

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

THIRD QUARTER 2013 REPORTS



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Director

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

November 2013

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

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

Members of the General Assembly

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

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

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

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

Enclosed please find the most recent Quarterly Reports compilation from the Juvenile Justice Monitoring Unit (JJMU) at the Office of the Attorney General. The reports cover the Third Quarter of 2013, from July 1 to September 30, 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 this reports compilation. I can be reached by email at nmoroney@oag.state.md.us. 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

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Director

Juvenile Justice Monitoring Unit

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

JUVENILE JUSTICE MONITORING UNIT - THIRD QUARTER 2013

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THIRD QUARTER 2013 - OVERVIEW

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

Third Quarter 2013 reports indicated:

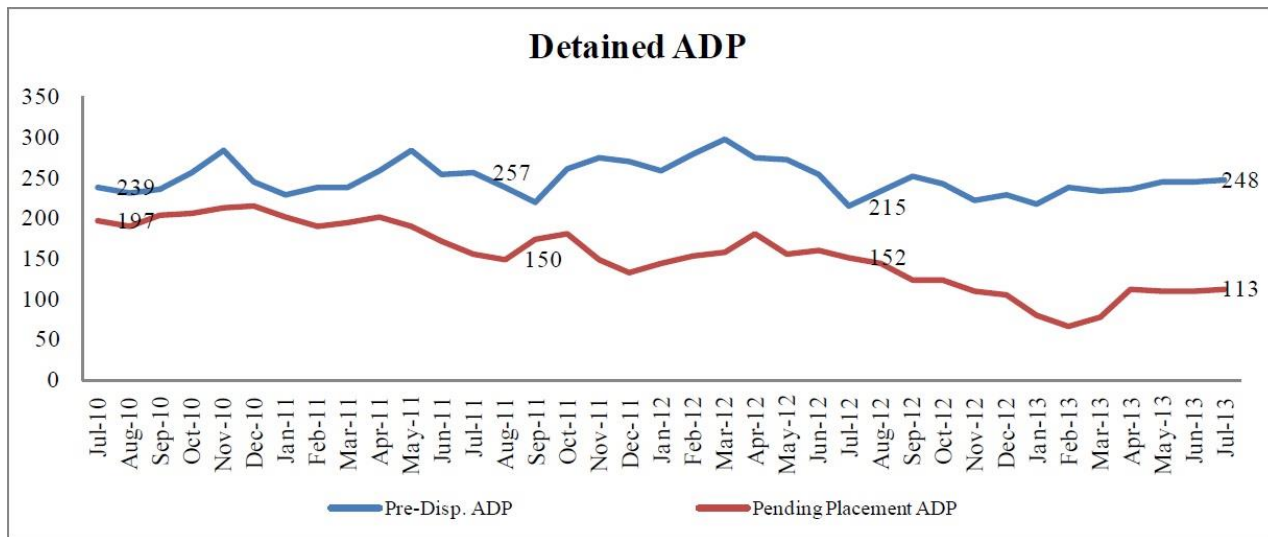
- ✓ The Department of Juvenile Services has made progress in reducing the number of pending placement status youth in detention (page 6).
- ✓ The average daily population at the Baltimore City juvenile detention center (BCJJC) has been reduced (page 6).
- ✓ Incidents involving aggression decreased significantly at the Noyes and Cheltenham (CYF) detention centers and remained low at the lower eastern shore detention center (LESCC).
- ✓ Utilization of physical restraint decreased 54% at CYF and 20% at BCJJC.
- ✓ Use of seclusion declined 33% at BCJJC and remained low at CYF and Noyes.

Reports also indicated:

- Incidents of aggression increased at the Carter and Victor Cullen treatment centers and at the Waxter detention center.
- Use of physical and mechanical restraints on youth in treatment increased at the youth centers, Victor Cullen and the Carter center.
- Use of seclusion increased at the Hickey and Waxter detention centers and at the Victor Cullen and Carter treatment centers
- There is evidence that social separation is being misused at Victor Cullen.
- There were 18 incidents of self-injurious behavior, 94 incidents of suicide ideation and seven suicide attempts in DJS operated facilities (see Services for Youth on page 8).
- Girls in detention at Waxter have limited access to mental health services.

1. Population: Alternatives to Detention and Pending Placement

The Department of Juvenile Services (DJS/the Department) has made progress in reducing the number of youth stuck in detention while awaiting transfer to a committed program. The graph below, taken from a September 2013 Maryland StateStat report,¹ indicates that the average daily population (ADP) of pending placement status youth in detention has decreased by 43% since July 2010. The importance of sustaining this effort is highlighted by the 49% spike in the ADP of pending placement status youth between February and July 2013.



To reduce unnecessary use of secure detention, the Department has partnered with the Annie E. Casey Foundation’s Juvenile Detention Alternatives Initiative (JDAI) in Baltimore City. Working with the Courts, the State’s Attorney’s Office, the Office of the Public Defender and other stakeholders, JDAI promotes the appropriate use of alternatives to secure detention and has helped to reduce the average daily detention population at the Baltimore City Juvenile Justice Center (BCJJC). However, as indicated in the graph above, the statewide pre-disposition population in detention centers has increased slightly since July 2010. The JDAI effort should be deepened and sustained in Baltimore City and JDAI should be expanded to encompass the rest of Maryland.

According to the Department’s Data Resource Guide, 63% of youth who were committed to the Department in fiscal year 2012 had a misdemeanor as their most serious adjudicated offense.² Given this background, DJS should commission a treatment utilization study in an effort to ensure that only youth who pose a credible risk to public safety are committed to the Department.

¹ Taken from the September 27, 2013 DJS report to StateStat, page 4. The full report is available here: http://www.statestat.maryland.gov/reports/20130927_DJS_Meeting_Summary.pdf

² See page 123 of the Department’s 2012 Data Resource Guide, available at <http://www.djs.state.md.us/data-resource-guides.asp>

2. Reducing Violence – Physical Restraints

Physical restraints can result in serious injury to youth and/or staff and run counter to the principles of trauma-informed care.³ They should only be used as a last resort in situations where a child is in danger of hurting herself/himself or others or is making an attempt to escape. Crisis intervention and de-escalation efforts should include calls for staff assistance and mental health team intervention.

During the third quarter, staff and administrators at the Hickey detention center made progress in reducing the utilization of physical restraints. These efforts should continue at Hickey and be extended to all DJS facilities.

At a DJS operated detention facility, a youth's back was broken as a result of an improper physical restraint. Video footage of the incident shows the youth flipping over a table on a living unit. A staffer grabbed the child with enough force to cause the child's legs to swing to the side of his body as the staffer slammed him to the ground. When they landed, the child's legs were out in front of him and his upper body was bent over forwards with the staffer lying on the youth's back. Following the restraint, footage shows the staffer carrying the child across the unit and placing him on the floor.

A subsequent internal investigation by the DJS Office of the Inspector General (DJS-OIG) did not examine or detail the physical restraint.

