



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

THIRD QUARTER 2014



NICK MORONEY
Director

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

November 2014

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

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

Members of the General Assembly

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

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

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

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

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

The "Juvenile Justice Reform in Maryland" section details successful reform initiatives undertaken and sustained by DJS in recent years. This section also suggests a pathway toward furthering and deepening reform efforts by ensuring the provision of community-based treatment whenever possible and by delivering individualized and developmentally appropriate treatment for youth in residential facilities.

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

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

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

I am pleased to answer any questions you may have about these reports. I can be reached at nmoroney@oag.state.md.us. I look forward to continuing to work with you to enhance programs and services provided to the youth of Maryland.

Respectfully submitted,

Nick Moroney

Nick Moroney
Director
Maryland Juvenile Justice Monitoring Unit

Cc: The Honorable John B. Howard, Jr., 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
Margi Joshi, Tim Snyder and Eliza Steele, JJMU

JUVENILE JUSTICE MONITORING UNIT THIRD QUARTER 2014 REPORTS

TABLE OF CONTENTS

JUVENILE JUSTICE REFORM IN MARYLAND.....	5
FACILITY INCIDENT AND POPULATION TRENDS.....	7
I. COMMITTED PLACEMENT CENTERS.....	8
Victor Cullen Center.....	9
Youth Centers x4.....	11
Silver Oak Academy.....	13
J. DeWeese Carter Center.....	14
II. DETENTION CENTERS.....	16
Baltimore City Juvenile Justice Center.....	17
Cheltenham Youth Facility.....	18
Charles H. Hickey, Jr., School.....	19
Thomas J. S. Waxter Children’s Center.....	20
Alfred D. Noyes Children’s Center.....	21
Lower Eastern Shore Children’s Center.....	23
Western Maryland Children’s Center.....	24
CHANGES TO TELEPHONE ACCESS IN DJS FACILITIES.....	25
III. SMALLER FACILITY UPDATES	26
IV. Maryland State Department of Education in DJS Facilities.....	27
DJS RESPONSE.....	28
MSDE RESPONSE.....	36

JUVENILE JUSTICE REFORM IN MARYLAND

In recent years, the Maryland Department of Juvenile Services (the Department) has made measurable strides in advancing reform in the juvenile justice system in Maryland. The Department has successfully partnered with the courts and other stakeholders to significantly increase the use of appropriate alternatives to secure detention. The Department has worked to greatly reduce time spent by youth waiting in detention centers before going to a committed placement facility. The Department has also instituted operational changes to enhance safety for youth and staff in detention centers.

These advances have led to a steady and ongoing decline in average daily population (ADP) and in incidents involving aggression at the two largest detention centers - Cheltenham Youth Facility (CYF) and the Baltimore City Juvenile Justice Center (BCJJC).

CYF	Q3 2011	Q3 2014
ADP	113	79 (-30%)
Youth on Youth Assaults/Fights	102	42 (-58%)
Physical Restraints	154	41 (-73%)

BCJJC	Q3 2011	Q3 2014
ADP	117	88 (-25%)
Youth on Youth Assaults/Fights	106	68 (-33%)
Physical Restraints	164	108 (-35%)

The charts above demonstrate the extent of the decreases in ADP and of declines in assaults and physical restraints at CYF and BCJJC in recent years (using a comparison of incidents involving aggression during the third quarter of 2011 compared to the same period in 2014). The Department should continue to make progress in utilizing alternatives to secure detention and in maintaining safety for youth and staff in detention centers.

In order to deepen and broaden reforms in Maryland, the Department should determine to ensure the delivery of individualized services to youth in need by expert providers in the least restrictive appropriate setting. Prioritizing effective community-based services is consistent with the Department’s statutory duty “to provide for a program of treatment, training, and rehabilitation,” to “conserve and strengthen the child’s family ties and to separate a child from his parents only when necessary for his welfare or in the interest of public safety.”¹

Current plans to spend over one hundred million dollars to construct three new DJS-operated committed placement centers are a barrier to the Department’s provision of effective

¹ Md. State Govt. Code Ann. §3-8A-02 (a)(4); Md. State Govt. Code Ann. §3-8A-02 (a)(5)

(and cost effective) community-based treatment.² This money would be better spent on intensive services for youth (including high risk youth) within their own communities.³

According to experts at Models for Change (which works on juvenile justice reform in Maryland and throughout the United States), “[p]unitive responses to juvenile crime (e.g., the incarceration of juvenile offenders in correctional facilities) are far more expensive and often less effective than less harsh alternatives (e.g., providing juvenile offenders rehabilitative services in community settings).”⁴

In order to right size the system by prioritizing effective and less costly community-based treatment over out-of-home placement and ensuring that only youth who cannot be served in the community are in out-of-home placements, DJS needs to examine and ascertain which youth are in residential facilities and why. To that end, the Department is partnering with the Annie E. Casey Foundation to study how kids end up in committed placement centers.

The findings of the Annie E. Casey Foundation/DJS study should provide data and information to help guide the Department’s (and the State’s) allocation of treatment resources. The study is nearing completion and the Department should not move forward on plans for new facilities without taking into consideration the findings.

For the small percentage of kids who cannot be served at home, the Department needs to ensure the delivery of individualized and effective services in committed placement centers where kids may spend several months or even a year. The most recently available recidivism data⁵ indicates that DJS-operated committed placement facilities do not provide kids with effective treatment services.

The Department should provide individualized and evidence-based services to address issues of aggression, trauma, substance abuse, family needs, and mental health in the committed placement facilities it operates (see page 8). Additional treatment resources are of particular importance at Victor Cullen in order to help enhance safety and reduce the numbers of incidents involving aggression, seclusions, and physical and mechanical restraints (see page 9).

In addition to enhancing treatment services in facilities, the Department should build on recent successes by working with the courts and other stakeholders to ensure that only kids who cannot be served in the community are in out of home placements.

² Maryland Capital Budget FY 2015 <http://dbm.maryland.gov/agencies/capbudget/Documents/2015CapBudgetVolume.pdf>

See the JJMU Q2 2014 report p. 5 for more information http://www.oag.state.md.us/JJMU/reports/14_Quarter2.pdf

³ Douglas Evans and Sheyla Delgado, “Most High Risk Youth Referred to Youth Advocate Programs, Inc. Remain Arrest Free and in their Communities During YAP Participation.” John Jay College of Criminal Justice. April 2014.

<http://www.yapinc.org/Portals/0/Documents/Fact%20Sheets/JJIB1.pdf>

⁴ Piquero, A., Steinberg, L. *Rehabilitation Versus Incarceration of Juvenile Offenders: Public Preferences in Four Models for Change States*. http://www.macfound.org/media/article_pdfs/WILLINGNESSTOPAYFINAL.PDF p.1.

⁵ DJS FY 2013 Data Resource Guide, p. 176 http://www.djs.state.md.us/drg/Full_DRG_With_Pullouts_2013.pdf

Facility Incident and Population Trends

Third quarter 2014 incident and population trends versus the same period last year:

- ✓ Average daily population in DJS detention facilities across Maryland decreased 12%.
 - ✓ Assaults/fights decreased at the Thomas J.S. Waxter Children's Center (Waxter) detention center and in committed placement at the J. DeWeese Carter Center (Carter) and at the Youth Centers in western Maryland.
 - ✓ Physical restraints decreased at the Charles H. Hickey, Jr., School (Hickey) and Lower Eastern Shore Children's Center (LESCC) detention centers and in committed placement at Carter, the Youth Centers and at the Victor Cullen Center (Victor Cullen).
 - ✓ The use of mechanical restraints decreased at Hickey and LESCC.
 - ✓ Seclusions decreased at the Baltimore City Juvenile Justice Center (BCJJC), Hickey and Waxter detention centers.
-
- Assaults/fights increased at the Hickey, Cheltenham Youth Facility (CYF), and LESCC detention centers and in committed placement at Victor Cullen and at Silver Oak Academy (SOA).
 - Physical restraints increased at the BCJJC, Alfred D. Noyes Children's Center (Noyes), Western Maryland Children's Center (WMCC) detention centers and at SOA.
 - The use of mechanical restraints increased at the BCJJC, Waxter, CYF, Noyes, and WMCC detention centers and doubled in number at the Youth Centers.
 - Seclusions increased at the Noyes, WMCC, and LESCC detention centers and in committed placement at Carter and Victor Cullen.

