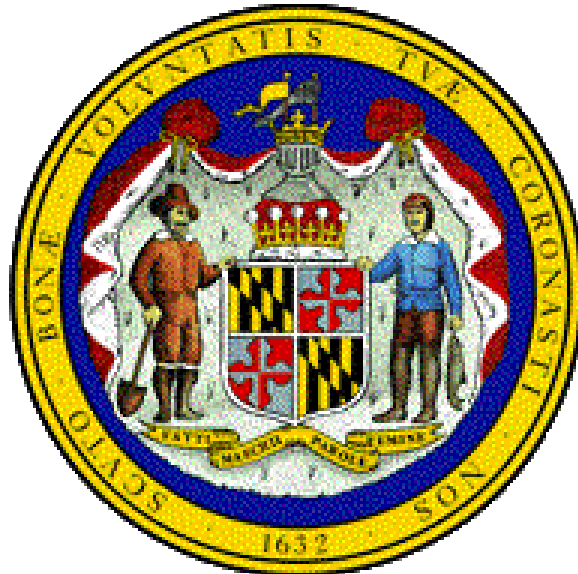

JUVENILE JUSTICE MONITORING UNIT

OFFICE OF THE ATTORNEY GENERAL

1st QUARTER 2013 REPORTS

NICK MORONEY
Director

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

June 2013

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. The reports compilation covers the First Quarter of 2013, from January 1 to March 31, 2013. 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

Electronic Copies: Susanne Brogan, Treasurer's Office
Ronojoy Sen, Governor's StateStat Office
Linda McWilliams, Karl Pothier and Jay Cleary, DJS

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FIRST QUARTER 2013 - REPORTS OVERVIEW AND CONTEXT

Detention and Pending Placement Populations

The Maryland Department of Juvenile Services (DJS/the Department) has been partnering with the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) in a successful effort to reduce the secure detention of youth in Baltimore City. The partnership supports the utilization of appropriate alternatives to detaining low-risk youth in maximum security facilities.

During the first quarter of 2013, average daily population (ADP) at the Baltimore City Juvenile Justice Center (BCJJC) and the Charles H. Hickey, Jr., School (Hickey) in Baltimore County declined by 40% and 37% respectively, compared to the first quarter of 2012.

The JDAI/DJS initiative was launched in Prince George's County during the first quarter of 2013 and should continue and be broadened to encompass all regions throughout the state.

The overall number of youth at BCJJC (in Baltimore City) and Cheltenham Youth Facility (in Prince George's County) awaiting placement in a program during the quarter declined compared with the same time last year. The number of youth who waited in those detention facilities for long periods (two months or more) before going to a placement also declined as a result of ongoing efforts by the Department to streamline the program placement and program transfer processes.

The Department is set to break ground on a new purpose-built detention facility at Cheltenham in October 2013. Meanwhile, youth at CYF continue to be housed in an inappropriate physical environment.

Safety and Security in Facilities

Violence remained low at smaller DJS-operated detention facilities (LESCC and WMCC). Incidents involving aggression declined significantly at Waxter Children's Center (all-female youth detention center) compared with the first quarter of 2012.

Incidents involving aggression also decreased at CYF and BCJJC. Most categories of incidents involving aggression decreased at Victor Cullen (DJS-run hardware secure treatment center for male youth) despite a 21% increase in average daily population.

There was an increase in total reported incidents involving aggression at the DJS operated youth (treatment) centers - with the notable exception of the Green Ridge center. Staff to youth ratios should be increased beyond standard levels and trainings should be improved for staff at the four youth centers. DJS should develop an intensive

orientation program at the centers (and at Victor Cullen) to help each youth acclimate to placement.

At the Hickey (pages 11-15) and Noyes (pages 52-53) detention centers (in Baltimore County and Montgomery County respectively), there were incidents where restraints were performed in a manner which violated DJS policy.

The average daily population at Hickey declined by 37% while the number of incidents involving physical restraint of a youth declined by 14% (see pages 9-11).

Services to Youth

At Cheltenham (CYF in Prince George's County), youth housed on the Intensive Services Unit continue to receive inferior rather than intensive services as they work on education packets in a residential unit rather than attending classroom-based instruction by the Maryland State Department of Education (MSDE) teachers based in the CYF school (see page 48).

Trauma Informed Care

Trauma-informed care should be expanded so as to be available to all youth and staff in detention and treatment facilities throughout Maryland. A 2012 report from the U.S. Attorney General's Task Force on Children Exposed to Violence, indicated youth in the juvenile justice system "have almost always been exposed to several types of traumatic violence over a course of many years."

The report recommended that "everyone in the juvenile justice system, including program staff and administrators, judges, attorneys, and probation officers, must be educated about the importance and benefits of providing appropriate trauma-informed services to youth in the system." [1]

Services for Pregnant Youth

The J. DeWeese Carter Center (the only DJS-operated hardware secure [high security] treatment facility for girls) began admitting pregnant youth to the program during the first quarter of 2013. In a tragic situation, a pregnant youth placed at Carter lost her baby.

Carter is an inappropriate placement for pregnant youth as emergency neo-natal care is not reasonably accessible to youth nor are delivery and emergency obstetric services available either on-site or in nearby communities.

There were two pregnant youths remaining at Carter at time of writing (mid-April, 2013). For more details, see the full report on the Carter Center starting on page 17.

[1] Report of the Attorney General's National Task Force on Children Exposed to Violence (December 2012) pp. 171, 175. http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

NICK MORONEY
Director

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

FACILITY REPORT
CHARLES H. HICKEY, JR. SCHOOL
JANUARY – MARCH, 2013

Facility: Charles H. Hickey, Jr. School
9700 Old Harford Road
Carney, Maryland 21234
Administrator: Mark Hamlett

Dates of Visits: January 16 and 22
February 4 and 22
March 1, 13, 18 and 28, 2013

Reported by: Eliza Steele
Monitor

Persons Interviewed: Youth, Resident Advisors, Superintendent, Assistant Superintendents

Date of Report: April 2013

INTRODUCTION

The Charles H. Hickey, Jr. School (Hickey) is a detention center for male youth located near Carney in Baltimore County. Hickey is operated by the Maryland Department of Juvenile Services (DJS/the Department) which rates population capacity for Hickey at 72 youth. The Maryland State Department of Education (MSDE) provides schooling to youth while detained.

SUMMARY OF CRITICAL FINDINGS

- Average daily population at Hickey decreased by 37% when comparing the first quarter of 2013 with the same period in 2012.
- Total reported incidents (including sports related injuries) decreased approximately 35% compared to the same period in 2012.
- Incidents involving injury decreased 35%; physical assaults decreased 40%; and seclusions of youth declined markedly (83%) from 54 instances to 9.
- A staffer was indicated for child abuse by Baltimore County Child Protective Services (CPS) during the quarter.
- The Department should prioritize addressing and resolving the issues below:
    - Physical restraint of youth has been utilized to enforce compliance in violation of DJS policy.
    - A supervisor’s review of a dangerous physical restraint (IR #107750) did not include a critical examination of violations of policy or procedures.

<u>FINDINGS</u>

1. Population

a. General

Facility Capacity	High Population	Low Population	Average Population	Days Over Capacity
72	54	38	45	0

Over the course of the first quarter of 2013, there were 275 youth entries to Hickey. The average daily population (ADP) at Hickey during the first quarter of 2013 was 37% less than during the same time last year (first quarter of 2012). Efforts to minimize the population in secure detention centers through the use of appropriate alternatives should continue. At time of writing (mid-April of 2013), the ADP had increased to approximately 53 youth.

Some youths spent two months or more at Hickey. The chart below shows the number of youth who spent two months or more at Hickey during the first quarter of 2013 and shows how many days each long stay youth had been at the secure facility.

b. Detention and Pending Placement

January 1 – March 31, 2013	60 days and over	90 days and over
Pending Placement	0 youths	2 youths (96,* and 124,* days)
Detention	6 youths (62, 62, 64,* 66, 75,* and 76 days)	3 youths (97,* 134 and 143 days)

*Youth still at Hickey as of April 2, 2013.

Eleven youth at Hickey during the first quarter of 2013 had spent at least two months at the facility – a decrease of nearly 60% compared to 27 youth in a similar situation during the same period in 2012.

c. Population Breakdown by Race/Ethnicity

During the first quarter of 2013, approximately 68% of youth entries were for African-American youth, down 5% from the same period last year.

	Q1 2012	Q1 2013
Total Admissions	398	275
African American	291	189
Caucasian	96	73
Latino/Hispanic	11	10
Other	0	3

2. Safety and Security

a. Aggregate Incidents

In order to contextualize a comparison of incident numbers, it should be noted that the average daily population at Hickey decreased by 37% when comparing the first quarter of 2013 with the same period in 2012.

Total incidents (including sports related injuries) reported for Hickey in the first quarter of 2013 were 154, a decrease of approximately 35% compared to 236 total incidents reported during the same period in 2012. Incidents involving injury also decreased by 35% (72 during the first quarter of 2013 versus 110 during the same period in 2012).

Physical assaults decreased significantly (approximately 40%) during the first quarter of 2013 compared to the same time last year. Although the number of assaults declined substantially, physical restraint of youth by staff decreased at a much lesser pace (14%).

Seclusions declined approximately 83% from 54 (first quarter, 2012) to nine in the first quarter of 2013. Hickey staff should continue to consider seclusion a last resort utilized in situations when a child poses an imminent physical threat of harm or escape.

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

HICKEY – SELECTED INCIDENT CATEGORIES	Q1 2012	Q1 2013
1. Youth on Youth Assault	62	35
2. Youth on Youth Assault – Injury Associated*	24	15
3. Youth on Staff Assault	7	4
4. Alleged Youth on Staff Assault – Injury Associated*	4	1
5. Group Disturbances (injury/destruction associated*)	2	3
6. Group Disturbances (without injury/destruction)	2	1
7. Seclusions Over 8 Hours	0	1
8. Restraints	85	73
9. Restraints with handcuffs	6	7
10. Restraints with Injury Associated*	34	24
11. Contraband	1	1
12. Suicide Ideation, Gesture, Attempt or Behavior	23	4

*Injury Associated includes injury to youth and/or staff just prior to, during, or resulting from an incident.

b. Restraints

According to DJS policy, physical restraints are only to be used as a last resort and only when youth are 1) physically acting out in a manner that endangers the youth or others and/or 2) when youth are actively trying to escape from a hardware secure

facility. The policy specifically states that physical restraints are not to be performed to enforce compliance or show authority.

