staff at Waxter. Stationary cameras should be comprehensively installed throughout the facility to help safeguard youth and staff.

Applicable Standards

Md. Dept. of Juvenile Services Policy and Procedure RF-03-05 *Department of Juvenile Services employees shall video tape room extractions, escorts to seclusion, use of restraints, or other critical incidents that may potentially jeopardize the safety and security of a residential facility.*

JDAI StandardsVII (A) Physical Force, Mechanical Restraints, and Chemical Agents – *1.b. Facility staff receive regular training on situations in which use of force or mechanical restraints is or is not justified, permitted methods of physical force and restraints, appropriate techniques for application of force and restraints, and guidance to staff in deciding what level of physical force or restraints to use if that becomes necessary.*
8. A restraint review committee, which includes the facility administrator or designee, training staff, mental health staff, and line staff, regularly reviews all force and restraint incidents to identify departures from policy and issues needing policy clarification, to develop targeted training, and to provide feedback to staff on effective crisis management.

4. Physical Plant and Basic Services

The facility is current and in compliance regarding fire marshal inspections and fire suppression equipment checks. Food hygiene inspections are also up to date.

The physical plant at Waxter is outdated and its design prohibits the administration from operating the program in the most effective manner possible. Ideally, the facility would be divided into several pods of approximately six girls.

However, the current architecture allows for the division of the population into just three units; A, B, and C. A Unit is intended for youth on orientation status, B Unit for the general population, and C Unit is for those who have made honor level in the behavior management program. Therefore, B Unit is intended to house up to 22 girls.

In reality, the assignment of 22 girls to a single unit presents significant challenges in terms of managing the population and addressing interpersonal dynamics that may ultimately become issues of safety and security for youth and staff. In

response, the administration at Waxter has resorted to reassigning some youth to the A Unit where they can be supervised among a smaller, more manageable population.

DJS should consider the urgency behind the necessity for a new detention center for girls in Maryland. Program efficacy and safety are threatened by the limitations the facility imposes on administrators, staff and youth.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 3.5. Placement within the institution – *1. Each youth shall be assigned to a housing unit within the facility based on a variety of factors including, but not limited to: age, size, offense, and history and demonstration of aggressive behavior. Youth with special needs that have been identified by the Admissions Office, such as youth who appear suicidal, who have specific medical conditions, or are known sex offenders, shall be housed in accordance with these needs.*

5. Education

Beginning in late August, the Maryland State Department of Education assumed control of the educational program at Waxter. MSDE staff includes four teachers, a guidance counselor, an administrative assistant and a principal. Classes continue to be held in the trailers adjacent to the main building. They are too small to accommodate students when population is near capacity. According to administrators, overcrowding in classrooms contributes to the high number of incidents that take place there.

MSDE extended the school day at Waxter, which now runs from 8:30 a.m. to 4:30 p.m. and includes a break in the middle for lunch and recreation. Girls now attend classes for six hours a day, however, residents at Waxter do not have opportunities to pursue vocational education.

Observation of morning classes indicate that closer supervision by direct care staff is necessary to maintain order in the classroom and to allow effective instruction by teachers. Passersby unintentionally distracted the girls in class as they looked into the window and interrupted classroom instruction several times. Staff should be discouraged from entering and exiting classrooms, except in case of emergency, to allow for continuous instruction by the teachers.

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. Recreational Programming

Beginning at the end of August, girls at Waxter were able to participate in the Zumba program that was already being offered at the Alfred D. Noyes Children's Center. The program provided the girls with a chance to participate in physical exercise that they enjoyed and the program was well-received. Seventy one percent of youth participated in the first session, 77 percent in the second, and 82 percent in the third.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 4.5 Recreational Activities – *A well defined and structured program shall be provided for each resident. The recreation program shall provide a variety of activities that promote physical and mental health and are appropriate to the ages and interests of the residents admitted to detention. Youth shall have access to either individual or group recreational activities for a minimum of two hours each day. Such activities shall provide opportunities for strenuous physical exercise.*
4.5.1.2. Activities – *The recreational program shall provide a variety of planned, structured large muscle and leisure activities. These activities shall include, but need not be limited to, the following:*
.01 *organized sports and games that require large muscle activity…*
.02 *supervised small group leisure activities*
.03 *creative activities*
.**04** *quiet individual leisure activities*
.05 *activities adapted for physically and developmentally challenged residents.*

7. Behavioral Health

Although Waxter is a detention center and not a treatment center, mental health services should still be incorporated into the program. The facility serves young women, who in general have been identified as needing more intensive mental health services than their male counterparts, [5] and who in some cases spend months in detention at Waxter or elsewhere.

Although girls who spend a few days in detention cannot be expected to undergo intensive mental health treatment while at Waxter, a span of weeks or months can be adequate time for a youth to work with mental health staff. The mental health staff at Waxter includes two full time psychologists and a psychiatrist (who is available one day a week) to serve a population that peaked at 39 during the third quarter. Mental health staff interviewed expressed that their department could benefit from an increase in personnel. In situations where weeks or months with a therapist at Waxter cannot benefit the youth, she should be moved so that her behavioral health needs can be addressed.

[5] DJS Report on Female Offenders. February 2012. Page 11.

Psycho-educational interviews are a part of the initial interview with a member of the mental health staff. Beyond that, however, regularly scheduled individual sessions are limited to those girls pending placement. While groups are held two to three times a week, they are not focused on therapy but are designed to be topical discussion groups of issues that are pertinent to the girls.

Currently girls at Waxter waiting to go to a committed placement receive individual therapy once per week while girls in detention status at Waxter receive fewer individual sessions. Regular access to individual therapy should be more frequently available to all youth who need behavioral health services while at Waxter.

The training of direct care staff by mental health professionals is perhaps an adequate supplement to a complete staff of mental health providers. However, their instruction in behavior management, confidentiality and relationship building cannot suffice as regular mental health care for a population that has been recognized as more frequently requiring intensive mental health services than do their male counterparts.

Other DJS detention facilities contract for provision of mental health services by private providers who ensure enough staffing to post a clinician on each unit. Mental health services of a comparable level should be incorporated into the program at Waxter. Added attention to mental health concerns in the facility could help to address the underlying issues that are sometimes behind aggression, anger and misbehavior.

Applicable Standards

Md. Standards for Juvenile Detention Facilities 4.3.2.1 Delivery of 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.*

Md. Standards for Juvenile Detention Facilities 5.1.5.4 Youth Needs and Treatment Services – *[M]ental health care…shall be maintained at a sufficient level to accommodate the number of youth in the facility.*

JDAI Standards II (E) Mental Health Services – *7. On-site staffing for psychological care is adequate for the number and anticipated needs of youth in the facility.*
8. On-site staffing for care by a psychiatric social worker and/or psychiatric nurse is adequate for the number and anticipated needs of youth in the facility.

8. Youth Advocacy and Investigation

Anne Arundel County DSS indicated abuse in a situation where a staffer held a youth by her neck.

RECOMMENDATIONS

1. Mental health services at Waxter should to be further enhanced.

2. Install cameras in education trailers, the outside courtyard, C-Unit Hallway, B-Unit Jewel Room, the stairwell and in case manager offices. Serious incidents should be videotaped per DJS policy.

3. Prioritize Waxter physical plant for modernization.

4. Intensify staff training in de-escalation and alternative strategies to avoid use of restraints.

5. Equip staff with the resources they need to ensure that youth receive a wide range of meaningful recreational programs.

NICK MORONEY
Director

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

FACILITIES REPORT
DEPARTMENT OF JUVENILE SERVICES YOUTH CENTERS
JULY – SEPTEMBER, 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
Senior Monitor

Persons Interviewed: Youth Center Administrators, Case Managers, Addiction Counselors, Mental Health Workers, Residential Advisors, and Youth

Date of Report: October 2012

Facilities and Dates of Visits:

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

Visits: July 30, August 23
and September 19, 2012

Savage Mountain YC
164 Freedom Lane
Lonaconing, MD 21539
Acting Administrator: Todd Foote

Visits: July 3, August 2
and September 14, 2012

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

Visits: July 5, August 22
and September 18, 2012

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

Visits: July 10, August 24
and September 17, 2012

INTRODUCTION

The Maryland Department of Juvenile Services (DJS/the Department) operated Youth Centers provide commitment care services in four separate facilities: Green Ridge, Savage Mountain, Meadow Mountain and Backbone Mountain Youth Centers. The Youth Centers are staff secure facilities meaning that safety and security is dependent on the quality and quantity of staffing and not on physical plant hardware.

SUMMARY OF CRITICAL FINDINGS

- Assaults and youth and staff injuries associated with assaults and restraints have increased during the third quarter over the same period last year.
- Staffing levels at the youth centers should be bolstered and maintained.
- A significant number of youth have to be moved between centers or to a detention facility.
- Off campus activities continue to be curtailed or disallowed.
- The Department plans to impose, for the second consecutive year, a “no movement on campus after dusk” rule throughout the coming winter.

