



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

2015 FIRST QUARTER REPORT



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Director

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

April 2015

The Honorable Lawrence J. Hogan, Jr., Governor
State of Maryland

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

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

Members of the General Assembly

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

The Honorable Arlene F. Lee, Executive Director
Governor's Office for Children

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

Dear Governor Hogan, Senate President Miller, Speaker of the House Busch, Members of the General Assembly, Secretary Abed, Ms. Lee, and State Advisory Board Members:

Enclosed please find the compilation of first quarter 2015 reports from the Maryland Juvenile Justice Monitoring Unit (independent juvenile monitor). The report provides data and analysis concerning treatment of and services provided to youth in Department of Juvenile Services (DJS/the Department) directly run and licensed facilities throughout Maryland. The Department's 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 the need to right-size the Maryland juvenile justice system by utilizing diversion strategies and expanding alternatives to detention and commitment (see page 5). The Department and the State of Maryland should prioritize budget requests to expand community-based treatment resources rather than the construction of new facilities.

The JJMU First Quarter 2015 Report was 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 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 this report compendium. I can be reached at nmoroney@oag.state.md.us. My three colleagues and I look forward to continuing to work with all interested parties to guard against abuse and ensure appropriate treatment and services are provided for youth in Maryland.

Respectfully submitted,

Nick Moroney

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Maryland Juvenile Justice Monitoring Unit

Cc: Attorney General Brian Frosh
Chief Deputy Attorney General Elizabeth Harris
Deputy Attorney General Thiruvendran Vignarajah
Ms. Christine Buckley, Treasurer’s Office
Deputy Secretary Linda McWilliams, Mr. Karl Pothier and Mr. Jay Cleary, DJS
Margi Joshi, Tim Snyder and Eliza Steele, JJMU

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JUVENILE JUSTICE REFORM IN MARYLAND

In recent years, the Maryland Department of Juvenile Services (DJS/the Department) has begun to pursue important reforms consistent with emerging research on adolescent development and behavior, juvenile delinquency, and effective strategies to address the unique needs of the population it serves. Most notably, the Department has partnered with courts and other stakeholders to significantly increase the appropriate use of alternatives to detention. At the same time, the Department has worked to enhance safety for youth and staff in its facilities.

These advances provide a foundation for deeper reforms:

- ✓ **Provide individualized, non-residential community-based treatment to address youth needs rather than building expensive and ineffective facilities.**

Maryland capital plans for FY2015 included \$179 million for the construction of new DJS operated commitment placement centers. This money should be reallocated to fund increased availability of effective, non-residential, community-based interventions.¹

In DJS operated committed placement centers, the average per diem cost during FY 2014 was \$470 per child.² Studies show that institutional programs are expensive and generally ineffective at providing appropriate treatment and rehabilitative services to youth and reducing recidivism.³ In contrast, “community-based programming that can provide individualized, wraparound services based on the unique needs of each youth and that engage family and connect the youth to neighborhood resources can cost much less - as little as \$75 per day.”⁴ The Department and the State of Maryland should prioritize budget requests to expand community-based treatment resources rather than the construction of new facilities.

- ✓ **Continue to right-size the system by utilizing strategies to appropriately divert kids from the juvenile justice system and expand alternatives to detention and commitment.**

The Department should prioritize an increase in the use of diversion and detention alternatives and work with stakeholders to expand the Juvenile Detention Alternatives Initiative (JDAI) statewide. Particular efforts should be made to reinvigorate JDAI in Prince George’s county, where secure detention continues to be overused.⁵

¹ For more information, see the JJMU’s 2014 Second Quarter Report, p.5, found at: http://www.oag.state.md.us/jjmu/reports/14_Quarter2.pdf

² DJS FY 2014 Data Resource Guide, p. 191 http://www.djs.state.md.us/drg/Full_2014_DRG.pdf

³ 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. 33, and 155

⁴ Justice Policy Institute, “Sticker Shock: The Price We Pay for Youth Incarceration.” December 2014, p.14 http://www.justicepolicy.org/uploads/justicepolicy/documents/sticker_shock_final_v2.pdf

⁵ The rate of Prince George’s county youth in secure detention rose 115% from FY2005 to FY2014 while the rate of complaints to DJS dropped 43% during the same time period. See http://www.djs.state.md.us/docs/PGCo_Region_Trends_FY2014.pdf p. 4

The Department should also address the inappropriate use of committed placement. In Maryland, the rate of commitment remains high in spite of a significant decline in juvenile crime across all offense levels.⁶ A joint study by the Annie E. Casey Foundation and DJS found that 27% of statewide commitments are for technical violations of probation, and that 59% of commitments were for youth assessed as low to moderate risk for reoffending.⁷

Research indicates that low to moderate risk youth are best served through community based interventions rather than residential placement.⁸ The Department should revise internal policy, procedures, and processes that contribute to the overuse of committed placement.

The Courts should not use commitment to the Department except when a youth poses a threat to community safety and community based interventions have been exhausted.

- ✓ **All stakeholders in the juvenile justice system who have contact with children, including judges, attorneys, DJS staff, and education staff, should receive training on adolescent behavior and development, mental health, and trauma and its effects in order to minimize the deleterious effects that involvement in the justice system can have on children.**

Up to 90% of youth involved in the justice system report exposure to at least one traumatic event and up to 70% meet the criteria for diagnosis for at least one mental disorder.⁹ As noted by the U.S. Attorney General’s task force on children exposed to violence, “detention facilities and the justice system, through their routine practices, can bring additional harm to already traumatized youth”.¹⁰

- ✓ **For the small number of children who cannot be served in the community, DJS should adopt comprehensive, evidence-based and trauma-informed models of care in detention and committed placement facilities. Institutional policies and procedures need to be amended to be consistent with trauma-informed care.**

Individualized and evidence-based services to address anger, aggression, mental health, trauma, substance abuse, and family issues should be available at all

⁶ Doors to Commitment: What Drives Juvenile Confinement in MD, The Annie E. Casey Foundation Juvenile Justice Strategy Group - January 2015, available at:

<http://www.djs.maryland.gov/docs/AECF%20Assessment%20of%20MD%20Dispositions%20-%20Updated%20March%2016%20-%20Final%20PDF.pdf>

⁷ Ibid p. 43 and p.13

⁸ Bilchik, Shay (2013). Improving Outcomes for Youth in the Juvenile Justice System, found at <http://csqjusticecenter.org/youth/posts/improving-outcomes-for-youth-in-the-juvenile-justice-system/>.

⁹ Dierkhising, Carley, et al. (2013). Trauma histories among justice-involved youth: findings from the National Child Traumatic Stress Network. European Journal of Psychotraumatology. (4) pg. 20274, found at: <http://www.ejpt.net/index.php/ejpt/article/view/20274>

¹⁰ Defending Childhood Initiative, “Report of the Attorney General’s National Task Force on Children Exposed to Violence,” December 2012. p 175. <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

committed placement sites. Services should be provided within the context of a comprehensive and integrated treatment program.

Facility staff should receive extensive training on how to build positive relationships with youth and model appropriate behavior. Staff should demonstrate a thorough understanding of crisis intervention and de-escalation techniques in order to enhance safety and minimize the use of restraints and seclusions. The Department should also end indiscriminate strip searches and shackling. (Please see the section on page 9).

Facility Incident and Population Trends

First quarter 2015 incident and population trends versus the same period last year:

- ✓ Average daily populations (ADP) of youth in secure detention decreased at Baltimore City Juvenile Justice Center (BCJJC), Cheltenham Youth Facility (CYF), Charles H. Hickey, Jr., School (Hickey), and Western Maryland Children's Center (WMCC).
- ✓ ADP of youth in committed placement decreased at J. DeWeese Carter Center (Carter), the Victor Cullen Center (Victor Cullen), and the youth centers in western Maryland.
- ✓ Youth fights/assaults decreased at BCJJC and in committed placement at Victor Cullen, Carter, and the youth centers in western Maryland.
- ✓ Physical restraints in detention decreased at BCJJC and in committed placement at Carter and the youth centers in Western Maryland.
- ✓ Mechanical restraints were not utilized at Lower Eastern Shore Children's Center (LESCC) detention center or in committed placement at Carter. The use of mechanical restraints decreased substantially at BCJJC detention center.
- ✓ There were no seclusions at CYF and LESCC and one at the BCJJC detention center.
- Youth fights/assaults increased at the Alfred D. Noyes Children's Center (Noyes), Hickey, Thomas J.S. Waxter Children' Center (Waxter), CYF and LESCC detention centers.
- Physical restraints increased at Hickey, Noyes, Waxter, CYF, LESCC, and WMCC detention centers and in committed placement at Victor Cullen and Silver Oak Academy.
- Mechanical restrains increased at Hickey, Noyes, WMCC, CYF, and Waxter detention centers and in committed placement at Victor Cullen.
- The use of seclusion increased substantially at Hickey, Waxter, and Noyes detention centers and at Victor Cullen committed placement center.
- There was a total of 83 instances of suicidal ideation and 25 incidents of self-injurious behavior at the 14 DJS operated facilities during the first quarter of 2015. Thirty-one percent of suicide ideations occurred at Waxter hardware secure detention center and 24% occurred at Victor Cullen hardware secure committed care center.

COMMITTED PLACEMENT CENTERS

Twenty-seven percent of statewide commitments to DJS are for technical violations of probation, and 59% of commitments are for youth assessed as low or medium risk of reoffending.¹¹ All stakeholders, including DJS and the Courts, should ensure that youth who have been assessed as low or medium risk and those who have technical violations receive referrals to services in the community and are not sent to an out-of-home placement.