Video footage of events described in Incident Report #108105 show that a staffer initiated a restraint on a youth which resulted in serious physical harm to the youth. At the time when the staffer initiated the restraint, the child presented with no aggressive behavior and could not be considered an imminent threat to himself or others; he was seated in a chair in a hallway. The restraint was therefore in violation of DJS policy.

After the youth refused a staffer's instructions to prepare for showers, the staffer stood alongside the youth's chair, and restrained him from behind. Due to the youth's small size, the staffer was able to lift the youth from the chair with ease, restraining him from behind and holding him with his feet off the ground. The staffer leaned back, further elevating the youth before dropping the youth to the ground. The child's head and shoulder hit the floor. The child stopped resisting and was taken to his room.

The staffer involved was in a supervisory position and wrote (in an incident report covering the events above) that he used "the least amount of force necessary." The child sustained a complete fracture (Salter Type I fracture) to his arm. Baltimore County Child Protective Services (CPS) indicated the staffer for physical child abuse. Prosecutors at the Baltimore County State's Attorney's Office declined to pursue charges against the staffer.

Applicable Standard

Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 Crisis Prevention Management (CPM) Techniques Policy – *Employees may not use CPM techniques, including restraints or seclusion, as a means of punishment, sanction, infliction of pain or harm, demonstration of authority, or program maintenance (enforcing compliance with directions) …* **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 …* **(iii)** *Whenever possible, two or more employees shall be used while restraining a youth to help ensure safety and accountability …* **(vi) (d)** *An employee authorized to use physical restraints on a youth shall act without causing the youth pain or suffering.*

c. Incident Reporting, Incident Review and Incident Follow-Up

The incident detailed on the preceding page and those described in the following sections indicate that there are significant problems in the way some staff utilize and perform physical restraints. The management review of the restraint described below was also problematic.

Video footage of events in IR # 107750 shows that a staffer performed a physical restraint on a youth who was refusing to comply with requests. The youth was seated at a table when the staffer initiated the restraint from behind. The staffer struggled with the youth and began to move the child down the hallway towards his room.

As the staffer moved the child down the hall, he allowed the child's head to hit walls and doorways. At one point, the staffer used force to bend the child over at the hips while still restraining the youth from behind. When they reached a chair at the end of the hallway, the staffer pushed the child down into a chair and held his knee to the child's back. The staffer let up pressure slightly and then picked the child up – the child's arms were behind his own back as the staffer carried him to his room.

According to the incident report, the staffer who restrained the youth tried to take the child to the medical unit and the youth refused. An hour later, a transportation staff was called to escort the youth to medical but he still refused to go. A nurse arrived on the unit two hours after the incident to perform an assessment. The nurse was unable to complete an assessment or document any injuries because the youth appeared to be asleep.

Appendix 2 of the DJS Incident Reporting policy (MGMT 03-07) states that shift commander/supervisor comments "should be a critique of the staff's performance and include comments on more effective interventions, if indicated. These comments should include a critical examination of…any violations of policy or procedures."

A supervisor's review of the incident included a statement that "the incident could have been handled better," and suggested that the staffer involved in the restraint should not have been the person to attempt to take the youth to medical. The supervisor's review was incomplete as it did not include a critical examination of violations of policy or procedures during the physical restraint.

An administrator for Hickey was notified that the incident took place but was not alerted by the supervisor to review relevant security system video footage.

If administrators were fully informed following the incident, they could have recommended that the staffer be retrained, counseled or receive formal disciplinary action.

The Department should make certain that Hickey administrators and supervisors are working actively and effectively toward ensuring that physical restraints by staff on youth are utilized as a last resort and are performed in accordance with DJS policy and procedure.

Applicable Standard

Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 Crisis Prevention Management (CPM) Techniques Policy 4. (c) (1) (ii) – *Facility employees shall where applicable, turn the event video tape over to the Facility Administrator or Facility Administrator's designee for further disposition…* **(iii)** – *Report the incident immediately the Facility Administrator or the Facility Administrator's designee and to the Office of Professional Responsibility and Accountability (OPRA) upon having direct knowledge of an incident potentially involving the inappropriate use of a CPM technique.*

d. Internal Investigations and Child Abuse Allegations

In Incident Report #108511, a youth alleged that he had been physically abused during a restraint. Baltimore County Child Protective Services (CPS) was contacted but did not accept the case for investigation. The Department's internal investigatory unit (DJS-OIG) did not investigate the allegation and instead referred the incident to facility administrators to conduct a management level review.

The incident involved a physical restraint on a youth who was sitting on a table in the lobby of the gym building.

Several staff attempted to process with the youth and directed him to get off the table. Eventually, a staffer was able to guide the youth from the table. As the youth was standing in the lobby of the gym, staffers continued to surround the youth and one staffer began to make physical contact with the youth, grabbing/touching his arms while also giving him verbal directives. The youth pulled away, not wanting to be touched. Staff then made a decision to place the youth in seclusion (locked in a cell and away from the general population). The youth stated he was not going on seclusion and continued to stand in the lobby.

A supervisor authorized the restraint and a staffer restrained the youth from behind and exited the gym lobby, using the child's body to open the doors. No video footage is available from this point as there are no cameras outside of the gym.

According to staff statements in the incident report, the youth was combative and had to be taken to the ground by the staffer performing the restraint. Following the incident, medical personnel documented neck, shoulder and arm pain, and an abrasion on the youth's ear.

On the day following the incident, the child involved wrote a statement which included his assertions that the staffer "put his elbow on [the youth's] left ear mashing

[the youth's] skull on the pavement." Weeks after the incident the youth wrote a grievance (#10860) which reads in part: "No one came to see me the day [staff] made my ear bleed. I only seen the sheriff about me spitting on [the staffer]."

Although the DJS Office of the Inspector General did not investigate the allegation, the case was referred to Hickey facility administrators. The Hickey administration concluded that there were no procedural violations by staff during the incident.

Per DJS policy, the DJS Office of the Inspector General should investigate all allegations of abuse or neglect.

Applicable Standard

Md. Dept. of Juvenile Services MGMT-03-07 Incident Reporting Policy 4. c 4. – *OIA* shall investigate alleged physical or sexual child abuse and neglect.*

***OIA is currently known as DJS-OIG (DJS Office of the Inspector General)**

e. Child Protective Services Investigations and Outcomes

During the first quarter of 2013, a total of six incidents at Hickey prompted engagement with CPS regarding alleged neglect or abuse. Three were accepted for investigation by CPS and one of the subsequent investigations resulted in the indication of a Hickey staffer for physical child abuse.

f. Security Equipment

DJS should expand the security camera system at Hickey by installing cameras to cover the outside of the East Campus Gym where some of the events described in Incident Report #108511 took place.

RECOMMENDATIONS

1. DJS leadership and the administration at Hickey should ensure that staff do not utilize physical restraints on youth in violation of DJS policy and procedure.

2. All staff should be retrained in crisis prevention management techniques to limit the use of restraints to situations when a child presents a real and immediate danger to himself or another person, or is actively attempting to escape. Restraints should not be utilized in a situation or manner contrary to DJS policy.

3. Restraints performed in violation of DJS policy should be addressed with appropriate counseling, training and/or disciplinary action.

4. Incidents involving a use of force should be thoroughly reviewed by facility supervisory staff and administrators, per DJS policy.

5. DJS investigators should conduct frequent random video footage reviews of physical restraints and enhance their reviews of all incidents involving alleged aggression by youth and/or staff at Hickey.

6. DJS-OIG should investigate all allegations of physical or sexual child abuse and neglect, per DJS policy.

NICK MORONEY
Director

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

FACILITY REPORT
J. DEWEESE CARTER CENTER
JANUARY – MARCH, 2013

Facility: J. DeWeese Carter Center
300 Scheeler Road
Chestertown, MD
Administrator: Derrick Witherspoon

Dates of Visits: January 8 and 23
February 6 and 17
March 14, 2013

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

Persons Interviewed: Youth, Superintendent, Case Manager, Guidance Counselor, Nurses and Psychologist

Date of Report: April 2012

INTRODUCTION

The J. DeWeese Carter Center is the only DJS operated, hardware secure treatment facility for female youth in Maryland. The facility holds up to 14 youth and is located in Chestertown, on the eastern shore. The program is designed to last between six and nine months. The Maryland State Department of Education (MSDE) operates the on-grounds school.

SUMMARY OF CRITICAL FINDINGS

- Carter is an inappropriate placement for pregnant youth.
- Incidents involving aggression remain low at Carter. There was no utilization of seclusion during the quarter.
- Youth continue to be mechanically restrained in handcuffs, belly chains, black boxes and leg irons during transport to and from the facility for medical and dental appointments as well as for offsite GED testing. Youth remain in mechanical restraints while they receive medical and dental care.
- The Department should intensify staffing supervision, if needed, rather than shackling youth.
- The Carter administration has made advances toward providing individualized attention to youth.

FINDINGS

1. Population

The average population at Carter during the first quarter of 2013 was 10 youth. At time of writing (April 9, 2013), there were 11 youth in the program.

2. Staffing

Direct care positions at the facility are fully staffed, with the exception of a recreation specialist position.

Trainings in the ARC (Attachment, Self-Regulation and Competency) model of trauma-informed care were ongoing for all staff during the first quarter. Staffers also receive training in motivational interviewing.

Plans to have clinicians from a local mental health services provider conduct small group trainings for staffers should move forward. Therapeutic-based trainings, especially those that teach trauma-informed principles, should continue for staff at Carter.

3. Safety and Security

a. Aggregate Incidents

Total incidents (including sports related injuries) reported for Carter in the first quarter of 2013 were 11, down from 19 during the same period in 2012. Incidents involving injury numbered five during the first quarter of 2013 versus one during the same period in 2012.

Incidents remain low at Carter. There was no utilization of seclusion during the quarter - there were five reported incidents involving seclusion during the same time last year.

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

CARTER – Selected Incident Categories	Q1 2012	Q1 2013
1. Youth on Youth Assault	0	0
2. Youth on Youth Assault – Injury Associated*	0	0
3. Youth on Staff Assault	4	0
4. Alleged Youth on Staff Assault – Injury Associated*	1	0
5. Group Disturbances (injury/destruction associated*)	0	0
6. Group Disturbances (without injury/destruction)	0	0
7. Seclusions Over 8 Hours	0	0
8. Restraints	9	4
9. Restraints with handcuffs	1	0
10. Restraints with Injury Associated*	1	2
11. Contraband	0	0
12. Suicide Ideation, Gesture, Attempt or Behavior	1	0

*Injury associated includes injury to youth/staff prior, during or resulting from an incident

b. **Pregnant Youth**

The treatment needs of pregnant youth cannot be met at Carter. In every case that a pregnant youth is committed to the Department, all efforts must be made to treat her in a community based setting.