³ Trauma-specific treatment is "free from the use of coercion, restraints, seclusion and isolation." Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence", December 2012. p. 210.

3. Services for Youth

DJS data shows that, in 2010, 75% of girls and 57% of boys in out of home placements had a moderate to high mental health need.⁴ Youth with significant mental health challenges should not be held in juvenile detention centers where individual treatment is not available or legally mandated.

At DJS operated detention and treatment facilities, there were 18 incidents of self-injurious behavior, 94 incidents of suicide ideation and seven suicide attempts during the third quarter.⁵ Individualized mental health services are available to varying degrees in treatment centers. The scope of mental health services also varies from detention center to detention center. All facilities need comprehensive professional mental health services to help youth address challenges and enhance facility safety.

During the third quarter, the number of incidents involving physical restraints almost doubled at the DJS operated youth centers. At the lower eastern shore detention center (LESCC), a vacancy for a social worker and the extended leave of an addictions counselor left the facility severely lacking clinical mental health resources. While assaults and fights did not increase, there was a dramatic rise in the number of incidents involving physical restraints and suicide ideation at the facility.

LESCC – Selected Incident Categories	Q3 2011	Q3 2012	Q3 2013
1. Youth on Youth Assault/Fight	8	7	8
2. Physical Restraint	13	17	65
3. Suicide Ideation/Attempt	6	4	12

At the Baltimore City youth detention center, a boy was physically and mechanically restrained in an attempt to stop him from banging his head against a wall (#114253). He was later hospitalized for a psychiatric assessment. At the western Maryland detention center, a youth used his sweatshirt and bodyweight in a suicide attempt (#112988). A staffer discovered the youth unconscious in his cell and came to his aid. After the youth regained consciousness, staff tried to remove everything from his cell. The youth became agitated and was physically and mechanically restrained.

At Waxter (all-female detention center), suicide ideation incidents increased from 22 in the third quarter of 2012 to 51 during the same time this year. Girls in the juvenile justice system are more likely to suffer from mental health related issues than boys yet access to mental health resources at Waxter is limited compared to what is offered at detention centers for males. Availability of comprehensive mental health services in all detention and treatment facilities must be a priority for the Department.

⁴ DJS Report on Female Offenders, February 2012, p. 11

⁵ Data retrieved November 5, 2013.

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Alfred D. Noyes Children's Center

The Alfred D. Noyes Children's Center (Noyes) in Montgomery County is a secure detention center for boys and girls, owned and operated by the Maryland Department of Juvenile Services (DJS/The Department). The DJS-rated housing capacity of 57 was not exceeded during the third quarter, however youth continue to share cells.

The average daily population decreased approximately 26% compared to the same time last year. Seventy four percent of the 185 entries were African American youth, a 3% increase over the same time last year.

There were 28% fewer reported incidents than at the same time last year (54 during the third quarter of 2013 versus 76 in 2012). The table below enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm which were detailed in incident reports.

Noyes – Selected Incident Categories	Q3 2011	Q3 2012	Q3 2013
1. Youth on Youth Assault/Fight	21	24	16
2. Alleged Youth on Staff Assault	3	3	1
3. Physical Restraint	40	43	34
4. Restraint with Handcuffs/Shackles	0	3	1
5. Seclusion	9	5	3
6. Contraband	5	2	3*
7. Suicide Ideation/Attempt	1	5	2

* DJS currently defines contraband as items with the "potential to threaten the security of the facility."

A broken security camera in one of the four hallways should be repaired. Additionally, cameras have not been installed as planned in the education trailers, the recreation area or the lobby.

Baltimore City Juvenile Justice Center

The Baltimore City Juvenile Justice Center (BCJJC) is a 120-bed secure detention center for boys owned and operated by the Maryland Department of Juvenile Services (DJS/the Department).

The average daily population decreased approximately 5% compared to the same time last year. Ninety seven percent of the 662 entries were African American youth, a 1% decrease over the same time last year.

There were 196 reported incidents during the quarter, down 18% from 239 at 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.

BCJJC – Selected Incident Categories	Q3 2011	Q3 2012	Q3 2013
1. Youth on Youth Assault/Fight	86	69	64
2. Alleged Youth on Staff Assault	13	6	4
3. Physical Restraint	142	109	88
4. Restraint with Handcuffs/Shackles	49	39	34
5. Seclusion	141	104	70
6. Contraband	11	9	7*
7. Suicide Ideation/Attempt	4	5	7

* DJS currently defines contraband as items with the “potential to threaten the security of the facility.”

A youth at BCJJC made four separate suicide attempts during the third quarter (#112536, #113708, #114076, #114132). At time of writing (October 16, 2013), the youth is detained at BCJJC.

Another youth at BCJJC during the third quarter stated that he was going to kill himself and banged his head on the wall (IR#114253). Staff responded by handcuffing

the boy for 40 minutes in an attempt to stop him from hurting himself. He was later taken to the hospital for psychiatric assessment.

Youth with significant mental health challenges should not be held in juvenile detention centers where individual treatment is not available or legally mandated.

Charles H. Hickey, Jr. School

The Charles H. Hickey, Jr. School (Hickey) is a 72 bed all-male detention center in Baltimore County owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). During the third quarter of 2013, 70% of entries were African American youth, up from 68% during the same time last year.

The average daily population increased by 13% (from to 49 to 56). Total reported incidents increased by 19% (from 164 to 195). The table below enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm which were detailed in incident reports.

Hickey – Selected Incident Categories	Q3 2011	Q3 2012	Q3 2013
1. Youth on Youth Assault/Fight	43	23	26
2. Alleged Youth on Staff Assault	9	2	1
3. Physical Restraint	40	41	75
4. Restraint with Handcuffs/Shackles	3	1	6
5. Seclusion	12	8	25
6. Contraband	8	3	3*
7. Suicide Ideation/Attempt	9	13	8

* DJS currently defines contraband as items with the “potential to threaten the security of the facility.”

Physical restraints have increased substantially when comparing the third quarter of 2013 with the same time last year (and the year before). However, they have decreased by 25% compared with the second quarter of 2013 when there were 100 physical restraints (including 44 in June).

Starting in the third quarter, the administration at Hickey devoted considerable attention to reducing overutilization of physical restraints. Following the implementation of the new approach (which includes increased training and a checklist that promotes thorough incident review practices), the number of restraints was significantly reduced. In September 2013, there were 11 physical restraints.

Employment of strategies to minimize the use of physical restraint should continue at Hickey and be adopted by staff at all DJS facilities.

In incident report #113597, a youth was involved in a restraint with a staffer. The youth was seen by medical an hour later, at which point he alleged that he had been abused by the involved staffer.⁶ By the time the youth made the allegation, the staffer had already reviewed video footage of the incident with the shift commander, and subsequently wrote his witness statement for the incident.