For the small percentage of kids who cannot be served at home, the Department needs to ensure the delivery of individualized and effective treatment programming in committed placement centers where kids may spend several months or even a year. The adoption of such programming will require substantial changes in DJS' committed placement centers.

Replacement of Current Behavior Management System with Treatment Programming

Challenge, a system of points and levels in use at DJS operated facilities, is centered on staff authority and youth compliance. Although, according to DJS, Challenge incorporates evidence-based behavioral principles, the system is not evidence-based or trauma-informed and is a barrier to the provision of individualized treatment.

DJS should end the use of Challenge in committed placement centers and fully adopt evidence-based and trauma-informed treatment programming. Research shows that “programs with a therapeutic philosophy were notably more effective than those with a control philosophy.”¹² Adoption of such programs will entail initial and ongoing training of all staff who have any contact with kids. Compliance monitoring will be essential to ensure comprehensive implementation of and adherence to program models.

Challenge should be replaced with treatment programming at all the DJS operated committed placement centers, starting with Victor Cullen. A substantial portion of the children who are placed at Cullen come from other DJS placements where Challenge was unable to meet their needs. Increasing the restrictiveness of the facility in which a child is placed, without implementing programming that is evidence-based and trauma-informed, is not likely to lead to progress in treatment.

End Indiscriminate Shackling and Strip Searching

“Seventy five percent of youth in the juvenile justice system have experienced traumatic victimization.”¹³ For survivors of trauma, “any situation in which they have no control over what

¹¹ Doors to Commitment: What Drives Juvenile Confinement in MD, The Annie E. Casey Foundation Juvenile Justice Strategy Group - January 2015, p. 13 and p.43 available at: <http://www.djs.maryland.gov/docs/AECF%20Assessment%20of%20MD%20Dispositions%20-%20Updated%20March%2016%20-%20Final%20PDF.pdf>

¹² Lipsey, M., Howell, J., Kelly, M., Chapman, G., Carver, D. “Improving the Effectiveness of Juvenile Justice Programs.” December, 2010, p. 23 <http://cijr.georgetown.edu/pdfs/ebp/ebppaper.pdf>

¹³ Mental Health and Juvenile Justice Collaborative for Change, “Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System.” 2014, p. 2 <http://cfc.ncmhji.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>

happens to them can be retraumatizing,” including “very blatant examples like strip searches, restraint or...seclusion.”¹⁴

Current DJS policy requires all youth to be strip searched following all visits and trips off grounds, including outings earned as a reward for good behavior. Youth are required to remove all of their clothes, squat and cough while observed by staff. All youth are subject to this practice whether or not there is reasonable suspicion that they are hiding something potentially harmful. Strip searches “can trigger flashbacks and exacerbate a traumatized child’s stress and mental-health problems.”¹⁵ Their utilization “undermines, rather than helps, the child’s well-being.”¹⁶

Current DJS policy also requires youth in secure facilities to be restrained in handcuffs, shackles, waist chains and a black box with a padlock for transport to and from court, medical and educational appointments. The policy applies to all youth including those who are able to participate in home passes and/or off-grounds activities as rewards for good behavior, at which time they are not transported in chains. The use of mechanical restraints “exacerbates trauma, reviving feelings of powerlessness, betrayal, self-blame, and could trigger flashbacks.”¹⁷

The Department should end the practices of indiscriminate strip searches and shackling, which counteract the promotion of a therapeutic environment.

Enhance Educational Programming

The Maryland State Department of Education, Juvenile Services Education division (MSDE-JSE) is responsible for providing educational services to students in all DJS operated detention and committed placement centers.

A lack of available technology-based resources in MSDE-JSE schools impedes students’ educational progress while in commitment. Students in MSDE-JSE schools who have earned a high school diploma or GED do not have access to viable educational opportunities. All students should be afforded educational or professional opportunities comparable to what would be available to them in the community, including access to the internet, online and on-campus enrollment at local community colleges or universities, and employment or internships in the community. Each committed placement center should have a dedicated career technology teacher who provides daily instruction in hands-on vocational courses.

¹⁴Penney, D., National Center for Trauma Informed Care, “Creating a Place of Healing and Forgiveness: The Trauma-Informed Care Initiative at the Women’s Community Correctional Center of Hawaii.” 2013, p. 3
http://www.nasmhpd.org/docs/NCTIC/7014_hawaiian_trauma_brief_2013.pdf

¹⁵Brief for the Juvenile Law Center as Amicus Curiae, Joe Smook v. Minnehaha County, SD. <http://www.jlc.org/blog/juvenile-law-centers-findings-strip-searches-youth-detention-cited-international-report>

¹⁶Ibid.

¹⁷Center for Juvenile Justice, “Prohibition of Indiscriminate Shackling in Colorado Juvenile Courts.”
[http://www.colorado.gov/clics/clics2013a/commsumm.nsf/b4a3962433b52fa787256e5f00670a71/95cfd4fabbc18dec87257b4f006dae57/\\$FILE/13HseJud0416AttachB.pdf](http://www.colorado.gov/clics/clics2013a/commsumm.nsf/b4a3962433b52fa787256e5f00670a71/95cfd4fabbc18dec87257b4f006dae57/$FILE/13HseJud0416AttachB.pdf)

Victor Cullen Center

The Victor Cullen Center is a hardware secure (fenced and locked) committed placement facility 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. African American youth represented 80% of entries during the first quarter of 2015 compared to 91% in 2014.

Victor Cullen – Selected Incident Categories	Q1 2013	Q1 2014	Q1 2015
Average Daily Population (ADP)	47	46	35
1. Youth on Youth Assault/Fight	28	23	16
2. Alleged Youth on Staff Assault	15	4	4
3. Physical Restraint	88	60	63
4. Use of Handcuffs and/or Shackles	56	36	53
5. Seclusion	24	16	40
6. Contraband	4	2	3
7. Suicide Ideation/Attempt	3	1	20

The average daily population at Victor Cullen during the first quarter of 2015 decreased by 24% compared to the same time last year. Fights and assaults decreased by 30%. However, physical restraints increased slightly, and the use of mechanical restraints and seclusion increased by 47% and 60%, respectively. An increase from one incident to twenty incidents of suicide ideation is of great concern.

These increases at a time of decreasing population suggest that methods of physical control and intervention are being used at Victor Cullen in place of a treatment program. In order to be successful, the facility must prioritize youth mental health needs.¹⁸ Instead of a reliance on mechanisms of physical control such as restraints, seclusions, handcuffs and shackles, DJS should implement evidence-based and trauma-informed treatment programming at Victor Cullen

¹⁸ Ford, J., Blaustein, M. (October, 2013). Systemic Self-Regulation: A Framework for Trauma-Informed Services in Residential Juvenile Justice Programs. *Journal of Family Violence*, 28 (7). http://www.traumacenter.org/products/pdf_files/Trauma%20Services%20in%20Residential%20Juvenile%20Justice%20Settings_Ford_Blaustein.pdf

that empowers staff to use de-escalation and take a therapeutically oriented approach that is in line with the principles of adolescent development. To do so will require the adoption of an institutional philosophy that privileges the individual treatment needs of kids, as opposed to control and authority. Because adult staff are the primary source of social learning,¹⁹ strong leadership and comprehensive staff training will be essential to effectuating this change.

In order to effectively implement evidence-based and trauma-informed treatment programming at Victor Cullen, the Department will have to end the use of the Challenge behavior management system. Challenge emphasizes compliance and control, and is neither therapeutic nor evidence-based but acts as a barrier to individualized treatment.

Many youth placed at Victor Cullen come from other DJS placements where the Challenge system was unable to meet their needs. Increasing the restrictiveness of the facility in which a child is placed, without implementing programming that is evidence-based and trauma-informed, is not likely to lead to progress in treatment.

Cullen is the only hardware secure committed placement center for boys in the state and youth placed there are likely to be facing challenges involving anger or aggression. Youth are frequently moved to Victor Cullen in response to alleged aggressive behavior at other facilities, yet evidence-based therapies to develop skills in anger management or aggression replacement are not available at Cullen.

The Department has initiated an Intensive Services Unit (ISU) within the fenced and locked Cullen facility. The ISU is a self-contained and restrictive housing area utilized for kids involved in aggressive incidents. The creation of an ISU is not an appropriate response to the need for treatment programming at Cullen, where all youth should be receiving evidence-based, individualized treatment in a therapeutic environment.

Under DJS policy all youth are strip searched after all visits and trips off grounds, whether or not there is reasonable suspicion that they are hiding something potentially harmful. Strip searches “can trigger flashbacks and exacerbate a traumatized child’s stress and mental-health problems.”²⁰

Policy also requires all youth to be restrained in handcuffs, shackles, waist chains and a black box with a padlock for transport to and from court, medical and educational appointments. There is no individualized determination of risk. The use of mechanical restraints “exacerbates trauma, reviving feelings of powerlessness, betrayal, self-blame, and could trigger flashbacks.”²¹

The Department should end systems and practices, such as those detailed above, that hamper or counteract the promotion of a therapeutic environment.

¹⁹ Ibid.