Other Concerns:

- DJS plans to spend \$179 million on three new committed placement centers. This money would be better spent on intensive services for youth (including high risk youth) within their own communities (page 5).
- DJS policy requires all youth to be transported to and from medical and educational appointments in shackles and handcuffs fastened to belly chains and black boxes. Policy also requires youth be strip searched after visits with families and lawyers, and after earned outings in the community (page 8).
- Changes to telephone access in DJS facilities subject youth to diminished privacy and decreased protections (page 25).
- The only nonrestrictive treatment facility licensed by DJS for kids with low level sex offenses is scheduled to close (see page 26).
- Under current Maryland law, CPS investigates allegations of abuse and neglect involving kids under 18 who have sustained an injury. Maryland law should be changed to empower CPS to investigate all allegations of abuse or neglect involving youth in the custody or under the supervision of DJS, whether or not the child has a visible injury or is over 18.

COMMITTED PLACEMENT CENTERS

Youth and their families should have access to intensive and individualized services in the community to effectively address challenges they face. Placement in a residential facility should only be used as a last resort for kids who cannot be served in a community setting.

The most recently available recidivism data⁶ indicates that committed placement centers operated by DJS do not offer effective treatment services. Youth in committed placement should have access to an array of individualized, evidence-based treatment services. Placement centers should implement an integrated treatment program that is founded in a cognitive-behavioral approach⁷ and that addresses salient issues for individual residents, including aggression, substance abuse, trauma, and family related needs.

Additional treatment resources are of particular importance at Victor Cullen in order to help enhance safety and reduce the numbers of incidents involving aggression, seclusions, and physical and mechanical restraints (page 9). The Department should implement evidence-based programs, including therapies that address anger and aggression issues, at all committed placement centers.

Direct care staffers play an integral role in determining the climate within a facility. Unlike professional treatment staff, they have frequent daily contact with the youth under their supervision. With enhanced staff to youth ratios and proper training, direct care staff can greatly aid in rehabilitation efforts by helping to establish and maintain a therapeutic culture.

Staff should receive training and support to enhance safety and minimize the use of restraints and seclusion. To facilitate constructive interaction with youth, staff should be able to demonstrate a deep understanding of adolescent development and behavior, mental health, trauma and the principles of a cognitive-behavioral approach. Studies show programs with a clear theoretical approach that are appropriately staffed have the potential to perform well.⁸

Policies which undermine efforts to create a culture of treatment in committed placement centers should be changed. Current DJS policy requires all youth to be transported to and from medical and educational appointments in shackles and handcuffs fastened to belly chains and black boxes, without individualized determination of risk. Additionally, all youth are subject to strip searches after visits with families and lawyers, and after outings in the community earned as part of the Department's behavior management system. Youth should not be strip searched except as a last resort and only in situations when staffers have reason to believe the child is hiding something that could be used to hurt themselves or others.

⁶ DJS FY 2013 Data Resource Guide, p. 176 http://www.djs.state.md.us/drg/Full_DRG_With_Pullouts_2013.pdf

⁷ Landenberger, N.A., and M. Lipsey, "The Positive Effects of Cognitive-behavioral Programs for Offenders: A Meta-analysis of Factors Associated with Effective Treatment," *Journal of Experimental Criminology*, 1 (2005): 451-476.

⁸ Bonnie, R.J., Johnson, R.L., Chemers, B.M., & Schuck, J.A. (2013) *Reforming juvenile justice: A developmental approach*. Washington DC: National Research Council. p. 155.

Victor Cullen Center

The Victor Cullen Center (Cullen) is a hardware secure (fenced and locked) committed placement facility owned and operated by the Department of Juvenile Services (DJS/the Department). The facility is located in Frederick County and has a DJS-rated housing capacity of 48 boys.

Victor Cullen – Selected Incident Categories	Q3 2012	Q3 2013	Q3 2014
Average Daily Population (ADP)	47	47	45
1. Youth on Youth Assault/Fight	16	20	30
2. Alleged Youth on Staff Assault	5	4	6
3. Physical Restraint	52	73	69
4. Use of Handcuffs and/or Shackles	38	46	45
5. Seclusion	12	20	34
6. Contraband	4	2	1
7. Suicide Ideation/Attempt	0	3	1

The average daily population at Cullen decreased by 3% during the third quarter of 2014 compared to the same time last year. However, assaults increased by 50% and the use of seclusion increased by 70%. Incidents involving the use of physical and mechanical restraints remain high.

Increases in assaults and the use of seclusion underscore a need for investment in treatment and training resources at Cullen. The Department should prioritize the implementation of evidence-based treatment programs to address issues of anger and aggression at Victor Cullen. Although Victor Cullen is a hardware secure facility (fenced and locked) and the boys placed there are likely to be facing significant challenges, no such programs are currently available.

Direct care staffers at Victor Cullen are not trained in a treatment model. All staff at the facility should receive comprehensive and ongoing training in adolescent development and behavior. The Department should follow through on plans to train direct care staff in Youth Mental Health First Aid as soon as possible and staffers should also be trained in a therapeutic approach based on cognitive-behavioral techniques.⁹

Department of Juvenile Services' data from 2010 indicates that 75% of boys in out-of-home placements had a moderate-to-high family related need.¹⁰ Family contact at Victor Cullen is usually limited to two 10-minute phone calls and one visit per week. Youth should have daily telephone contact with their families and the ability to participate in home passes of gradually increasing frequency and duration.

In addition to investing in increased treatment resources and comprehensive staff training focused on youth development and needs, the Department should also increase recreational programming at Victor Cullen. Plans to construct a ropes course similar to the Reflections program at Meadow Mountain youth center should go forward as soon as possible.

At the end of the third quarter, the Victor Cullen administration suspended a living unit from school for a number of weeks in response to students' behavior. Packets of schoolwork were delivered to the unit, however, no teacher instruction was provided. Education should not be used as a privilege that can be revoked as a punitive measure. The Department (including the mental health staff at Cullen) and the Maryland State Department of Education, Juvenile Services Education program (MSDE-JSE) should enter into close collaboration so that treatment and education services and goals are closely aligned and behavioral issues can be addressed on an individual basis and using a therapeutic approach.

During the quarter, there was a glitch in the security camera system covering the school at Victor Cullen that resulted in footage of incidents being unavailable for viewing and review. The Department should correct this issue without delay to ensure that incidents that occur in the school are recorded and can be properly addressed. Recordings of all incidents involving aggression and/or physical restraint should be archived and preserved for at least one year.

⁹ Landenberger, N.A., and M. Lipsey, "The Positive Effects of Cognitive-behavioral Programs for Offenders: A Meta-analysis of Factors Associated with Effective Treatment," *Journal of Experimental Criminology*, 1 (2005): 451-476.

¹⁰ DJS Report on Female Offenders, February 2012, p.11.: <http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf>

Youth Centers x4

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

Combined Youth Centers (x4) – Selected Incident Categories	Q3 2012	Q3 2013	Q3 2014
Average Daily Population (ADP)	163	144	120
1. Youth on Youth Assault/Fight	40	41	22
2. Alleged Youth on Staff Assault	10	9	9
3. Physical Restraint	51	97	83
4. Use of Handcuffs and/or Shackles	11	16	32
5. Seclusion	0	0	0
6. Contraband	18	11	7
7. Suicide Ideation/Attempt	5	3	8

Average daily population at the four youth centers decreased by 17% in comparison to the same period last year. Assaults/fights decreased by 46% and physical restraints decreased by 14% while the use of mechanical restraints doubled. Incidents involving suicide ideation also increased.