Staffers involved in an incident that may result in an investigation by the Department's Office of the Inspector General (DJS-OIG), Child Protective Services or the police should not be able review video footage before writing witness statements or being interviewed. Involved staffers should not participate in the video footage review process for training or any other purpose until supervisors have viewed footage and determined that the incident is not likely to result in an allegation and/or investigation.

⁶ Baltimore County Child Protective Services (CPS) investigated the incident and the allegation was ruled out.

Cheltenham Youth Facility

The Cheltenham Youth Facility (CYF) in Prince George's County is a secure detention center for boys owned and operated by the Maryland Department of Juvenile Services (DJS/The Department). During the third quarter of 2013, African American youth represented 79% of youth entries, down 2% from the same time last year.

The average daily population decreased by 13% from 104 in the third quarter of 2012 to 90 during the same time this year. However, the individual living units remained overcrowded as evidenced by data in the chart below.

CYF BY UNIT on September 30, 2013	YOUTH COUNT	DJS-RATED CAPACITY*
Rennie Cottage	36 (+50%)	24
Henry Cottage	38 (+58%)	24
Cornish Cottage	29 (+21%)	24
Infirmary (closed for repairs)	0	14
Re-Direct (closed 2010)	0	24
Shelter Care (closed 2010)	0	5
Total Youth	103	115

*DJS rated population capacity does not take into account closed units

During the third quarter, total reported incidents declined by 35% (from 136 to 89) compared to the same time last year. The number of assaults and use of physical restraint decreased significantly.

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

CYF – Selected Incident Categories	Q3 2011	Q3 2012	Q3 2013
1. Youth on Youth Assault/Fight	78	43	32
2. Alleged Youth on Staff Assault	12	6	7
3. Physical Restraint	125	96	44
4. Restraint with Handcuffs/Shackles	10	7	2
5. Seclusion	64	4	0
6. Contraband	4	6	3*
7. Suicide Ideation/Attempt	9	5	5

* DJS currently defines contraband as items with the “potential to threaten the security of the facility.”

J. DeWeese Carter Center

The J. DeWeese Carter Center (Carter) is the only hardware secure treatment center for female youth operated by the Department of Juvenile Services (DJS/the Department). Carter is located in Kent County on the eastern shore and can house up to 14 girls. The average daily population for the third quarter of 2013 was 11, down 15% from the same time last year when it was 13.

There were 30 total reported incidents during the quarter, down from 40 during the third quarter of 2012. The table on the next page enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm which were detailed in incident reports.

Carter – Selected Incident Categories	Q3 2012	Q3 2013
1. Youth on Youth Assault/Fight	3	6
2. Alleged Youth on Staff Assault	3	0
3. Physical Restraint	12	18
4. Restraint with Handcuffs/Shackles	0	5
5. Seclusion	2	4
6. Contraband*	3	0
7. Suicide Ideation/Attempt	6	1

* DJS currently defines contraband as items with the “potential to threaten the security of the facility.”

The use of physical restraint increased by 50% and the number of restraints involving handcuffs and/or shackles increased from zero to five from the third quarter of 2012 to the same time this year. Physical and mechanical restraints run counter to the principles of trauma informed care.⁷ Mental health providers and DJS staff should be trained together to implement joint de-escalation and crisis intervention techniques to avoid unnecessary use of physical restraints.

There is no cohesive therapeutic program at Carter. Girls follow a behavior management program called Challenge, which is a compliance based system of points and levels. Challenge determines a youth’s length of stay and the privileges she can earn, including home passes and participation in off-grounds activities. Challenge was not designed specifically for girls.

According to a report published by the federal Attorney General’s task force on children exposed to violence, “programs that are good for girls, especially those recovering from exposure to violence, weave together family, community and systems

⁷ Trauma-specific treatment is “free from the use of coercion, restraints, seclusion and isolation.” Defending Childhood Initiative, “Report of the Attorney General’s National Task Force on Children Exposed to Violence”, December 2012. p. 210.

The full report can be accessed here: <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

of care,” and are staff secure.⁸ In 2010, 46% of girls in DJS custody in an out of home placement reported a history of physical or sexual abuse compared to 13% of boys.⁹

Administrative staff at Carter were trained in a model of trauma-informed care. However, there is no formal training in a therapeutic-based approach for direct care workers at Carter. Ongoing trauma-informed training and resources need to be provided to and for all staff.

The Department requires all Carter youth who are being transported to and from medical and dental appointments to wear handcuffs and belly chains fastened in black boxes, and shackles. Youth remain in this apparatus while waiting to be seen by a doctor and during receipt of dental and medical services. Youth who take the GED test are transported back and forth in the same fashion. This practice runs counter to trauma informed principles¹⁰ and applies to all girls at Carter, including those who have earned opportunities to go off-grounds for recreational activities at which time no mechanical restraints are applied. If security during transport is of concern, DJS should ensure that there is adequate staff supervision.

Girls at Carter have limited access to their families. Youth should have the opportunity to begin spending several hours in the community with their families as soon as it is deemed appropriate by the treatment team. As youth progress in treatment, they should gradually be allowed to spend more time at home so that upon their discharge they have spent several weekends in their home community.¹¹ In situations where it is not in the child’s best interest to return home, sufficient alternatives should be provided.

Although the Maryland State Department of Education (MSDE) provides education services to youth at Carter, opportunities for vocational/career and technology education are severely deficient. A ServSafe course in safe food handling is offered once every few months for one week at a time. There is no other vocational education currently offered at Carter. Youth spend at least six months at the facility and should have consistent access to vocational/career and technology courses leading to widely recognized certification.¹² In advanced stages of the program, youth should also be able to pursue community based employment, internships and further education opportunities.

⁸ Defending Childhood, 182.

⁹ DJS Report on Female Offenders, February 2012, page 11.

¹⁰ “Confinement has been shown to exacerbate the symptoms of posttraumatic stress disorder (PTSD) through experiences...such as being handcuffed...” Defending Childhood, 175.

¹¹ Three youth who were eligible to receive weekend home passes during the quarter were not granted permission to do so by the Prince George’s County courts.

¹² MSDE offers varied career and technology/vocational courses to youth in public schools around Maryland. See details at <http://www.marylandpublicschools.org/NR/rdonlyres/F8A34712-B21E-4DC2-A186-9144565375F2/34007/CTEBlueBook2012Web.pdf>

Lower Eastern Shore Children's Center

The Lower Eastern Shore Children's Center (LESCC) in Salisbury is a 24-bed secure detention facility owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). African American youth represented 60% of youth entries during the third quarter in both 2012 and 2013.

While the average daily population decreased by approximately 8% (from 23 to 21) compared to the same time last year, the facility exceeded the DJS rated capacity on four days during the quarter. Total reported incidents increased by 225% (from 40 to 135).