FINDINGS

1. Population

The combined population capacity of the youth centers is 164 youth. Youth accepted for admission may be placed in any of the youth centers. The number of youth accepted to the youth centers that require mental health services and are either on or subsequently prescribed psychotropic medications has increased. In 2009, less than 50% of the youth were reportedly on psychotropic medication. Currently, the figure is reportedly between 65% and 75% dependent upon fluctuating population numbers. Additionally, some youth are admitted who score below the previously proposed intelligence quotient minimum of 70. Many youth accepted have a history of violence.

Following an admissions review, some youth are initially denied acceptance. The rejection is often appealed. After the appeal process many of these youth are accepted on a trial basis. Many youth are therefore sent to the centers that have either behavioral or mental health issues that make successful placement harder to achieve.

During the second quarter of 2012, a total of 44 youth (equivalent to 27% of the average daily youth center population at capacity) were moved out of a youth center - usually because of involvement in aggressive incidents: 23 were moved to detention and 21 were moved from one center to another.

Early in the third quarter, the Department established a central review committee (CRC) to mitigate the movement of ejected committed youth back into detention where they stay, sometimes for long periods, awaiting another placement. The CRC stipulates that, whenever possible, additional supports are offered to help keep struggling youth in their present placements. If added support is not working, the CRC will then allow the transfer of a youth between centers. The CRC will only allow a youth to be sent from the centers to a detention facility after exhausting other possibilities or if the youth has been involved in a serious incident.

During the third quarter, and following establishment of the CRC, 31 youth had to be moved: 22 youth were sent to a detention facility and nine were moved between youth centers. It is disruptive to the youth center programs to have so many youth moved between centers and removed to detention.

Applicable Standard[6]

Md. Standards for Juvenile Detention Facilities 5.1.5.3 *Youth shall be protected from violent, emotionally disturbed, contagious or ill youth.*

[6] The Department has not developed specific committed care standards.

2. Staffing

Ensuring appropriate direct care staffing levels at the youth centers is a challenge both because of the number of call outs (staff calling in sick) and because direct care staff are required to transport youth when DJS transportation units are unavailable.

Some staff work a double shift and then call out while still collecting overtime pay. A review of staffing hours during three recent pay periods showed that 47%, 49% and 63% respectively of youth center direct care staff worked less than 80 hours in the course of the two week pay periods during which they were paid overtime.

While some staff working overtime seem to be gaming the system, others are forced to work overtime to make up for available staff shortages. Some of these staffers work 40 to 60 overtime hours within a two week period and do so without overt complaint however, when interviewed, some said they felt burnt out.

Staff coverage problems are exacerbated because DJS does not staff comprehensively enough to allow for the present level of call outs, vacation time, training and medical or family leave time. Staffing plans should take into account increases in required ratio of staff to youth during group movement after dusk. Direct care staff at all four centers have been required to cover clinic runs and other tasks usually undertaken by DJS transportation personnel. DJS transportation units should be fulfilling this responsibility.

Staffers said working at the centers is very demanding because of the number of youth who seem to have serious behavior or mental health related issues which require one on one attention and intervention. The centers are minimally staffed, that is, minimum ratios are adhered to but staffing is insufficient to comprehensively address the increased need for one on one attention.

New staff have been hired but are not retained in sufficient numbers to ensure a comprehensive and efficient staffing pattern. The Department also needs to ensure enough experienced staff are available on each shift to prevent safety or security concerns arising.

The lack of a predictable, long term staffing plan has led to frustration. Many staff interviewed are actively seeking other employment. The Department should realistically calculate and apply comprehensive staffing levels at the centers to ensure ongoing appropriate daily staffing levels with minimal overtime.

Center management could also be augmented. It is recommended that each group of youth in each center have a group life manager and a resident advisor supervisor to manage direct care staff. It is also recommended that each center should be administrated by both a superintendent and an assistant superintendent.

The Department should also address recruitment lag time which can range from 6 months to well over a year before a vacancy is filled. The decentralization of potential employee screening is a positive move that may lead to a shortening of the excessively long job application process.

Applicable Standard

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

3. Safety and Security

a. Aggregate Incidents

Youth Centers - Selected Incident Categories	3rd Qtr 2011	3rd Qtr 2012
1. Youth on Youth Physical Assault	31	40
2. Youth on Youth Physical Assault - Injury Associated	12	16
3. Alleged Youth on Staff Physical Assault	8	10
4. Alleged Youth on Staff Physical Assault - Injury Associated	1	2
5. Restraints	51	51
6. Restraints - Injury Associated	0	13
7. Physical Child Abuse Allegations (DJS Custody)	1	3
8. Suicide Ideation, Gesture, Attempt or Behavior	6	5

Assaults and youth and staff injuries associated with assaults and restraints have increased during the third quarter over the same period last year.

b. Incident-Related Procedures, Practices, and Reporting

The Youth Centers should be equipped with security cameras. DJS policy requires direct care staff to use portable video cameras to record incidents. This policy is impractical and generally ignored and, if followed, could compromise safety and security, especially given the shortage of available staff at the centers.

Applicable Standard

Maryland Department of Juvenile Services Policy RF-05-07. *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…*

4. Physical Plant and Basic Services

a. Physical Plant

The Department has undertaken considerable upgrades to physical plant at the youth centers.

For the second consecutive year, the Department intends to institute a no movement after dark rule throughout the winter months. Staff will not be allowed to escort youth between buildings or around the campus during curfew hours except in an emergency situation. The Department maintains that the curfew is necessary to help ensure safety and security.

The JJMU does not agree such restrictions on movement within campus grounds are necessary at the youth centers or at any other DJS operated or licensed facility. However, given that the curfew is likely to go forward, the JJMU requests that breezeways be constructed between the dormitory and recreation building at all four of the youth centers to allow for some escorted movement of youth during the long evenings of the Maryland winter months.

b. Medical

DJS contracts with the Allegany County Health Department for health service delivery to youth in the youth centers. Each center has a nurse on grounds four days each week.

DJS provides a behavioral health supervisor and counselors and services at the centers. However, a vacancy for one of the four mental health counselor positions (at Savage Mountain) has remained unfilled for over a year. As a result, youth at Savage Mountain have mental health counseling services available twice weekly while the other centers are covered four days per week.

Throughout the youth centers, medication reviews and initial or follow-up psychiatric visits are subject to undue delay. It takes up to three months to get an appointment for a youth who may need to be assessed for medication or other reasons. The situation is heightened by an increase in the numbers of youth needing to be evaluated and reviewed as well as an increase in youth requiring medication management. The Department needs to hire at least one psychiatrist to work full-time with the centers on these issues.

Additionally, there are not enough staff members certified to dispense medication and this has led to instances where certified staffers have to report to work just to cover medication delivery to youth.

c. Transportation

DJS transportation officers are often unavailable to take youth from the centers to clinical appointments or to off grounds activities. Direct care staff must double as transportation staff for the youth in the centers unless the youth is going to court, is being removed to detention, or is released from the centers upon completion of the program.

5. Education

Teachers have noted that they need to have control over heat and air conditioning in classrooms because it is impractical as well as uncomfortable for youth and staff to wait in a very hot or very cold room until a maintenance person has time to respond to a request for help.

6. Therapeutic and Recreational Programming and Family Involvement

a. Therapeutic Programming

The Youth Centers no longer have a group based therapeutic treatment program. The Department has introduced and placed emphasis on a new behavioral modification program called Challenge.

The Challenge program is a point and levels program in which youth can earn points and buy rewards and levels as they progress in meeting behavioral expectations. Some youth and staff complain that the program is not implemented consistently with some staff holding to the structure while others do not. Some youth also said that they like the new program because they do not have to participate in any kind of group accountability and are only responsible for earning their points.

Youth visit mental health counselors each week for therapeutic services. Case managers and/or addiction counselors hold meetings twice weekly utilizing a substance abuse related program called 7 Challenges. The Equip life skills program is no longer in use but a psycho-educational therapeutic group has been added to center programming.

For over a year now, youth center residents have been denied valuable, therapeutic, off campus experiences including participating in teambuilding experiences with experiential education students from Frostburg State University (FSU) and visits to a zoo which allowed them free entry. Youth center staff used to take youth on many outings and treatment activities off grounds and youth have had a long history of successful interaction with many community organizations. Over the years, these

community outings have taken place without incurring AWOLs or other incidents. Youth have not been able to interact with local community organizations as in previous years. These valuable treatment experiences have been curtailed (FSU) or discontinued.

Staff members have voiced many concerns about the restrictions on group outings and community based treatment activities. Interviewees reported that taking away community activities and service projects meant taking away very valuable treatment opportunities for youth which enable them to see themselves as valuable members of society, giving to others and feeling like regular kids.

b. Recreational Programming

DJS has started a basketball league for youth. Games are held each week. This positive development is part of a larger initiative to expand recreational resources throughout DJS facilities.