According to a 2011 publication by The American College of Obstetricians and Gynecologists, "[i]ncarcerated pregnant women…should have access to unscheduled or emergency obstetric visits on a 24-hour basis." The local hospital in Chestertown does not provide any obstetric services including delivery facilities, nor is it equipped with a neonatal intensive care unit.

Access to emergency obstetric care is limited to hospitals in either Annapolis or Baltimore. Transport to either requires an ambulance to cross the Bay Bridge and travel several miles more. The use of a MedEvac helicopter is contingent upon suitable weather conditions.

Carter first admitted a pregnant youth during the first quarter of 2013. She came to the program after having spent approximately four months without incident in the community, where she was waiting to be placed in a program. While pending placement, the youth held a job and was receiving wrap-around services while living at home.

Despite requests from DJS to allow the youth to remain in the community until after she had given birth, a judge ordered her to begin placement at Carter. The youth was approximately five months pregnant. Less than a week after she entered the program she went into premature labor.

Two staff transported the youth to a local medical center. The medical center is not equipped to deliver babies and does not have a neonatal intensive care unit or the capacity in some other form to treat obstetric emergencies. It was determined, because of the critical nature of the emergency, that the youth needed to be transported via MedEvac helicopter to a hospital in Baltimore.

Weather conditions precluded the use of MedEvac helicopter and the youth had to be transported over land and across the Bay Bridge (via ambulance) to the Baltimore hospital where her baby died four days later.

c. Security Cameras

Security cameras should be installed in the school classrooms and hallways without delay.

4. Education

The Maryland State Department of Education (MSDE) provides educational services for the girls at Carter. Youth are in school for six hours a day. GED preparation is available to girls through MSDE. Youth take the GED test at the Charles H. Hickey, Jr. School in Baltimore County. During transport to and from the test, youth are required to wear handcuffs and belly chains with a black box, and leg irons.

The guidance counselor at Carter has worked with receiving schools to ensure that youth receive credit for schoolwork they completed at placement when they transition home.

The Department and MSDE should work to expand vocational opportunities for girls at Carter. Currently, the only vocational education offered at Carter is ServSafe (a food preparation and hygiene program) that does not operate year round. Plans to introduce a vocational course in wiring should move forward.

Youth should be afforded the opportunity to pursue jobs, internships and/or apprenticeships in the community during their time at Carter.

The local health department provides on-site parenting classes at Carter.

5. Behavior Management and Recreational Programming

a. Behavior Management

Although staff are receiving some training in trauma-informed care and a local provider contracts to offer behavioral health services, there is no comprehensive therapeutic program at Carter. The facility has a behavior management program called Challenge - a points and levels system that determines a youth's privileges, rewards and length of stay.

The administration at Carter has progressed in its efforts to offer individualized attention to youths. In one instance (Grievance #10857), a youth misplaced her point card at the end of the day and could not get it signed. According to the Challenge program, when a youth loses her point card she receives a new card, however "no points will be awarded for earlier time periods."

In this case, because the youth did not have the afternoon section of the original card signed when she found it the next day in her school folder, she was not awarded

the ten points (out of 20 possible daily) she had earned the previous afternoon. Consequently, the youth did not earn her next level as expected. She was therefore unable to secure a home pass for Easter weekend that her case managers were scheduling.

However, through the appeals process, the youth was able to present a strong case to Carter administrators who voted in her favor and reinstated her points. Shortly thereafter, the facility review committee promoted the youth to the next level in the program. This type of attention to the specific nature of a certain case is an advance towards providing more individualized care at Carter.

b. Recreational Programming

Youth receive one hour of large muscle activity daily, usually in the form of a game or sport on the outdoor blacktop, weather permitting. There is also a small room with a few pieces of exercise equipment and a game system that youth also use for exercise and recreation.

The facility lacks a large indoor recreation space. Efforts to increase regular access to organized exercise and athletic facilities at the Community Center in Chestertown should continue and include all youth, regardless of level in the program.

Regular recreation activities include visits from the Chestertown Arts Council. Several youth spoke highly of weekend visits from a cooking instructor, which are set to continue through June 2013. During the first quarter, Carter adopted a section of Route 213 that the girls can clean up and in doing so, earn community service hours.

A DJS recreation coordinator administered a survey during the quarter to consider youth input in scheduling recreation activities.

As soon as possible, DJS should hire a recreation specialist who will coordinate a regular recreation schedule that includes physical/athletic activities as well as other activities that will minimize downtime on the unit.

6. Family Involvement

Two youth currently at Carter have their own children who are too young to ride in the DJS transportation vans that are available on Saturdays to take families from BCJJC to Carter for youth visitation. The Department should make comparable arrangements to facilitate visits between girls at Carter and their children.

Of the four youth discharged from Carter during the first quarter of 2013, one went on a home pass before leaving the program. In some situations, the court may unexpectedly release a youth before she has made the level necessary to earn a home pass. Case managers should continue to make every effort to help girls transition back

to their communities and homes by ensuring that they complete at least two home passes before leaving Carter.

In order to facilitate increased family communication, the Department should increase the opportunities for youth to call home. Youth at Carter currently receive two 10-minute phone calls a week, which is the same amount allotted to youth in detention. DJS should increase the permitted length of phone calls to 20 minutes for all youth at Carter.

7. Basic Services

Currently, girls at Carter wear uniforms that consist of elastic waistband pants that are nearly identical to those worn by youth in detention. The Department should update the uniforms at Carter to support treatment components of the program that seek to bolster self-esteem and a positive self-image.

RECOMMENDATIONS

1. The Department should not accept pregnant youth for admission to Carter.
2. DJS should abandon the use of mechanical restraints during transportation to/from educational or medical appointments, and during medical examinations.
3. Therapeutic trainings for all staff should continue, especially those based on trauma-informed principles.
4. All youth should have at least two home passes before release from Carter.
5. Youth should be allowed more than two 10-minute phone calls per week.
6. All youth should be included in regular trips to the Community Center.
7. Youth should be permitted to wear clothing that bolsters self-esteem and a positive self-image.
8. The Recreation Specialist position should be filled without delay.
9. Cameras should be installed in school classrooms and hallways.

NICK MORONEY
Director

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

FACILITY REPORT
THOMAS J.S. WAXTER CHILDREN'S CENTER
JANUARY – MARCH, 2013

Facility:	Thomas J.S. Waxter Children's Center 375 Red Clay Road Laurel, MD 20724 Administrator: Terra Harris
Dates of Visits:	January 29 February 14 and March 11, 2013
Reported by:	Eliza Steele Monitor
Persons Interviewed:	Superintendent, Assistant Superintendent, Resident Advisors, Group Life Managers and Youth
Date of Report:	April 2013

INTRODUCTION

The Thomas J.S. Waxter Children's Center is the only all-female youth detention facility in Maryland. Waxter is located near Laurel in Anne Arundel County. The facility has a rated capacity of 42 youth according to the Maryland Department of Juvenile Services (DJS/The Department) which operates the facility. The Maryland State Department of Education (MSDE) provides onsite schooling to youth while detained at Waxter.

SUMMARY OF CRITICAL FINDINGS

- Violent incidents at Waxter declined dramatically during the first quarter of 2013 compared to the same period in 2012.
- Youth on youth physical assaults decreased by more than 50% and those associated with an injury by 95%. Incidents involving physical restraints decreased by two-thirds.
- The Department should expand the partnership with the Juvenile Detention Alternatives Initiative (JDAI) of the Annie E. Casey Foundation in order to ensure the identification and utilization of appropriate alternatives to secure detention on a State-wide basis. This would help ensure that only girls who are at risk of reoffending in the community or failing to appear for court hearings are held at Waxter.

FINDINGS

1. Population

Facility Capacity	High Population	Low Population	Average Population	Days Over Capacity
42	36	19	26	0

The population at Waxter on the day of data collection (April 1, 2013) was 30.

The average daily population (ADP) at Waxter during the first quarter of 2013 was 13% less than during the same time last year (Q1, 2012: ADP = 30). The capacity was temporarily capped at 30 during much of the first quarter while one of the housing units was closed for renovations. In the meantime, one of the male housing units at Noyes in Montgomery County was converted to a female housing unit to absorb the temporary loss of beds at Waxter.

During the first quarter of 2013, approximately 72% of youth entries were for African-American youth, up slightly (4%) from the same period last year.

a. Using JDAI to Benefit the Female Detention Population

The implementation of the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) in Baltimore City has helped reduce the average daily population at the Baltimore City juvenile detention facility for male youth (BCJJC). While Waxter is responsible for detaining girls from various jurisdictions including Baltimore City, there was not a comparable decline in the Waxter daily population: The Waxter ADP declined by 13% versus 40% at BCJJC.

This variation may be attributable to the fact that Waxter is responsible for housing females from multiple regions in Maryland. While JDAI efforts in Baltimore City may have translated into a reduction in the detention of girls from that jurisdiction, they did not address the use of secure detention by Prince George's or Baltimore counties,[2] or any other jurisdiction in Maryland.

The Department should expand JDAI statewide in order to effectively reduce the detention population at Waxter and ensure that only girls who are at risk of reoffending in the community or failing to appear for court hearings are held at Waxter.

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[2] During the first quarter of 2103, Baltimore City, Prince George's County and Baltimore County contributed the first, second and third largest numbers of girls to the population at Waxter, respectively. In total, 16 counties were represented in the population at Waxter during the first quarter of 2013.

2. Safety and Security

a. Aggregate Incidents

WAXTER – Selected Incident Categories	Q1 2012	Q1 2013
1. Youth on Youth Assault	32	15
2. Youth on Youth Assault – Injury Associated*	22	1
3. Youth on Staff Assault	9	0
4. Alleged Youth on Staff Assault – Injury Associated*	2	0
5. Group Disturbances (injury/destruction associated*)	0	1
6. Group Disturbances (without injury/destruction)	0	0
7. Seclusions Over 8 Hours	0	0
8. Restraints	70	24
9. Restraints with handcuffs	2	1
10. Restraints with Injury Associated*	29	8
11. Contraband	7	2
12. Suicide Ideation, Gesture, Attempt or Behavior	12	17

* Injury associated with an event in the selected incident categories chart includes injury of youth and/or staff prior to, during or resulting from an incident.