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

LESCC – Selected Incident Categories	Q3 2011	Q3 2012	Q3 2013
1. Youth on Youth Assault/Fight	8	7	8
2. Alleged Youth on Staff Assault	4	5	1
3. Physical Restraint	13	17	65
4. Restraint with Handcuffs/Shackles	4	3	4
5. Seclusion	2	4	1
6. Contraband*	1	3	1
7. Suicide Ideation/Attempt	6	4	12

* DJS currently defines contraband as items with the "potential to threaten the security of the facility."

Physical restraints have significantly increased (see Services for Youth on p. 8).

A social worker position has been vacant for over five months. In the interim, six different mental health counselors from other areas within the Department have rotated visits to the facility to provide services. Addiction counseling group sessions have not taken place.

Morning Star Youth Academy

The Maryland Department of Juvenile Services (DJS/the Department) licenses Morning Star Youth Academy (Morning Star). Vision Quest National owns and operates the residential facility which is located in Dorchester County.

DJS licenses Morning Star to enroll 40 youth. The population during the quarter ranged between 16 and 20 youth. According to Morning Star, a minimum population of 27 youth is required in order to continue operations.

The educational program is insufficient to meet youths' needs. For a period during the third quarter, there was a single instructor (certified to teach science) covering all subjects and education services for up to 20 youth. At the end of the third quarter, a part time English teacher was hired to provide four hours of instruction per week. The DJS quality assurance unit cited the facility for shortcomings in educational services and has communicated concerns to the Maryland State Department of Education (MSDE).

Silver Oak Academy

The Silver Oak Academy (SOA/Silver Oak) is a privately operated treatment facility located in Carroll County. The Department of Juvenile Services (DJS/the Department) previously licensed SOA to serve up to 48 youth who were housed in two units. In July 2013, the licensed capacity was expanded to 96 youth. A third housing unit will be opened before the end of 2013.

By the end of the third quarter, Silver Oak's population had reached 60 youth. In response to increased population, Silver Oak has hired additional teaching staff and continues to recruit coaches/counselors (i.e. SOA direct care staff) on a regular basis. Youths who have been in the program for some time help support incoming students. Adjustments have been made to ensure that therapeutic groups continue to consist of no more than 12 youth.

Silver Oak serves youth through a comprehensive therapeutic program that includes core education, athletics and vocational training, all of which are offered in a normalized environment. Youth placed at SOA are able to graduate from high school, attend community college, participate in interscholastic sports and pursue employment in the community. Silver Oak also provides aftercare services to its students for up to 6 months after youth return to the community.

Two vocational programs – one in metalworking and one in nursing – will be added to the robust workforce development component of SOA. On-campus jobs have been introduced to extend employment opportunities to more youth.

An evidence-based treatment model and comprehensive vocational, core educational and athletic resources comparable to those available to youth at Silver Oak should be accessible to youth at all DJS operated treatment facilities.

Victor Cullen Center

Victor Cullen (Cullen) is an all-male 48-bed hardware secure (high security) treatment facility in Frederick County operated by the Department of Juvenile Services (DJS/the Department).

The average daily population during the third quarter was 44 youth, a decrease of 6% compared to the same time last year. However, reported incidents increased by 18% (from 93 to 113).

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

Victor Cullen – Selected Incident Categories	Q3 2011	Q3 2012	Q3 2013
1. Youth on Youth Assault/Fight	44	16	20
2. Alleged Youth on Staff Assault	39	5	4
3. Physical Restraint	142	52	73
4. Restraint with Handcuffs/Shackles	77	38	46
5. Seclusion	23	12	20
6. Contraband*	17	4	2
7. Suicide Ideation/Attempt	2	0	3

* DJS currently defines contraband as items with the “potential to threaten the security of the facility.”

While research shows that “the use of solitary confinement [and] isolation...can have devastating effects” on youth,¹³ reported incidents involving seclusion at the Victor Cullen treatment center during the third quarter increased by 75% compared to the same time last year.

Additionally, there is evidence that social separation is being misused at Victor Cullen. According to DJS policy, social separation is the “supervised placement of a youth in his/her room for a non-punitive ‘cooling off’ period of no more than 60

¹³ Defending Childhood Initiative, “Report of the Attorney General’s National Task Force on Children Exposed to Violence.” December 2012. p. 175.

minutes.”¹⁴ Confinement lasting beyond one hour becomes seclusion and requires additional documentation and mandatory safeguards including periodic checks by medical, mental health and administrative/supervisory staff.

At Victor Cullen individual youth, including some on orientation status, are separated from the general population and held in Diggs Cottage (Diggs) as indicated by a review of the social separation log from September 9-22, 2013.

On September 14, one youth was brought to Diggs “due to the other youth picking on him.” He was held there for three and a half hours.

On September 17, a youth was brought to Diggs at 8:30 p.m. for “attempting to cutting [sic] his wrist.” According to the social separation log, the youth had been placed on the highest level of supervision associated with suicide watch. One minute after entering the cottage, the youth was placed in mechanical restraints. He was released from the restraints 49 minutes later.

The social separation log does not include details about the exact location of youth held at Diggs. The DJS quality assurance unit should conduct interviews and audit seclusion logs, social separation logs and video footage to ensure that DJS policies regarding social separation and seclusion have not been violated at Victor Cullen.

According to DJS data, 57% of boys in out-of-home placements have a moderate to high mental health need.¹⁵ Victor Cullen is a treatment center. The DJS quality assurance unit needs to ensure that youth at Victor Cullen, including those on Diggs, are being afforded comprehensive therapeutic treatment services in addition to appropriate educational instruction (not packets).

Vacancies for mental health positions at Cullen must be filled. Currently, there is one counselor, a supervisor and two interns providing services for 48 youth. There is no comprehensive evidence based therapeutic treatment programming at Cullen.

¹⁴ Md. Dept. of Juvenile Services Policy and Procedure RF-02-07. Use of Crisis Prevention Management (CPM) Techniques Policy. 3.p. Social Separation.

¹⁵ DJS Report on Female Offenders, February 2012, p. 11

Thomas J. S. Waxter Children's Center

The Thomas J.S. Waxter Children's Center (Waxter) is located in Anne Arundel County, and is the only all-female juvenile detention center in the state.

The DJS rated capacity of 42 youth was not exceeded during the third quarter. Seventy percent of entries to Waxter during the third quarter were African American girls, a 5% increase compared to the same time last year.

There were 156 reported incidents during the quarter, up 27% from the same time in 2012. The table below enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm which were detailed in incident reports.

Waxter – Selected Incident Categories	Q3 2012	Q3 2013
1. Youth on Youth Assault/Fight	20	30
2. Alleged Youth on Staff Assault	5	6
3. Physical Restraint	54	56
4. Restraint with Handcuffs/Shackles	1	3
5. Seclusion	8	12
6. Contraband*	2	7
7. Suicide Ideation/Attempt	22	51

* DJS currently defines contraband as items with the "potential to threaten the security of the facility."

The number of suicide related incidents during the quarter increased significantly from the same time last year. There were 50 reported incidents of suicide ideation and one reported suicide attempt. According to DJS data, 75% of girls in out of home placements have a moderate to high mental health need, compared to 57% of boys (DJS Report on Female Offenders, February 2012. Page 11).