The Department should fill direct care staff vacancies at the youth centers as soon as possible and enhance staffing ratios to ensure that direct care workers are posted in sets of two or more. Individual staffers should not be responsible for supervising groups of up to eight youth.

Although mental health and addictions counselor staffing has been bolstered, there is no evidence-based aggression replacement treatment program available at the youth centers.

Direct care staffers at the youth centers are not trained in a treatment model. All staff at the centers should receive comprehensive and ongoing training in adolescent development and behavior. The Department should follow through on plans to train direct care staff in Youth Mental Health First Aid as soon as possible and staffers should also be trained in a therapeutic approach based on cognitive-behavioral techniques.¹¹

Department of Juvenile Services' data from 2010 indicates that 75% of boys in out-of-home placements had a moderate-to-high family related need.¹² Family contact at the youth centers is usually limited to two 10-minute phone calls and one visit per week. Youth should have daily telephone contact with their families and the ability to participate in home passes of gradually increasing frequency and duration.

Installation of security cameras to enhance youth and staff safety at the youth centers was not completed during the fourth quarter of fiscal year 2014 as planned.¹³

¹¹ Landenberger, N.A., and M. Lipsey, "The Positive Effects of Cognitive-behavioral Programs for Offenders: A Meta-analysis of Factors Associated with Effective Treatment," *Journal of Experimental Criminology*, 1 (2005): 451-476.

¹² DJS Report on Female Offenders, February 2012, p.11.: <http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf>

¹³ DJS StateStat Report. September 27, 2013. p. 3.
http://www.statestat.maryland.gov/reports/20130927_DJS_Meeting_Summary.pdf

Silver Oak Academy

Silver Oak Academy (SOA) is a privately operated staff secure treatment center located in Carroll County licensed by the Maryland Department of Juvenile Services (DJS/the Department). In June 2013, the license was expanded to allow Silver Oak to house up to 96 boys. The average daily population during the third quarter of 2014 increased by 7% compared to the same time last year.

SOA – Selected Incident Categories	Q3 2012	Q3 2013	Q3 2014
Average Daily Population (ADP)	48	55	59
1. Youth on Youth Assault/Fight	4	6	11
2. Alleged Youth on Staff Assault	1	2	0
3. Physical Restraint	5	9	15
4. Use of Handcuffs and/or Shackles	0	0	0
5. Seclusion	0	0	0
6. Contraband	0	2	20
7. Suicide Ideation/Attempt	0	0	1

There was an increase in assaults/fights during the third quarter compared to the same time last year. Incidents involving the use of physical restraints increased by two thirds.

Silver Oak continues to provide comprehensive treatment services in a nonrestrictive, therapeutic, school-like environment. All staffers at Silver Oak are trained in a treatment model that is based on the principles of cognitive-behavioral therapy and other therapeutic approaches such as trauma-informed care. Students at Silver Oak can graduate from high school or choose to pursue their GED. They also participate in interscholastic sports teams

and a variety of vocational education programs, including a Certified Nursing Assistant course that was added during the third quarter.

There was an incident during the quarter which resulted in a staffer being indicated for child neglect by Carroll County Child Protective Services (CPS) after he performed an improper physical restraint. The incident was not reported internally at Silver Oak or externally to DJS at the time of the occurrence. The child, who sustained an injury to his head, was not seen by medical until three days after the incident.

All situations involving aggression, the use of physical force, or injury to youth or staff must be documented in incident reports. Kids who are involved in such incidents must be seen by qualified medical staff as soon as possible.

Silver Oak's plans to install a comprehensive system of security cameras should go forward without delay to help ensure accountability and enhance staff training.

The J. DeWeese Carter Center

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

Department of Juvenile Services' data from 2010 indicates that 90% of girls in out-of-home placements had a moderate-to-high family related need.¹⁴ Family contact at Carter is usually limited to two 10-minute phone calls and one visit per week. Youth should have daily telephone contact with their families and the ability to participate in home passes of gradually increasing frequency and duration.

There was a significant reduction in the number of incidents involving physical restraints during the quarter. Incidents involving the use of seclusion increased slightly. The Department should provide an evidence-based aggression replacement program at Carter.

The chart on the next page shows selected incident categories for Carter during the third quarter. The table also includes selected incident data from the same time period for the prior two years for purposes of comparison.

¹⁴ DJS Report on Female Offenders, February 2012, p.11.: <http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf>

Carter – Selected Incident Categories	Q3 2012	Q3 2013	Q3 2014
Average Daily Population (ADP)	13	12	11
1. Youth on Youth Assault/Fight	3	6	1
2. Alleged Youth on Staff Assault	3	0	1
3. Physical Restraint	12	18	10
4. Use of Handcuffs and/or Shackles	5	0	0
5. Seclusion	2	4	5
6. Contraband	3	0	0
7. Suicide Ideation/Attempt	6	1	1

Kids should not be transported to the GED (or other educational or medical appointments) in mechanical restraints, as they currently are according to DJS policy. Mechanical restraints were not used during any incident during the quarter at Carter.

The Maryland State Department of Education, Juvenile Services Education program (MSDE-JSE) should follow through with plans to establish an agreement with a nearby community college that would allow girls at Carter to do GED testing on campus. Successfully implementing this arrangement would mean the discontinuation of the present practice where girls travel several hours in mechanical restraints and spend the night in a detention center in order to take the GED.

Department of Juvenile Services' data shows that, in 2010, nearly 50% of all girls in residential placements had a history of physical or sexual abuse and that 75% had a moderate-to-high mental health need.¹⁵ The Department needs to adopt comprehensive, evidence-based and trauma-informed programming and therapy at Carter and train all staff accordingly.

¹⁵ DJS Report on Female Offenders, February 2012, p.11. The full report can be accessed here: <http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf>

DETENTION CENTERS

In recent years, the Maryland Department of Juvenile Services (the Department/DJS) has partnered with the courts and other stakeholders to increase the use of appropriate alternatives to detention. The Department has also made operational changes to enhance the safety of youth and staff in detention centers (see page 5).

During the third quarter of 2014, the average daily population (ADP) of youth in DJS detention facilities decreased by 12% (from 338 to 297) compared to the same time last year. These population figures include youth with adult charges who are held in DJS facilities. Housing certain youth charged as adults protects a substantial number of children from being held in adult facilities without resulting in an overall increase in ADP at DJS detention centers.

The reduction in population is in part a result of the Department's successful efforts to reduce the number of youth stuck in detention awaiting placement in a long term facility. The most recently available data indicates that 91% of pending placement status youth are transferred to placement in less than 30 days.¹⁶

At the Baltimore City Juvenile Justice Center, the average daily population of DJS youth has significantly decreased (see page 17). This reduction is in part due to the Department's participation, alongside various stakeholders, in the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) which promotes appropriate alternatives to secure detention. The JDAI effort should continue in Baltimore City and be expanded statewide.

The Department has implemented a points and levels system called Challenge in each of the detention centers that allows kids to redeem items in exchange for earned points. Staff rate youth on following staff instructions, personal appearance, being verbally and socially appropriate and being on-task.¹⁷

Challenge does not allow youth to receive meaningful recognition for adhering to behavior plan mandates during their stay in a facility. For the first four weeks youth spend in detention, earned items are limited to hygiene products such as name-brand soap, deodorant and lip balm. After four weeks in detention (and if youth have earned sufficient points) the selection expands to include a writing pad, a composition book, envelopes and a greeting card (Challenge Program Manual for Youth, pages 17 and 34).