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

Even allowing for a 13% decline in average daily population, incidents at Waxter have decreased dramatically. Total incidents (including sports related injuries) reported for Waxter in the first quarter of 2013 were 87, a decrease of over 50% compared to the same period in 2012 when there 170 such incidents.

There were 27 incidents involving injury during the first quarter of 2013 versus 79 during the same period in 2012 (a decline of 66%).

Youth on youth physical assaults decreased by more than 50% and those associated with an injury by 95%. Incidents involving physical restraints decreased by two-thirds.

In the first quarter of 2012, 10 incidents involved seclusion as opposed to five during the first quarter of 2013. Allegations of abuse and/or neglect at Waxter decreased from 11 to three in the same time.

An allegation of child abuse was ruled out by Child Protective Services (IR #107478) and an allegation of neglect was ruled unsubstantiated (IR #109693).

Potential self-harm related incidents remain high – 17 in the first quarter of 2013 compared to 12 in the same period last year.

Waxter does not have comprehensive behavioral health resources and, in any case, a hardware secure detention facility is an inappropriate environment for youth with significant mental health needs. All youth, including those who are in need of intensive mental health services, should be treated in a nonrestrictive, community-based setting whenever possible and appropriate.

b. Security Equipment and Practices

There are several key areas (including the school) at Waxter without video camera coverage. During the first quarter of 2013, one allegation of abuse (IR #107478), one allegation of neglect (IR #109693) and one group disturbance with bodily harm/property destruction (IR #109260) took place out of camera view.

Waxter is set to receive cameras in the school as well as upgrades to the surveillance system as a whole in FY 2014. The changes should include installation of cameras in all common areas throughout the facility.

4. Physical Plant and Basic Services

Waxter is an outdated facility, the physical structure of which makes it an inappropriate environment for housing youth. Design funding for the replacement facility will begin in July 2013. The facility should be replaced with a small, purpose-built complex as soon as possible.

During the first quarter, some renovations including fresh paint application and new flooring were made to the A-Unit. The intake area is also under renovation.

RECOMMENDATIONS

1. Construct a new, small purpose-built detention center for female youth as soon as possible.

2. Launch JDAI efforts at the statewide level.

3. Install cameras in the education trailers and other blind spots as soon as possible.

NICK MORONEY
Director

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

FACILITIES REPORT
DEPARTMENT OF JUVENILE SERVICES YOUTH CENTERS
JANUARY – MARCH, 2013

Regional Address: Maryland Department of Juvenile Services
Youth Center 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: April 2013

Facilities and Dates of Visits:

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

Visits: January 28, February 5 and March 7, 2013

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

Visits: January 16, February 4 and March 14, 2013

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

Visits: January 17, February 20 and March 14, 2013

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

Visits: January 18, February 27 and March 12, 2013

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

- Combined total incidents involving aggression at the youth centers have increased substantially during the first quarter of 2013 when compared with the same period in 2012.
- The Green Ridge Youth Center was an exception regarding incident increases – aggressive incidents declined in number at Green Ridge.
- Staffing levels have been increased at the centers and need to be increased further to allow for a higher ratio of staff to youth.
- A significant number of youth continue to be moved between centers, to a high security center, or to a detention facility.
- Ongoing trauma-informed training and resources need to be provided to and for staff.
- A DJS HQ-imposed curfew which greatly limited campus movement in all centers throughout fall and winter evenings has been lifted.

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 Department of Juvenile Services has begun dedicating considerable thought and action toward ensuring the reservation of residential placement for higher need youth. This development may have contributed to an increase in the number of aggressive incidents reported from the centers.

If youth at the centers are involved in aggressive incidents, they may be moved from one DJS-operated youth treatment center to another or be sent to a detention center. After removal, youth wait detention center until a slot in another program becomes available. Time waiting in detention does not count toward court-mandated treatment time.

During the first quarter of 2013, a total of 43 youths were moved: 34 were sent to a detention center while 9 were moved from one youth center to another.

The Department should consider a formal on-site orientation program at the centers for youth transitioning into and/or between centers. Such a program should include an increase in individualized treatment components.

A similar program should also be implemented at the Victor Cullen Center. Although aggressive incidents have decreased at Cullen, a high proportion of incidents involving aggression there are attributed to youth transferred from the youth centers.

Applicable Standard[3]

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

2. Staffing

The Department has taken steps to try and ensure full staffing at the centers and has succeeded in attracting many new workers in recent months. The Department should consider increasing the staffing ratio as well – in other words, provide more staff per youth than required by basic standards.

Direct care staffers receive safety and security-related training but DJS workers and management throughout the treatment, detention and case management systems should also be receiving comprehensive and ongoing education on trauma-informed

[3] The Department has not promulgated commitment care standards to address treatment settings as distinct from detention center environments.

care and on issues likely affecting and burdening juveniles facing multiple life challenges.

Trauma among staff should also be recognized and resources made widely and readily available to inform and support all DJS workers who routinely contend with difficult working conditions and need to make well-informed decisions.

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

The table below enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm which were detailed in incident reports. The number for each category is a combined total covering all four youth centers.

Assaults and restraints as well as injuries associated with assaults and restraints have all increased substantially compared with the same period last year.

YOUTH CENTERS - SELECTED INCIDENT CATEGORIES (combined totals from all four centers)	1st Qtr 2012	1st Qtr 2013
1. Youth on Youth Physical Assault	36	58
2. Youth on Youth Physical Assault with Injury Associated*	14	29
3. Alleged Youth on Staff Physical Assault	4	14
4. Alleged Youth on Staff Physical Assault with Injury Associated*	0	5
5. Restraints	60	98
6. Restraints with Injury Associated*	12	38
7. Physical Child Abuse Allegations (DJS Custody)	2	8
8. Suicide Ideation, Gesture, Attempt or Behavior	4	9

*Injury Associated = any injury to staff/youth (preceding, during or resulting) from an incident

While the total number of incidents involving aggression have increased when the youth centers are viewed as a whole, it should be noted that there was a reduction in incidents involving aggression at the Green Ridge Youth Center.

b. Incident-Related Procedures and Practices: Cameras

Departmental policy continues to require that direct care staff use portable video cameras to record critical incidents. The policy is difficult to implement, arguably impractical and commonly ignored. The Department should have strategically placed security cameras installed throughout the youth centers (as in other DJS facilities). A detailed security camera placement plan has been developed for each youth center but no cameras have been installed.

Applicable Standard

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

4. Physical Plant: Installation of Interior Security Fencing

The winter curfew (imposed for the second consecutive year) disallowing movement around youth center campuses was alleviated at the Green Ridge and Meadow Mountain youth centers after the installation of eight-foot high courtyard-style fences within the grounds of each of the two facilities. The presence of the fences meant that youth groups at two centers could go to recreation buildings after curfew rather than having to stay in dormitories throughout the evening (5:30 pm through morning).

Fences were not installed at the Savage Mountain and Backbone Mountain centers where there is greater distance between dormitory and gymnasium areas. After the imposition of a seasonal curfew, youth at those centers continued to be relegated to dormitories throughout winter evenings.

Curfew mitigation allowing some regular youth movement during winter evenings at two of the four centers is welcome but the inclusion of arrowhead-shaped spikes on the fence tops could lead to injury if youth or staff attempted to scale the containment fences. The Department should address the potentially dangerous fence-top issue (see photographs on the next page).

5. Education

The Maryland State Department of Education (MSDE) will assume responsibility for the educational program in all four youth centers beginning on July 1 of 2013. Administrators from MSDE have made preliminary visits to the centers in preparation for the transition.

After the MSDE takeover, youth will have six rather than the current four hours of schooling daily.

There is insufficient classroom space at each of the centers to allow for every youth to attend school at the same time. There are plans for half of the youth in each center to attend school during morning hours while the other half will attend in the afternoon. Utilization of modular buildings may help resolve physical plant and logistical challenges.

6. Medical

DJS provides counseling services at the centers through direct employment of mental health counselors. A mental health services supervisor for the centers is currently stationed at the Backbone Mountain Youth Center where he will remain until a mental health counselor vacancy for that center is filled.

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.

There are not enough DJS staff members who are certified to distribute medication. Those who are accredited can be and are summoned to a center during their off-duty hours in order to cover medication delivery to youth.

7. Behavior Management, Rehabilitative and Recreational Programming

The youth centers are still in the process of fully integrating a behavior management program called Challenge which is a point and levels system where youth can earn rewards for meeting behavioral expectations.

Daily community meetings give youth an opportunity to evaluate progress and challenges. Some youth expressed concern that the behavior program is implemented inconsistently from staff to staff.

Some staffers have commented that the behavior program could be improved by adding group accountability and allowing for group discussions to take place as soon as issues arise.

DJS have developed and instituted a recreation program called CHAMPS which is limited to youth at the higher levels of the Challenge program. Through the program, youth may participate on teams that compete with youth from DJS facilities. A basketball tournament and a volleyball league have been organized at the centers – playoff games for volleyball will be held off-grounds at the Frostburg armory.

DJS lifted a (5:30 pm through morning) curfew that was imposed during the winter months. Since daylight savings time began, youth have been able to move around out-of-doors until 7:30 pm each day instead of being sequestered in dormitories with little to do but play board games or cards.

Youth make weekly phone calls to parents or guardians who also visit with youth during the weekend. Each center has video conferencing capability which is sometimes used for youth communication with relatives (and community case managers) in situations where on-site visitation is difficult to achieve.

The Department needs to provide effective transition programs to assist youth with community and family reintegration, facilitate successful transitions and reduce recidivism rates.

RECOMMENDATIONS

1. An orientation program with intensive individualized services should be developed at the youth centers and at Victor Cullen.

2. Comprehensive transition programming and intensive aftercare should be developed for youth at the youth centers program to aid in efforts to reduce recidivism.

3. The staffing formula should be increased beyond basic standards in order to ensure effective provision of one on one attention and intervention.

4. Each center should have two direct care supervisors during daytime shifts as well as a Residential Advisor Lead, a Residential Advisor Supervisor and a Group Life Manager. Additionally, each group should have a case manager.

5. Security cameras should be installed throughout each youth center.

6. There should not be arrowhead shaped spikes on courtyard fence tops at the youth centers.

7. Ongoing management oversight of and refresher training on the behavior management system should continue.

8. Medical certification should be included as part of entry level training. Re-certification training should be provided annually.