The Reflections program at Meadow Mountain is a valuable resource for the youth in the centers. The multifaceted program offers confidence-building experiences and relationship skills developed through participation in high and low ropes course elements, caving, biking, rock climbing, and hiking. The activities present experiential challenges requiring youths to overcome perceived risk and enhance communication and cooperation skills with fellow participants. The program enhances development of problem solving and physical skills. It is recommended that the Department expand the Reflections program so that all four centers offer this experience.

c. Family Involvement

Assuming youth received positive progress reports, they were able to earn a home pass toward the end of their stay. The passes, which served as an incentive and an important treatment component, have been halted by the Department with no announced reinstatement date.

Youth make weekly phone calls to parents or 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 can visit and participate with youth in specially planned activities.

Applicable Standard

Md. Standards for Juvenile Detention Facilities 5.1.5.4 *Clothing, proper nutrition, bedding, medical, dental, and mental health care, visitation time, exercise and recreation and educational and programming services shall be maintained at a sufficient level to accommodate the number of youth in the facility.*

RECOMMENDATIONS

1. Home passes should be reinstated for youth nearing completion of their placement.

2. Direct care staffing levels should be revised upwards due to added requirements and to ensure more adequate coverage and provision of one on one attention and youth intervention. Each center should have a group life manager and a group life manager supervisor. The facilities should also have a residential advisor supervisor and an individual case manager for each group within each facility. An addictions counselor and an addictions counselor supervisor should be hired for Meadow Mountain.

3. Training and resources should be provided to enhance team building among staff and management at each center. Emphasis should be placed on monitoring staff implementation of the behavioral program. Staff medical/medication training should be provided for certification and re-certification.

4. Security cameras should be installed in strategic locations throughout the youth centers.

5. Educational staff should be able to regulate the temperature in the school buildings.

6. Valuable and historically incident free off-grounds activities including educational trips, treatment activities, community service projects, recreational trips and incentive reward trips should be reinstituted. Such excursions should be assessed for approval by youth center management.

7. A Reflections program should be developed for each center to increase youth access to this valuable program component.

8. The Department should order construction of breezeways between dormitory and recreation buildings at all four of the youth centers to mitigate the winter evening no movement mandate.

FACILITY UPDATE REPORTS

Charles H. Hickey, Jr. School for Boys

The Charles H. Hickey, Jr., School (Hickey) is a state owned and operated detention center for male youth between 12 and 18 years of age. The facility can safely house up to 72 residents. Hickey is located in eastern Baltimore County. The Maryland State Department of Education (MSDE) provides academic services to residents in modular buildings apart from the living cottages.

During the third quarter of 2012, Hickey admitted 302 youth to the facility. Some youth spent less than a full day at the facility while other youth entered and exited more than once between July and September of 2012. The population did not exceed the rated capacity. On the day of data collection (October 2, 2012), the population was 46.

Of the 302 youth entries during the quarter, 225 were classed as detention status entries and 77 pending placement (adjudicated and waiting to transit to a program). In total, seven boys in pending placement status remained detained at Hickey for 60 days or more - four stayed for 90 days or longer. Time spent waiting in detention to go to placement does not count toward treatment time.

The youth population at Hickey this period was 68% African American and 31% Caucasian. The proportion of African American representation declined 6% and Caucasian representation increased 7% compared to the same period last year.

Hickey currently has staff vacancies for an assistant superintendent and a group life manager (level 2). There are also some direct care staff vacancies.

Two recreation specialists provide regular structured athletic activities.

There was a total of 164 reported incidents (including sports related injuries), during the third quarter – a drop of 20% compared with the same period last year. Injury occurrence declined 61%.

Although there has been a significant drop in incidents and especially in incidents involving injury, it should be noted that the youth population was smaller during the current quarter than at the same time last year. Average population during the third quarter of 2012 was 49 with a low of 40. Average population during the third quarter of 2011 was 62 with a low of 51. However, and allowing for a comparative twenty plus percentage reduction in population, a sixty percent plus comparative overall reduction in injuries at Hickey is a noteworthy achievement.

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

Hickey School – Selected Incident Categories	Q3 2011	Q3 2012
1. Youth on Youth Assault	43	23
2. Youth on Youth Assault – Injury Associated	28	10
3. Alleged Youth on Staff Assault	9	2
4. Alleged Youth on Staff Assault - Injury Associated	3	0
5. Group Disturbances (Injury/Destruction Associated)	0	0
6. Group Disturbances (Without Injury/Destruction)	0	0
7. Restraints	40	41
8. Restraints - Injury Associated	18	10
9. Restraints with Handcuffs and/or Shackles	3	1
10. Seclusions	12	8
11. Locked Door Seclusions over eight hours	1	0
12. Contraband	8	3
13. Suicide Ideation/Gesture/Attempt/Behavior	9	13
14. Suicide Ideation/ Gesture/Attempt/Behavior - Injury Associated	2	0
15. Physical Child Abuse Allegations (DJS Custody)	5	1
16. Alleged Inappropriate Staff Conduct/Comments	4	2

While overall incidents were down, suicide ideation increased and the use of physical restraint continued at approximately the same level.

During review of an incident (DJS IR 104180), it became obvious that security camera coverage in some highly trafficked areas is limited by camera positioning or malfunctioning cameras. Security camera footage is a critical tool in assuring de-escalation techniques are used whenever possible before resorting to restraint and to make sure policy and proper procedures are followed in the event a restraint is used.

In one instance where a staffer restrained a youth, a video review showed that the resident had his back turned and was filling a cup with water from a cooler and was not therefore an imminent threat to anyone, including himself. The staffer surprised the youth by coming up behind him and beginning to restrain the youth – the two ended up tussling and grappling for at least a minute as they knocked against a table and veered toward a wall before falling together to the floor. Ultimately, the two stopped wrestling for control and the youth returned to drinking water as the staffer walked from the room. The youth then sat down and concentrated on catching his breath as the staffer returned to the room and sat down beside the youth and began to talk with him.

The staffer never reported the incident, nor did the supervisor who was on duty down the hallway that evening. A supervisor from a different shift later found out about and reported the incident (DJS IR 103883), after pulling and reviewing video footage. A subsequent DJS internal investigation noted the staffer who performed the unnecessary restraint failed to report the incident, but did not note the performance of a physical restraint in violation of DJS policy or the resultant endangerment of both youth and staff.

Baltimore County Child Protective Services (CPS) investigated the incident and noted that the physical restraint was not justified but did not render a finding of abuse citing a lack of evident physical injury to the youth. Upon request, CPS re-launched the investigation as a potential case of neglect but did not affirm neglect on the basis that the staffer did not cause the youth to be at serious risk of severe injury or death.

San Mar Graff Shelter for Girls – CLOSURE NOTICE

The Graff Shelter for Girls closed on October 1, 2012. The program was operated by San Mar Children's Home, Inc., and had the capacity to provide short-term residential treatment services for up to twelve girls between 13 and 18 years of age.

The youth population at the shelter were referred by DJS and the number of referrals had dropped significantly during the months prior to the closure. During the third quarter, the shelter served 27 girls. Almost all (96%) the girls were from Baltimore City and most (89%) were African American. Seven of the youths stayed at the shelter for over two months, while 12 girls stayed between one and ten days.

Aggressive incidents were rare at Graff. The shelter offered a comfortable and home like atmosphere and constructive programming for youth. Teachers provided middle and high school education onsite, including GED preparation and test taking opportunities. Professional therapists and a licensed social worker ensured ongoing therapeutic support and a contracted psychiatrist serviced mental health and medication needs. An activities coordinator took the girls on regular trips into the local community.

Karma at Randallstown

The Karma Academy for Boys in Randallstown is a staff secure treatment program licensed by DJS and, until recently, operated by KHI Services, Inc. The Karma program offers therapeutic services in a residential setting to up to eight boys aged 14 to 18 who require sex-offender treatment. Successful completion of the program takes six to nine months. On July 1, 2012, KHI Services, Inc. merged with Family Services, Inc. With the change in private provider, management at the program at Karma expected to benefit from increased funding including for computers that residents will be able to use for schoolwork.

The merger brought positive change during the third quarter including renovations to the outdoor deck, new pots and pans in the kitchen, and a new basketball hoop. Future renovations are to include roof work and house painting. The house has also been equipped with all new computers for use by youth and administrators. Staffing has been bolstered as the program coordinator and therapist positions are full time.

Youth at Karma attend a local high school and some youth participated in a summer school program there over the vacation period. Extra-curricular activities over the summer included community service and regular use of a swimming pool and gymnasium at a local YMCA.

The program remained at or near capacity during the summer and a youth successfully completed the program in August. There were no serious incidents during the third quarter. Karma continues to be a safe and constructive environment for youth and staff and DJS should continue to refer young men to Karma, as appropriate.

Kent Youth Boys' Group Home

Kent Youth Boys Group Home is located in a home like setting in Chestertown, Maryland, and is licensed by DJS to serve up to 10 adjudicated boys from 14 to 18 years old. The facility provides a consistently effective alternative resource for youth that might otherwise extend their involvement with the juvenile justice system.

The program is designed for a six month to year-long placement. Youth attend a number of treatment groups to address emotional, behavioral and substance abuse issues. Youth also receive individual counseling. Family participation is encouraged and built into the program and youth can earn home visits as they progress.