Youth housed on Intensive Services Units in detention cannot earn points on the Challenge behavior management system and those in predisposition status cannot move through the behavior system's levels. The Department needs to improve the Challenge system. The Department also needs to ensure that the behavior management system offers equal opportunity to all kids.

¹⁶ DJS StateStat Report. September 29, 2014. p.9.
http://www.statestat.maryland.gov/reports/20140929_DJS_Meeting_Summary.pdf

¹⁷ Challenge Youth Handbook, p.14.

Baltimore City Juvenile Justice Center

The Baltimore City Juvenile Justice Center (BCJJC) is a 120-bed secure detention center for boys operated by the Maryland Department of Juvenile Services. African American youth comprised 95% of entries in the third quarter, down 2% versus the same time last year.

The overall average daily population (ADP) at BCJJC during the third quarter of 2014 decreased slightly (from 89 to 88) compared to the same period last year. These population figures include youth with adult charges held at BCJJC after an agreement between the Department of Juvenile Services (DJS) and the Department of Public Safety and Correctional Services (DPSCS). Under the agreement, some youth charged as adults in Baltimore City are held at BCJJC, as opposed to at the adult jail.

Data from DJS shows that the ADP of DJS youth at BCJJC decreased by 24% (from 71 to 54) in the third quarter of 2014 compared to the same time last year. The ADP of kids charged as adults increased by 81% (from 18 to 33). Housing certain youth charged as adults at BCJJC is a positive development that has protected a substantial number of youth from being held at the adult detention center in Baltimore.

BCJJC – Selected Incident Categories	Q3 2012	Q3 2013	Q3 2014
Average Daily Population (ADP)	94	89	88
1. Youth on Youth Assault/Fight	69	64	68
2. Alleged Youth on Staff Assault	6	4	7
3. Physical Restraint	109	88	108
4. Use of Handcuffs and/or Shackles	39	34	51
5. Seclusion	104	70	48
6. Contraband	9	7	5
7. Suicide Ideation/Attempt	5	7	13

There was a 31% reduction in seclusion usage during the quarter compared to the same time last year. Physical restraints increased 22% and use of mechanical restraints increased 50%, despite a slight decrease in ADP. Incidents involving suicide ideation also increased.

Cheltenham Youth Facility

The Cheltenham Youth Facility (CYF/Cheltenham) in Prince George's County is a secure detention center for boys owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). African American youth represented 83% of total entries during the third quarter of 2014, up 4% from the same time last year.

CYF – Selected Incident Categories	Q3 2012	Q3 2013	Q3 2014
Average Daily Population (ADP)	104	90	79
1. Youth on Youth Assault/Fight	43	32	42
2. Alleged Youth on Staff Assault	6	7	4
3. Physical Restraint	96	44	41
4. Use of Handcuffs and/or Shackles	7	2	9
5. Seclusion	4	0	1
6. Contraband	6	3	6
7. Suicide Ideation/Attempt	5	5	3

The average daily population at CYF decreased by 12% while assaults/fights increased by 31% during the third quarter of 2014 compared to the same time last year. Incidents involving the use of mechanical restraints also increased from two to nine.

In incident report #122525, the involved staffer wrote that a youth “refused to comply with a strip search which is mandatory for all youth before going in their rooms.” Youth should not be strip searched except as a last resort and only in situations when staffers have reason to believe the child is hiding something that could be used to hurt himself or others.

Incident reports at Cheltenham are not uploaded to the incident reporting database until several weeks after the incident occurs. The delay is in part due to an issue with the software that prevents administrators from logging in to the system and/or approving incidents for submission to the database. The Department should correct technical glitches in the system

that currently prevent incident reports from being promptly posted to the online database. Facility administrators should ensure incidents are uploaded to the database without delay.

The Intensive Services Unit (ISU) is a designated housing unit at CYF intended to offer increased supports to kids struggling with issues of aggression. The Maryland State Department of Education, Juvenile Services Education program (MSDE-JSE) is responsible for education services at CYF, including on the ISU. However, MSDE-JSE currently only provides teacher instruction in the morning on the ISU. Students on the ISU work on packets of school-related materials for the remainder of the day. The Department and MSDE-JSE should ensure students on the ISU receive six hours of teacher instruction daily.

Charles H. Hickey, Jr., School

The Charles H. Hickey, Jr., School (Hickey) is a secure detention center for boys located in Baltimore County. Hickey is owned and operated by the Maryland Department of Juvenile Services (DJS/the Department) and has a DJS rated housing capacity of 72. African American youth represented 68% of youth entries during the third quarter of 2014, the same percentage as reported in the third quarter of 2013.

Hickey – Selected Incident Categories	Q3 2012	Q3 2013	Q3 2014
Average Daily Population (ADP)	49	56	38
1. Youth on Youth Assault/Fight	23	26	33
2. Alleged Youth on Staff Assault	2	1	1
3. Physical Restraint	41	75	44
4. Use of Handcuffs and/or Shackles	1	6	5
5. Seclusion	8	25	20
6. Contraband	3	3	1
7. Suicide Ideation/Attempt	13	8	6

The average daily population decreased by 32% from the same time last year. However, assaults/fights increased by 23% compared to the third quarter of 2013.

Incidents involving physical restraints and seclusions decreased substantially during the third quarter of 2014. Restraints decreased by 43% and use of seclusion decreased by 24%.

Hickey administrators and case managers have developed two group activities (a staff to youth mentoring group and a physical fitness group) that are offered to eligible youth who wish to participate. These groups are a positive addition to the weekly schedule at Hickey. Currently, youth on the Intensive Service Unit (ISU) are not permitted to participate. These groups should be available to youth on the ISU who have been placed there because they have been identified as being in need of additional services.

Thomas J.S. Waxter Children’s Center

The Thomas J.S. Waxter Children’s center (Waxter) is a 42-bed secure detention center for girls located in Anne Arundel County. Waxter is operated by the Maryland Department of Juvenile Services (DJS/the Department). African American youth represented 77% of youth entries during the third quarter of 2014 compared to 70% during the same period last year.

Waxter – Selected Incident Categories	Q3 2012	Q3 2013	Q3 2014
Average Daily Population (ADP)	29	28	25
1. Youth on Youth Assault/Fight	20	30	17
2. Alleged Youth on Staff Assault	5	6	1
3. Physical Restraint	54	56	57
4. Use of Handcuffs and/or Shackles	1	3	7
5. Seclusion	8	12	8
6. Contraband	2	7	2
7. Suicide Ideation/Attempt	22	51	40

There was a 43% reduction in assaults/fights during the third quarter of 2014 compared to the same time last year. Over the same period, the use of seclusion decreased by one third. However, use of physical restraints remained high and incidents involving the use of mechanical restraints increased from three to seven. Incidents involving suicide ideation also remained high at Waxter. A high security detention center such as Waxter is an inappropriate environment for children with mental health needs.

According to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), among children in detention “[r]ecent suicide attempts were most prevalent in female detainees and youth with anxiety disorders.”¹⁸ The Department should increase psychiatric services at Waxter and provide enhanced training to direct care staff in recognizing anxiety disorders, as recommended by the OJJDP publication.¹⁹

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, operated by the Maryland Department of Juvenile Services (DJS/The Department). The DJS-rated housing capacity is 57 youth. Seventy four percent of youth entries during the third quarter in both 2013 and 2014 were African American youth.

Noyes – Selected Incident Categories	Q3 2012	Q3 2013	Q3 2014
Average Daily Population (ADP)	47	35	29
1. Youth on Youth Assault/Fight	24	16	15
2. Alleged Youth on Staff Assault	3	1	2
3. Physical Restraint	43	34	37
4. Use of Handcuffs and/or Shackles	3	1	11
5. Seclusion	5	3	9
6. Contraband	2	3	1
7. Suicide Ideation/Attempt	5	2	6

¹⁸ Abram, K., et.al, “Suicidal Thoughts and Behaviors Among Detained Youth,” July, 2014. p 1 <http://ojjdp.gov/pubs/243891.pdf>

¹⁹ Ibid, p. 8.