FACILITY UPDATE REPORTS

Baltimore City Juvenile Justice Center

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.

The BCJJC population remained well below the facility's rated capacity throughout the first quarter 2013. The average daily population (68 youth) decreased by 40% during the first quarter of 2013 compared with the first quarter of 2012 (114 youth). However, the population high in the first nine days in April, was 93 with a low of 80, and average of 86.

The reduction in population at BCJJC during the first quarter is likely attributable to both the reinvigoration of the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and to the Department's actions to address long waiting periods in secure detention centers before youth go to a program.

The JDAI initiative has precipitated an increase in the utilization of appropriate alternatives to secure detention for Baltimore City youth. DJS should continue to implement this system of reforms in Baltimore City and continue to expand it statewide after the project is initiated in Prince George's county.

Efforts to reduce waiting time by the Department are reflected in the lowering of the number of youth at BCJJC who waited for sixty days or more to go to a program. Fifteen youth were stuck waiting at BCJJC for two months or more during the first quarter this year as opposed to 57 during the same period in 2012.

The Department has made significant progress in reducing the pending placement population at BCJJC. DJS' attention to this issue should continue as the time youth spend in detention awaiting placement in another program does not count toward the completion of a youth's court mandated commitment to the Department.

At 97%, African American youth continued to constitute the vast majority of entries. However, that percentage represents a slight reduction compared with the same period last year when African American youth comprised 99% of entries into detention at BCJJC.

Two of the entries were for youth ten years old; five for youth twelve years old; and 26 entries were for thirteen year old youth.

There was an allegation of child abuse at BCJJC during the first quarter of 2013. In incident report #108443, a youth was being housed on the infirmary prior to a medical operation. The youth was not to eat past a certain time the night before the procedure, therefore staff needed to remove any food from the child's room.

A direct care staff, contrary to DJS policy, opened the youth's door without a supervisor present. When the staffer removed the child's snack from his room an argument ensued. A nurse who heard the commotion (and responded to the incident) witnessed the youth and staff engaged in a physical altercation. The youth sustained a scratch to his neck.

The Department's internal investigatory unit (DJS-OIG) investigated. The Department extended security camera coverage to the infirmary area shortly after the incident. Baltimore City Child Protective Services was notified of the incident and screened out the allegation.

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

BCJJC – Selected Incident Categories	Q1 2012	Q1 2013
1. Youth on Youth Assault	72	26
2. Youth on Youth Assault – Injury Associated*	34	20
3. Youth on Staff Assault	11	4
4. Alleged Youth on Staff Assault – Injury Associated*	5	2
5. Group Disturbances (injury/destruction associated*)	6	7
6. Group Disturbances (without injury/destruction)	0	0
7. Seclusions Over 8 Hours	6	0
8. Restraints	113	58
9. Restraints with handcuffs	31	24
10. Restraints with Injury Associated*	42	30
11. Contraband	15	6
12. Suicide Ideation, Gesture, Attempt or Behavior	8	3

* Injury associated with an event in the selected incident categories chart includes any injury of youth or staff just prior to, during, or resulting from incidents.

The average daily population (68 youth) decreased by 40% during the first quarter of 2013 compared with the first quarter of 2012 (114 youth).

The number of youth-on-youth assaults at BCJJC declined by 64% - a substantial reduction, even allowing for a 40% decrease in daily population. Instances of injuries associated with youth-on-youth assaults decreased approximately 41% from 34 to 20.

During the first quarter of 2013, total reported incidents (including sports-related) decreased approximately 41% (to 148 from 250) compared with the first quarter of 2012.

Total reported injuries (including those associated with sports) during the first quarter of 2013 decreased by 12.5% from 72 in the first quarter of 2012 to 63 during the same time this year.

During the first quarter of 2013, incidents involving the utilization of physical restraint of youth decreased by 49%.

Per DJS policy, staff are not to utilize restraints except as a last resort in cases "when a youth displays behavior indicative of imminent injury to self or others, or makes an overt attempt to escape."[4]

In incident report #108342, a youth was sitting at a table on the unit. The youth "refused to comply with directives" to go back to his room and change out of his pajama pants. Supervisors were called to the unit to process with the youth who continued to sit at the table. Two staffers then restrained the seated youth from behind. The youth "pulled away from staff" as they began to restrain him. The child "continued to struggle and resist so he was taken down the floor." He was handcuffed and taken to his room.

The use of restraints should be minimized as they may cause injury to youth and/or staff. Seclusion should not be used as punishment, per DJS policy. Both practices run counter to the principles of trauma-informed care.[5]

DJS direct care staff should be trained in de-escalation measures and methods of therapeutic intervention to ensure all staff are confident that they have tools other than verbal directives.

No youth was secluded longer than eight hours. Short term seclusion decreased 52% during the first quarter of 2013 compared to the same time last year.

[4] Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 (4)(a)(2)(ii).
[5] Report of the Attorney General's National Task Force on Children Exposed to Violence, December 2012. Page 175. http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

Group disturbances with bodily harm/property destruction increased slightly, from six to seven, despite a 40% percent reduction in average daily population at BCJJC between the first quarter of 2012 and the same period this year,

Because youth may at times plan this type of incident, staff at BCJJC should receive training on how to identify possible indicators that a group disturbance may take place. All staff should also be trained on what steps to take if/when they suspect that youth may be planning a group disturbance.

In incident report #109295, a staffer going on a break informed a replacement that the youth "might be up to something." Shortly thereafter, a group disturbance ensued.

Similarly, in incident report #109540 a staffer correctly recognized precursors to a group disturbance. Because the incident escalated rapidly, the staffer was unable to prevent it but was able to quickly intervene.

In another incident (#109525) involving a group disturbance, video footage indicates one staffer's response was slow and misguided, effectively leaving the other staffer on the unit to handle the disturbance until assistance arrived.

All three incidents were effectively reviewed by supervisors and used as training tools with the staff involved. Trainings should be conducted in the techniques outlined in these incident report reviews and audits to ensure that all staff are able to identify and respond to precursors to group disturbances, and how to quickly and effectively intervene when they cannot be or are not prevented.

Cheltenham Youth Facility

Cheltenham Youth Facility (CYF) in Prince George's County is operated by DJS and serves young men from 12 to 18 years old. Youth are housed in aged and dilapidated residential units inside a high security fence. Population in the first quarter of 2013 remained below the DJS-set facility capacity. Youth entries included an 11 year old; a 12 year old; and fifteen 13 year olds.

Facility Capacity	High Population	Low Population	Average Population	Days Over Capacity
115	93	68	82	0

Average daily population (ADP) during the first quarter of 2013 decreased 28% compared to the same time in 2012. At time of writing (April 16), population was 103. Despite a decrease in ADP, Cheltenham remains overcrowded and daily population fluctuates widely.

The DJS set capacity of 115 includes slots for closed units and also includes 14 slots for an infirmary with six cells. The infirmary should not be counted as part of the capacity. Open units account for 72 slots - rated capacity should be no more than 72.

The table below shows individual rated capacity of the three residential units as compared with the number of youth sleeping in the units on the last day of the first quarter of 2013. 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 March 31, 2013	YOUTH COUNT	RATED CAPACITY
Rennie Cottage	32 (+33%)	24
Henry Cottage	35 (+46%)	24
Cornish Cottage	24	24
Infirmary	4	14
Re-Direct (closed 2010)	0	24
Shelter Care Program (closed February 2010)	0	5
Total Youth at CYF	95	115

The chart below indicates the increasing proportion of youth who enter Cheltenham classified as detention status, as opposed to pending placement. During the first quarter of 2013, 80% of youth entries to CYF were classified as detention status.

Quarter 1 (Jan 1 – Mar 31)	TOTAL YOUTH ENTRIES	PENDING PLACEMENT STATUS ENTRIES	DETENTION STATUS ENTRIES
2013	594	119	475
2012	636	163	473
2011	689	187	502
2010	651	152	448

The green column in the chart above indicates a 22% reduction (in Q1, 2013 vs. Q1, 2012) in the number of youth detained at Cheltenham while awaiting transfer to a program.

Despite a continuing reduction in the total number of youth entries to CYF, the number of youth entries classified as detention status increased (in Q1, 2013 vs. Q1, 2012), as indicated by the red column in the chart.

The increase in detention status entries should be addressed through the use of appropriate alternatives to secure detention for youth who qualify. The Department has been partnering with the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) and this has helped reduce the secure detention of youth in Baltimore City through utilization of appropriate alternatives to holding low-risk youth in a maximum security setting.

The JDAI/DJS partnership was recently launched in Prince George's County and JDAI/DJS expansion should continue and be broadened to encompass all regions throughout the state.

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

CYF – Selected Incident Categories	Q1 2012	Q1 2013
1. Youth on Youth Assault	85	60
2. Youth on Youth Assault – Injury Associated*	25	14
3. Youth on Staff Assault	12	6
4. Alleged Youth on Staff Assault – Injury Associated*	4	0
5. Group Disturbances (injury/destruction associated*)	8	2
6. Group Disturbances (without injury/destruction)	1	0
7. Seclusions Over 8 Hours	0	0
8. Restraints	140	110
9. Restraints with handcuffs	12	9
10. Restraints with Injury Associated*	31	14
11. Contraband	7	8
12. Suicide Ideation, Gesture, Attempt or Behavior	18	2

*Injury associated with an event in the selected incident categories chart includes any injury of youth or staff just prior to, during, or resulting from an incident.

The average daily population at Cheltenham during the first quarter of 2013 decreased by 28% compared to the same time in 2012. Total incidents decreased by 36% - from 305 in the first quarter of 2012 to 196 during the same period this year. Total reported injuries declined 47% (from 93 to 49).

The number of physical restraints performed by staff on youth continued to be high while use of short-term seclusion dropped considerably (there were two during the first quarter of 2013 compared to 37 last year).

There were two allegations of child abuse at CYF during the first quarter of 2013. The allegations were investigated by DJS-OIG and Child Protective Services and were not substantiated.

Youth in the general population at CYF are taught by Maryland State Department of Education (MSDE) staff in an onsite school. However, some youth are temporarily assigned to an Intensive Services Unit (ISU), during which time they are deprived of direct instruction by an MSDE teacher.

Rather than attending classes in the school building, residents of the ISU (including those who may be entitled to Individualized Education Plans [IEPs]) complete packets of schoolwork on their living unit. This is contrary to education standards and is also contrary to the spirit of "intensive" services which should be of an individualized and specialized rather than inferior nature.