The facility utilizes the Kent County educational system to meet the academic needs of residents. While at Kent Youth, residents can play basketball and use a weight room and recreation room. Off grounds outings are frequent and include fishing trips and visits to libraries, parks, a community center, bowling alleys, movie theaters and a skating rink.

During the summer months, the boys at Kent Youth participated in onsite summer school and off grounds trips were available to youth who were not on program restriction. Trip destinations included Killen Pond, the Naval Academy and Six Flags. Youth also traveled to Delaware Technical Community College. Depending on their status in the Kent Youth program, the boys may to participate in school sports.

Incidents involving aggression are rare at Kent Youth. During the third quarter, investigators from the DJS Office of the Inspector General and Kent County Department of Social Services investigated allegations at Kent Youth. One incident involved an allegation of physical child abuse which was ruled out. The other involved an allegation of misconduct against two staffers - both were cleared following investigation.

In early September, Kent Youth was equipped with stationary security cameras.

Liberty House Shelter for Boys

Liberty House in Baltimore City began operating as a shelter care facility and alternative to secure detention during the second quarter of 2011. The facility is licensed by DJS to serve boys 13 to 18 years old. The program emphasizes therapy and tutoring in life skills and coordinates with local providers for medical, behavioral health and legal services as needed.

There were few incidents at the facility during the third quarter. Liberty continues to offer valuable help to youth in a home like environment that is less restrictive, less dangerous and less expensive than a detention center.

There are some physical plant improvements needed at Liberty and administrators have stated that painting and miscellaneous plant upgrades have been contracted for and are to begin during the fourth quarter.

Lower Eastern Shore Children's Center (LESCC)

The Lower Easter Shore Children's Center (LESCC) in Salisbury is a 24-bed maximum-security detention facility owned and operated by DJS. The facility opened in 2003 and is designed to house 18 male and 6 female youth awaiting adjudication or placement. Youth are separated according to gender and security considerations.

Problems faced by LESCC during the third quarter of 2012 included ongoing staff shortages and overpopulation. There are long standing vacancies for an assistant superintendent and a group life manager (level 2), and more direct care staff are also needed. These positions should be filled without any more delay and the untoward time lags in processing new hires must also be addressed at DJS headquarters.

Population spikes and the movement of youth to out-of-region detention facilities continue and also need to be comprehensively and permanently addressed. While youth entry has been trending down at other DJS detention facilities, LESCC has seen

an increase in the influx of youth. The facility was over capacity on 14 days during the third quarter.

DJS moves eastern shore youth from LESCC to other detention facilities such as Noyes, Hickey or Waxter when the population spikes. Parents and guardians have difficulty visiting youth that are sent out of area.

LESCC ADMISSIONS	Q3 2011	Q3 2012
Total Admissions	**117**	**149**
African American	67	90
Caucasian	46	57
Latino/Hispanic	3	1
Asian	1	1

During the third quarter of 2012, approximately 60% of LESCC youth entries were for African-American youth, up from 57% during the same period last year.

LESCC was more overcrowded during the second quarter than it was during the third and the 40 reported incidents (including sports related injuries) at LESCC during the third quarter of 2012 represents a 20% reduction over the 50 reported during the second quarter. However, 40 incidents is a slight increase when compared with the third quarter of 2011, when there were 38 reported incidents.

The number of physical restraints used on youth at LESCC decreased substantially in the third quarter compared with the second quarter. Also of significance is the reduction in injuries associated with restraints (injuries to staff or youth preceding or during physical restraints). During the second quarter, 32% of restraints involved an injury preceding or during a restraint whereas 12% were associated with injury during the third quarter – this is a significant reduction.

The table that follows on the next page enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm, which DJS staff detailed in incident reports.

LESCC - Selected Incident Categories	Q3 2011	Q2 2012	Q3 2012
1. Youth on Youth Assault	8	10	7
2. Youth on Youth Assault - Associated With Injury	6	4	2
3. Alleged Youth on Staff Assault	4	4	5
4. Alleged Youth on Staff Assault - Associated With Injury	2	1	0
5. Group Disturbances (Injury or Destruction Associated)	0	0	0
6. Group Disturbances (Without Injury/Destruction)	0	1	0
7. Restraints	13	37	17
8. Restraints - Associated With Injury	8	12	2
9. Restraints with Handcuffs and/or Shackles	4	8	3
10. Seclusions	2	9	4
11. Locked Door Seclusions over eight hours	0	0	0
12. Contraband	1	1	3
13. Suicide Ideation/Gesture/Attempt/Behavior	6	4	4
14. Suicide Ideation/Gesture/Attempt/Behavior (Injury Associated)	3	0	1
15. Physical Child Abuse Allegations (DJS Custody)	1	0	0
16. Alleged Inappropriate Staff Conduct/Comments	0	1	0

The data in the table above supports an assertion that there is a direct correlation between overcrowding and an increase in incidents involving aggression and injury, including the number of physical restraints used on youth and the number of injuries to staff or youth preceding or during physical restraints.

LESCC was overcrowded for 92% of the second quarter this year as compared to being overcrowded for 15% of the third quarter of 2012. Secure detention at LESCC and elsewhere is detrimental to youth as well as expensive and should only be used when there are no appropriate alternatives.

While housing a youth population above the rated capacity of 24 creates a safety and security concern, it seems that some youth are sent to LESCC as punishment for minor violations of probation.

During the third quarter, a number of youths were sent to detention at LESCC after failing a urine test. It was also reported that a girl was sent to LESCC because she violated probation by failing to attend school. The girl, who was on electronic monitoring, reportedly missed a school bus after refusing to run after the bus as it was pulling away.

DJS should not permit youth to be placed in detention at LESCC or elsewhere when less restrictive and more appropriate alternatives and/or treatment could be provided.

Morningstar Youth Academy

Vision Quest National owns and operates Morning Star, a residential facility in rural Dorchester County, near Cambridge, on Maryland's eastern shore. The facility is licensed by DJS to accommodate up to 40 youth, however, the census usually averages approximately 27. Vision Quest/Morning Star also contracts with DJS to provide Functional Family Therapy (FFT) to youth.

New staff have been hired including a full time nurse, however, there is a high turnover among kitchen staff and the facility has had difficulty keeping a third teaching position filled.

Vision Quest has adopted the Sanctuary Model, a trauma informed program. To facilitate implementation, Morning Star is holding numerous meetings including morning community circle, administration meetings, clinical meetings and quality improvement meetings. Some youth and staff say administrators need to be more visible on campus and should actively model the principles of Sanctuary in order to assure programmatic consistency and help maintain routine and order.

While incident numbers at Morning Star are not high, approximately 50% of incidents that do occur are youth on youth assaults. Morning Star actively screens out violent youth, however, youth interviewed report that down time contributes to horseplay, which in turn sometimes results in fights. Increased activities and additional staff training in group supervision, leadership and de-escalation may help reduce the number of assaults.

Morning Star operates a private school on site for residents. The school provides ninth grade level classes and offers remedial help to those who need it. Teachers also provide GED preparation. Most Morning Star youth who have taken the GED test have been successful. Youth who passed the GED before entering Morning Star have a 27-hour per week paid work schedule.

A teacher has developed contacts with local resources to provide local field trips and youth have been involved in community service at a state park in exchange for being able to use a ropes course and canoes. Morning Star also established a partnership with Anchor Point Inc. - an Eastern Shore non-profit that helps at risk youth. Anchor Point volunteers helped youth at Morning Star learn skills including first aid, CPR, and Coast Guard boating safety instruction. A 26-foot sailboat has been donated so youth can learn boat building skills. Youth have also been working with Habitat for Humanity.

The Morning Star program includes Cognitive Behavioral Therapy (CBT); Seven Challenges substance abuse counseling; Aggression Replacement Training (ART) and individual therapeutic sessions. Morning Star also offers an equine assisted therapeutic program. A multidisciplinary team meets monthly to review each youth's progress. Family involvement is integrated into treatment programming and youth must complete three successful home visits before release.

Youth have opportunities to participate in local community happenings and have helped in providing support services at local running events. Several youth who reached set treatment goals visited Disneyworld in Florida while others have traveled to participate in Vision Quest wilderness experiences in the southwest.

Morning Star is in the process of expanding recreational resources to include an all-weather gym. During a recreation period this quarter, three youth were lying on their beds while other youth were watching TV or standing around talking. The facility swimming pool was scheduled to be open, but lifeguard staff were off campus for most of the allotted time. Youth should be encouraged to participate in outdoor activities and to engage in large muscle exercise every day unless precluded by a medical condition.

Morning Star used to host periodic Congress events that included a cookout and games. Youth family members, advisory board members, DJS workers and officials, community case managers, staff members, and youth family members were invited to attend. Morning Star has not organized a Congress for over a year.

DJS regulations require community case managers to visit youth onsite on a monthly basis. Many case managers are dedicated while others rarely call or visit youth placed at Morning Star. In July of 2012, case managers did not see 10 of the 23 youth requiring visits. During August, 7 out of 29 youth were not seen as required. Between one third and a half of youth placed at Morning Star are not seen on a monthly basis as required. Some youth never receive a visit from their DJS case manager during their stay at Morning Star.