The average daily population decreased by 17% compared to the same time last year while assaults/fights and the use of physical restraints remained high. Incidents involving mechanical restraints and seclusion increased significantly.

The Maryland State Department of Education, Juvenile Services Education program (MSDE-JSE) operates the school at Noyes. During the quarter, a shortage of teachers resulted in students working on packets of schoolwork on the living unit without teacher instruction for at least one class period daily. Vacancies should be filled as soon as possible to ensure that students receive six hours of teacher instruction each school day.

The education trailers, which have deteriorated significantly in physical condition, have not been replaced. The Department of Juvenile Services and the Maryland State Department of Education should work together to promptly address the decrepit state of the school units.

Additional security cameras have not been installed at Noyes as planned.²⁰

²⁰ DJS StateStat Report. September 27, 2013. p. 3.
http://www.statestat.maryland.gov/reports/20130927_DJS_Meeting_Summary.pdf

Lower Eastern Shore Children's Center

The Lower Eastern Shore Children's Center (LESCC) in Salisbury is a secure detention center owned and operated by the Maryland Department of Juvenile Services (DJS/the Department) with 18 cells for boys and six cells for girls. During the third quarter of 2014, African American youth represented 66% of total entries compared to 60% during the same time last year.

LESCC – Selected Incident Categories	Q3 2012	Q3 2013	Q3 2014
Average Daily Population (ADP)	23	21	19
1. Youth on Youth Assault/Fight	7	8	10
2. Alleged Youth on Staff Assault	5	1	7
3. Physical Restraint	17	65	42
4. Use of Handcuffs and/or Shackles	3	4	2
5. Seclusion	4	1	4
6. Contraband	3	1	0
7. Suicide Ideation/Attempt	4	12	15

The average daily population at LESCC decreased by 10% during the third quarter of 2014 in comparison to the same period last year. Physical restraints and incidents involving suicide ideation remain high.

There is a longstanding vacancy for an addictions counselor at LESCC. The Department should fill this vacancy as soon as possible as substance abuse groups are not currently being held.

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). Sixty-five percent of entries were African American youth, an increase of 30% from 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.

WMCC – Selected Incident Categories	Q3 2012	Q3 2013	Q3 2014
Average Daily Population	20	19	19
1. Youth on Youth Assault/Fight	6	14	15
2. Alleged Youth on Staff Assault	3	0	1
3. Physical Restraint	19	24	37
4. Use of Handcuffs and/or Shackles	4	3	9
5. Seclusion	5	2	7
6. Contraband	0	3	1
7. Suicide Ideation/Attempt	1	5	0

The average daily population during the third quarter of 2014 was 19, equal to the same time last year. The use of physical restraints, mechanical restraints, and seclusion increased substantially during the third quarter of 2014 compared to the same time last year. Physical restraints were up by 54%, and incidents involving mechanical restraints and seclusions more than doubled compared to the third quarter of 2013. Assaults/fights remained high.

There was a staffing shortage at WMCC during the quarter which required some youth to be housed at other detention centers. There are currently two vacancies for supervisory positions at time of writing (October 15, 2014). Four additional direct care staffers have been hired and interviews are being held for a recreation specialist position.

CHANGES TO TELEPHONE ACCESS IN DJS FACILITIES

During the quarter, the Department of Juvenile Services (DJS/the Department) installed telephones in common areas of the living units in its facilities. All calls made from these phones are recorded by the company that operates the system. The Department has access to the recorded calls and the ability to release the recordings to outside entities, including law enforcement.

According to DJS, this system was installed to comply with a requirement in the federal Prison Rape Elimination Act (PREA). The standard requires agencies to provide youth with access to an outside entity that is able to receive reports of abuse while maintaining the youth's anonymity upon request.²¹ However, PREA does not mandate the utilization of phones to satisfy this requirement.

Department policy entitles youth to two free phone calls home per week, as well as calls to community case managers and lawyers. Previously, those calls were not recorded and were administered and chaperoned by a facility case manager in the privacy of an office, away from other kids and staff. The Department now requires youth to use the recently installed telephones for calls to family, lawyers and case managers.

This change subjects youth to diminished privacy, as all calls are now made in highly utilized areas of the facility where they are likely to be in the presence of other kids and staff. It also subjects them to decreased protections as the calls are now recorded and available for use by law enforcement.

The Department should ensure that no phone calls are recorded and that kids are able to make phone calls in private settings. There is no need to require that all calls to family members, lawyers and case managers be made using the system installed for reporting abuse. Therefore, DJS should permit kids to make phone calls to lawyers, family members and community case managers using a staff phone in an office with a case manager present, as was previous practice.

²¹ Prison Rape Elimination Act §115.351(b) "The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not a part of the agency and that that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request."

SMALLER FACILITY UPDATES

Karma Academy (NOTICE OF CLOSURE)

Karma Academy closed at the end of October. The facility provided residential treatment for low level sex offenders in a nonrestrictive and homelike setting. Kids adjudicated for sex offenses are often unable to remain in their homes. The Department of Juvenile Services needs to ensure that, with the closing of Karma, youth are not inappropriately placed in a more restrictive setting.

Kent Youth Boys' Group Home (NOTICE OF CLOSURE)

Kent Youth group home closed during the quarter. Kent Youth provided treatment services to boys in a safe, non-restrictive and homelike environment.

Liberty House

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

One Love Group Home

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

Morning Star Youth Academy (NOTICE OF CLOSURE)

Morning Star Youth Academy closed during the quarter.

The Way Home (temporarily closed)

The Way Home, located in west Baltimore, is a privately operated group home licensed by the Department of Juvenile Services to serve up to 12 girls. The Way Home is temporarily closed while the facility undergoes renovations.

William Donald Schaefer House

The William Donald Schaefer House (the Schaefer House) is a staff secure substance abuse treatment facility for boys operated by the Maryland Department of Juvenile Services. The Schaefer House is located in Baltimore City and has a DJS rated capacity of 19. The numbers of incidents involving aggression remained low during the third quarter of 2014.

THE MARYLAND STATE DEPARTMENT OF EDUCATION IN DJS FACILITIES

Since taking over the education component in all Department of Juvenile Services facilities, the Maryland State Department of Education Juvenile Services Education program (MSDE-JSE) has brought educational expertise to school-related services provided to students.

The Maryland State Department of Education is responsible for the quality and breadth of the Juvenile Services Education program and the MSDE-JSE program needs to be a priority among MSDE leadership in terms of funding and increases in staffing and other resources.

Additional educational resources and teaching positions are urgently required to meet the needs of youth in DJS facilities as reflected below:

- Classes in MSDE-JSE schools are grouped by living unit, not grade level. Teachers are expected to provide instruction in multiple grade levels in a single class period.
- Teacher shortages at MSDE-JSE sites result in students completing education packets on the living unit without teacher instruction.
- The MSDE-JSE sites experience significant challenges retaining staff as positions with local school systems pay more and include summers off.
- MSDE-JSE teachers do not have access to enough education-related resources, including onsite internet connections, after they are hired.

Academic success and achievement are correlated with lower rates of recidivism.²² Students in MSDE-JSE schools frequently need intensive educational services and resources to succeed academically. Increasing educational funding and resources in MSDE-JSE schools should help improve outcomes for kids in DJS facilities.

The JJMU recommends that MSDE leadership prioritize the MSDE-JSE program and work to secure increased funding and positions to add teachers, support staff and additional education-related resources.