²⁰ Brief for the Juvenile Law Center as Amicus Curiae, Joe Smook v. Minnehaha County, SD. <http://www.jlc.org/blog/juvenile-law-centers-findings-strip-searches-youth-detention-cited-international-report>

²¹ Center for Juvenile Justice, “Prohibition of Indiscriminate Shackling in Colorado Juvenile Courts.” [http://www.colorado.gov/clics/clics2013a/commsumm.nsf/b4a3962433b52fa787256e5f00670a71/95cfd4fabbc18dec87257b4f006dae57/\\$FILE/13HseJud0416AttachB.pdf](http://www.colorado.gov/clics/clics2013a/commsumm.nsf/b4a3962433b52fa787256e5f00670a71/95cfd4fabbc18dec87257b4f006dae57/$FILE/13HseJud0416AttachB.pdf)

Youth Centers x4

The youth centers consist of four separate staff secure (not fenced) 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. African American youth represented 71% of total youth entries during the first quarter of 2015, compared to 77% during the same time last year.

Security cameras have not been installed as planned at any of the four youth centers.

Combined Youth Centers (x4) – Selected Incident Categories	Q1 2013	Q1 2014	Q1 2015
Average Daily Population (ADP)	155	135	89
1. Youth on Youth Assault/Fight	58	41	21
2. Alleged Youth on Staff Assault	14	13	3
3. Physical Restraint	98	77	55
4. Use of Handcuffs and/or Shackles	19	25	24
5. Seclusion	0	0	0
6. Contraband	14	6	5
7. Suicide Ideation/Attempt	9	4	0

The average daily population at the youth centers during the first quarter of 2015 decreased by 34% compared to the same time last year. Over the same period, fights and assaults decreased by 49% and physical restraints decreased by 29%. The use of mechanical restraints remained high.

The decrease in average daily population at the youth centers is a positive trend that should continue. According to a report released by the Department in conjunction with the Annie E. Casey Foundation, commitment to DJS is overused resulting in an increased number of youth inappropriately placed out-of-home (see page 6). Efforts to reduce the number of youth in out-of-home placements by identifying appropriate, community-based alternatives should continue.

Most youth in the juvenile justice system have experienced traumatic victimization.²² All staff at the direct care and administrative levels should be trained to implement an evidence-based, trauma-informed therapeutic program that enables them to use de-escalation and take a therapeutically oriented approach that is in line with the principles of adolescent development

Youth may be moved between youth centers, or ultimately to a higher security facility (Victor Cullen or an out-of-state facility), in response to disruptive or aggressive behaviors. However, there are no specific programs to address anger or aggression issues at any of the four youth centers (or Victor Cullen). In addition to the introduction of a treatment program, evidence-based therapies to support kids in their ability to manage aggression and anger should be made available.

Each youth center should have a dedicated vocational education instructor. All students at the youth centers should have access to a variety of hands-on vocational education programs on a daily basis. Youth should be afforded the opportunity to participate in internships or employment in the community. Eligible students at Backbone Mountain youth center are able to attend a local community college. A similar arrangement should be expanded to other DJS committed placement centers.

Plans to establish a puppy training program at Savage Mountain should go forward as soon as possible and be expanded to include the other DJS operated committed placement centers.

²² Mental Health and Juvenile Justice Collaborative for Change, "Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System." 2014, p. 2 <http://cfc.ncmhji.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>

Silver Oak Academy

Silver Oak Academy (SOA), located in Carroll County, is a privately operated staff secure committed care center for boys which is licensed by the Department of Juvenile Services (DJS/the Department). In June 2013, the license was amended to allow Silver Oak to house up to 96 boys. African American youth represented 89% of total entries to SOA in the first quarter of 2015 compared to 88% during the same time last year.

SOA – Selected Incident Categories	Q1 2013	Q1 2014	Q1 2015
Average Daily Population (ADP)	45	59	58
1. Youth on Youth Assault/Fight	6	9	9
2. Alleged Youth on Staff Assault	0	2	1
3. Physical Restraint	2	13	17
4. Use of Handcuffs and/or Shackles	0	0	0
5. Seclusion	0	0	0
6. Contraband	8	9	4
7. Suicide Ideation/Attempt	1	0	0

The average daily population during the first quarter of 2015 was relatively unchanged compared to the same time last year. Physical restraints increased by 31%.

Security cameras have been installed on two of the living units at Silver Oak. Cameras should be installed as planned in the gym, workforce development and administrative/education buildings as soon as possible.

Silver Oak provides valuable treatment services in a nonrestrictive, school-like environment. All staff are trained in a treatment model based on cognitive-behavioral therapy. Students participate in individual and group therapies. During the first quarter of 2015, individual therapy sessions were increased from one to four per week.

Students at Silver Oak are able to earn high school credits (with the option to earn a high school diploma during their placement), pursue their GED, or enroll in community college. They

also participate in a variety of hands-on vocational education programs, interscholastic sports, and employment in the community. During the quarter, two advanced placement (AP) classes were added to the course offerings at Silver Oak and a teacher began receiving training to provide instruction in a new metal-working vocational course.

The J. DeWeese Carter Center

The J. DeWeese Carter Center (Carter) is a 14-bed hardware secure (locked and fenced) committed placement center for girls. Carter is located on the eastern shore and operated by the Department of Juvenile Services (DJS/the Department). African American girls represented 71% of entries to Carter in the first quarter of 2015 compared to 60% for the same period last year.

Carter – Selected Incident Categories	Q1 2013	Q1 2014	Q1 2015
Average Daily Population (ADP)	10	10	9
1. Youth on Youth Assault/Fight	0	2	0
2. Alleged Youth on Staff Assault	0	2	1
3. Physical Restraint	4	11	7
4. Use of Handcuffs and/or Shackles	0	0	0
5. Seclusion	0	2	3
6. Contraband	0	1	0
7. Suicide Ideation/Attempt	0	5	1

The average daily population during the first quarter of 2015 decreased by 10% compared to the same time last year. Incidents involving physical restraint decreased by 36%. There were no fights or assaults and mechanical restraints were not used in any incident.

Efforts to minimize incidents of aggression and the use of handcuffs and shackles should continue and be expanded to include a particular focus on similarly reducing the use of physical restraints and seclusion. To that end, DJS should enhance training for direct care staff in the areas of adolescent development, trauma and its effects on behavior, and de-escalation techniques.

Currently there is no evidence-based, trauma informed treatment program at Carter. Staff are not trained in the effects that trauma has on children, or how to identify and best respond to behavioral manifestations of a child's traumatization. According to the Mental Health and

Juvenile Justice Collaborative for Change, “75% of youth in the juvenile justice system have experienced traumatic victimization.”²³

Current DJS policy requires all youth to be strip searched following all visits and trips off grounds, including outings earned as a reward for good behavior. Strip searches “can trigger flashbacks and exacerbate a traumatized child’s stress and mental-health problems.”²⁴ Their utilization “undermines, rather than helps, the child’s well-being.”²⁵

Although mechanical restraints were not used in any incident at Carter during the quarter, DJS policy requires all youth to be restrained in handcuffs, shackles, waist chains and a black box with a padlock for transport to and from court, medical and educational appointments. This policy applies to all girls at the facility, including those who are able to participate in home passes and/or off grounds activities as rewards for good behavior. The use of mechanical restraints “exacerbates trauma, reviving feelings of powerlessness, betrayal, self-blame, and could trigger flashbacks.”²⁶

The Department should implement an evidence-based and trauma-informed treatment program at Carter, train all staff accordingly and end practices, such as those detailed above, that preclude, counteract or overwhelm the promotion of a therapeutic environment.

Conflict resolution services are now available at Carter through a contract with a community-based private provider. Similar services should be made available at all DJS operated detention and committed placement centers, starting with the Victor Cullen Center.

During the quarter there was a girl at Carter who had already earned her GED and who, at time of writing, is close to completing the final career technology course that is available at Carter. However, she is expected to remain at Carter for several more months. There should be an established education track for students at Carter that guarantees access to higher education, including enrollment at a university or community college for online and/or on campus classes. Boys in another DJS committed placement center have access to community college yet no equitable opportunity exists for girls at Carter.

Girls at Carter should be afforded opportunities to participate in employment or internships in the community. These options are necessary to ensure that the career preparation needs of students in possession of a high school diploma or GED are met.

²³ Mental Health and Juvenile Justice Collaborative for Change, “Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System.” 2014, p. 2 <http://cfc.ncmhji.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>

²⁴ Brief for the Juvenile Law Center as Amicus Curiae, Joe Smook v. Minnehaha County, SD. <http://www.jlc.org/blog/juvenile-law-centers-findings-strip-searches-youth-detention-cited-international-report>

²⁵ Ibid.

²⁶ Center for Juvenile Justice, “Prohibition of Indiscriminate Shackling in Colorado Juvenile Courts.” [http://www.colorado.gov/clics/clics2013a/commsumm.nsf/b4a3962433b52fa787256e5f00670a71/95cfd4fabbc18dec87257b4f006dae57/\\$FILE/13HseJud0416AttachB.pdf](http://www.colorado.gov/clics/clics2013a/commsumm.nsf/b4a3962433b52fa787256e5f00670a71/95cfd4fabbc18dec87257b4f006dae57/$FILE/13HseJud0416AttachB.pdf)

DETENTION CENTERS

The Maryland Department of Juvenile Services (DJS/the Department) continues to make progress in reducing the number of kids inappropriately housed in detention. While reported incidents decreased at the Baltimore City Juvenile Justice Center (BCJJC), other DJS operated detention facilities had significant increases in incidents during the quarter (Noyes, p. 27; Hickey, p. 24; Waxter, p. 26).