The availability of mental health services at Waxter is inferior to that at comparable facilities for boys (Cheltenham Youth Facility and the Charles H. Hickey, Jr. School). A mental health professional is at Waxter until 7:00 p.m. three nights a week. Clinicians are available on site at CYF and Hickey seven days a week until 8:00 p.m. and on-call twenty four hours a day, seven days a week.

Mental health clinicians should be on site at Waxter during the majority of waking hours (as they are at Hickey and CYF) to offer assistance to DJS staff in crisis de-escalation and intervention.

Western Maryland Children’s Center

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

During the third quarter of 2013, the average daily population decreased by 5% from 20 to 19 compared with the same time last year. Sixty percent of entries were White/Caucasian youth and 35% were African American youth (down 11%).

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

WMCC – Selected Incident Categories	Q3 2011	Q3 2012	Q3 2013
1. Youth on Youth Assault/Fight	10	6	14
2. Alleged Youth on Staff Assault	3	3	0
3. Physical Restraint	26	19	24
4. Restraint with Handcuffs/Shackles	9	4	3
5. Seclusion	0	5	2
6. Contraband*	0	0	3
7. Suicide Ideation/Attempt	2	1	5

* DJS currently defines contraband as items with the “potential to threaten the security of the facility.”

Currently, there is one case manager for 24 youth. The Department should ensure that there are two case managers at WMCC, as was previously the case.

Youth Centers

The DJS operated youth centers consist of four separate staff secure (unfenced) treatment facilities for boys: Green Ridge in Allegany County, and Meadow Mountain, Savage Mountain and Backbone Mountain in Garrett County.

Staffing levels at the centers have been increased through the addition of mid-level administrative positions and efforts to hire direct care workers. Staffing should continue to be increased at Savage Mountain – there should be two staffers (not one) on duty in the residential building and groups at Savage Mountain should not exceed ten youth.

The Department has identified potential camera locations but cameras have not been installed. The installation of security cameras at the centers should be a priority for safety and training reasons.

During the third quarter, the total average daily population for the centers was 145, a 12% decrease compared to the same time last year. Reported incidents increased by 28% from 137 to 176.

Youth Centers – Selected Incident Categories	Q3 2011	Q3 2012	Q3 2013
1. Youth on Youth Assault/Fight	31	40	41
2. Alleged Youth on Staff Assault	8	10	9
3. Physical Restraint	51	51	97
4. Restraint with Handcuffs/Shackles	0	11	16
5. Seclusion	0	0	0
6. Contraband*	10	18	11
7. Suicide Ideation/Attempt	6	5	3

* DJS currently defines contraband as items with the “potential to threaten the security of the facility.”

Incidents involving physical restraint almost doubled, with each individual center reporting an increase of approximately 25%.

The Department should implement an evidence based treatment program at all four youth centers. Meadow Mountain, the dedicated addictions treatment program, has two addiction counselors and no addictions counselor supervisor for 40 youth. There should be a counselor supervisor who oversees four addictions counselors, each of whom should be assigned to one of the four groups of youth.

The Maryland State Department of Education (MSDE) assumed responsibility for education services at the centers on July 1, 2013 and provides six hours of classroom instruction daily. Currently, youth cannot receive high school diplomas while at the centers. MSDE and DJS should collaborate to ensure that youth at each of the four centers can earn high school diplomas.

MSDE and DJS should also ensure that youth at the centers have access to comprehensive vocational education and opportunities to pursue employment and further education in nearby communities.

The Department plans to impose, for the third consecutive year, a “no movement on campus after dusk” rule throughout the coming winter at all four youth centers.

THE MARYLAND STATE DEPARTMENT OF EDUCATION IN DJS FACILITIES

The Maryland State Department of Education (MSDE) assumed responsibility for education services at the four DJS operated youth centers as of July 1, 2013. This takeover means that MSDE is now responsible for education services in all 14 DJS operated treatment and detention facilities.

MSDE brings expertise and resources to education services in DJS facilities. Youth receive six hours daily of classroom instruction however, there is not a full program of core subjects available at every location as of yet.

Youth cannot earn a high school diploma while at a DJS operated treatment facility though they can do so in the largest private treatment center licensed through DJS. MSDE and DJS should ensure that youth are afforded an opportunity to graduate with a high school diploma while in treatment.

While robust core and vocational/career and technology education resources are available to youth at a large private facility licensed by DJS, vocational education offered through MSDE in DJS operated facilities is currently very limited.

In addition to core education, MSDE and DJS should ensure that a varied and comprehensive vocational training program leading to widely recognized certification is available throughout the week and on the weekends at all DJS operated treatment facilities.

MONITOR'S OBSERVATIONS

DJS Internal Investigations

The Department's Office of the Inspector General (DJS-OIG) is charged with conducting investigations of critical incidents. The Department no longer informs JJMU about outcomes and decisions following investigations by DJS-OIG.

Knowledge of whether or not staffers are found to have violated DJS policy is integral to the JJMU's statutory mandate to evaluate the Department's self-monitoring process. The Department should inform the JJMU when a DJS-OIG investigation is initiated, and (following an investigation) should also inform the JJMU when DJS administrators make a determination as to whether or not staff violated DJS policy.

DJS Internal Quality Assurance

The DJS quality assurance unit assesses DJS operated facilities. The Department no longer releases audits of those facilities to the JJMU.

The receipt of these audits is integral to the JJMU's statutory mandate to evaluate the Department's self-monitoring process. In situations where the JJMU has identified potential problems, it is important to know whether or not the Department's quality assurance unit is assessing the same issues. For example, while the JJMU is concerned about misuse of social separation at Victor Cullen (see p. 21), we are unable to determine whether the Department's quality assurance unit has assessed the issue.

The Department should ensure that the JJMU is in receipt of all audits produced by the quality assurance unit, as was previous practice.

DJS Incident Reporting

During the quarter, DJS made significant changes to the way in which facility staff are expected to report incidents. The JJMU has concerns about these changes.

(I) **Assaults/fights:**

Previously, incidents of aggression involving two youth were reported as "physical assault youth on youth." The new system breaks this category into "Fight" and "Assault: youth on youth," based on staff understanding of youth involvement in the incident.¹⁶ This distinction makes choosing an incident category for an event involving aggression a more subjective process.

DJS should discontinue the use of a separate incident category for fights.

¹⁶ DJS defines a "fight" as "a physical altercation between two or more youth. Incidents generally involve two youth who are equally engaged in a verbal altercation that leads to fighting." An "assault" is defined by DJS as "an unprovoked physical attack."

(II) Group Disturbances:

Prior to the change, incidents of aggression involving more than two youth were reported as group disturbances. While there were 12 group disturbances reported during the third quarter of 2012, there were no group disturbances reported this quarter. However, there were several incidents during the third quarter of 2013 that previously would have been reported as group disturbances. For example, #112808, #112819, #113035, #113034, #113045, #113517, and #114104 were reported as fights.