Maryland Standard for Juvenile Detention Facilities 4.1 requires DJS to "ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth." The State Department of Education (MSDE) should also ensure standards are met and youth receive appropriate services at Cheltenham.

Graff Center/Academy for Girls – notice of closure

The Graff Shelter for Girls (Graff) closed during the last quarter of 2012 to allow for a substantial change in programming. Graff reopened as The Graff Academy for Life Readiness in January of 2013 and then closed permanently in April of 2013.

Karma Academy – Randallstown

Karma Academy in Randallstown is a residential program for male youth who have been committed to the Department of Juvenile Services for treatment. The program specializes in sex offender treatment. Karma is owned and operated by Family Services, Inc. and serves up to eight youth.

While placed at Karma, youth attend a local public high school. Some youth may also receive transitional educational services offsite at a specialized center.

Karma provides youth with on-site therapeutic services. Youth have regular access to a local YMCA.

Karma remains a safe environment for residents and incidents involving aggression are rare. Youth should continue to be referred to Karma as appropriate.

Kent Youth Boys' Group Home

The Kent Youth Boys' Group Home is located in Chestertown, Kent County. The program serves up to ten male youth ages 14-17, primarily from the eastern shore, who have been committed to the Department of Juvenile Services for treatment. It is owned and operated by Kent Youth, Inc.

While placed at Kent Youth, the boys attend a local public high school and, depending on their progress in the program, may earn permission to participate in school sports. Kent Youth staff communicate effectively with the local school to ensure that youth receive additional educational support, if necessary.

Youth receive therapeutic services and the program offers many off-campus opportunities for recreation in addition to treatment-based activities.

The program at Kent Youth is a valuable resource that effectively serves young people who may otherwise be more deeply involved in the juvenile justice system. Kent Youth provides boys with a safe environment and incidents involving aggression are rare. Youth should continue to be referred to Kent Youth as appropriate.

Liberty House Shelter for Boys

Liberty House began operating as a shelter-care facility licensed by the Department of Juvenile Services during the second quarter of 2011. The facility offers a 24-hour residential alternative to detention for 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 reported incidents involving aggression at Liberty during the first quarter and the facility continued to offer an appropriate alternative to secure detention for youth.

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 operated by DJS/the Department. The facility is designed to house youth awaiting adjudication or placement. Youth are separated into three housing pods according to gender and security considerations.

The facility is a safe, well-managed and therapeutic environment for youth in detention and LESCC could serve as a model for the state's juvenile detention centers. Incidents at the facility continue to be low and youth have regular access to therapeutic services, a variety of recreational programming and a well-operated school.

The population at LESCC was over capacity on nine days during the first quarter and the facility is one of only two Maryland juvenile detention centers where population continues to regularly exceed rated capacity and consequently strains available resources.

Overpopulation continues at LESCC even as utilization of appropriate alternatives to secure detention has led to significant drops in population at larger State juvenile detention facilities in Baltimore City and Baltimore County.

Youth have been held at LESCC for reasons other than ensuring his/her appearance at a court hearing, or to ensure public safety.

In response to the persistent issue of overpopulation at LESCC, the Department should work with all stakeholders on the eastern shore in a concerted effort to ensure youth who do not pose a danger to the public are not sent to this maximum-security facility (as occurred several times during the first quarter).

Comprehensive staffing at LESCC should include an assistant superintendent. The Department should act without delay to repair, update and augment components of the security camera and monitoring system.

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

SELECTED INCIDENT CATEGORIES	Q1 2012	Q1 2013
1.Youth on Youth Assault	19	5
2. Youth on Youth Assault with Injury Associated*	8	1
3. Alleged Youth on Staff Assault	2	1
4. Alleged Youth on Staff Assault with Injury Associated*	0	0
5. Group Disturbances (injury/property destruction associated*)	1	0
6. Group Disturbances (without injury/destruction)	0	0
7. Seclusions over 8 Hours	0	0
8. Restraints	25	16
8. Restraints with Handcuffs	1	2
10. Restraints with Injury Associated*	8	1
11. Contraband	0	3
12. Suicide Ideation/Gesture/Attempt/Behavior	2	9

* Injury associated in the chart above includes any injury of youth or staff just prior to, during, or resulting from an incident.

There were 64 incidents in total (including sports-related injuries) during the first quarter of 2013, an increase compared with 48 during the first quarter 2012. However, the total number of injuries associated with incidents reported decreased significantly – seven reported for the first quarter this year compared with sixteen for the same time period last year.

An increase in instances of suicide ideation is of concern, however, there were no injuries associated with the 9 potential self-harm related incidents during the first quarter of 2013.

Morning Star Youth Academy

Morning Star Youth Academy (Morning Star) in Dorchester County is a residential program that serves up to 40 male youth who have been committed to the Department of Juvenile Services (DJS/The Department) which licenses the facility. The population was under 25 youth throughout the first quarter.

The program uses a trauma-informed model and is designed to address behavioral problems, psychosocial problems and substance abuse related issues.

The number of reported instances involving aggression at Morning Star remained low during the first quarter with a total of six youth-on-youth assaults compared with eight on youth-on-youth assaults over the same period last year. The facility continues to provide a safe environment for youth.

The academic program provides ninth grade level classes and offers remedial help to those who need it. Teachers also provide GED preparation. The education department has not always been fully staffed and there have been instances where youth have not been sufficiently engaged as a result. Current vacancies include an educational administrator position.

Youth who have already passed the GED before entering Morning Star have a 27-hour per week work schedule. After 30 days internship, youth keep a time sheet and earn a wage.

Community service activities available to youth include helping to build houses through Habitat for Humanity. Volunteers help youth learn first aid, CPR, and boating safety.

Some youth are not receiving visits from community case managers as required. DJS policy CJ-1-05.1(2) requires community case managers to visit youth “at least monthly” to “assess progress and plan for community reintegration.” In January of 2013, 22% of youth did not receive a visit from their designated community case manager.

Alfred D. Noyes Children's Center

The Alfred D. Noyes Children's Center (Noyes), a juvenile detention center in Montgomery County, is operated by the Department of Juvenile Services (DJS/the Department) and contains three male housing units and one female unit. The DJS-rated population capacity is 57. The Maryland State Department of Education (MSDE) took over education services at Noyes in January of 2013 and provides six hours of education to residents daily. The Department recently filled one of three top-level administrative staff vacancies and is in the process of hiring a recreation specialist.

The population at Noyes remained below DJS rated capacity throughout the first quarter. The facility continues to house more than one youth per room. There were 185 youth entries to Noyes, a 22% decline from the same time last year. African American youth represented 67% of total youth entries – a drop of 6% compared with the first quarter in 2012. Hispanic/Latino entries decreased by 3% while White/Caucasian entries increased by 6%.

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

NOYES – Selected Incident Categories	Q1 2012	Q1 2013
1. Youth on Youth Assault	18	14
2. Youth on Youth Assault – Injury Associated*	11	11
3. Youth on Staff Assault	7	2
4. Alleged Youth on Staff Assault – Injury Associated*	1	2
5. Group Disturbances (injury/destruction associated*)	0	0
6. Group Disturbances (without injury/destruction)	1	2
7. Seclusions Over 8 Hours	0	0
8. Restraints	35	24
9. Restraints with handcuffs	1	3
10. Restraints with Injury Associated*	17	16
11. Contraband	3	9
12. Suicide Ideation, Gesture, Attempt or Behavior	8	6

*Injury associated with an event in the selected incident categories chart includes any injury of youth or staff just prior to, during, or resulting from an incident.

The average daily population during the first quarter of 2013 decreased by 18% compared to the same time last year. Reported incidents declined 16% compared to the same time last year (from 75 to 63). The number of reported injuries declined by 11% (from 35 to 31). Restraints declined by 31% (from 35 to 24).

Although many incidents occur in the gym and in and around the education trailers, these areas are not currently covered by security cameras.

In incident report #107855, the youth involved was refusing to follow a staffer's directives to "stop being disrespectful" and "to take a time out." Video footage of the incident shows that the staffer approached the child, who remained sitting on the couch.

According to a statement made by the youth and included in the incident report, the staffer then "reached for [the youth's] shirt and lifted [him] up off the couch." The youth then allegedly attempted to punch the staffer. The youth and staffer "wrestled until other staff came to help." The youth sustained abrasions to his shoulder and neck.

Following the event, the staffer involved reviewed video footage of the incident and reported it as an alleged youth on staff physical assault. The staffer's supervisor reviewed the incident.

Upon request, the DJS' Office of the Inspector General (OIG) investigated the incident. The case was referred to Montgomery County Child Protective Services (CPS) and was not accepted for investigation. The staffer continues to work with youth at Noyes.

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 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 six reported incidents during the first quarter including one youth-on-youth assault. Incidents involving aggression are rare at One Love and the home continues to be a safe and therapeutic environment for youth. Staff at the home 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), located in Carroll County, is a residential program for boys who have been committed to the Department of Juvenile Services for treatment. Rite of Passage, Inc. owns and operates Silver Oak. The facility provides comprehensive treatment and education services for youth.

The Department of Juvenile Services recently amended the license for Silver Oak to enable a doubling of the youth population at the facility (from the current limit of 48 youth to 96 youth). The projected expansion of SOA will not take place unless the State Board of Public Works approves the change. The Department has proposed this expansion of SOA in response to the problem of youth being stuck in detention centers waiting to go to a treatment program (pending placement youth).

The JJMU believes that the answer to pending placement is not simply an increase in available beds, but an expansion of the types of treatment options available within the communities of the youth being served. Long term investment, financial and otherwise, in the development of small treatment centers, based in the communities of the youth being served, is the preferable remedy to the problem of pending placement.

The JJMU does not support the proposed doubling of the program's capacity to 96 youth. However, the JJMU would consider – with reservations – supporting a gradual expansion to a total capacity of 72 youth over the course of at least 12 months if certain conditions were to be met. For a full explanation of the position of the JJMU on this matter, please see the Silver Oak Academy update in the 2012 Annual Report.[6]

During the first quarter of 2013, incidents remained low at Silver Oak. While incidents involving aggression are rare, the facility would benefit from the installation of video surveillance cameras.

There was an allegation of child abuse (IR #108225) that was ruled out by Carroll County Child Protective Services (CPS). Although Carroll County CPS ruled out the allegation, they noted that the involved staffer had previously been indicated for child neglect. The indicated staffer no longer works at SOA. According to the SOA administration, the documentation of all current SOA employees, including clearances by CPS, is complete at this time.