During the first quarter of 2015, the average daily population (ADP) of youth in DJS operated detention centers declined by 6% compared to the same time last year (from 301 to 283). This reduction occurred at the same time that certain youth charged as adults were housed in DJS operated detention facilities. Housing youth charged as adults has not resulted in an overall increase in population in detention and has protected a significant number of children from the dangers of being held in an adult facility.

The reduction in the juvenile detention population is partially attributable to the Department's utilization of alternatives to secure detention. A focus on finding alternatives to detention is consistent with research which indicates that detention has a "profoundly negative impact" on children's mental and physical health, their future educational and employment prospects, and their risk of reoffending.²⁷ Studies show that community based alternatives to detention are less costly than incarceration and more effective at meeting the needs of youth and fostering public safety.²⁸ Given its substantial potential for harm, and the limited effect it has on enhancing public safety, detention should only be utilized as a last resort for the most high-risk youth who cannot participate in community-based alternatives.

In Baltimore City, the Department has partnered with other stakeholders, including the courts, to implement the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI). JDAI aims to reduce the detention population by promoting effective alternatives to secure detention. Efforts to expand JDAI to Prince George's County and other locations statewide should continue. Additionally, the Department should work to identify and revise internal policies, procedures, and processes that result in the inappropriate use of detention.

The Baltimore City Juvenile Justice Center had sizeable decreases in incidents of aggression and restraints in the first quarter of 2015 compared to the same time last year. Additionally, seclusion was not utilized at CYF during the quarter (see page 22), and used only once during the quarter at BCJJC (see page 21).

In contrast, incidents of aggression, and the use of restraints and seclusions were high at Noyes, Hickey, and Waxter detention centers this quarter. The use of physical restraints increased by over 100% at each of these facilities while the average daily population remained fairly level when compared to the same time last year. At Noyes, the use of physical restraints increased by 230%. At the Hickey School, there was a fourfold increase in the use of mechanical

²⁷ Holman, Barry & Ziedenberg, Jason. (2006). The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities. Justice Policy Institute, p. 2 Found at:

http://www.justicepolicy.org/uploads/justicepolicy/documents/dangers_of_detention.pdf

²⁸ Ibid p. 10

restraints on youth. Facility administrators at these detention centers should work to establish a therapeutically structured environment for both youth and staff. Staff at Noyes and other facilities should be extensively trained on proper de-escalation techniques in order to minimize the use of physical and mechanical restraints and seclusions.

There were 62 incidents of suicidal ideation and 23 incidents of self-injurious behavior in detention centers in the first quarter. The Juvenile Justice Mental Health Collaborative for Change recommends that “whenever safe and appropriate, youth with mental health needs should be prevented from entering the juvenile justice system in the first place. For children who do enter the system, a first option should be to refer them to effective treatment within the community.”²⁹ Detention is not an appropriate setting for children with mental health needs.

Several DJS operated detention centers have an Intensive Services Unit (ISU) for children needing additional support and more individualized attention. DJS policy prohibits the use of restraints except as a last resort to “protect or prevent a youth from imminent injury to self and others or to prevent overt attempts at escape.”³⁰ However, all youth on the ISU are mechanically restrained whenever entering and leaving the unit. The use of mechanical restraints “exacerbates trauma, reviving feelings of powerlessness, betrayal, self-blame, and could trigger flashbacks”³¹ (see Shackling and Strip Searching section on page 9). The Department should end the practice of shackling children without individualized determination of risk.

²⁹ Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System (2014), p. 1, found at: <http://cfc.ncmhjj.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>

³⁰ Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 Crisis Prevention Management (CPM) Techniques Policy

³¹ Center for Juvenile Justice, “Prohibition of Indiscriminate Shackling in Colorado Juvenile Courts.” [http://www.colorado.gov/clics/clics2013a/commsumm.nsf/b4a3962433b52fa787256e5f00670a71/95cfd4fabbc18dec87257b4f006dae57/\\$FILE/13HseJud0416AttachB.pdf](http://www.colorado.gov/clics/clics2013a/commsumm.nsf/b4a3962433b52fa787256e5f00670a71/95cfd4fabbc18dec87257b4f006dae57/$FILE/13HseJud0416AttachB.pdf)

Baltimore City Juvenile Justice Center

The Baltimore City Juvenile Justice Center (BCJJC) is a 120-bed secure detention center for boys operated by the Department of Juvenile Services (DJS/the Department). African American youth represented 95% of total youth entries during the first quarter of 2015 compared with 97% during the same period in 2014.

BCJJC – Selected Incident Categories	Q1 2013	Q1 2014	Q1 2015
Average Daily Population (ADP)	68	89	86
1. Youth on Youth Assault/Fight	26	68	45
2. Alleged Youth on Staff Assault	4	7	8
3. Physical Restraint	58	97	67
4. Use of Handcuffs and/or Shackles	24	40	22
5. Seclusion	54	70	1
6. Contraband	6	8	3
7. Suicide Ideation/Attempt	3	4	10

The average daily population at BCJJC during the first quarter of 2015 decreased by 3% compared to the same time last year. Over the same period, fights and assaults decreased by 34%, incidents involving physical restraints decreased by 31%, and the use of mechanical restraints decreased by 55%. Seclusion was only used once during the quarter. Efforts to reduce incidents of aggression and the use of restraints and seclusion should continue at BCJJC and be expanded to other DJS facilities.

Incidents of suicide ideation increased from four to ten. Secure detention is an inappropriate environment for children facing mental health challenges. The Department should ensure that all staff receive training in Youth Mental Health First Aid as soon as possible.

Pursuant to an agreement between DJS and the Department of Public Safety and Correctional Services (DPSCS, the adult corrections agency), certain youth charged as adults continue to be held in detention at BCJJC. This arrangement is a positive development that has protected a substantial number of youth from being held at the adult detention center in Baltimore City without undermining safety at BCJJC.

Cheltenham Youth Facility

Cheltenham Youth Facility (CYF) in Prince George's County is a secure detention center owned and operated by the Department of Juvenile Services (DJS/the Department) which rates the housing capacity at 115 boys. During the first quarter of 2015, African American youth represented 79% of entries to CYF compared to 80% during the same time last year.

CYF – Selected Incident Categories	Q1 2013	Q1 2014	Q1 2015
Average Daily Population (ADP)	82	84	70
1. Youth on Youth Assault/Fight	60	28	37
2. Alleged Youth on Staff Assault	6	1	4
3. Physical Restraint	110	30	35
4. Use of Handcuffs and/or Shackles	9	4	8
5. Seclusion	2	0	0
6. Contraband	8	2	1
7. Suicide Ideation/Attempt	2	5	3

The average daily population at CYF during the quarter decreased by 17% compared to the same time last year. Fights and assaults increased by 32%, and incidents involving physical restraint increased by 17%. Seclusion was not used during the quarter.

Youth from Prince George's County continue to be overrepresented in the population of youth in secure detention and those committed to DJS.³² In 2014, DJS and the Annie E. Casey Foundation re-launched the Juvenile Detention Alternatives Initiative (JDAI) in Prince George's County. JDAI seeks to reduce the use of secure detention by bringing together the courts and other stakeholders to promote the utilization of appropriate alternatives. All involved stakeholders, including the courts, should participate actively in JDAI as research shows that

³² The rate of Prince George's county youth in secure detention rose 115% from FY2005 to FY2014 while the rate of complaints to DJS dropped 43% during the same time period. See http://www.djs.state.md.us/docs/PGCo_Region_Trends_FY2014.pdf p. 4

“pre-trial detention and post-adjudication incarceration for youth can have extremely negative ramifications for the youth’s ability to get on the right track.”³³

During the quarter, youth at CYF who were in possession of a GED were not afforded sufficient educational programming. The Department and the Maryland State Department of Education Juvenile Services Education division (MSDE-JSE) should work together to implement a system that ensures all students in DJS detention facilities who have completed their secondary education are afforded appropriate academic opportunities. Available options should include preparation for and access to higher education, hands-on vocational courses and campus-based employment options that include proper reimbursement.

³³ National Juvenile Justice Network. “Community-Based Supervision: Increased Public Safety, Decreased Expenditures.” November 2014. p .1 http://www.njjn.org/uploads/digital-library/NJJN-YAP_CBA-costs_Nov2014_FINAL2.pdf

Charles H. Hickey, Jr., School

The Charles H. Hickey, Jr., School (Hickey) in Baltimore County is a 72-bed secure detention center for boys, operated by the Department of Juvenile Services (DJS/the Department). African American youth accounted for 64% of entries in the first quarters of both 2015 and 2014.

Hickey – Selected Incident Categories	Q1 2013	Q1 2014	Q1 2015
Average Daily Population (ADP)	45	45	43
1. Youth on Youth Assault/Fight	35	14	31
2. Alleged Youth on Staff Assault	4	1	2
3. Physical Restraint	73	32	64
4. Use of Handcuffs and/or Shackles	7	3	12
5. Seclusion	9	14	23
6. Contraband	1	4	2
7. Suicide Ideation/Attempt	4	7	10

The average daily population decreased 4% in the first quarter of 2015 compared to the same time last year. Youth on youth assaults/fights, the use of physical and mechanical restraints, and the use of seclusion increased significantly this quarter compared to the first quarter of 2014. The use of handcuffs and shackles went up by 300%, the use of physical restraints increased by 100%, and the use of seclusion increased by 64%. Incident review procedures and staff training should be enhanced to help reduce the use of physical and mechanical restraints.

Youth who need additional supports and individualized attention are removed from the general population and placed on the Intensive Services Unit (ISU). Over 70% of seclusions during the quarter occurred on the ISU.