All incidents of aggression involving more than two youth should be reported as group disturbances.

(III) Documenting all incidents involving aggression:

Prior to the changes, a situation where one youth hits another youth and there is no documented injury would have been reported and entered on the incident reporting database as an assault. Under the new system, such a situation is not entered on the incident reporting database.

All incidents involving aggression should be reported and entered on the incident reporting database.

(IV) Alleged Inappropriate Conduct/Comments by Staff

The Department has removed the category titled “alleged inappropriate conduct/comments by staff.” This category was used to document all incidents of staff misbehavior apart from those qualifying as an allegation of abuse or neglect. The old category covered incidents such as the one reported as a restraint during the third quarter at the Victor Cullen treatment center (#113754). The incident involved a staffer allegedly taunting a youth with sexually offensive comments about the youth’s family member. When the youth reacted to the statements, staff physically and mechanically restrained him.

The Department should reinstate the “alleged inappropriate conduct/comments by staff” incident category as it continues to be needed.

(V) Allegations of Abuse and Neglect

The Department indicated that, under the new system, separate incident reports would be created to document allegations of abuse. However, during the third quarter, there were no separate incident reports created to document abuse allegations related to the following incidents: #112629, #113461, #113597, #113502, #113493 and #112420.



November 19, 2013

DJS Response to the Juvenile Justice Monitoring Unit (JJMU) 2013 3rd Quarter Report

The Department of Juvenile Services (DJS) appreciates the time and effort that JJMU has taken to draft and submit their 3rd Quarter Report for 2013. We have thoughtfully considered all findings and suggestions and will take corrective action in areas of need.

The Department is committed to implementing reforms to ensure that detention utilization consistently meets the criteria of protecting youth or others, or to ensure their presence in court. The Department appreciates the JJMUs recognition of significant gains in the Department's use of alternatives to detention, and the progress achieved through our partnership with the Annie Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) in Baltimore City. In February 2013 the JDAI planning initiative was expanded to Prince George's County. The Department will continue to evaluate the feasibility of expanding to other localities in the state.

An integral component of the Department's continuum of care plan has been the establishment of a comprehensive evaluation process for youth pending a disposition hearing. The objectives of the centralized evaluation initiative known as MAST, Multi-Disciplinary Assessment Staffing Teams, are to standardize evaluations and improve their quality based on best practices, and to provide the court at pre-disposition information to assist in determining the commitment of a youth. MAST team evaluators consist of psychologist, social workers, resource specialist, community and facility case managers, a representative from the Maryland State Department of Education, and a medical representative as required. The staffing meeting to review the evaluation outcomes and develop supervision and treatment recommendations include the youth and the youth's parent or guardian. The Team makes recommendations to the court that take into account the holistic needs of the youth. The MAST initiative began in July 2013 and is currently operating at six of the seven detention facilities, Baltimore City Juvenile Justice Center (BCJJC), Cheltenham Youth Facility, Charles H. Hickey Jr., School, Alfred D. Noyes Children's Center, Western Maryland Children's Center, and the Thomas J.S. Waxter Children's Center. The remaining site at Lower Eastern Shore Children's Center will be piloting their program with Wicomico County in December 2013.

In 2012, 62% of DJS youth committed had a misdemeanor as their most serious adjudicated charge. JJMU recommends that given this percentage DJS should commission a treatment utilization study in an effort to ensure that only youth who pose a credible risk to public safety are committed. It is important to note that misdemeanor charges range from property offenses to drugs and weapon offenses that carry a penalty in Maryland of twenty years; kidnapping carries a penalty of life imprisonment. Recommendations for out of home placements are not solely based on the severity of the offense. Consideration must also be given to the youth's treatment needs such as mental health and substance abuse, and it must be determined if the needs can be safely met with the youth remaining in the community. Critical to this process is ensuring that quality evaluations achieved through implementation of MAST are completed for each youth. The majority of the Department's youth committed to residential placements are with in-state contracted treatment providers. Those programs include foster care homes, group homes, independent living programs, substance abuse treatment facilities and residential treatment facilities. All of these programs are designed to treat the youth in a safe environment when community based alternatives have been exhausted. The Department will continue to be diligent in our work to closely monitor commitment treatment needs. Ultimately, the juvenile court has the final discretion to determine commitment of a youth.

The Department appreciates the JJMUs recognition of the significant reduction in acts of aggression at Noyes and Cheltenham detention centers, the 54% reduction in the utilization of physical restraint at Cheltenham and the 20% reduction at the Baltimore City Juvenile Justice Center. The use of seclusion declined 33% at BCJJC and remains low at CYF. These two sites house the largest detention populations.

JJMU sites an increase in aggression at Carter, Victor Cullen, the Youth Centers and Waxter detention center. The reported increases were based on incidents of youth on youth assaults that were marginal; Carter, increase of 3 incidents, Victor Cullen increase of 4, Youth Centers, increase of 1, Waxter, increase of 10. These increases do not represent facility instability, but rather the impulsivity of aggressive adolescents. Facility administrators, mental health staff, management, and executive directors are vigilant in the consistent review of incidents, to include, the review of video where available. Staff training issues are identified and responsive behavioral interventions are implemented to ensure safe and stable environments for youth and staff. A strong emphasis and training is placed on establishing positive staff and youth interactions as respectful relationships and rapport with youth is essential in gaining their compliance. Staff are trained to use verbal de-escalation first, followed by physical intervention, as necessary, to protect the youth from self harm or harming others. The use of restraints and seclusion are the last resort when intervening with youth. Administrative review of incidents includes investigations by the Office of the Inspector General (OIG). When it is determined that staff failed to comply with Department policy and procedures, disciplinary actions are taken up to and including termination.

The increases reported in use of mechanical restraints at three sites and seclusion at four sites have been reviewed and determined to be appropriate.

JJMU reported an incident at BCJJC where a staff restrained a youth resulting in a serious back injury to the youth. This incident was fully investigated by the OIG and administrative staff. The OIGs written report and video review of the incident revealed that the restraint technique used failed to adhere to Department approved procedures. Appropriate disciplinary actions were taken.

JJMU noted concerns regarding the use of social separation at Victor Cullen. Social separation is an intervention technique in which out of control youth are separated from the immediate setting for a period of de-escalation. Staff support the youth to regain self-control by assisting them in considering their actions and consequences. Social separation may involve interventions by several staff to include direct care, mental health, case managers, and facility administrators. Social separation, as defined by policy, should last for one hour and does not involve placing youth in a locked room. A review of incidents at Victor Cullen indicates that in one instance a youth remained separated from his peer group for three and one half hours. In this instance administrators and mental health staff were appropriately involved in addressing the youth's needs. Other uses of social separation cited by JJMU at Victor Cullen involve youth who had displayed highly disruptive and aggressive behaviors, and intake youth who had been ejected from other programs due to extreme acts of aggression. In such cases, the multidisciplinary treatment team develops an individualized behavior plan that includes the youth's placement in a unit away from the general population. During this time youth meet daily with mental health staff and their adjustment is assessed daily to determine re-integration into the general population. It should be noted that the youth is not placed in seclusion. This intervention is operational in intensive service programs at BCJJC, Hickey and Cheltenham, and is highly effective in assisting youth in managing aggression and protecting the general population.