²² Leone, P., Weinberg, L. (2010) *Addressing the Unmet Educational Needs of the Children and Youth in the Juvenile Justice and Child Welfare Systems*. Washington DC: Center for Juvenile Justice Reform. p 11.
<http://cjjr.georgetown.edu/pdfs/ed/edpaper.pdf>



MARYLAND Department of Juvenile Services

Successful Youth • Strong Leaders • Safer Communities

November 24, 2014

DJS Response to the Juvenile Justice Monitoring Unit's 3rd Quarter Report for 2014

The Department has closely reviewed the JJMU's 3rd Quarter Report. We have thoughtfully considered all findings and recommendations provided.

The Department appreciates the JJMU's recognition of the agencies reform efforts and accomplishments evidenced by the increased use of alternatives to detention, reduction of time youth spend awaiting placements, and the establishment of enhanced safety and security operations in state-operated residential facilities. As reported by JJMU, recent data indicates that 91% of youth in pending status are transferred to placement in less than 30 days. The reduction in detention populations, specifically at Baltimore City Juvenile Justice Center has enabled the Department to house a significant number of youth charged as adults who would otherwise be housed in adult jail.

The Department has and continues to work to implement reform efforts designed to keep low risk youth out of secure confinement. This includes detention reforms achieved through the Juvenile Detention Alternatives Initiative (JDAI), an Annie E. Casey Foundation program as well as legislative reforms such as SB 122 which requires an intake officer who authorizes detention of a child for a violation of community detention to immediately file a petition to authorize the continued detention of a child. The juvenile court must hold a hearing on the petition no later than the next court day unless extended for no more than five days by the court on good cause shown.

The Department supports that where appropriate, intensive, community based services are preferable to out of home placements. This is why the department has invested \$25 million to stand up and support evidence based community located services like Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). We also maintain slots for the statewide Care Management Entity (CME) which uses a community based wrap-around service model, and the Department contracts with Youth Advocate Programs, Inc. in Baltimore City, a nationally recognized non-residential program that provides community based programs for high risk youth as an alternative to residential placement. The Department continues to evaluate the population of youth that must be served in out of home placements. Currently, the Department is working with the Annie E. Casey Foundation to analyze decisions and processes that drive juvenile commitments.

Despite the success evidenced by falling crime rates and Department reforms in driving down detention populations, a population of committed youth still remains in committed programs out of

state due to not having appropriate programming space in Maryland to accommodate them. These youth are ordered into these programs by a court and DJS is obligated to serve those youth in the setting which was determined by the court. Our view is that it is far better for those youth to be treated in Maryland rather than an out of state program and therefore, we will continue to pursue the implementation of a capital program to meet these needs.

COMMITTED PLACEMENT CENTERS

Overview

JJMU reports that the Department's recidivism data is an indicator that programs and services offered in residential programs are ineffective. This conclusion cannot be drawn from the data. As stated in the DJS Resource Guide, recidivism rates are impacted by more than just the quality of programs. Recidivism rates are affected by many variables based in the community, to include, aftercare supervision, the community, family support, local economic opportunities, and other factors beyond the Department's control. To the extent that the Department can impact recidivism factors after release, the Department is developing a Re-Entry Strategic Plan. This plan will include comprehensive strategies in the following areas: increasing family involvement at all key decision points in the development of aftercare plans, ensuring appropriate supervision levels, improve transition to school services, increase youth and family knowledge of local employment services and community resources, and identifying resources for ongoing somatic and mental health needs.

The Department recognizes the importance of a well-trained work force and its impact on rehabilitative efforts in our residential facilities. At the time of hire, all direct care residential staff receive a minimum of six weeks of classroom instruction and must receive entry level certification from the Maryland Correctional Training Commission (MCTC) prior to working with youth. Training topics include motivational interviewing, adolescent development, youth and staff relationships, communication skill building, de-escalation and behavior management techniques, safety and security. Thereafter, direct care staff receives a minimum of 48 hours of in-service training annually. All behavioral health staff are certified and/or licensed to provide services in their areas of specialty. Additionally, all newly hired behavioral health staff (licensed social workers, professional counselors, addictions counselors, psychologists) receive three weeks of entry level training for MCTC certification. Thereafter, behavioral health staff is required to complete 20-30 hours of training annually to maintain their license. They also participate in ongoing departmental training. In June 2014, the Department began training all newly hired direct care staff in Youth Mental Health First Aid, USA for Adults Assisting Young People (YMHFA), an evidenced based model designed to teach lay people methods of assisting a young person who may be in the early stages of developing mental health problems or in a mental health crisis. In January 2015, training will begin for all staff.

The Department is committed to implementing programs and services for youth that are evidence-based or determined to be a best practice. All residential facilities implement CHALLENGE, a behavior management program, which incorporates evidence-based behavioral principles. CHALLENGE supports trauma informed care by establishing a structured and predictable environment for the delivery of treatment services. The program incorporates peer-guided group work and the Forward Thinking Interactive Journaling Series; a cognitive-behavioral series that uses evidence-based strategies to assist youth in making positive changes to their thoughts, feelings and behaviors. The series addresses problem-solving and decision-making skills; interpersonal relationships, and conflict resolution and aggression management skills. Youth screened for substance abuse treatment needs participate in 7 Challenges; an evidence based substance abuse program administered by certified addictions counselors and/or licensed

behavioral health staff. Behavioral health staff also provides crisis intervention counseling, psycho-educational groups, individual, group therapy, and family therapy. Presently, the Department is researching a trauma informed care model that can be implemented system-wide and include training for all staff working directly with youth. The Department is also researching additional programming to address anger management interventions.

JJMU cites a concern regarding family contact. Youth are afforded home visits as a therapeutic tool to assist with re-integration with their families. To help prepare families, all youth and their parent(s)/guardian(s) must participate in at least one family session prior to the first home visit. Youth also maintain contact with their families via facility visits, letter writing, video conferencing and phone calls. Transportation assistance is provided to families and visitation times are modified upon request. The Department funds two postage stamps and two phone calls weekly for each youth. Youth may earn additional postage and phone privileges as behavioral incentives.

JJMU cites a concern regarding the Department's use of restraints during the transport of youth. Department procedures require the use of restraints for youth placed in the two hardware secure facilities. Restraints are used at the remaining facilities at admission and instances when youth verbalize or otherwise demonstrate that they are at risk for escape. This practice is required to ensure safety and security of the most at risk youth. Equally critical to maintaining safety and security for youth and staff is the elimination of contraband which requires searches of youth, staff and visitors entering the facilities.

Victor Cullen

Victor Cullen is the only state-operated hardware secure facility for males in Maryland. Youth placed at Victor Cullen require high supervision levels due to serious committing offenses, and/or disruptive behaviors. A significant number of youth have histories of being ejected from multiple placements. Incidents of aggression which may require restraint, seclusion and the use of mechanical restraints fluctuate based on the behavioral needs of the population. A linear review of data for 2014 shows a slight reduction in incidents of aggression and seclusion, and a significant decrease in the use of mechanical restraints in the 3rd quarter when compared to the 2nd quarter. It should be noted that two youth accounted for a significant number of incidents during this reporting period.

Staff receives extensive training in verbal de-escalation, and Department policy and procedures direct its use as the first intervention as appropriate. When verbal de-escalation is unsuccessful and youth exhibit out of control behavior, staff must physically restrain youth for their safety and the safety of others. Mechanical restraints are used to safely move youth to a location conducive for de-escalation. This removal may require placement in seclusion. The average length of stay in seclusion during this quarter was 2.4 hours. While youth are in seclusion they are counseled by mental health professionals, case managers, and/or supervisors in an attempt to quickly and safely return them to the treatment milieu.