According to DJS policy, seclusion cannot be used as “a punishment or sanction,” and is prohibited except as a last resort to “protect a youth from imminent injury to self and others or to

prevent overt attempts at escape.”³⁴ In incident 125512, a youth on the ISU was placed on seclusion for refusing to get up and get ready to go to school.

Children on the ISU should receive increased services, including individualized educational and mental health services, to help them build skills and learn positive coping strategies. Seclusion is not a therapeutic intervention and is not to be used except as a last resort in situations when children pose an imminent threat to themselves or others. Therapeutic services on the ISU should be bolstered to assist children who are displaying problematic behaviors.

Kids placed on the ISU are not allowed to participate in a mentoring program and physical fitness program offered to youth in the general population. Youth on the ISU are likely to benefit from positive structured programming and should be offered the opportunity to participate in these type of activities.

DJS policy prohibits the use of restraints except as a last resort to “protect or prevent a youth from imminent injury to self and others or to prevent overt attempts at escape.”³⁵ All children on the ISU are required to wear mechanical restraints in the facility when entering or leaving the ISU. Compulsory use of mechanical restraints is contrary to the principles of trauma informed care and can be harmful for youth.³⁶ The Department should end the practice of routine shackling of children.

Youth at Hickey can apply to the World of Work program. Applicants go through an interview process and must demonstrate and maintain positive behavior while in the program. Youth in the program are assigned jobs on the grounds and are paid compensation for their work. The World of Work program should be expanded to other DJS facilities as it provides residents with an opportunity to gain employment experience.

³⁴ Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 Crisis Prevention Management (CPM) Techniques Policy

³⁵ Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 Crisis Prevention Management (CPM) Techniques Policy

³⁶ Center for Juvenile Justice, “Prohibition of Indiscriminate Shackling in Colorado Juvenile Courts.”

[http://www.colorado.gov/clics/clics2013a/commsumm.nsf/b4a3962433b52fa787256e5f00670a71/95cfd4fabbc18dec87257b4f006dae57/\\$FILE/13HseJud0416AttachB.pdf](http://www.colorado.gov/clics/clics2013a/commsumm.nsf/b4a3962433b52fa787256e5f00670a71/95cfd4fabbc18dec87257b4f006dae57/$FILE/13HseJud0416AttachB.pdf)

Thomas J.S. Waxter Children’s Center

The Thomas J.S. Waxter Center (Waxter), located in Anne Arundel County, is a 42-bed secure detention center for girls. Waxter is owned and operated by the Department of Juvenile Services (DJS/the Department). African American girls represented 83% of total youth entries during the first quarter of 2015, compared to 82% in the same period last year.

Waxter – Selected Incident Categories	Q1 2013	Q1 2014	Q1 2015
Average Daily Population (ADP)	26	21	23
1. Youth on Youth Assault/Fight	15	12	22
2. Alleged Youth on Staff Assault	0	0	1
3. Physical Restraint	24	19	40
4. Use of Handcuffs and/or Shackles	1	3	4
5. Seclusion	5	0	5
6. Contraband	2	2	4
7. Suicide Ideation/Attempt	17	17	26

The average daily population at Waxter increased by 10% during the quarter compared to the same period in 2014. Fights and assaults increased by 83% and incidents involving physical restraints doubled. The use of seclusion also increased. Efforts should be directed toward reducing incidents of aggression, restraint and seclusion by improving training for DJS direct care staff in the areas of adolescent development, trauma and de-escalation.

There was a 53% increase in suicide ideations. Secure detention is an inappropriate environment for children facing mental health challenges. The Department should ensure that all staff receive training in Youth Mental Health First Aid as soon as possible.

There is a vacancy for a case manager at Waxter. The Department should fill the position as soon as possible.

Alfred D. Noyes Children's Center

The Alfred D. Noyes Children's Center, located in Montgomery County, is a Department of Juvenile Services (DJS/the Department) owned and operated maximum security detention center for boys and girls with a DJS-rated capacity of 57. Most cells at Noyes are double (or higher) occupancy. Housing two or more youth per cell is a risk to institutional and resident safety and is contrary to the best practice of placing residents in individual rooms. African Americans represented 69% of youth entries in the first quarter of 2015, compared to 74% of entries in the first quarter of 2014.

Noyes – Selected Incident Categories	Q1 2013	Q1 2014	Q1 2015
Average Daily Population (ADP)	40	30	31
1. Youth on Youth Assault/Fight	14	13	28
2. Alleged Youth on Staff Assault	2	3	1
3. Physical Restraint	24	20	66
4. Use of Handcuffs and/or Shackles	3	6	12
5. Seclusion	3	5	8
6. Contraband	9	1	3
7. Suicide Ideation/Attempt	6	10	4

The average daily population (ADP) increased by 3% for the first quarter of 2015 compared to the same time last year. During the same time period, youth on youth assaults and fights increased by 115%, physical restraints increased by 230%, use of mechanical restraints increased by 100%, and use of seclusion increased by 60%.

Administrators at Noyes should work to establish a safe, secure, and structured environment for youth and staff. A formal and documented incident review process should be initiated that incorporates use of available video footage and critique and feedback on reported incidents.

The Department's policy states that staffers may not use restraints "as a means of...program maintenance (enforcing compliance with directions)." Restraints should only be used "as a last resort" and "only when a youth displays behavior indicative of imminent injury to self or others, or makes an overt attempt to escape."³⁷

Physical restraint was used to enforce compliance in incident 127271 where video footage shows a youth sitting at a table in the unit day room. According to the incident report, the youth refused to follow directives to lock in to her room. The youth was restrained and placed in her room following her refusal.

Physical restraint was again used to enforce compliance in incident 126904. According to the incident report, a youth was seen weeping in his room, covering his face with his sweatshirt. Staff talked to the youth several times but the youth would not give any reason for his actions and would not stop weeping. The youth was placed on suicide watch, and staff directed the youth to transfer to another room that did not have an electrical outlet for safety reasons. According to the incident report, the youth "did not comply with the directive so he was restrained."

Mental health staff should be involved in efforts to defuse situations in order to promote a therapeutic approach and prevent the use of restraints and other physical interventions that may escalate a situation or cause injury or traumatization to youth and staff.

In incident 127518, a child was upset after a staffer took a drawing from him during school. He was yelling and cursing at the staffer and knocked papers off a desk. The staffer then radioed for assistance. The child and the staffer moved to the doorway of the classroom. The staffer put himself face to face with the boy and they began cursing at each other. The youth spat in the staffer's face. The staffer lunged at the child and they grappled. Once the shift commander and another staffer arrived, they physically and mechanically restrained the child and put him in seclusion.

The youth reported a pain rating of eight out of ten to nursing staff. The nurse documented a small knot behind his right ear and scratches to his left wrist.

The shift commander wrote in his review of the incident that "staff followed protocol and procedures." After reading the child's witness statement, another administrator reported the incident to Montgomery County Child Protective Services (CPS). Although there was documented injury and the child was under 18, the allegation was not accepted for investigation by Montgomery County Child Protective Services. The Maryland State Police charged the youth with second degree assault and disorderly conduct.

The above incidents indicate that the Department needs to provide more effective training for staff and managers on the use of de-escalation and appropriate responses to problematic behavior. Resources, information and ongoing trainings should also be provided on issues of youth mental health, the effects of trauma, and adolescent development.

³⁷ Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 Crisis Prevention Management (CPM) Techniques Policy

The Maryland State Department of Education Juvenile Services Education division (MSDE-JSE) is responsible for educational and vocational instruction at Noyes. A process initiated by Noyes school administrators allows students preparing for the GED to take a practice test on the computer before sitting for the final test. Students also have the opportunity to participate in a gardening program to receive service learning hours. The education program at Noyes is well operated and students receive individual attention to their academic needs from school administrators.

MSDE-JSE should expand the availability of technological resources, including online GED practice tests and software, to students at other MSDE-JSE schools. Opportunities to engage in meaningful service learning projects should be increased and made available to all MSDE-JSE students.

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. African American youth represented 77% of total youth entries during the first quarter of 2015, compared to 68% during the same time last year.

LESCC – Selected Incident Categories	Q1 2013	Q1 2014	Q1 2015
Average Daily Population (ADP)	20	17	17
1. Youth on Youth Assault/Fight	5	4	6
2. Alleged Youth on Staff Assault	1	1	0
3. Physical Restraint	16	11	16
4. Use of Handcuffs and/or Shackles	2	1	0
5. Seclusion	1	1	0
6. Contraband	3	0	1
7. Suicide Ideation/Attempt	9	6	8

Average daily population at LESCC during the first quarter of 2015 remained unchanged compared to the same time last year. Fights and assaults increased by two and physical restraints increased by five. Neither mechanical restraints nor seclusions were used during the quarter.

A long time vacancy for an addictions counselor at LESCC has been filled, however a start date for the new hire has not been clarified. At time of writing, there is a vacancy for a mental health therapist. The Department should fill the vacancy as soon as possible and, in the meantime, contract with a local behavioral health provider to help ensure that mental health needs of children at LESCC are addressed.

The facility is a safe, well-managed and therapeutic environment for youth in detention and LESCC could serve as a model for the state’s juvenile detention centers.

Western Maryland Children's Center

The Western Maryland Children's Center (WMCC), located 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). African Americans comprised 62% of youth entries in 2015, an increase of 2% compared to the same time last year.