The program at Silver Oak continues to provide male youth with comprehensive educational, vocational and athletic components while offering therapeutic services in a nonrestrictive environment. Youth should continue to be placed at SOA as appropriate.

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[6] JJMU 2012 Annual Report is available at:
http://www.oag.state.md.us/JJMU/reports/2012%20JJMU%20ANNUAL%20REPORT.pdf

The Victor Cullen Center

The Victor Cullen Center (Victor Cullen) is a hardware secure treatment facility owned and operated by the Department of Juvenile Services (DJS/the Department). The facility is located north of Sabillasville, in Frederick County, and houses adjudicated males between the ages of 14 and 19. The population capacity is 48, spread over four cottage units. The average daily population (ADP) at Victor Cullen during the first quarter of 2013 was 47 youth – a 21% increase from the first quarter of last year when the ADP was 39 youth.

VICTOR CULLEN – Selected Incident Categories	Q1 2012	Q1 2013
1.Youth on Youth Assault	11	28
2. Youth on Youth Assault - Injury Associated*	1	2
3. Youth on Staff Assault	9	15
4. Youth on Staff Assault - Injury Associated*	0	0
5. Group Disturbances (injury/ destruction associated*)	0	0
6. Group Disturbances (without injury/destruction)	0	0
7. Seclusions over 8 Hours	0	0
8. Restraints	100	88
9. Restraints with handcuffs	65	56
10. Restraints with Injury Associated*	2	3
11. Contraband	5	4
12. Suicide Ideation/Gesture/Attempt/Behavior	0	3

* Injury associated with an event in the selected incident categories chart includes injury of youth/ staff prior to, during or resulting from an incident.

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

Despite the 21% increase in ADP, the total number of incidents decreased during the first quarter of 2013. Incidents went from 158 in the first quarter of 2012 down to 136 during the same period this year – a decrease of 14%.

However, there were 25 reported injuries (including those associated with sporting activities) during the first quarter of 2013 – an increase of over 30% from 19 injuries reported during the same period last year.

Youth on youth assaults increased by approximately 61% - from 11 in the first quarter of 2012 to 28 during the same time this year. Two of the 28 youth on youth assaults were associated with an injury to either youth or staff. Alleged youth on staff assaults increased from 9 to 15.

The utilization of physical restraints decreased by 12% during the first quarter of 2013 when compared to the same time last year, despite the 21% increase in ADP.

A significant proportion of aggressive incidents involve youth transferred from other programs. Victor Cullen has no orientation program whereby youth coming in under these circumstances can receive intensive services until they are ready to participate in the general program. The Department should develop an enhanced orientation program at Victor Cullen with intensive and individualized services for incoming youth. Mental health staff should be included in the development of the intensive orientation program to ensure that a youth's individual needs are identified and considered during that stage of his placement.

The four top administrators at Victor Cullen have each assigned themselves a residential cottage in order to increase oversight on the ground. This should continue as administrator presence among youth and staff is reportedly making a significant positive difference in safety and security and in the overall treatment atmosphere.

During the first quarter of 2013, more incidents occurred in the school than in any other location at Victor Cullen.[7] The Maryland State Department of Education operates the school at Victor Cullen. A new principal took over towards the end of the first quarter and teachers, administrators and DJS direct care staff have been meeting in order to better coordinate the achievement of academic and treatment objectives. Efforts to enhance regular communication and cooperation between DJS and MSDE staff at Victor Cullen should continue and be expanded.

Cameras should be installed in the school classrooms and hallway without delay so that teachers and DJS staff and administrators are able to appropriately review incidents that occur in the school and take effective corrective action.

[7] According to information from the DJS Incident Reporting Database, 30 incidents took place in the school (22% of total incidents for Q1, 2013), 27 in Prettyman Cottage (20% of total incidents for Q1, 2013) and 26 in the gym (19% of total incidents for Q1, 2013)

Youth said there is a lack of structured activities, especially on weekends. Youth have two daily recreation periods and would benefit from more variety in activities. Two recreation specialists coordinate daily activities for youth. DJS has introduced a recreational initiative called CHAMPS that consists of inter- and intra- facility sports tournaments and other competitions.

Vacancies for mental health workers should be filled without delay or DJS should contract with a provider for mental health services to ensure a sufficient number of clinicians are assigned to the facility.

Victor Cullen uses a behavior management system called Challenge. In order to address difficulties in consistently implementing Challenge, a staff trainer was assigned to Victor Cullen during the quarter.

Opportunities to involve family members of youth at Victor Cullen should be increased by offering residents two 20 minute phone calls a week. Currently, youth receive two 10 minute phone calls per week - the same amount and time allotted in detention.

Youth should have an opportunity to successfully complete at least two home passes before being discharged from Victor Cullen.

The Way Home – Mountain Manor

The Way Home (TWH) Group Home is a residential program located within the Mountain Manor complex in west Baltimore City. TWH serves up to 15 female youth who have been committed to the Department of Juvenile Services for treatment. The Way Home is owned and Operated by Maryland Treatment Centers, Inc.

While placed at the Way Home, youth attend local public schools. Youth who have acquired a GED can enroll in community college courses, participate in volunteer and/or internship opportunities, or pursue employment.

The facility offers on-site substance abuse and mental health treatment in addition to life-skills education. Groups are held throughout the week by Mountain Manor staff as well as outside organizations.

The population remained between eight and ten youth during the first quarter of 2013 and TWH continued to provide youth with a safe environment. Incidents involving aggression are rare. Youth should continue to be referred to The Way Home as appropriate.

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 housing capacity for 24 youth. The Maryland State Department of Education (MSDE) provides six hours of schooling daily. Due to staff shortages, WMCC has only one part-time counselor providing mental health related services. Residents are unable to receive services if that staffer is unavailable. One case manager provides support for all youth - there continues to be a vacancy for an additional case manager.

There are serious malfunctions with the security camera system and with the electronic door locking system that the Department needs to address without delay.

The population at WMCC exceeded DJS rated capacity on 8 days during the first quarter compared to 44 days during the same period last year. Seven boys waited for longer than 60 days before going to a program – one boy waited for 113 days.

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

WMCC – Selected Incident Categories	Q1 2012	Q1 2013
1. Youth on Youth Assault	5	7
2. Youth on Youth Assault – Injury Associated*	4	2
3. Youth on Staff Assault	0	0
4. Alleged Youth on Staff Assault – Injury Associated*	0	0
5. Group Disturbances (injury/destruction associated*)	0	0
6. Group Disturbances (without injury/destruction)	0	0
7. Seclusions Over 8 Hours	0	0
8. Restraints	15	18
9. Restraints with handcuffs	5	4
10. Restraints with Injury Associated*	7	7
11. Contraband	2	1
12. Suicide Ideation, Gesture, Attempt or Behavior	6	2

* Injury associated with an event in the selected incident categories chart includes injury of youth/ staff just prior to, during, or resulting from an incident.

There were 34 incidents in the first quarter of 2013 (versus 35 in Q1, 2012). The total number of reported injuries (including those associated with sporting activities) during the first quarter of 2013 was 12. That represents a decrease compared with 16 for the same period last year.

There was an allegation of abuse regarding incident report #107960, where a staffer used physical force to make a youth pick up his hygiene box from the ground by holding onto his arm and walking him to the box. According to the incident report, the staffer pushed the youth "down to the ground by his neck." The youth sustained a bruise to his arm and there was a small red area on the side of his neck.

The staffer did not file an incident report but did note the event in the unit logbook. The Department's Office of the Inspector General investigated the incident and Child Protective Services (CPS) was notified. The allegation was ruled out by CPS.

William Donald Schaefer House

The William Donald Schaefer House (WDSH) is a 19-bed residential program for male youth who have been committed to the Maryland Department of Juvenile Services (DJS/the Department) for substance abuse treatment. Located in Baltimore City, the facility is owned and operated by DJS while the Maryland State Department of Education (MSDE) provides education services.

The population at WDSH remained at or near capacity during the quarter.

During the first quarter, five staffers were reassigned to WDSH from DJS detention facilities. Their transfer has helped ensure sufficient staff coverage at the Schaefer House, however, DJS staff and administrators should receive trauma informed services and training, with an emphasis on the delivery of substance abuse treatment at WDSH.

Because WDSH is a staff secure facility (as opposed to a high security or hardware secure facility), youth are not made to wear mechanical restraints during transport to/from and during medical appointments. However, one youth was made to wear handcuffs and shackles when DJS transportation staff took him to Hickey for GED testing during the first quarter.

The youth described being shackled in these circumstances as "backwards," and commented, "It's like they [are] trying to make us professional criminals." Youth who are in treatment should not be shackled during transportation to any appointment. Shackling of youth runs counter to the principles of trauma-informed care and the Department could increase staffing supervision as an alternative – if necessary.

Space is limited at WDSH and youth should continue to be afforded regular opportunities for off-grounds activities, which should include community based vocational instruction or employment/apprenticeships.

The facility should have an additional van to ensure coverage of outings as well as court and medical appointments.

The Schaefer House provides boys with a safe environment and incidents involving aggression are rare.

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

Facilities	Monitor
• Liberty House Shelter • One Love Group Home	**Nick Moroney**: (410) 952-1986 nmoroney@oag.state.md.us
• Alfred D. Noyes Children's Center • Baltimore City Juvenile Justice Center • Cheltenham Youth Facility • Western Maryland Children's Center	**José Saavedra**: (410) 576-6968 jsaavedra@oag.state.md.us
• Backbone Mountain Youth Center • Green Ridge Youth Center • Lower Easter Shore Children's Center • Meadow Mountain Youth Center • Morningstar Youth Academy • Savage Mountain Youth Center • Victor Cullen Center	**Tim Snyder**: (410) 591-2009 tsnyder@oag.state.md.us
• Charles H. Hickey School • J. DeWeese Carter Children's Center • Karma Academy for Boys Randallstown • Kent Youth Boys Group Home • Silver Oak Academy • The Way Home - Mountain Manor • Thomas J.S. Waxter Children's Center • William Donald Schaefer House	**Eliza Steele**: (410) 576-6563 esteele@oag.state.md.us
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May 30, 2013

DJS Response to the Juvenile Justice Monitoring Unit (JJMU) 2013 1st Quarter Report

The Department of Juvenile Services (DJS) appreciates the time and effort that JJMU has taken to draft and submit their 1st Quarter Report for 2013. We have thoughtfully considered all findings and suggestions and will take corrective action in areas of need.