Services to Youth

As reported by JJMU, a significant number of youth placed with DJS have significant mental health needs. At intake, all youth are administered the Massachusetts Youth Screening Instrument to identify youth who may require immediate mental health care. The initial screening is followed by an evaluation completed by mental health staff. Facilities are staffed with full and part-time licensed psychologist and psychiatrist who assess youth to determine if they can be maintained at the facility. If an evaluation indicates that a youth requires intensive, in-patient treatment they are transported to a medical or psychiatric facility for further evaluation and hospitalization if needed. When the youth is stabilized they are returned to detention while arrangements are made to secure appropriate residential placement services. Direct care staff are trained in the Department's Suicide Prevention Policy and Procedures. Youth may require the use of physical restraints to prevent them from harming themselves or others. The safety of youth and the provision of services is our highest priority.

All mental health staff vacancies at Waxter have been filled. The MAST evaluation teams began assessments in September, 2013. The Team assigned to Waxter to serve 42 youth consists of the following staff: 1 full time doctoral level psychologist, 1 full time licensed professional counselor, 1 full time clinical social worker, 2 full time addictions counselors. Additionally, the Department contracts for two days of psychiatrist services and twenty hours weekly of clinical counseling with a licensed social worker. On-call services are available 24/7, and clinicians rotate their hours to provide services during evening hours.

Facility Report Responses

Alfred D. Noyes Children's Center

The Noyes Center is a coed facility with a rated capacity of 57. The facility is designed with both single and double occupancy rooms. The facility utilizes a housing classification tool used to determine the appropriate level of supervision and housing assignment of youth. Youth who are identified as requiring single room housing are placed in single rooms.

A check of all cameras is included in the daily shift security check of facility operating systems. Management was aware of the broken camera reported by JJMU. Repairs were completed in July 2013. An expansion of video surveillance at Noyes is scheduled for the Fourth Quarter of this fiscal year. Plans include camera installation in the following areas; classrooms, lobby, and the recreation area. The Department's IT Division has installed additional wiring in these areas in preparation for camera installation.

Baltimore City Juvenile Justice Center

The Department appreciates the JJMU's recognition of a 5% decrease in the average daily population, 33% decrease in the use of seclusion, 20% decrease in physical restraints, and an 18% decrease in overall incidents.

Youth displaying crisis mental health behaviors are closely monitored and appropriate measures are taken for their safety and treatment. Guidelines for supervision and intervention are defined in the Department's Suicide Prevention policy and procedures. Mental health services are provided by licensed mental health professionals. If a youth cannot be managed at the facility they are assessed and placed in a hospital. Upon stabilization, youth are generally returned to detention. The discharge information from the hospital is used by the staffing teams to determine and secure appropriate long term residential placements for youth. While in our care restraints are used as a last resort to protect the youth from self-harm or from harming others.

The restraint of a youth during this quarter resulting in a serious back injury was investigated by the OIG and administrative staff. Appropriate disciplinary actions were taken.

Charles H. Hickey, Jr., School

The Department appreciates JJMU's acknowledgement of the reduction in the use of physical restraints at Hickey.

All incidents of physical restraint are monitored closely by the facility administrator and executive administrators at headquarters. Corrective actions are taken as appropriate and efforts focus on implementing proactive strategies. Adolescent behavior is impulsive and unpredictable which may result in noted fluctuations of incidents. Administrators, direct care staff and behavioral health staff work closely together to address the individual needs of each youth to reduce violent behaviors.

Cheltenham Youth Facility

The average daily population at Cheltenham for the 3rd Quarter 2013 was 90, the lowest since fiscal year 2005 and well below the rated capacity of 115. Facility incident data indicates that the facility is doing a good job managing the population safely and securely.

J. DeWeese Carter Children's Center

The Department appreciates JJMU's recognition of the 25% decrease in reported incidents compared to the third quarter 2012.

JJMU cites incidents of physical restraints increased by six (6) compared to the third quarter of 2012. Carter is a hardware secure facility for females. When youth become disruptive to the point of requiring physical restraint, handcuffs may be applied to assist in the movement of the youth. This intervention is used for the purpose of de-escalation and maintaining safety for the youth and staff. There were 18 physical restraints during this quarter of which five (5) involved the use of mechanical restraints. The Department requires administrative review of all incidents of aggression and use of physical and mechanical restraints. This includes a review of video available at Carter.

Maryland State Department of Education (MSDE), provides youth opportunities to participate in ServSafe on a quarterly basis. Given the small number of youth residing at Carter as well as their six month enrollment period, the implementation of this program on a quarterly basis serves to provide the majority of the girls appropriate access to this national certificate bearing program. Additionally, MSDE is implementing a C-Tech wiring program at Carter during this school year. This program, also with a nationally recognized certificate, will serve to provide the youth with additional career and technology programming. At the present time, MSDE is engaging in initial conversations with Chesapeake Community College to explore further educational opportunities for students at Carter.

Lower Eastern Shore Children's Center

Incidents of physical restraint increased significantly during this quarter. Thirty-one (31) of the 65 restraints involved guided interventions, in which staff redirected the youth by touching them on the arm or shoulders or by standing in between two youth to separate them. Guided interventions do not involve a formal restraint techniques.

The increase in restraints is attributed to staff managing the behavior of several youth with chronic mental health and maladaptive behaviors. Thirty-six (36) of the sixty five (65) incidents involved these youth. Consistent with protocols these youth were evaluated by mental health professionals and referred for psychiatric hospitalizations as needed. Long term specialized placements were secured to meet the needs of the youth. All incidents of restraint and aggression are reviewed by the facility administrator and monitored by the executive director. Use of restraints is necessary to prevent youth from harming themselves or others. It should be noted that while staff managed several extremely difficult youth during this quarter, incidents of fighting and assault remain low.

A licensed social worker vacancy has been filled with a start date of November 2013. During the vacancy, contracted mental health clinicians served the needs of the youth.

[Morningstar Youth Academy](#)

Due to the current needs of the program as well as difficulties recruiting full-time Certified Teachers, Vision Quest Morning Star (VQMS) submitted to MSDE on October 7, 2013 an amendment to their Education Certification. VQMS developed a Corrective Action Plan and submitted it to MSDE to establish compliance with education requirements. Under the Education Model, VQMS is requesting to implement an Education Program to include 9th through 12th grade courses online and through reinforcement of online material by teachers onsite for one hour in each content area a week per student, pre-GED, and GED preparation. Teacher to student ratio is 1:10 and the maximum school capacity is 40. In addition to the one full-time teacher already on staff at VQMS, the program hired a part-time Maryland Certified English teacher who works 4 hours per week. VQMS is actively recruiting to fully staff the Education Department based on the requirements of the new Education Model. VQMS has enlisted additional recruiting resources through the VisionQuest Corporate office. In the future, to prevent a shortage of teachers due to position openings, the VQMS Program Administrator will notify the VQMS Chief Operating Officer so that additional resources may be used if necessary in recruiting efforts.