WMCC – Selected Incident Categories	Q1 2013	Q1 2014	Q1 2015
Average Daily Population	21	15	13
1. Youth on Youth Assault/Fight	7	4	2
2. Alleged Youth on Staff Assault	0	0	0
3. Physical Restraint	18	9	20
4. Use of Handcuffs and/or Shackles	4	0	7
5. Seclusion	3	0	1
6. Contraband	1	0	2
7. Suicide Ideation/Attempt	2	5	1

During a significant portion of the first quarter, one of the units was closed for renovations. The population decreased by 13% during the quarter, but the use of physical restraints increased by 122% compared to the same time last year. Mechanical restraints were not used during the first quarter of 2014, but they were used a total of seven times during the current quarter.

Staff should be trained in trauma informed de-escalation techniques to reduce overreliance on physical and mechanical restraints. Incident review procedures and staff training should be enhanced to reduce the number of physical and mechanical restraints.

SMALLER FACILITY UPDATES

Liberty House Shelter

Liberty House is a DJS-licensed shelter care facility in Baltimore City operated by Youth Enterprise Services, Inc., that offers a less restrictive alternative to secure detention for boys 13 to 18 years old. Boys reside in a home-like environment and are under 24-hour care with a staff to resident ratio of 1 to 4. They attend school and recreational activities in the community and have access to community-based tutoring and behavioral health services. Incidents were low during the quarter and the shelter continues to be an appropriate alternative to secure detention.

One Love Group Home

One Love is an 8-bed group home located in Baltimore City. The home is licensed by and receives referrals from DJS. The program, operated by Building Communities Today for Tomorrow, Inc., focuses on providing adjudicated youth between the ages of 17 and 20 with the skills and services they need to facilitate their transition to the community.

Youth reside in a comfortable, home-like environment and attend school, work, and engage in recreational and volunteer activities in the community. One Love has a structured points and level system which allows youth to earn meaningful rewards (walks in the community, allowance money, food from nearby community restaurants) on a daily and weekly basis.

In addition, youth receive individual and group therapy (including trauma therapy if indicated), life-skills training, and substance abuse counseling. Family therapy is not available at this time. Services are provided within the context of a supportive, caring environment. Incidents remained rare during the quarter, and One Love continued to offer youth effective, individualized services in a less restrictive, safe, and nurturing environment.

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

William Donald Schaefer House is a staff secure (not locked and fenced) substance abuse treatment program for adjudicated male youth between the ages of 13 and 17. The program has the capacity to serve 19 youth and is located in a converted home in Baltimore City. Program duration is approximately 120 days. In addition to educational services provided by the Maryland State Department of Education and individual and group substance abuse counseling, Schaefer House partners with multiple community organizations to provide youth with enrichment programs and activities.

Incidents at the Schaefer House remained low during the first quarter of 2015.

THE MARYLAND STATE DEPARTMENT OF EDUCATION IN DJS FACILITIES

The Maryland State Department of Education, Juvenile Services Education division (MSDE-JSE) is responsible for providing educational services to students in all DJS operated detention and committed placement centers. While MSDE-JSE brings educational resources and expertise, there remains much work to be done to ensure the academic needs of all students in DJS facilities are met. Increased resources and collaboration between DJS and MSDE-JSE will be essential to meet this goal.

Classes in MSDE-JSE schools are arranged by living units as opposed to grade level. This arrangement means there is usually a wide variety in grade levels amongst students in any given facility classroom. Students often work on packets of educational material individually, and teachers may provide instruction in material that is below the appropriate level for some students, and above it for others. Increased resources in the form of highly qualified teachers will be required to ensure that all students can receive classroom instruction at the appropriate grade-level in each of the core subjects.

Court liaison staff in every county should collaborate with MSDE-JSE to help ensure comprehensive coordination of educational programming for children involved with the juvenile justice system. The court liaison should also work to ensure youth returning to home communities receive all earned credits toward a high school diploma for work done at MSDE-JSE schools. Such a model already works well in Montgomery County.³⁸

There is a lack of available technology-based resources in MSDE-JSE schools. Students do not have access to the internet or up-to-date technology, such as individual laptops, for use in their educational programming. There are few working computers in the MSDE-JSE schools and those that are functional are not equipped with up-to-date software. The lack of technology available in MSDE-JSE is an obstacle to student progress.

During the quarter, students at the William Donald Schaefer House committed placement facility were preparing to take the GED exam but did not have access to online practice tests. Although the GED exam is administered electronically, students in MSDE-JSE schools are required to prepare for the test using outdated materials that were designed for use with the GED when it was administered in hard copy (pencil and paper).

Students at the Carter Center committed placement facility received instruction during the quarter in a career technology course in medical coding and billing. The course is designed to enroll students individually through an online platform and award them with a nationally recognized certificate upon completion of the coursework and exam. However, students participating in the course at Carter do not have access to the internet and therefore did not enroll individually online. Though they have studied the material and passed the examination, they will not receive the official nationally recognized certificate.

³⁸ For more information, see:

<http://www.montgomeryschoolsmd.org/departments/student-services/behavioral/default.aspx?id=333010>

Leadership at the Maryland State Department of Education should ensure that the Juvenile Services Education division is a top priority and that there is enough funding to guarantee that students in MSDE-JSE schools have access to the same quality of education, including proper technological resources, as their peers in community schools.

Post-Secondary Education in DJS Facilities

During the quarter, several students already in possession of a high school diploma or GED were not afforded appropriate educational opportunities while they were in detention or committed placement at a DJS operated facility.

MSDE-JSE and DJS need to establish a system at each of the MSDE-JSE sites for connecting students who have completed their secondary education to universities or community college, SAT preparation courses, and professional and vocational education opportunities on grounds and in the community. Students in committed placement – where their length of stay is likely to be a period of several months – should be able to enroll at local community colleges online or in the community. In detention, there needs to be a variety of options that are available on campus on a daily basis. These should include hands-on vocational programs, online access to community college or SAT preparation or on-grounds employment.

Students at the Cheltenham detention facility who were already in possession of their GED could choose to either sit in high school level classes or clean up the facility grounds without proper reimbursement.

A student at the Carter committed placement center has had her GED since 2013. Upon her arrival at Carter during the quarter, she passed the entrance exam to enroll in Language Arts/English courses at the community college level. However, she was not afforded the opportunity to enroll at the local community college. During math periods she receives remedial work to help her prepare for the entrance exam to enroll in math courses in community college. Otherwise, she sits in high school classes that she does not need. She has completed most of the career technology courses available at Carter.

There is a lack of viable educational opportunities for students in MSDE-JSE schools who have already earned their high school diploma or GED. Students who have completed their secondary education should not have to sit for hours in high school level classes and should instead be afforded educational or professional opportunities comparable to what would be available to them in the community.

Ensuring that students are enrolled in appropriate educational services will require an increase in access to technological resources for students as well as a high degree of collaboration between DJS and MSDE-JSE.



May 18, 2015

DJS Response to the Juvenile Justice Monitoring Unit's 2015 First Quarter Report

The Department of Juvenile Services (DJS) appreciates the JJMU's recognition of its' reform efforts. The Department will give thoughtful consideration to recommendations provided by the JJMU as we continue to focus on reform efforts designed to keep low risk youth out of secure confinement.

Committed Placement Centers

Replacement of Current Behavior Management System with Treatment Programming

The JJMU recommends replacement of the current behavior management system with treatment programming. The implementation of a program to manage youth behavior, and establish a safe and supportive environment is essential to provide effective treatment services. The Department utilizes CHALLENGE, a behavior management program that incorporates evidence based behavioral principles to reinforce and develop pro-social skills. The program establishes behavioral expectations and a system of accountability for inappropriate behaviors. Behavior modification programs such as CHALLENGE, are incentive based and implemented universally in residential adolescent programs that include, more intensive treatment facilities such as psychiatric treatment centers. Research supports the use of behavior management strategies for maintaining order, minimizing disruption, improving climate and reducing problem behavior. Implementation of CHALLENGE has established the structure required to manage our facilities, and it supports an environment in which treatment services can be provided.

The JJMU report erroneously asserts that the CHALLENGE Program is centered on staff authority, control and youth compliance. The report cites the research of Lipsey, Howell, Kelly, Chapman and Carver, "Improving the Effectiveness of Juvenile Justice Programs" and states that "programs with a therapeutic philosophy were notably more effective than those with a control philosophy".¹ The research references control programs such as paramilitary boot camps, and Scared Straight programs. The therapeutic philosophy references programs that attempt to change behavior by facilitating personal development through skill building, relationships, counseling (individual, group, family), and multiple coordinated services. The categories suggested in the therapeutic philosophy are incorporated in CHALLENGE and treatment programming in the committed facilities.

¹ Lipsey, M., Howell, J., Kelly, M., chapman, G., Carver, D. "Improving the Effectiveness of Juvenile Justice Programs." December, 2010, p. 23 <http://cjjr.georgetown.edu/pdfs/ebp/ebppaper.pdf>

The provision of treatment services begins with a comprehensive evaluation. The Department established a comprehensive evaluation initiative in July 2013, known as the Multi-Disciplinary Assessment Staffing Team (MAST). The MAST initiative standardized evaluations that are completed when youth are in detention. These evaluations include completion of a psychological and psycho-social assessment, educational testing, trauma screening, substance abuse and medical screening. Therapists in residential facilities use the MAST evaluations, in addition to their own assessments, to develop an individualized treatment plan for each youth. Therapists provide individual counseling and cognitive-behavioral therapy, both of which have been shown to be effective in addressing the mental health issues of juvenile justice youth. Issues of anger management and trauma are addressed in individual therapy. Youth screened for substance abuse treatment needs participate in 7 Challenges; an evidence based substance abuse program administered by certified addictions counselors and licensed behavioral health staff. Services also incorporate the use of psycho-educational materials, to include Forward Thinking, an evidence-based journaling series that focuses on the development of coping strategies. The series addresses problem-solving and decision-making skills, interpersonal relationships, conflict resolution and aggression management skill building.