We appreciate the JJMU's acknowledgement of the Department's accomplishments in the following areas. There has been a decrease in the overall number of incidents occurring at eleven of the fourteen facilities operated by the Department. Notably, there have been significant decreases in incidents of youth aggression at Cheltenham - 29%, Hickey - 40%, and Waxter - 53%. Use of short term seclusion has decreased 83% at Hickey, 50% at Waxter and all other sites have remained at a low percentage. The reduction in the population at the Baltimore City Juvenile Justice Center remains stable, realized as a result of the Juvenile Detention Alternative Initiative (JDAI) restart initiated in 2012, and the Department's reforms to address the pending placement population. The Department, in partnership with the Annie Casey Foundation, launched the JDAI initiative in Prince George's County in February 2013. The JDAI initiative focuses on the assessment and placement of low level juvenile offenders in alternative placements to detention. Additionally, as reported by JJMU, the Department has made significant progress in reducing the number of youth awaiting placement sixty days or more.

Areas of Concerns Cited by JJMU

Trauma Informed Care

In June 2012, the department selected the ARC (Attachment, Self- Regulation, and Competency) model, a core-components trauma care treatment model, to address the needs of our youth. ARC was developed to provide a guiding framework for clinical intervention with complexly traumatized youth and their caregiving systems. The ARC programming model was initially implemented at Carter, the only state operated hardware secure program for girls. 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 staffing team from J. DeWeese Carter Center including the superintendent, assistant superintendent, case manager, mental health therapists, group life managers, school

psychologist, and the nursing supervisor. 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. Training is ongoing and the Department plans to integrate ARC components in programming system-wide.

Services for Pregnant Youth

The Department evaluates the needs of each youth and uses multi-disciplinary teams to make decisions that best meet the youth's treatment, somatic health, mental health, safety and security needs. In 2013, DJS received pregnant youth requiring placement in secure settings. There are limited resources and placements for pregnant girls within the state, and even fewer who accept youth in need of hardware secure placements. The Department, after completing an exhaustive albeit unsuccessful search for placements to meet the individual needs of these youth, conducted a thorough assessment and evaluation of the ability of the J. DeWeese Carter Center to house and care for pregnant youth. The Carter Center is a 14- bed state operated hardware secure girls facility located in Kent County. After evaluating facility and community resources, the Department determined that Carter would be able to admit and care for pregnant girls who meet admission criteria, and for whom all other in-state options have been exhausted. Security, medical and food service staff were provided training specific to the custody and care of pregnant youth. On site medical services include registered nurses and a family practitioner. DJS currently provides and has available as a resource the experience of residential, nursing, medical, and dietary staff who care for pregnant youth who are detained at Noyes, Waxter, and the Lower Eastern Shore Children Center.

Community resources include the Kent County Health Department who provide parenting classes, and two local OB/GYN providers who have welcomed DJS youth into their practice. Following the initial evaluation, the community OB/GYN is available for 24 hours/7 days a week consultation. Ultrasound services are offered at the local Chester River Hospital. Chester River Hospital recently closed their OB/GYN in-patient unit in 2012, however, its emergency room continues to evaluate and treat pregnant women on a 24 hour basis from the community, referring women who they believe need additional services or who are at risk of delivery to surrounding hospitals such as Anne Arundel Medical Center which is approximately one hour away by land. The Chester River Hospital emergency room is equipped to deliver babies in situations preventing timely transfer to another hospital. It certainly is not ideal that there is no longer a labor and delivery wing at the local hospital, however, this situation is actually the norm in other parts of Maryland and for most parts of the country. Recognizing this limitation, the Department will not place at Carter a pregnant girl who has an identified high risk for complications. DJS will continue to work to secure services and placements for pregnant youth to reduce lengthy stays in detention and placements out of state.

Educational Services for Youth

Cheltenham Detention Center has established an intensive services unit to address the aggressive behaviors of youth who cannot be successfully managed in the general population. These youth require instruction on the living unit during their stay of approximately two weeks. MSDE is currently addressing the educational needs of the youth by providing educational

packets. DJS continues to work with MSDE to address having an instructor assigned to the program.

Facility Report Responses

Charles H. Hickey, Jr., School

The Department appreciates the JJMU's acknowledgement of a 35% decline in overall incidents, a 35% decline in incidents involving injuries, a 40% decline in physical assaults, and an 83% decline in the use of seclusions at Hickey.

The JJMU cites the use of restraints at Hickey to achieve youth compliance in violation of DJS policy. Use of restraints to achieve compliance represents an exception to DJS policy. In order to maintain a safe, secure, and orderly operation of the facility, there are instances when exceptions must be made for the use of restraints to achieve compliance. The Department has established a stringent review of all exceptions to minimize instances and provide for a review of all alternatives. This protocol requires the staff on duty to obtain authorization through the on duty shift commander and facility administrator, who must contact the supervising executive director from headquarters for approval. Staff who fail to abide by this protocol are disciplined according to the Standards of Conduct which may include termination. The Department works diligently to train staff in de-escalation techniques, and takes every measure to ensure the safety of youth and staff. Incidents of physical aggression are reviewed by management where video surveillance is available. All allegations of abuse are referred to Child Protective Services, the State Police and the DJS Office of the Inspector General for investigation. Staff who are being investigated are separated from youth. DJS promptly and consistently holds accountable all staff found responsible for any abuse of youth.

J. DeWeese Carter Children's Center

The Department appreciates JJMU's recognition that incidents of aggression remained low and that there was no use of seclusion during this quarter.

The Department's assessment to determine the placement of pregnant youth at Carter and the services provided are listed in the "Areas of Concern" section of this report. In the tragic case cited by JJMU in which the young girl lost her baby after several days of care on the OB/GYN services unit at the University of Maryland Hospital, it cannot be determined if there was any associated stress related to her placement at Carter that precipitated premature labor. The evaluation and care she received throughout was consistent with or above the standard of care.

The Department will continue to carefully assess the needs of pregnant youth. Youth placed at Carter must require a hardware secure setting, and will only be placed when we have developed a plan that will provide the individual level of care required.

Carter is a hardware secure treatment facility which requires an increased level of security for routine off campus transports. The current practice utilizing handcuffs and leg irons provides

for the balance of public safety and the safety needs of the youth and staff. Pregnant youth will be transported in handcuffs only; during the third trimester no restraints will be applied.

Additional cameras are scheduled to be installed in the school during FY'14.

In keeping with DJS policy youth at Carter are afforded two 10-minute phone calls a week to a parent, guardian or grandparent. Youth may earn additional phone call privileges within the behavior management program.

Thomas J.S. Waxter Children's Center

The Department appreciates JJMU's recognition of the 50% decrease in youth on youth physical assaults at Waxter. Incidents involving physical restraints have decreased by two-thirds.

The Director of Behavioral Health has reviewed the resources for mental health services at Waxter and determined that they are adequate to meet the needs of the youth. In detention, mental health services consist of assessments, psycho-educational groups, individual work and crisis management. Youth in need of intensive mental health services are not maintained in detention, they are referred to mental health hospitals.

The facility is scheduled for installation of cameras in the school and an overall upgrade of the existing system in FY'14.

DJS Youth Centers

There was an increase in incidents at the Youth Centers (with the exception of Green Ridge) during this quarter. In February the Department made a leadership change at Backbone Youth Center, appointing a new superintendent and assistant superintendent. The Department has also developed and obtained DBM approval to implement a supervisory structure at the Youth Centers. This structure is critical to improving decision-making and staff performance accountability. Additionally, the Department completed an in-depth analysis of the population and resources available to meet the needs of the youth. The Department continues to work with all management teams to develop interventions to more successfully address youth's behavior.

There are currently 58 certified medication technicians at the Youth Centers. The Department is in the process of scheduling training to certify additional staff to meet ongoing needs.

Baltimore City Juvenile Justice Center

The Department appreciates the JJMU's recognition of the 40% decrease in the population at BCJJC, as well as the 41 % decrease in overall incidents, the 64% decline in youth-on-youth assaults and the 52% decrease in use of short term seclusions. Incidents involving the utilization of restraints decreased by 49%.

The JJMU cites instances when staff failed to adhere to the Department's policy and procedure for the use of restraints. The Department is committed to the safety and security of all youth

committed by the court to our care. Disciplinary actions have been taken to address all instances of staff noncompliance with existing policies and procedures.

Cheltenham Youth Facility

The Department appreciates the JJMU's recognition of a 22% reduction in youth pending placement, a 36% decrease in the overall number of incidents, a 47% decrease in reported injuries and a considerable decrease in the use of short-term seclusions.

JJMU cites a concern regarding the rated capacity for the facility. The rated capacity takes into account the physical floor plan, operating budget and staffing. The three living units at Cheltenham are designed to permit double bunking. The operating capacity, based on best practices and the aforementioned factors, is set at 115.

Cheltenham 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, an indicator that the facility is safely managing the population.

Lower Eastern Shore Children's Center

The Department appreciates the JJMU's acknowledgement that the facility is a safe, well-managed and therapeutic environment for youth in detention.

Alfred D. Noyes Children's Center

The Department appreciates the JJMU's recognition of a 16% decline in reported incidents, 11% decline in reported injuries and a 31% decline in restraints.

The facility is scheduled for installation of cameras in the school and overall upgrade of the existing system in FY'14.

Victor Cullen Center

The overall number of incidents decreased by 14% at Victor Cullen. Incidents of aggression increased slightly as youth who could not be managed at the Youth Centers and other placements were placed at Victor Cullen. Victor Cullen is the only state operated hardware secure facility for boys, and is the last in-state option in the Department's continuum of care. The Central Review Committee, a multi-disciplinary team, reviews each case prior to placement. The Team at Victor Cullen is working diligently to develop and implement individual plans to address the needs of these youth.

The facility is scheduled for installation of cameras in the school and an overall upgrade of the existing system in FY'14.

Western Maryland Children's Center

The total number of reported incidents remained low at WMCC. The facility is scheduled for an upgrade of the surveillance system in FY'14. Additionally, the control system for the electronic locks will be replaced; the system is backed-up by manual locking operations.

JJMU cites an allegation of alleged abuse. The Department closely reviews all incidents of restraint and reports all allegations of abuse to Child Protective Services, Maryland State Police and the DJS Office of the Inspector General for investigation. All staff are held accountable utilizing the Standards of Conduct.

William Donald Schaefer House

The Department has assigned five additional staff at Schaefer House to improve supervision of youth and to add additional coverage to support off campus trips. The Department has also requested an additional van for the transport of youth.