Alfred D. Noyes Children's Center

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.

DJS operates the school for 6 hours daily at Noyes. While there is no dedicated infirmary at the facility, a medical unit provides for health related services during regular work hours. A health service provider is on call for service at night and on weekends.

The overall population at Noyes remained below the DJS rated housing capacity throughout the third quarter of 2012. However, the facility houses more than one youth per cell.

Noyes is an old facility and is not designed to enable single celling of youth per best practice. Double celling of youth raises safety and security issues. During the third quarter, and for the second time this year, a young Noyes resident witnessed a roommate attempt to commit suicide (DJS Incident Report 105289).

Although staff handled the situation appropriately and promptly, the witnessing youth would have benefitted from sleeping in an individual room. The witnessing youth arrived at Noyes as a low-level offender on the day the incident took place. He was released the day after the incident.

This follows a situation where, on June 18, a resident witnessed his roommate attempt to commit suicide (DJS IR 102763). Administration officials found the young witness to be "distraught" the following day.

Noyes admitted 254 youth during the third quarter of 2012, a slight increase (5) compared with the same period in 2011. Approximately 71% of youth entries were for African American youth, down from 74% during the same period last year. Fourteen percent of third quarter entries were Latino/Hispanic and 13% White/Caucasian.

Sixty-six entries were of adjudicated youth awaiting placement in a program. Six of these residents remained detained at Noyes for between two and three months, while three others were there for three months or even longer. Detained youth pending placement are committed to DJS for treatment but do not receive individualized treatment in detention. Time in detention does not count towards court mandated treatment time and unjustifiably increases a youth's length-of-stay in DJS custody.

Significant staff vacancies remain to be filled at Noyes including a case manager and several direct care staffers needed to work with youths on daily movement and behavior management. Extra staff are also needed to ensure comprehensive coverage In the event of a group disturbance or youth needing to be put on suicide watch. There are also vacancies for a direct care staff supervisor, and two for group life managers (level one and two). Filling these vacancies without delay should be a priority.

Security camera coverage needs to be extended to cover all highly utilized areas including the gymnasium and the education trailers located outside the main plant.

As of time of writing in October, maintenance at Noyes has yet to successfully address a steady leak from the ceiling into the middle of the Delta unit dayroom which the female residents use daily. The ceiling has been leaking since July. In August, maintenance staff changed all locks, installed new doors throughout the facility, and replaced the cafeteria/gymnasium divider.

After several complaints from Noyes residents, the DJS youth advocate surveyed youth regarding food service. Several youth reported they felt they were not receiving enough food or wanted alternatives to the current diet.

Noyes recently appointed a fulltime recreation specialist and residents are now able to participate in a more varied set of activities including arts and crafts and open microphone nights in addition to basketball, volleyball and flag football tournaments.

One Love Group Home for Boys

The One Love Group Home is located in the Northwood community in Baltimore City. The facility is operated by Building Communities Today for Tomorrow, Inc. and began accepting admissions during the first quarter of 2011.

One Love provides a comfortable, home-like environment for up to 7 adjudicated boys ages 14 to 17. Youth are referred to the home by DJS, which also licenses the facility.

Youth at One Love attend local schools. The program includes a case manager who works with youth and local school administrators in assuring youth receive appropriate education services. The One Love program encourages individual development and includes individualized and group therapy, academic tutoring, conflict resolution, and money management.

There were no incidents involving violence at One Love during the third quarter and the program continues to provide personal attention and mentoring within a less restrictive setting than youth would experience in an institution.

Silver Oak Academy

The Silver Oak Academy (SOA) is a staff secure (non-fenced) residential program for boys which opened in July of 2009 and is owned and operated by Rite of Passage, Inc. The Department of Juvenile Services licenses the facility to house up to 48 boys. The facility is located in northern Carroll County in Keymar, Maryland, on the grounds of the former Bowling Brook Academy. SOA reached full capacity early in 2010, and has remained at its rated capacity since that time.

In addition to group therapy, programming at SOA includes comprehensive and well-structured regular, vocational and technical education components and an emphasis on athletics, teamwork, personal development and community service. Youth enjoy and excel in the athletic programs that are offered at the facility. During the third quarter, negotiations were underway to facilitate services at SOA from the Carroll County Youth Services Bureau.

The value of the program offered at SOA has grown significantly since inception in 2009 and it has become an important resource in aiding youth who otherwise might become more involved with the justice system. SOA management, staff and youth have worked together to form constructive relationships with local education and job resources. In addition to facility-based staff, SOA employs staff to help transition youth back into their communities after graduation.

Incidents numbers at SOA were low during the third quarter as they have been throughout the year and were throughout 2011. The facility continued to provide a safe and therapeutic environment for youth. However, the facility would benefit from the installation of security cameras which would further enhance safety and security and also serve as a training tool for staff.

The Victor Cullen Center

The Victor Cullen Center is a hardware secure treatment facility owned and operated by 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.

DJS has hired many new direct care staff. Also, the facility now has two assistant superintendents, one focusing on safety and security and the other focusing on programming. Staff consistency and skill level varies considerably and impacts the overall culture of the facility. The Department should provide intensive skill training. Additionally, Maryland State Department of Education staff from the Cullen school and DJS direct care staff and management should routinely confer to ensure all departments can present a unified program at Cullen. The Department should also install security cameras in the school.

Victor Cullen has seen a dramatic reduction in incidents. There was a total of 93 incidents of all types (including sports related injuries) during the third quarter of 2012 compared with 243 during the same time period in 2011. The noteworthy reduction is made more striking by the fact that the average population during the third quarter of last year was 21 youth compared with 47 youth during the current period.

The table that follows enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm, detailed in incident reports from Victor Cullen.

VICTOR CULLEN - Selected Incident Categories	Q3 2011	Q3 2012
1.Youth on Youth Assault	44	16
2. Youth on Youth Assault - Associated With Injury	8	3
3. Alleged Youth on Staff Assault	39	5
4. Alleged Youth on Staff Assault - Associated With Injury	2	0
5. Group Disturbances – Injury Or Property Destruction Associated	1	0
6. Group Disturbances – No Injury Or Destruction Associated	3	0
7. Restraints	142	52
8. Restraints Associated With Injury	9	6
9. Restraints with Handcuffs and/or Shackles	77	38
10. Seclusions	23	12
11. Locked Door Seclusions over eight hours	1	0
12. Contraband	17	4
13. Suicide Ideation/Gesture/Attempt/Behavior	2	0
14. Suicide Ideation/ Gesture/Attempt/Behavior – Injury Associated	0	0
15. Physical Child Abuse Allegations (DJS Custody)	3	1
16. Alleged Inappropriate Staff Conduct/Comments	0	2

While seclusion of youth decreased, there were instances where seclusion was improperly documented or inappropriately elongated past the time that youth were threatening or refusing to process.

For example, DJS ICAU 103268 indicates two youth were secluded for 16 hours (including overnight). While data on the seclusion sheets for both youth appears somewhat incomplete and inaccurate, it is clear that staff members observing and noting youth behaviors documented youth as "lying down or sitting calmly" within 11 minutes.

ICAU 103420 documents a youth secluded for 2 hours while he was reported on the seclusion observation form to be "lying down or sitting calmly" within 11 minutes.

ICAU 103531 documents a 3-hour long seclusion while the seclusion observation form indicates that, from the beginning of the seclusion, the youth "answers questions appropriately" and was "walking about calmly." Later, he was "lying down or sitting calmly." There is no indication that the shift commander met with this youth as required. Per DJS policy, the youths in the instances described above should have been released from seclusion when they no longer presented a threat.

The Department has continued to handcuff, shackle and chain Cullen (and Carter) youth for transport to, during and from medical appointments. This is done regardless of the progress the youth has made in treatment and continues through program time even as youth are being prepared to re-enter the community.

Eight of the twenty six youth who were discharged from Victor Cullen during the quarter were removed without successfully completing the program. After completion of the Victor Cullen program, youth need intensive assistance to successfully transition back to their homes and communities. Aftercare services should be expanded.

Recreational programming should also be expanded and should include experiential learning. There are two recreation specialists at Cullen, however, recreation is still limited to basketball, baseball, and touch football. The recreation staff should also involve youth at Cullen in experiential learning. DJS has not allowed youth at Victor Cullen to take part in the ropes course and Reflections program at the DJS Meadow Mountain youth center. Adventure based treatment alternatives could be and should be developed on grounds at the Victor Cullen site.

The Way Home – Mountain Manor

The Way Home (TWH) is a residential group home licensed by DJS to treat up to 15 girls who have been committed to the Department. The home is located in the Mountain Manor complex of Maryland Treatment Centers, Inc.

Because of its location, the girls at The Way Home have access to a number of mental health services on-site. The group home is a staff-secure facility and the girls attend local public schools for education and eligible residents can enroll in community

colleges and universities in the area. Some girls participate in summer semesters at high school or college level.

Day activities are scheduled for girls not enrolled in summer courses and many take on volunteering responsibilities while school is out. This fall, two girls will be taking classes at CCBC while another will take an online GED course.