The Department has conducted extensive research to determine best practices and evidence-based approaches to providing additional trauma informed care and anger management services. The Department has obtained an expert trainer in aggression management programming. Training will begin in July of this year. The Department has developed a request for proposals and is seeking programming and training for implementation of additional trauma informed care services.

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. Annual training includes training in the CHALLENGE Program, with a focus on positive relationship building, role modeling, and de-escalation. In June 2014, the Department began training 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.

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) receives 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.

End Indiscriminate Shackling and Strip Searches

The Department limits restraints of youth to address security needs. Restraints are required for the secure transport of youth assigned to detention and the two hardware secure facilities. However, when these youth demonstrate progress in self-management and in their treatment programs they earn privileges to participate in off grounds activities. Restraints may not be required for carefully planned activities where youth are supervised by direct care staff with whom they have an established relationship. Transports to medical appointments, courts, and educational appointments present additional security variables that

cannot be controlled. Additionally, transports are frequently conducted by transportation unit staff who do not work directly with the youth.

Search procedures are implemented to reduce and eliminate the introduction of contraband in facilities which may jeopardize safety and security for youth and staff. The Department's strip search procedures are implemented only when youth have exposure to the public or there are reasons to suspect that the youth may have contraband.

Education in Committed Placement Centers

The Maryland Department of Education is responsible for providing education services to DJS youth. We support the need for GED, post-secondary education and expanded vocational education for youth. Youth housed at the four Youth Centers are eligible to participate in the college program at Garrett College.

FACILITY RESPONSES

Victor Cullen

Victor Cullen is the only state run hardware secure treatment facility that serves youth with the most serious committing offenses and aggressive histories. Given the impulsivity and needs of this population, incidents of aggression fluctuate. As the Department works to serve the lowest risk youth in the community, committed programs will increasingly serve the highest risk and most behavioral challenging youth.

During the first quarter of 2015, incidents of fights and assaults decreased by 30%. There was an increase in the use of mechanical restraints and seclusion that indicates interventions required by staff to safely remove out of control youth to a place of seclusion for a period of "time out" to regain self-control. Seclusion is limited to situations where youth present an imminent threat of physical harm to themselves or others, they have not responded to less restrictive methods of control or for whom less restrictive measures cannot reasonably be tried; or when youth have escaped or are attempting to escape. Youth are not placed in seclusion for a pre-determined amount of time. When seclusion is used, staff must observe youth every 10 minutes and counsel with the youth to return him/her to the treatment milieu as soon as possible. Incidents of seclusion are reviewed by facility administrators to ensure compliance with Departmental policy and procedures. The average length of stay in seclusion during the first quarter was 2.5 hours.

There were 20 incidents of suicidal ideations during the first quarter of 2015; 9 of the 20 incidents were attributed to one youth. This youth received intensive individualized programming in the Intensive Services Unit, and was re-integrated in the general population. Since that time he has not exhibited any suicidal ideations.

The JJMU conclusive/causative statement that an increase in the use of mechanical restraints and seclusion during a time when the average daily population has decreased suggests that physical control and intervention are being used in place of a treatment program is inaccurate. Treatment services have expanded at Victor Cullen. The facility now has one therapist assigned for every 12 youth, a clinical supervisor and a psychologist who provides oversight of clinical services and program development and implementation. Additionally, the facility has implemented an intensive supervision and counseling program, located in the Intensive Service Unit.

Youth at Victor Cullen receive comprehensive, evidence based treatment in the form of individual counseling which emphasizes cognitive behavioral interventions, group therapy, and family therapy. Aggression and trauma is targeted in individual sessions utilizing cognitive behavioral techniques as well as the milieu of the CHALLENGE Program. The behavioral principles and structure of the CHALLENGE Program support the provision of treatment services. CHALLENGE is an incentive based program; and is clearly not a control focused program as asserted by JJMU. Treatment services at Victor Cullen are consistent with those described in the Committed Placement Centers section of this report.

Youth Centers

Programming to address anger management and trauma is described in the Committed Placement Centers section of this response. The Department will begin training in additional anger management programming in July 2015. The Department has developed a request for proposals to procure additional trauma informed care programming.

J. DeWeese Carter Children's Center

The staff at Carter Center, Maryland's only hardware secure program for females, successfully manages the most aggressive youth. During this quarter there were no incidents of youth on youth assaults or fights. There were 7 incidents requiring the use of restraints and 3 incidents requiring the use of seclusion.

At admission all youth are screened for trauma exposure using the Trauma Symptom Checklist for Children (TSCC). Each youth has an individualized treatment plan developed to address her specific treatment needs. Youth are provided individual and group therapy and bi-weekly family therapy. Programming to address anger management is provided through CHALLENGE, the behavior management program, individual counseling and therapy, and psycho-educational material utilizing Forward Thinking, a cognitive behavioral journaling series. As reported, the Department has developed a request for proposals to secure additional programming and staff training in trauma informed care.

DETENTION CENTER RESPONSES

The JJMU reported a concern for youth with mental health needs being placed in detention. Recognizing that placement in detention can be an emotionally stressful event, the Department screens all youth at admission utilizing the Massachusetts Youth Screening Instrument (MAYSI) to identify youth who may require immediate mental health care. A more extensive evaluation is completed by mental health staff as part of the Multi-Disciplinary Assessment Staffing Team (MAST) process. Throughout a youth's stay in detention behavioral health staff are available and responsive to the needs of youth. When behavioral health staff determine a youth has intensive mental health needs that cannot be met at the facility, the youth is referred for hospitalization and/or placement in an intensive mental health services facility.

All DJS direct care staff are trained to refer youth in crisis to mental health staff for an assessment. Beginning June 2014, the Department began utilizing Youth Mental Health First Aid, USA for Adults Assisting Young People, an evidence based model to train all direct care staff. Youth Mental Health First Aid is designed to teach staff how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. As required by the Department's Suicide Prevention Policy and Procedures staff are trained to

respond to all verbalizations, self-injurious behaviors and suicide gestures by providing one on one direct supervision until the youth can be assessed by mental health staff.

Baltimore City Juvenile Justice Center

Incidents of fights and assaults, physical restraints, and the use of seclusion decreased during the first quarter of 2015 compared to the first quarter of 2014. All staff are being provided training in Youth Mental Health First Aid, and the DJS Suicide Prevention Policy and Procedures.

Cheltenham Youth Facility

The staff and administrators at Cheltenham have consistently managed youth behavior within the setting of a challenging physical plant. The slight increases in incidents ranging from 4 to 9 have been appropriately addressed and reviewed by administrators.

Charles H. Hickey, Jr. School

JJMU reports a 300% increase in the use of handcuffs and shackles. This percentage appears significant; however, it represents 12 incidents in the first quarter of 2015 compared to a low of 3 incidents in the first quarter of 2014. Handcuffs were used 11 times, and shackles once to safely move youth to a location for “time out” and/or seclusion.

JJMU reports that youth in the Intensive Services Program (ISU) are not permitted to participate in special activities. The youth placed in the ISU program are youth who have engaged in assaultive behaviors with their peers and/or staff. These youth are removed from the general population and restricted from participation in extracurricular activities until they demonstrate improved ability to manage aggressive behaviors. Youth in ISU participate in recreation activities daily. Additionally, these youth receive individual and group therapy. Highly specialized individual treatment plans are developed for each youth. Mental health staff work closely with direct care staff to model appropriate implementation of interventions. Individualized plans contain coping strategies such as anger management techniques with practical suggestions for staff to encourage behavioral compliance through positive feedback.

DJS appreciates the JJMUs recognition of the World of Work Program at Hickey. This program is available to youth at all DJS facilities.

Thomas J.S. Waxter Children's Center

Incidents of fights and assaults increased by 10 incidents when compared to the first quarter of 2014. In response to youth exhibiting more aggressive behaviors, staff interventions of physical restraints also increased. All youth receive an assessment by mental health staff following a restraint. The increase in acts of aggression was largely attributed to six youth who had very aggressive histories and multiple placements in detention. Direct care and behavior health staff worked collaboratively to address the special needs of these youth.

JJMU reports that secure detention is an inappropriate placement for youth facing mental health challenges. At admissions, all youth receive an initial mental health screening utilizing the Massachusetts Youth Screening Instrument (MAYSI) to identify youth who may require immediate mental health care. Youth who are unstable are not accepted. A more extensive evaluation is completed as part of the MAST assessment process. 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 or program. All incidents of suicide ideation are addressed immediately. Staff is trained to respond to all comments of suicidal ideation by placing youth on alert for close supervision, pending an assessment by a mental health practitioner. The facility is staffed with trained mental health professionals who serve on-call at all times to address the youth's immediate need and provide guidance to direct care staff. The following behavioral health positions are assigned to the facility: a licensed clinical professional counselor, a clinical social worker, licensed psychologist, two substance abuse counselors, and a half time licensed social worker. The social worker and the psychologist also conduct Multi-Disciplinary Assessment Staffing Team (MAST) evaluations for the youth at the facility. Clinical hours have been expanded to provide coverage evenings and weekends.

