



**JUVENILE JUSTICE MONITORING UNIT
STATE OF MARYLAND**

2016 SECOND QUARTER REPORT

The Maryland Juvenile Justice Monitoring Unit (JJMU)

The Juvenile Justice Monitoring Unit (JJMU) is an independent state agency housed in the Office of the Maryland Attorney General.

The mission of the JJMU is to promote the positive transformation of the juvenile justice system to meet the needs of Maryland's youth, families, and communities. This mission is accomplished by collaborating with all who are involved with the juvenile justice system.

The JJMU is responsible for reporting on Maryland Department of Juvenile Services (DJS/the Department) operated and licensed programs across the state. Monitors from the unit conduct unannounced facility visits to guard against abuse and ensure youth receive appropriate treatment and services.

JJMU 2016 Second Quarter Report Compendium

The JJMU issues public reports covering each calendar quarter. Enclosed please find the compilation of 2016 second quarter reports from the Maryland Juvenile Justice Monitoring Unit. This report compendium provides data and analysis concerning treatment of and services provided to youth in DJS directly run and licensed facilities throughout Maryland.

The Department of Juvenile Services' response and a response from the Maryland State Department of Education are included, as indicated on the contents page.

The JJMU 2016 Second Quarter Report was produced by Margi Joshi, Nick Moroney, Tim Snyder and Eliza Steele. Thanks to Taran Henley, Terri Jarman, Fritz Schantz, and Maria Welker for technical assistance.

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 for Juvenile Services as required under Maryland law.

Current and prior reports of the Maryland Juvenile Justice Monitoring Unit and related responses are available through our website at:

<http://www.marylandattorneygeneral.gov/Pages/JJM/default.aspx>



NICK MORONEY
Director

STATE OF MARYLAND
JUVENILE JUSTICE MONITORING UNIT

September 2016

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 for 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, Director Lee, and State Advisory Board Members:

The number of youth in the Maryland juvenile justice system has continued to decline as a result of fewer intake referrals and targeted efforts by the Department of Juvenile Services to limit the inappropriate utilization of detention and committed placement centers.

The Department should sustain these efforts while shifting from the use of large, congregate residential facilities to a continuum of community-based programs where youth can receive comprehensive and individualized services from professional providers.

Residential options should not be used except as a last resort for youth who pose a credible risk to public safety and cannot be served at home. Investment in and development of this model is key to establishing a more effective juvenile justice system in terms of youth outcomes, public safety, and fiscal measures (see Juvenile Justice in Maryland section, page 2).

Respectfully submitted,

Nick Moroney

Nick Moroney
Director
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
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JUVENILE JUSTICE MONITORING UNIT 2016 SECOND QUARTER REPORT

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Secure Detention Centers

Short-term, pre-disposition/pending placement

- Baltimore City Juvenile Justice Center (BCJJC)
- Cheltenham Youth Facility (CYF)
- Charles H. Hickey, Jr., School (Hickey)
- Thomas J.S. Waxter Children's Center (Waxter)
- Alfred D. Noyes Children's Center (Noyes)
- Western Maryland Children's Center (WMCC)
- Lower Eastern Shore Children's Center (LESCC)

Committed Placement Centers

Long-term, post-disposition

- Victor Cullen Center (Cullen)
- J. DeWeese Carter Center (Carter)
- Backbone Mountain, Green Ridge, Savage Mountain, Meadow Mountain youth centers (Four youth centers)
- Silver Oak Academy (SOA)

Incident and Population Trends

Second quarter 2016 population and incident trends versus the same time last year:

- ✓ Average daily populations (ADP) of youth decreased at Hickey and Waxter secure detention centers and in committed placement centers at Cullen and SOA.
- ✓ Fights and assaults decreased in secure detention at Hickey, Waxter, and Noyes, and in committed placement at Cullen and SOA.
- ✓ Physical restraints decreased in secure detention at Hickey, Waxter, and Noyes and in committed placement at Cullen and SOA.
- ✓ Mechanical restraints were not used in secure detention at LESCC or in committed placement at Carter. The use of mechanical restraints decreased in secure detention at Hickey, Waxter, Noyes, and WMCC.
- ✓ Seclusion was used once in secure detention at CYF, Waxter, and LESCC. The use of seclusion decreased in secure detention at Hickey.
- Average daily population (ADP) increased substantially at the four youth centers. ADP also increased in secure detention at BCJJC, CYF, and WMCC.
- Fights and assaults increased in secure detention at BCJJC, CYF, and WMCC and in committed placement at the four youth centers.
- Physical restraints increased in secure detention at BCJJC, CYF, WMCC, and LESCC and in committed placement at Carter and the four youth centers.
- Mechanical restraints increased in secure detention at CYF and in committed placement at the four youth centers
- Seclusion increased in detention at BCJJC and WMCC, and in committed placement at Victor Cullen, Carter, and the four youth camps.
- There were 77 incidents of suicide ideation, 16 incidents of self-injurious behavior, and one suicide attempt at DJS-operated facilities during the quarter.

Juvenile Justice in Maryland

As a result of declining intake referrals¹ and targeted efforts by the Department of Juvenile Services (DJS/the Department), the population of youth in residential (detention and committed placement) facilities through the juvenile court system has been reduced in recent years.