The program at TWH offers a wide variety of options for recreation and takes full advantage of its ability as a small program in Baltimore to plan frequent off-campus trips. In-house programming includes weekly Narcotics Anonymous meetings and the "Daughters of Destiny" group.

While there are few incidents at the Way Home, there was a serious incident involving one of the residents and a staffer during the third quarter. Following a treatment meeting with Mountain Manor medical staff, a youth was speaking with a psychiatrist at which point the staffer tasked with supervising the youth left and went outside of the building. The youth then went to the bathroom where after approximately five minutes, a shift supervisor and a nurse found her apparently unconscious, "sitting cross legged under the sink with a belt around her neck hanging from the sink pipe with her buttocks elevated from the floor." The youth was still breathing and had a pulse.

The youth was taken to the emergency room and was later transferred to another facility. An investigation found that the staffer, who left the building while the youth was with the psychiatrist, "failed to properly post herself where she could monitor" the youth's activity while the youth was in the bathroom at the nursing station. The staffer no longer works at the Way Home.

Concerns about the dietary department at Mountain Manor were ongoing during the third quarter. In response, the dietician and the executive vice president of Maryland Treatment Centers introduced a new menu. The DJS child advocate and the program director at The Way Home also addressed an isolated occurrence of residents receiving spoiled milk.

Western Maryland Children's Center

The Western Maryland Children's Center (WMCC) is a state owned and operated detention center located in Hagerstown. With a population capacity of 24 residents, the facility has two 6-bed and one 12-bed unit. The Maryland State Department of Education provides six hours of school daily to residents in two classrooms. A fully staffed medical unit provides health care to incoming youth and residents seven days a week. However, mental health services are limited to one full-time and one part-time counselor. When both are out, on vacation or for any other reason, youth are unable to receive these services.

The population at WMCC did not exceed DJS rated capacity during the third quarter. 46% of the 136 youth entries were African American - a 13% decrease compared with the same period in 2011. The proportion of White/Caucasian youth

entries increased 13% to 49% (up from 36% in the third quarter of 2011). Twenty-four entries were for adjudicated youth awaiting placement in a program. The time that youths spend at a detention center before going to placement does not count towards court mandated treatment time and therefore unjustifiably increases youth length-of-stay in DJS custody. One youth at WMCC during the third quarter spent over 2 months in pending placement status.

Staffing vacancies at WMCC include those for a case manager supervisor, four direct care staff and a direct care staff supervisor. A direct care staffer assumed recreation specialist duties (Wednesday to Sunday) in addition to regular duties (Monday and Tuesday). In practice, the pressure of staff vacancies and staff on medical leave will limit the amount of time the stand-in recreation specialist will actually be able to dedicate to designing and supervising a recreation program for youth.

Residents interviewed said they feel safe at WMCC. The total number of reported incidents during the third quarter was 27, a decrease compared to 30 reported for the same period last year. The number of incidents tends to decrease when the population remains at or below capacity. While incidents were down overall, seclusion of youth increased from zero to five and one youth was secluded for over eight hours. The table below enumerates alleged inappropriate behavior, aggression, or potential self-harm, detailed in incident reports.

WMCC – Selected Incident Categories	Q3 2011	Q3 2012
1.Youth on Youth Assault	10	6
2. Youth on Youth Assault Associated With Injury	7	3
3. Alleged Youth on Staff Assault	3	3
4. Alleged Youth on Staff Assault Associated With Injury	3	2
5. Restraints	26	19
6. Restraints Associated With Injury	17	6
7. Restraints with Handcuffs and/or Shackles	9	4
8. Seclusions	0	5
9. Locked Door Seclusions over eight hours	0	1
10. Suicide Ideation/Gesture/Attempt/Behavior	2	1
11. Physical Child Abuse Allegations (DJS Custody)	1	0

The video recording system at WMCC stops recording when the memory is full, leaving some parts of the day unmonitored. Also, the electronic door locking system on the WMCC control room has a glitch that causes the system to malfunction. On occasion, staffers have had to go an entire day using only keys to open and close doors. Earlier this year, a DJS maintenance unit replaced one of the porcelain toilets at WMCC with a suicide resistant stainless steel commode. The remaining 23 toilets need to be similarly replaced. These problems should be addressed without delay.

The William Donald Schaefer House

The William Donald Schaefer House (WDSH) is a 19-bed facility located in the Reservoir Hill neighborhood of Baltimore City. WDSH offers a substance abuse treatment for boys committed to DJS which owns and operates the facility.

Youth interviewed indicated that school was not consistently held at the WDSH during the quarter however, improvements are expected as the Maryland State Department of Education (MSDE) will assume responsibility for education services in October. Vocational education related activities should be provided for youth at WDSH. Youth said that, when they are not in school, activities are limited. Structured activities include special guest visits through a program called Supper Club. During the third quarter, youth were able to participate in several off grounds trips including an opportunity to participate in special programming to the Meadow Mountain Youth Center in western Maryland. Youth also visited a movie theater.

In order to accommodate incoming MSDE staff, renovations are being made to the Schaefer House. However, these changes to the building severely limit the amount of space available to the boys in the indoor common room. The Department should fund the renovation of the basement, including waterproofing and painting it, in order to compensate for space lost by the renovations on the main floor.

The Challenge behavior management program will also be introduced in October. In preparation, the superintendent at WDSH has completed a training that she will in turn provide for her own staff. She reports that the program has been tailored to supplement the Seven Challenges substance abuse treatment program. Accordingly, the program at WDSH has been elongated from 90 to 120 days. Those youth who were admitted long before this adjustment was mooted will be grandfathered in to the corresponding level of the new behavior management program. In August, two new substance abuse counselors and one licensed clinical social worker were hired. A temporary social worker from Victor Cullen is also onsite while the administration looks to fill a vacant psychologist position. Two of the newly hired clinicians are holding groups at WDSH.

Incidents continued to be rare at the Schaefer House. There were four youth on youth physical assaults and four occasions on which contraband was found during the third quarter. Two contraband incidents involved youth with cigarettes and the other two involved youth allegedly misappropriating their own or another youth's medication.

JJMU 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. In 2006, the monitoring unit was moved to the Office of the Attorney General and renamed the Juvenile Justice Monitoring Unit (JJMU). JJMU reports are available online: http://www.oag.state.md.us/JJMU/index.htm

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DJS Response to the Juvenile Justice Monitoring Unit (JJMU) 3rd Quarter Report

The Department of Juvenile Services appreciates the time and effort that JJMU has taken to provide the Department with their findings for the 3rd Quarter Report of 2012. We have thoughtfully considered all findings and suggestions and will take corrective action in areas of need. We appreciate the JJMU's acknowledgement of accomplishments in the following areas.

Reduction of Violence

JJMU reports that violence has decreased significantly during 2012 at the three largest detention centers, Cheltenham Youth Facility, Baltimore City Juvenile Justice Center, and Charles H. Hickey, Jr. School. Also, at Victor Cullen, the only state run hardware secure treatment facility, there has been a significant reduction of aggression. Notably, in the 3rd quarter of 2012 there were a total of 93 incidents occurring at the facility compared to 243 during the same period in 2011, of which there were 16 youth on youth assaults. This reduction has been achieved while managing at or near capacity during the quarter.

Addressing violence in the facilities is critical for the safety of youth and staff. The Department remains vigilant in efforts to reduce acts of aggression. During this quarter, the Department has made progress towards implementing Intensive Service Units at Cheltenham and Hickey detention centers. Intensive Service Units serve to separate the most aggressive youth and provide intensive mental health and individual counseling services to address issues of aggression. Physical plant modifications have been completed at both sites. Programs will be implemented upon completion of staff training.

Pending Placements

The Department appreciates JJMU's recognition of substantial gains made in decreasing the number of youth pending placements in detention centers. The decrease reflects the Department's implementation of Senate Bill 245, which granted the agency authority in certain circumstances to move youth from one residential center to another, thereby eliminating and reducing the number of youth who return to detention when they are ejected from a placement. Additionally, the Department has implemented revised case management procedures, and has increased supervisory and executive level review of pending cases. This

has enabled the department to maximize the use of state operated and contracted programming beds. Further gains will be contingent upon expanding the number of treatment beds in Maryland.

Recreation Programming
In June of 2012, the Department developed and began implementing C.H.A.M.P.S. (Changing Habits and Making Progressive Strides) an intramural sports, arts, and academic challenge program. Activities include intramural sports in basketball, baseball, soccer; art, poetry and creative writing contest; academic bowl competitions, and camping experiences. The Department has requested to reclassify eleven positions to support implementation of this program.

The Department is committed to the therapeutic treatment of youth placed in our care. As such, we believe that the positive interactions between youth and staff, in the form of coaching and mentoring, play a vital role in the development of healthy relationships. These relationships aid in developing mutual respect, whereby youth are more receptive to redirection from staff, resulting in fewer incidents of challenging and disruptive behavior. Youth and staff participation in C.H.A.M.P.S. creates these mutually beneficial opportunities.