[Victor Cullen Center](#)

Victor Cullen is the only hardware secure facility for male youth in the state. The program manages some of the most difficult and aggressive youth committed to the Department. The facility is the last placement in the continuum of care for these very difficult youth before they are placed in programs outside of the state.

During the 3rd quarter of 2013, there was a 59% increase in youth placed at Victor Cullen who were ejected from other placements, as compared to the third quarter of 2012. Despite the increase of youth placed from other programs a higher number of youth successfully completed the Victor Cullen program. DJS response to the use of social separation at Victor Cullen can be found in the opening section of this report.

The Department is actively recruiting for two vacant Behavioral Health positions; one professional counselor and one social work supervisor. In the interim, the Department has secured services through a contracted social worker, and the previous incumbent, social worker supervisor, who was promoted, is providing part-time clinical supervisory oversight.

Thomas J. S. Waxter Children's Center

During the reported quarter, the Department secured services to provide two days of psychiatrist services and 20 hours per week of additional mental health services through a licensed social worker. Clinicians were present 5 days a week and rotated their schedules to provide evening services several days per week. On-call emergency services are available 24 hours/7 days per week. This provides the facility with mental health coverage and a clinician to respond to the facility on Saturdays and Sundays when the need may arise to assess high risk youth.

All behavioral health vacancies have been filled. 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 referred to mental health hospitals as needed for further evaluation and treatment.

Western Maryland Children's Center

The Department is currently recruiting to fill a case manager supervisor vacancy. The facility is staffed to service 24 youth with one case manager and one case manager supervisor.

Youth Centers

There has been an increase in the use of restraints at the Youth Centers in response to managing the behavior of disruptive youth. As a last resort, staff must physically restrain to intervene in acts of aggression. When youth become disruptive to the point of requiring physical restraint, handcuffs are applied for movement to a location for de-escalation. In accordance with Department protocol all uses of restraints are reviewed by administrators to ensure strict adherence to operating procedures. All four of the campus style facilities operate without a security fence and do not have the ability to use seclusion. Youth who cannot be successfully managed at one of the Youth Centers must be ejected and evaluated for a more secure placement. Efforts to reduce acts of aggression include development of individualized treatment plans for youth, additional training for staff, recruitment of 24 assigned contractual positions, and establishment of a supervisory structure to improve oversight of operations.

JJMU sites the Department operating practice to restrict campus movement after dark. This practice is essential to reduce and eliminate youth escaping from the facilities. During daylight savings hours movement is restricted early. In an effort to increase programming time, the Department has erected fenced walkways at two sites and at the

other facilities limited movement after dark is permitted for selected youth who are close to earning release.

The Department has completed an assessment of the equipment needed to install cameras at each of the four centers. Installation is scheduled for the last quarter of Fiscal Year 2014.

Treatment services at the Youth Centers include implementation of 7 Challenges, an evidence based substance abuse treatment program. During this quarter, an addiction supervisor was assigned to improve oversight of program implementation and provide supervision of addictions counselors. Additionally, the Forwarding Thinking Interactive Journaling curriculum is implemented at all centers. The Forward Thinking workbooks use evidence based strategies to help youth make positive changes in their thinking, understanding of feelings and behaviors. Topics include victim awareness, decision making, communication skills, responsible behavior, and other psycho-educational skills.

Monitors Observations

[DJS Internal Investigations](#)

The Department is developing a reporting process to communicate investigative outcomes that protect the disclosure of prohibited staff disciplinary actions.

[DJS Internal Quality Assurance](#)

The Department will make available to JJMU information that does not compromise facility security.

[DJS Incident Reporting](#)

On July 1, 2013, the Department implemented revisions to the incident reporting and data collection process. The collection of incident data from field operations is for the purpose of administrative and executive decision-making to determine policy and procedural changes, youth services needs, staff training and performance accountability. The reports generated from data must address these requirements resulting in system modifications and upgrades as needed. The Department aligned incident definition revisions with the 2013 glossary of national Performance-based Standards (PbS) for Youth Correction and Detention Facilities. PbS was established in 1995 by the US Department of Justice, Office of Justice Programs, and the Office of Juvenile Justice and Delinquency Prevention.

As previously reported, the draft of revisions were scheduled for review after 30 days of implementation to determine additional changes. The database has been updated to capture all incidents of alleged abuse in separate reports. Additionally, level zero has been added to assault to capture incidents without injury. The Department has not determined a need to add inappropriate comments/conduct by staff as these areas are captured in allegations of abuse, allegations of sexual harassment, and a designated "other" category.

THE MARYLAND STATE DEPARTMENT OF EDUCATION, JUVENILE SERVICES EDUCATION

The following response was provided by MSDE.

MSDE is committed to expanding the career and technology offerings to students. Now that the assumption process is complete, MSDE anticipates additional offerings will be added during the next year.

We will defer to DJS with regard to having such training programs on the weekends.

Youth Centers

MSDE JSE assumed responsibility for the Youth Centers on June 28, 2013. Based upon severe educational programming space limitations, staffing and fiscal resources, MSDE JSE provides youth with access to a variety of career and technology programming including the NCCER Core and Construction, C-Tech wiring and cabling, and OSHA 10 as well as ServSafe. Youth attending these Centers are also provided with opportunities to receive instruction designed to result in their successful obtainment of a Maryland High School diploma through examination as well as the ability to earn credits toward the traditional high school diploma. Additionally, youth continue to be offered access to college programming. MSDE is committed to expanding the career and technology offering to students. Now that the assumption process is completed, MSDE anticipates additional offerings will be added during the next year. We will defer to DJS with regards to having such training programs on the weekend.

J. DeWeese Carter Center

MSDE JSE provides youth opportunities to participate in ServSafe on a quarterly basis. Given the small number of youth residing at Carter as well as their six month enrollment period, the implementation of this program on a quarterly basis serves to provide the majority of the girls appropriate access to this national certificate bearing program. Additionally, JSE is implementing a C-Tech wiring program at Carter during this school year. This program, also with a nationally recognized certificate, will serve to provide the youth with additional career and technology programming. At the present time, MSDE JSE is engaging in initial conversations with Chesapeake Community College to explore further educational opportunities for students at Carter.

MSDE will work with DJS to explore options in the community based employment opportunities and internship.

Morning Star

MSDE JSE does not provide educational programming at Morning Star. Concerns about the adequacy of this program educational offering and staffing should be addressed with the vendor.