Staff training in de-escalation, Youth Mental Health First Aid, USA for Adults Assisting Young People, and the Department's Suicide Prevention Policy and Procedures is ongoing. Incidents of suicide ideation, physical and mechanical restraint use are reviewed by facility administrators to ensure adherence to Departmental policy and procedures.

Alfred D. Noyes Children's Center

Youth with significant aggressive and emotional needs have been placed at Noyes during this quarter. Behavioral health staff, administrators and direct care staff work collaboratively to manage the behaviors of youth. All incidents of restraint and aggression are reviewed by the facility administrator and monitored by the executive director. Incidents of alleged abuse are reported to Child Protective Services, State Police and the DJS Office of the Inspector General for investigation. Corrective actions are taken with staff as appropriate, to include re-training, and discipline up to and including termination.

Use of restraints is required to prevent youth from harming themselves or others. All direct care staff complete crisis prevention management, verbal de-escalation, and mental health first-aid training annually.

Lower Eastern Shore Children's Center

Incidents have remained low during this quarter. The Department appreciates the JJMU recognition of the facility as a safe, well-managed therapeutic environment.

Western Maryland Children's Center

The increase in the use of restraints, 20 incidents, compared to a low of 9 in the first quarter of 2014, represent required intervention by staff to maintain safety of youth. There were only 2 incidents of youth on youth fights/assaults during this quarter. Seclusion was limited to 1 incident.

William Donald Schaefer House

The Department appreciates the JJMU's recognition of the community enrichment opportunities afforded to youth participating in the substance abuse program at the Schaefer House.

Private Providers

Silver Oak Academy

Silver Oak Academy (SOA) is a privately operated staff secure group home licensed by the Department. Behavior at the facility has remained relatively stable. There was an increase of 4 incidents of restraint this quarter; 17 incidents compared to 13 in the first quarter of 2014.



May 15, 2015

MSDE Response to the Juvenile Justice Monitoring Unit's 2015 First Quarter Report

The Maryland State Department of Education (MSDE) acknowledges the important contribution the Juvenile Justice Monitoring Unit has in assuring the needs of youth under the jurisdiction of the Department of Juvenile Services (DJS) are being met in compliance with State law (Chapter 255, Acts of 2002 and Chapter 12, Acts of 2006).

Since 2004, MSDE has been actively engaged with the DJS in assuming responsibility for educational services at all DJS residential facilities across Maryland. This process which spanned almost ten years involved the transition of fourteen discreet facility based educational programs into the MSDE Juvenile Services Education System. During that process, MSDE and DJS partnered together to effectively plan and devise measures which served to both effectively transition these services to MSDE as well as mitigate interruptions to educational services for the youth residing within these facilities. Over those years, MSDE JSE and DJS has worked diligently to institute formal and effective channels of communication as well as procedures which are designed to focus the collaborative efforts and energies of both agencies on maximizing students' access to educational services. MSDE JSE and DJS are committed to continuing this collaborative relationship as MSDE JSE progresses towards establishing JSE as a national model for juvenile justice education.

MSDE Response to JJMU Snapshot of Ongoing Concerns

- **Homogeneous Grouping of Students Based on Grade Level**

MSDE JSE agrees that having the ability to group students homogeneously based upon grade level would allow instructional services to be more focused on discreet core content subjects. Currently, youth attend school based upon their housing units which translates into a teacher of mathematics, for example, providing instruction in a variety of sub-topics (Algebra I/II, Geometry, Calculus) of mathematics for each class of students. With the use of homogeneous grouping, the class instruction could be limited and focused on one of two of these sub-topics.

MSDE JSE and DJS collaborated in January 2015 to initiate a pilot for homogeneous grouping at Victor Cullen Center. Due to a variety of variables, including the vacancy of the principal position, MSDE JSE with DJS's input decided the pilot should be temporarily discontinued. MSDE JSE plans to revisit this pilot during the upcoming fiscal year in hopes of developing a model for implementation state-wide in long-term residential facilities.

- **Collaboration with Court Liaison in Every County**

MSDE JSE is actively engaged in working with pupil personnel staff or the identified educational liaison who facilitate transition of youth for local school systems (LSS) across the state. MSDE JSE's Coordinator of Guidance and Student Records routinely meets with counseling supervisors from LSS to provide updates related to the transition of youth between MSDE JSE and all 24 LSS and private schools within Maryland.

Additionally, MSDE JSE conducts quarterly reviews of credits earned for youth who have transitioned back to their home schools to ensure that credits earned while at JSE facilities are accepted. MSDE JSE is collecting data regarding the number of credits earned as a possible new accountability standard for FY 16.

Current procedures provide for the contact between court liaisons concerning youth returning to their LSSs to rest with the Department of Juvenile Services' Office of Transition Services. As part of the transition process established by both MSDE JSE and DJS, MSDE JSE ensures that all pertinent students' records are provided to the DJS Transition Specialist. DJS communicates directly with the court liaisons.

- **Lack of Available Technology-Based Resources**

MSDE JSE concurs that access to the internet and the installation of technology in all schools would provide an opportunity to both enhance and support instructional services. JSE is currently working to centralize access to instructional software to a main server located at MSDE Headquarters in Baltimore. Completion of this process has been greatly impacted since MSDE JSE has only one dedicated computer network specialist. To date, MSDE JSE has completed the process to connect six of the schools to the main server and is focused on establishing the connection for six additional sites by the end of June. Upon finalization of the connection, MSDE JSE will be able to introduce instructional resources for deployment within JSE schools across the state. However, the protocols involved in allowing students' access to the internet will need to be addressed through a joint agreement with MSDE JSE and DJS as we move forward.

With regard to the specifics outlined in the report concerning the medical coding and billing pilot currently occurring at the J. DeWeese Carter Center is important to note that this is a web-based certification through Applied Educational Systems. The course work prepares students to take the national certification by an outside agency. At this time, we are currently teaching the course through paper and pencil. The course is broken into 4 sections with a test per section and a final test. Once Carter is connected to the MSDE server, students completing the required course work and successfully passing the paper and pencil final will then take the national exam which leads to a nationally recognized industry certification.

- **Ensure JSE is a Top Priority**

MSDE concurs that the Juvenile Services Education system is a top priority with the department. MSDE is committed to providing resources including both human and fiscal needed to ensure youth within JSE schools receive equal access to their counterparts in LSSs across the State.

- **Post-Secondary Education**

MSDE DJS agrees that having options for youth who possess a high school diploma is important. To this end MSDE JSE provides youth the ability to take the Accuplacer, receive instruction in areas of weaknesses, and receive additional career technology educational opportunities when youth either obtain or possess their high school diploma. With relation to providing post-secondary options including access to online courses or enrollment at local community college, several issues would need to be resolved before concrete next steps can occur to provide this opportunity at all long-term residential facilities. For example, MSDE JSE administers the Backbone Mountain college program, it is important to note that DJS has maintained fiscal responsibility for this program since the assumption of the Youth Centers in June 2013. MSDE JSE does not have fiscal resources to provide this type of program for youth within DJS residential facilities. Over the past two years, MSDE JSE has encountered issues with identifying youth to admit into the Backbone Program. Currently, four youth are enrolled in that program. In the larger sense, the number of youth who reside in DJS long-term residential facilities who would be in need of such post-secondary options is historically low. Currently, JSE is actively engaged in finalizing a strategic plan which will inform JSE's efforts over the next three years. Post-secondary educational opportunities will be addressed within the strategic plan upon securing appropriate authorization and funding.

MSDE Response to Facility Based Concerns

Youth Centers

Three of the Youth Centers has a dedicated career technology education (CTE) instructor and the fourth site provides career technology instruction is provided by the career research and development instructor. CTE provided at each of these sites includes access to the following programs which lead to nationally recognized industry certifications: National Center for Construction Education and Research (NCCER) Core Construction; ServSafe, and OSHA 10. Additionally, C-Tech (Green Technology, Mission Breakout, and Connect to Business) instruction is provided at all four Youth Centers.

Currently all fourteen sites provide a minimum of three Career Technology Education (CTE) programs leading towards certification. Depending upon the site, facility population, and staffing these programs maybe scheduled on a rotating basis.

J. DeWeese Carter Center

JSE is exploring options for providing designated online courses from Chesapeake College for the youth residing at Carter based upon successful completion of the Accuplacer. Youth at Carter who obtain or possess their high school diploma are also provided access to a minimum of three CTE courses. Youth's access to employment opportunities as well as internships in the Chestertown community will be addressed through collaboration with DJS.

Cheltenham Youth Facility

The offering of post-secondary options for youth will be addressed with JSE's strategic plan within the committed residential placements. Given the average length of stay within detention facilities, it is not feasible for youth to enroll in online courses and complete the courses.

Youth within all JSE schools including Cheltenham are afforded opportunities for enrollment in CTE classes. Employment within the facility in a DJS program such as the World of Work is possible. However, MSDE JSE does not have the fiscal ability to provide reimbursement for such "campus-based employment options."

Alfred D. Noyes Children's Center

The use of GED preparation instruction and students' involvement with taking a GED Test Ready "practice test" occurs at all JSE school sites across the state. Additionally, service learning projects are a central component of all JSE schools. The Noyes garden project is a wonderful example of this type of service learning experience. A similar garden project has been part of the Carter Center school for the last three years. Services learning projects are provided at all JSE schools.

MSDE JSE is actively engaged in enhancing each school's ability to use technological resources and software. This enhancement is contingent upon JSE's finalization of all schools' electronic connection to the main server housed at MSDE Headquarters.