Trauma Informed Care Programming
We appreciate the JJMU recognition of the Department's efforts to address the trauma needs of our youth. At J. DeWeese Carter Center, the only state-operated committed treatment program for females, youth are screened at intake for trauma service needs, using the Trauma Symptom Checklist for Children. Therapists interpret these outcomes and integrate treatment services in their individual work with youth. In November 2011, prior to opening the program for girls, all staff received eight hours of trauma informed care training, provided by Dr. Laurel Kiser, psychologist, and Director of the Family Informed Trauma Treatment Center, at University of Maryland. In June, 2012 the department selected the ARC model (Attachment, Self- Regulation, and Competency), a core-components trauma care treatment model, for implementation at Carter. ARC was developed to provide a guiding framework for clinical intervention with complexly traumatized youth and their caregiving systems. Training was conducted by Dr. Margaret Blaustein, a developmental psychologist who is the co-developer of the model. All DJS mental health and addiction clinicians were trained, in addition to an expanded team from Carter including the superintendent, assistant superintendent, case manager, two mental health therapists, three group life managers, school psychologist, and the nursing supervisor.

Carter has begun implementation of the program. The ARC components are being integrated into the CHALLENGE behavior modification program, the substance abuse program, and clinical individual and group work with youth. Dr. Blaustein is providing technical assistance for implementation of ARC.

Areas of Concern Cited by JJMU

Aggressive Incidents Increased at the Youth Centers

Aggressive incidents increased by 9 at the four Youth Centers during the third quarter compared to the same quarter last year. All incidents of aggression are monitored closely by the facility administrators and executive administrators at headquarters. Corrective actions are taken as appropriate and efforts focus on implementing proactive strategies. Adolescent behavior is impulsive and unpredictable which may result in noted fluctuations of incidents. Administrators, direct care staff and behavior health staff work closely together to address the individual needs of each youth to reduce violent behaviors.

Physical restraints increased at J. DeWeese Carter Youth Center and Thomas J.S. Waxter Children's Center.

Based on aggregate data:

CARTER	2nd Qtr 2012	3rd Qtr 2012	Increase
Physical Restraint	8	12	4
Physical Restraint Involving Injury	0	5	5

WAXTER	2nd Qtr 2012	3rd Qtr 2012	Increase
Restraints	53	54	1
Restraints involving Injury	15	24	9

The Department requires all facility administrators to review written reports and video recordings, where capabilities exist. Reviews are also mandated for investigators assigned to the Office of the Inspector General. When indicated corrective actions are taken. Direct care staff are required to complete annual re-certification training in de-escalation and restraint techniques to maintain their skill level for safe execution of restraints. The Department consistently monitors and assesses the use of restraints.

We are committed to training staff to appropriately manage adolescent behavior, as well as addressing programmatic and therapeutic needs of the youth.

Seclusion was sometimes used inappropriately at BCJJC and Waxter

The use of seclusion at BCJJC and Waxter decreased significantly during the 3rd quarter of 2012 as compared to the 3rd quarter of 2011. The Department has carefully reviewed the incidents cited by JJMU and find that staff acted appropriately. A component of the de-escalation technique is "processing" with youth prior to their release from seclusion. The Shift Commander/shift supervisor is required to meet with the youth to discuss what occurred, alternative behaviors, and to ascertain the youth's level of self-control. The Shift Commander is required to offer youth opportunities for processing at least every two hours. During the

intervals direct care staff are required to complete and document observation checks of the youth every fifteen minutes. A youth may be observed in a calm state by direct care staff, however, he/she does not always demonstrate the same behavior when evaluated for release by the Shift Commander. These conditions were determined in the incidents cited in the report.

Overcrowding at Cheltenham Youth Facility, Lower Eastern Shore Children's Center, and Alfred D. Noyes Children's Center.

The Department does not have control of the number of youth that are detained, and the number of youth detained fluctuates daily. The path to one of the Department's youth detention centers is usually paved by law enforcement and/or a court order issued by a judge. The Department has little control over the actions of law enforcement or the judiciary. Facility administrators continue to help manage the population by updating the Court with youth progress reports and conducting court-ordered evaluations. The facilities maintain appropriate staff-youth ratios to ensure proper supervision of all youth.

Mental health and related services and staffing should be enhanced at Carter, Waxter and the Youth Centers.

The Director of Behavioral Health has reviewed the concerns cited in the JJMU's Third Quarter Report and has determined that adequate resources are available at Carter and Waxter. At Carter there are two full time therapists providing services to 14 youth, which is a very good ratio for a non-psychiatric treatment facility. In residential treatment facilities (RTC's) or psychiatric facilities that provide intensive services to youth, one therapist typically carries a caseload of 8-10 youth each. Youth at Carter receive at least one individual session per week; and frequently because of crisis or concerns, are seen more often. Therapists are accessible on rotation 24/7 for emergency calls and frequently come in on weekends to address emergencies. Carter also has a full-time certified substance abuse (SA) counselor who conducts assessments and provides individual counseling. Substance abuse needs are addressed utilizing 7 Challenges, an evidence based substance abuse program. Groups are held three times a week. Psychiatric consultative services are provided through contract with a licensed nurse practitioner, who provides psychiatric assessments and prescriptive authority for youth requiring psychotropic medications.

Because Waxter is a detention facility, it is equipped to provide services on a short-term basis while youth wait to go to trial or for a treatment bed to become available. For that reason, Waxter, along with the Department's other secure youth detention facilities, cannot provide mental health treatment services in the same way that a treatment facility like Carter can. However, Waxter does have mental health providers conducting assessments, crisis intervention and psycho-educational services. Mental health staffing at Waxter includes one part-time contracted licensed clinical psychologist providing direct services and supervision, one full time doctoral level psychologist associate currently being staff by Glass Health Services, one full time master's level psychologist associate, two full time certified substance abuse counselors, and one contracted part-time board certified child psychiatrist. Youth are provided crisis intervention and short-term counseling as needed. Substance abuse counselors provide group psycho-educational

services, substance abuse assessments and individual interventions/educational services as needed.

Two certified substance abuse counselors and a mental health counselor are assigned at each Youth Center. However, the Savage Mountain Youth Center mental health counselor position was vacant for an extended period due to difficulty attracting qualified applicants. The position has been reclassified to broaden the applicant pool to include licensed professional counselors (previously restricted to social workers only). An applicant has been selected and should be assigned in December 2012. Additionally, the Department is in the process of negotiating with Allegany Health Department to expand psychiatric services at the Youth Centers.

Facility Responses

Baltimore City Juvenile Justice Center

Incidents of seclusion decreased dramatically in the third quarter of 2012 as compared to the third quarter in 2011. All BCJJC staff have completed the annual requirement for seclusion and de-escalation techniques training. The incidents listed in the report have all been reviewed and warranted seclusion based on the youth being an imminent physical danger to himself or others and failure to respond to less restrictive methods of control. Staff met with all the youth while on seclusion to help them process and understand their behavior that led to their seclusion. This is done routinely to help diffuse conflict and prevent future incidents of aggression.

De-escalation techniques and the seclusion process will continue to be reviewed consistently in training, meetings and shift briefings and through the Department's incident audit review process. Prior to seclusion being used, the superintendent or designee is contacted immediately to obtain authorization to place a youth in seclusion. A designee is used only when the superintendent is unavailable.

Cheltenham Youth Facility

The Department does not control the number of youth that are detained, and the number of youth detained fluctuates daily. The path to one of the Department's youth detention centers is usually paved by law enforcement and/or a court order issued by a judge. The Department has little control over the actions of law enforcement or the judiciary. The JJMU reports that the Department uses an outdated population figure for Cheltenham citing the closure of the 16 bed Redirect Program and the 5 bed Shelter Program in 2010. Cheltenham's physical plant enabled the absorption of the 21 beds. Cheltenham's capacity is able to accommodate the current population within a safe and secure environment. The facility uses a "housing classification" tool that provides a systematic approach when making unit and room assignments upon admission. Youth are assessed to determine their ability to be housed with a roommate, their supervision level, and their special needs. Cheltenham maintains appropriate staff-youth ratios to ensure proper supervision of all youth. As noted in the report, aggressive incidents have continued to decline, indicating that the facility is safely managing the population.

Cheltenham continues to actively recruit to fill all staff vacancies. During this reporting period, 18 residential advisors were hired. The increase in staff has allowed the Department to dedicate

staff to the Intensive Services Unit (ISU) staff, create a dedicated recreation specialist and decrease facility overtime.

J. DeWeese Carter Center

Carter is a hardware secure treatment facility for girls. All youth leaving the facility will be secured during transport in accordance with policy. The transporting staff assigned must apply the seat belt to the youth once they are seated. 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 a statewide policy for all of the Department's hardware secure facilities and is applied equally to both male and female youth. It is not a new process at Carter. The female youth committed to Carter have documented occurrences of escape from other residential treatment facilities.

The Department does not think that the current operating practices for off ground transports create an environment that jeopardizes the treatment milieu but rather balances the public safety needs of the youth, staff and the community.