During this quarter the behavior of a group of youth became disruptive in the school setting resulting in an administrative decision to remove the youth from school. The DJS and MDSE administrative staff collaborated to identify the individual youth who were negative group leaders and developed an intervention plan with oversight and approval of executive staff. The plan included additional training for staff, and accountability and treatment services for youth. During the youth's absence from school, academic materials were provided by MSDE to the youth on the living units. The youth returned to school in half day increments over a period of two weeks until all

youth were re-integrated into a regular full day of school. DJS is working with MSDE to develop an intensive services unit that will provide enhanced services for disruptive youth.

Clinical services at Victor Cullen were increased this year by assigning an additional behavioral health therapist and a half-time psychologist position. There are four living units with a population of twelve youth each. A behavioral health therapist is assigned to each unit; the ratio of one therapist for twelve youth meets best practices and has been established to enhance the delivery of services to this challenging population. Additionally, a multi-disciplinary Treatment Team is assigned to work with youth on each living unit. The Treatment Team consists of a behavior health therapist, case manager, direct care staff, and education staff. This Team meets weekly to assess youth's progress towards achieving goals of their individualized service plan.

Staff training, family contact and additional treatment services are reported in the "Overview" section of this report. Additionally, direct care staff at Victor Cullen received in-service training in CHALLENGE, during this quarter.

As reported by JJMU, the facility experienced recording failures with the video surveillance equipment. The Department's IT Unit has made several temporary repairs pending the procurement and installation of new equipment.

Youth Centers

Current staffing ratios at the Youth Centers require one staff for every 10 youth. Overtime is used to ensure compliance with this ratio. The Department is actively recruiting to fill existing vacancies.

Incidents involving the use of mechanical restraints at the Youth Centers increased during this quarter. Mechanical restraints were briefly applied to safely manage disruptive youth and move them from group settings such as school and the dining hall for a period of de-escalation. A review of incidents indicates that staff utilized programming measures and intervention techniques appropriately to provide for the protection of youth and staff.

There was an increase of five incidents of suicidal ideation during the 3rd quarter of 2014 when compared to the 3rd quarter of 2013. All staff is trained to refer youth in crisis, to include any youth involved in a restraint, to mental health staff for an assessment. All direct care staff is trained in the department's Suicide Prevention Policy and Procedures. Staff are required to respond to all verbalizations, self-injurious behaviors and suicide gestures by providing one-on-one direct supervision until youth can be assessed by clinical staff. A review of incidents indicates staff took appropriate measures to address the needs of youth.

Training for direct care staff, treatment services, and family contact are addressed in the "Overview" section of this report.

Surveillance camera installation for the Youth Centers is in progress.

J. DeWeese Carter Youth Facility

The Carter Youth Facility is the only state operated hardware secure facility for females. The profiles of these youth include poor impulse control, aggression and histories of AWOL and escape from previous placements. Restraints are used during transport to provide for public safety and the safety of youth and staff.

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 and families. Onsite mental health services are provided by a licensed psychologist and social worker. The ratio of two therapists for a population of fourteen adequately meets the clinical needs of youth, and in fact exceeds ratios established at more intensive residential treatment centers. In June 2012, the department began implementing the ARC (Attachment, Self- Regulation, and Competency) model, a core-components trauma care treatment model, to address the needs of youth at Carter. ARC was developed to provide a guiding framework for clinical intervention with complexly traumatized youth and their caregiving systems. The Department is currently researching additional trauma informed programming to enhance training for all staff.

DETENTION CENTERS

In July 2014, the Department expanded implementation of CHALLENGE, the behavioral management program, to all detention centers. The CHALLENGE Program has been implemented in the committed facilities for the past 2 1/2 years. Implementation statewide assists youth in making successful transitions from detention to residential placement. After disposition of each youth's case, they may begin earning program eligibility for release consideration prior to transfer to placement. In the past, time spent in post-adjudication status did not count towards release. The CHALLENGE Program places a focus on the positive desired behaviors of youth (points earned) versus a focus on negative behaviors (points taken). Youth earn privileges progressively commensurate with their ability to demonstrate compliance with rules and expectations and their participation in programming.

Baltimore City Juvenile Justice Center

Physical restraints were used to prevent injury of youth and staff. As required by procedures, all incidents of restraint are reviewed by the shift commander, assistant superintendent, and/or superintendent. Mechanical restraints were temporarily applied to safely move youth from the general population for de-escalation. Incidents of suicidal ideation increased as a result of the placement of five youth with significant mental health issues. Staff responded appropriately to threats of suicide by referring these youth to behavioral health staff for assessments. In keeping with operating procedures these youth were referred to local hospitals as needed for assessments and stabilization.

Cheltenham Youth Facility

The increase in the number of youth fights during this reporting period was due to the behavior of several youth who had been ejected from placements. The facility took appropriate actions by placing these youth in the intensive services program.

JJMU cites an incident in which the staff erroneously documented that a youth was stripped searched prior to placement in his room. Operating procedures require that disruptive youth receive a "pat-down" search prior to placement in their room to remove any items that they may use to injure themselves. The removal of youth's clothing is not required unless he is hiding contraband. This was not the case in the incident reported.

Charles H. Hickey, Jr. School

The increase in incidents of fighting during this quarter is attributed to three disruptive youth. Interventions included the implementation of individualized behavior plans and one-on-one supervision.

The expanded programming at Hickey cited by JJMU is incentive based. Youth who are placed in the intensive services unit are not eligible as they have demonstrated aggressive and assaultive behavior towards peers and/or staff.

Thomas J. S. Waxter Children's Center

Incidents of suicidal ideation decreased this quarter when compared to 2013. At admissions, all youth are administered the Massachusetts Youth Screening Instrument (MAYSI) to identify youth who may require immediate mental health care. Youth who are unstable at admission are not accepted from law enforcement. Throughout the youth's stay in detention behavioral health staff are responsive to the needs of youth. When behavioral health staff determine a youth has intensive mental health needs that cannot be addressed at Waxter, that youth is referred for hospitalization and/or placement in an intensive mental health services facility.

Waxter is staffed with trained mental health professionals to address the youth's immediate need and to provide guidance to the direct care staff. Currently, there are 1.5 mental health therapists, a full time social worker and psychologist. The youth also receive psychiatric services (medication and psychiatric evaluations) through a contracted vendor.

All direct care staff are trained in the Department's Suicide Prevention Policy and Procedures. To improve the skills of direct care staff for screening youth mental health behaviors, the Department, on June 1, 2014 began training all new hires in the Youth Mental Health First Aid, USA for Adults Assisting Young People, an evidence based model, managed, operated and disseminated by the National Council for Behavioral Health, Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. On January 1, 2015 all staff will begin receiving training in this model.

Incidents of suicidal ideation at Waxter involved youth who arrived at the facility with court orders placing them on suicide watch due to events that occurred in the community, youth who screened high for risk at intake, instances of youth inflicting superficial scratches, and youth verbalizations. In all instances, youth were supervised closely by direct care staff, and youth received assessments by behavioral health staff. In multiple cases girls have reported making threats of suicide to "get back" at staff. While these instances appear to be manipulative in nature, all verbalizations and gestures are addressed with the same level of intense supervision and assessment.

Alfred D. Noyes Children's Center

Incidents of physical restraints increased by 3 in the 3rd quarter of 2014 when compared to 2013. The incidents involved a number of youth with significant behavioral issues. Administrative and behavioral health staff worked closely with the direct care staff to identify and develop behavioral plans to address these youth's behaviors.

The Department is developing plans to renovate the trailers used for education space.

Lower Eastern Shore Children Center

The Department has not been successful filling the addictions counselor vacancy. The position has been reclassified to increase the applicant pool. In the interim, substance abuse assessments have been re-assigned to staff from headquarters.