JJMU reports a concern regarding visitation at Carter. Consistent with visitation policies at all of the facilities, Carter has visitation two times per week. The Department supports families by providing transportation to Carter on visitation days from two pick up/drop off sites located at BCJJC and Waxter. Case managers work with families on a case-by-case basis to provide transportation for special scheduled visits, to include family therapy sessions. A therapist is scheduled on visitation days for appointments with youth and her family.

Thomas J.S. Waxter Children's Center

As previously reported the Director of Behavioral Health has reviewed the resources for mental health services at Waxter and has determined that they are adequate to meet the needs of the youth.

The Department agrees with JJMU regarding the need for additional cameras at Waxter. The facility is scheduled for installation of cameras in the school and an overall upgrade of the existing system in FY 2014. In the interim, hand held video cameras are utilized, when time permits, to record planned restraints for the purposes of administrative review.

Youth Centers

There has been an increase of nine youth on youth assaults during the third quarter of 2012. The facility treatment teams have appropriately developed treatment plans and have referred youth for facility reassignments in response to incidents of aggression. When incidents have warranted criminal investigations youth are immediately transferred out of the youth center and into secure detention.

The Department remains assertive in its recruitment efforts. Specifically in the Western region, the Department has developed a recruitment strategy that includes increasing our visibility at college job fairs, advertising in local newspapers, hiring blitzes, in addition to our regular posting on the Department of Budget and Management's website.

The Department has developed a more streamlined process for management approval of off-campus activities. This process has not hindered any opportunities for recreational or educational off-campus activities. During this reporting period youth at the Youth Centers have traveled off-campus for Reflections Camping trips, C.H.A.M.P.S. basketball games, and various community service projects.

To provide for enhanced public safety and the safety of youth and staff the Department has instituted a policy that restricts youth movement after dark. Youth programming has been restructured to accommodate this practice. During the past year there has been a reduction of AWOL's from the youth centers.

Charles H. Hickey, Jr. School

The vacant assistant superintendent position has been filled and we are currently recruiting for the vacant group life manager position. Recruitment efforts for direct care staff statewide are an ongoing priority. The Department's Human Resources office has increased the number of eligibility exams per month to ensure viable and up-to-date eligibility list for interviewing.

Incident number 104180, has been fully investigated by the Department and appropriate corrective actions have been taken.

Lower Eastern Shore Children's Center

The Department appreciates JJMU acknowledging the third quarter decrease in the number of physical restraints.

The no are longstanding vacancies at this facility. The assistant superintendent and group life manager level two positions referenced in the report do not exist.

The Department does not control the number of youth that are detained, and the number of youth detained fluctuates daily. The path to one of the Department's youth detention centers is usually paved by law enforcement and/or a court order issued by a judge. The Department has little control over the actions of law enforcement or the judiciary. Facility administrators continue to help manage the population by updating the Court with youth progress reports and conducting court-ordered evaluations. LESCC maintains appropriate staff-youth ratios to ensure proper supervision of all youth.

Alfred D. Noyes Children's Center

The facility uses a "housing classification" tool that provides a systematic approach when classifying youth on admission. Youth are assessed to determine their ability to be housed with a roommate, their supervision level and their special needs. Noyes maintains appropriate staff-youth ratios to ensure proper supervision of all youth.

As indicated in the two incidents cited, staff responded promptly and handled the situations appropriately. All of the youth rooms meet standards for double occupancy and provide the recommended space needed to accommodate detained youth.

In July 2012 the food services department began implementation of the Department of Agriculture's new nutrition standards for the National School Lunch Program. The changes are mandated by the Healthy, Hunger Free Kids Act of 2010. Section 201 requires USDA to update nutrition standards for school meals based on the recommendation of the Dietary Guidelines for Americans. The major changes are: increased portions of fruit and vegetables (1 cup fruit, 1 cup vegetable for lunch); increase whole grain to ½ of all grain foods served (14-17 oz. grains per week); limit protein portion to 14-17 oz. a week (2-3 oz. a day), and; limit calories to 850 calories at the lunch meal. Our menus have been certified by MSDE as compliant with the new standards. The dinner meal has not been impacted by these changes.

The Department agrees with JJMU regarding the need for additional cameras at Noyes. The facility is scheduled for installation of cameras in the school and overall upgrade of the existing system in FY 2014.

Victor Cullen Center

The Department is pleased to reiterate JJMU's acknowledgement of the dramatic reduction of incidents at Victor Cullen.

The Department agrees with JJMU regarding the need for additional cameras at Victor Cullen. The facility is scheduled for installation of cameras in the school and overall upgrade of the existing system in FY 2014. In the interim, facility administration has assigned a resident advisor supervisor to facilitate all youth movement within the school for better supervision of youth.

Western Maryland Children's Center

Recruitment efforts for direct care staff is an ongoing priority. The Department's Human Resources office has increased the number of eligibility exams per month to ensure viable and up-to-date eligibility list for interviewing.

William Donald Schaefer House

On October 1, 2012, the Maryland State Department of Education assumed educational responsibilities for the youth at WDSH. To accommodate the additional classroom space needed renovations were made to the existing dayroom. The Department is in the process of renovating the dining room to expand multi-purpose space.

DJS Licensed Residential Child Care Program Responses

The Department licenses eight residential child care programs that provides valuable services to appropriate youth in a home like environment, that is less restrictive than a detention center. There have not been increases with incidents in these programs during the 2012 second quarter.

VisionQuest Morning Star

MorningStar began to implement the Sanctuary model in the Spring of 2011. The Sanctuary Model is a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-informed community.

MorningStar is currently in the middle of its second year of a three year roll out process. The Sanctuary Model uses multiple tools to create safety and recovery. One of these tools is the community meetings. All staff administration meetings, clinical meetings and quality improvement meetings begin with a community meeting which helps all staff and youth use the sanctuary principles daily. Each day the camp meets for a morning circle. The morning circle is led by a program administrator (Shift Supervisor) and attended by other program administrators. Within the context of the morning circle, youth successes are celebrated and problems are discussed using the language of the Sanctuary Model.

Incidents at MorningStar remain low and this is in a large part due to the professionalism of our staff and our recognition that staff training is vital to keep our community safe at all times. Staff meet for a minimum of four hours of training each month. Each training is designed to keep our staff up to date with best practices in the field, to increase their knowledge of adolescent development, and understand the nature of the youth that we serve.

MorningStar has recognized the need to increase the depth of our extracurricular programming, especially activities during incremental weather. The program has made the upgrading of its recreation facilities as a priority. The first stage was completed in September with the enclosing and weather proofing of our basketball court, and the purchase of commercial gym equipment for our newly refurbished recreation center. The second phase of this development will begin in early December where the renovation of the vocation training room and upgrade of the computer labs will be completed. This will give the youth increased opportunities to learn and continue our education programming at later times each day.

The Way Home - Mountain Manor

The incident to which the JJMU referred in its Third Quarter Report was thoroughly investigated by senior leadership and staff at Mountain Manor. As a result of the investigation, the following corrective measures were taken.

It was determined that certain protocols for the supervision and monitoring of residents were not followed. The Way Home (TWH) consistently keeps a “cut-down” tool on the group home unit at all times. However, at the time of the occurrence, the nursing office, which is inside the Mountain Manor residential building, did not have a cut down tool readily available.

Corrective Action - A cut down tool has now been specifically designated to the nursing office in the residential building and is maintained in the nursing office at all times, readily available for all shifts and nursing staff in the nursing office. The tool is included on the nursing staff check off list for shift change.

It was also determined that the communication between staff was not sufficient to ensure proper monitoring of the youth. The protocol for monitoring patients requesting the restroom is that the door to the restroom be left cracked open which allows the resident privacy/respect in the stall, while the staff member can visually ensure patient safety while in the stall. This policy also states that TWH staff must communicate with and receive an affirmative

confirmation from that staff member if the originally assigned staff must “hand off” her responsibility for any reason.

Corrective Action – The employee who failed to follow the protocols regarding supervision and monitoring of the youth involved in this incident was terminated. A “hand off” process has been added to the new hire staff handbook that includes clear guidelines for staff communication, confirmation/acknowledgement by the receiving staff member when residents are on one-to-one monitoring. The process involves staff communicating resident-specific information, such as the resident's current condition, recent changes in condition, or ongoing treatment, from one staffer to another when monitoring, during change of shift, and/or other resident transfers.

With respect to the concerns of the residents at TWH regarding the menu and food variety, senior leadership consulted with the Maryland Treatment Center dietician. Based on the suggestions of the youth at TWH, a new menu was unveiled. The monthly menu was extended to be a five week rotation with all meals reviewed for health and nutritional value by the dietician. The upgraded menu was utilized on a trial basis over the last few months and finalized after staff members monitored resident satisfaction with the new menu.

Several residents complained that milk served in the cafeteria over a two day period were spoiled and had expiration dates that were past due.

Corrective Action – The Mountain Manor administrator immediately contacted the Dietary staff supervisor and requested that all dietary staff be instructed to consistently monitor the expiration dates marked on all containers of juice and milk. They were directed to ensure that there were none distributed to residents that were past the expiration date. This was the only complaint registered regarding spoiled milk in years.