There were no incidents of suicide attempts during this reporting period. Twelve of the 15 incidents were verbalizations, 2 incidents were youth who scored high on the Massachusetts Youth Screening Instrument (MAYSI), a mental health screening tool administered at admission, and one youth was placed at the facility upon discharge from a mental health hospital. Youth who score high on the MAYSI or who are placed directly from a hospital are placed on suicide watch status pending an evaluation by mental health staff. The Department ensures that all staff is trained in the Suicide Prevention Policy and Procedures. Staff are trained to respond to all incidents of suicidal ideations and gestures by placing that youth on one-on-one supervision pending an assessment by behavioral health staff. Youth who cannot be maintained at the facility are taken to a hospital for assessment and appropriate placements are secured to meet the needs of the youth.

Western Maryland Children's Center

The increase in the use of physical restraints is largely in response to the disruptive behavior of three youth. Behavioral health and facility staff have worked together to develop intervention and individualized plans to address the behaviors of youth. All incidents were reviewed by the facility administrators to ensure that interventions were compliant with Departmental procedures.

During this quarter the population of youth was reduced and some youth were temporarily housed at Noyes Children's Center to accommodate the installation of new floor coverings in living units and bathrooms.

The Department is actively recruiting to fill existing vacancies.

William Donald Schaefer House

Youth at Schaefer House have volunteered to help complete an exterior mosaic at the American Visionary Art Museum in Baltimore, Md. The exterior wall facing Federal Hill is a beautiful rendering of the aurora borealis. Incidents remain low at Schaefer House.

CHANGES TO TELEPHONE ACCESS IN DJS FACILITIES

The Department has installed a youth phone system to enhance accessibility for youth and to meet the requirements of the federal Prison Rape Elimination Act, Standards for Juvenile Facilities. The standards require that youth are provided at least one way to report abuse or harassment that is not a part of the agency. The Department has contracted with Maryland 211 to provide a 24/7 hotline to receive youth complaints of sexual abuse or harassment. Reports are forwarded to Child Protective Services and the DJS Office of the Inspector General for investigation. Utilization of the youth phone system gives youth the ability to make reports of abuse immediately, verses using mail, while remaining anonymous if they choose to. The phone system is also available to youth to make calls to family members. Having a phone for the sole purpose of making PREA complaints would not afford the youth anonymity. Prior to installation of this system, youth calls were supervised by case managers. Youth may still request the assistance of case managers for any sensitive call. Calls to youth attorneys are not recorded. All other recorded calls are made available to the Inspector General as needed for investigative purposes.

Contracted Programs

Silver Oak Academy

Incidents of fighting increased from 6 to 11 in the 3rd quarter of 2014 when compared to the 3rd quarter of 2013. Silver Oak reports an increase in the population compared to the same time last year. The facility has experienced a significant turnover in staff and is currently training new staff to improve their skills.

Karma Academy

Karma Academy closed at the end of October. This program provided sex offender services. JJMU expressed a concern regarding the Department's ability to continue to meet the needs of youth adjudicated for sex offenses.

The reductions in intake referrals have led to the closing of several residential programs. The Department continues to have adequate resources to meet the needs of the sex offender population.

**Maryland State Department of Education
Juvenile Services Education**

Response to JJMU Third Quarter Report 2014

Page 10

JJMU Statement “At the end of the third quarter, the Victor Cullen administration suspended a living unit from school for a number of weeks in response to students’ behavior. Packets of schoolwork were delivered to the unit, however, no teacher instruction was provided. Education should not be used as a privilege that can be revoked as a punitive measure.”

MSDE Response Youth at Victor Cullen were returned to their housing units to ensure their safety as well as that of the teachers and staff. It was a safety concern, not a punitive measure. Instructional packets were provided to the students. DJS and MSDE collaborated to reintroduce youth to the school as quickly as possible but also to ensure a positive instructional environment for these youth as well as their peers. The longest any group worked with instructional packets in its housing unit was eight days. This included one day in which school was not in session due to scheduled statewide professional development.

Page 15

JJMU Statement “The Maryland State Department of Education, Juvenile Services Education program (MSDE-JSE) should follow through with plans to establish an agreement with a nearby community college that would allow girls at Carter to do GED testing on campus.”

MSDE Response MSDE-JSE has followed through with its plans to establish an agreement with a nearby community college to allow girls at Carter to complete GED Testing on that campus. MSDE has reached an agreement with Chesapeake College to allow the girls at Carter to take the GED Tests at the Wye Mills campus. DJS has agreed to provide transportation. MSDE-JSE, Chesapeake College and Pearson Vue, the vendor providing the GED Tests, are finalizing the needed formal agreements. It is anticipated that GED testing at Chesapeake College will be available in January, 2015.

Page 19

JJMU Statement “The Maryland State Department of Education, Juvenile Services Education program (MSDE-JSE) is responsible for education services at CYF, including the ISU. However, MSDE-JSE currently only provides teacher instruction in the morning on the ISU. Students on the ISU work on packets of school-related materials for the remainder of the day. The Department and MSDE-JSE should ensure students on the ISU receive six hours of teacher instruction daily.”

MSDE Response MSDE JSE has been providing youth on the ISU unit with direct instruction during the morning. Youth have been provided assignments and projects for completion during the afternoon. This work is graded and incorporated into their classes required for progress towards a high school diploma. Resources have been identified to assign a teacher to the CYF ISU in early December for the entire six-hour day.

Page 22

JJMU Statement “During the quarter, a shortage of teachers resulted in students working on packets of schoolwork on the living unit without teacher instruction for at least one period daily. Vacancies should be filled as soon as possible to ensure that students receive six hours of teacher instruction each school day. “

MSDE Response There was only one vacancy at Noyes during the quarter. An unusual set of circumstances including staff illness and an administrative investigation resulted in the school not having adequate staff to cover all classes. The principal ensured coverage of core content instruction and used instructional packets so that students would not fall behind in their elective courses.

JJMU Statement “The education trailers, which have deteriorated significantly in physical condition, have not been replaced. The Department of Juvenile Services and the Maryland State Department of Education should work together to promptly address the decrepit site of the school units.”

MSDE Response Renovations to the Noyes’ education trailers are currently being addressed by DJS.

Page 27

JJMU Statement “Additional education resources and teaching positions are urgently required to meet the needs of youth in DJS facilities as reflected below:

- Classes in MSDE-JSE schools are grouped by living unit, not grade level. Teachers are expected to provide instruction in multiple grade levels in a single class period.

MSDE Response: This would not necessarily require additional resources/positions. MSDE JSE is collaborating with DJS to pilot the grouping of students based upon their achievement levels. A pilot at Victor Cullen is expected to begin in January to coincide with the new marking period.

- Teachers may be assigned multiple duties at multiple sites, which makes comprehensive instruction difficult to ensure on a daily basis.

MSDE Response: MSDE is working to streamline the recruitment and selection of teachers to fill vacancies. While a position is vacant, a resource teacher or instructional support staff under the supervision of a certified teacher covers the class. In rare instances, when unexpected circumstances occur, such as those that recently occurred at Noyes, education packets are used.

- The MSDE-JSE sites experience significant challenges retaining staff as positions with local school systems pay more and include summers off.

MSDE Response: MSDE JSE does experience challenges competing with local school systems for talented instructional staff. This year in particular, the program encountered significant turnover during the late summer and early fall when maximized recruitment activities occurred in local school systems. We concur that salary differentials, the lack of contractual agreements with teachers, and extended summer vacations are ongoing challenges for the program to hiring and retaining personnel.

- MSDE-JSE teachers do not have access to enough education-related resources, including onsite internet connections, after they are hired.

MSDE Response: MSDE JSE is enhancing internet connectivity at school sites. Currently three sites are fully connected to the MSDE server to give access to education-related resources. In the interim, school personnel have access to the internet through laptops and at least one computer station at each school.

The JJMU recommends that MSDE leadership prioritize the MSDE-JSE program and work to secure increased funding and positions to add teachers, support staff and additional-related resources.

MSDE response: The JSE program is a priority at MSDE. The agency's leadership is supporting the development of a prioritized strategic plan and is advocating for additional resources for the program.