As of April, 2016, and excluding youth charged as adults, the average daily population (ADP) of DJS-involved youth in residential facilities was 710, down 22% compared to April of 2015, when the ADP of youth in institutions was 909.²

According to a report by the Annie E. Casey Foundation there is strong evidence that, except in situations where a child has committed a serious offense and poses a credible risk to public safety, “removing troubled and delinquent young people from their homes is expensive and often unnecessary—with results no better (and often far worse) on average than community-based supervision and treatment.”³

The report further suggests that the use of large, congregate institutions for youth who cannot be served in the community “provides no public safety benefit, wastes taxpayers’ money, and reduces the odds that the young people will mature out of their delinquency and become productive law-abiding citizens.”⁴

Stakeholders, including DJS and the courts, should continue working to reduce the population of youth in the juvenile justice system and minimize the use of detention and committed placement facilities, particularly those that entail extended lengths of stay far from a child’s home community. Placement even in a community-based residential facility should be reserved for high-risk, serious juvenile offenders who have exhausted community-based alternatives.

The utilization of large, ineffective institutions for youth in the juvenile justice system should be phased out. Maryland should invest in the development of a continuum of treatment options that offer comprehensive, individualized, and evidence-based services provided by experts in community-based programs.

Investment in and development of this model is key to establishing a more effective juvenile justice system in terms of youth outcomes, public safety, and fiscal measures.

¹ DJS Performance Report. May, 2016. Available at: <http://djs.maryland.gov/Pages/Publications.aspx>

² Includes youth in the Maryland juvenile justice system who were held in detention and in-state and out-of-state committed placement centers operated by DJS and private providers. Youth charged as adults and held in DJS detention facilities are not included, however, if they were, the total current ADP would still reflect a decrease over last year. DJS Performance Report. May, 2016. Available at: <http://djs.maryland.gov/Pages/Publications.aspx>

³ The Annie E. Casey Foundation. *No Place for Kids*. Baltimore: The Annie E. Casey Foundation, 2011. DJS Performance Report. May, 2016. <http://www.aecf.org/m/resourcedoc/aecf-NoPlaceForKidsFullReport-2011.pdf> p. 38

⁴ The Annie E. Casey Foundation. *No Place for Kids*. Baltimore: The Annie E. Casey Foundation, 2011. DJS Performance Report. May, 2016. <http://www.aecf.org/m/resourcedoc/aecf-NoPlaceForKidsFullReport-2011.pdf> p. 38

COMMITTED PLACEMENT CENTERS

Victor Cullen Center

The Victor Cullen Center (Cullen), in Frederick County, is a maximum security committed placement center owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). The DJS-rated housing capacity is 48 boys. African American youth represented 77% of total entries during the second quarter of 2016, compared to 78% during the same time last year. Hispanic/Latino youth represented 7% of youth entries, compared to 10% last year.

Victor Cullen – Selected Incident Categories	Q2 2014	Q2 2015	Q2 2016
Average Daily Population (ADP)	44	34	24
1. Youth on Youth Assault/Fight	32	16	6
2. Alleged Youth on Staff Assault	10	4	3
3. Physical Restraint	87	30	29
4. Use of Handcuffs and/or Shackles	61	27	28
5. Seclusion	38	11	18
6. Contraband	1	0	0
7. Suicide Ideation	2	6	1
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	1	1	0

Following a DJS-imposed reduction of the number of youth sent to Victor Cullen, average daily population during the second quarter decreased 29% compared to the same time last year.

Fights and assaults during the quarter decreased by 62% compared to the same time last year. Physical restraints decreased by 3% and the number of incidents involving mechanical restraints increased from 27 to 28. The use of seclusion increased by 63%.

Victor Cullen continues to face staffing shortages and high turnover which can contribute to an unsafe facility environment. The Department should ensure that Victor Cullen is sufficiently staffed to promote facility safety and comprehensive access to programming. The Department should also permanently reduce the capacity at Victor Cullen to 24 youth.

Therapeutic programming

A youth at Victor Cullen commented during the quarter, “I ask for help and I don’t get it. Staff shouldn’t wait until something happens.”

There is no overarching evidenced-based, trauma-informed therapeutic model at Victor Cullen, or any other DJS facility. Youth described Victor Cullen as “like detention,” and said that being at Cullen is about “doing time,” and that “there is no program here.”

Instead of a therapeutic model, staff are required to enforce the Department’s behavior management system, Challenge. The behavior management system leaves the underlying mental health and trauma related needs – which are often the source of non-compliant behavior – unaddressed during routine interactions between youth and direct-care staff.

During the quarter, a youth who had recently lost his grandmother said that, when he put his head down on his desk during school, he lost points through the behavior management system. According to the youth, losing points “just made it much worse.”

The Department should replace the Challenge program and implement an evidence-based and trauma-informed treatment model to help shape routine interactions among youth and staff according to therapeutic principles and individualized treatment goals. Staff should be trained in verbal de-escalation, processing, and restorative justice techniques to help youth learn and practice positive coping and conflict-resolution skills.⁵ Implementing a treatment model that includes these components is necessary to support and reinforce the services that youth receive in individual and group counseling and help establish a therapeutic culture.

Enhancements to treatment programming should also include increased family involvement. Youth in DJS committed placements are allotted two 10-minute phone calls a week (the same as youth in detention centers). During the quarter, one youth commented, “I would rather talk to my people than play video games” and another youth remarked, “We don’t get enough time to know what is going on” at home. The Department should increase the duration and frequency of weekly phone calls for youth given evidence that youth with greater family contact while in placement have reduced depressive symptoms, are involved in fewer incidents of aggression, perform better in school, and are less likely to recidivate.⁶ Plans to hold bi-monthly family days should go forward and the Department should incorporate home passes of gradually increasing duration into the program at Victor Cullen.

⁵ Office of Juvenile Justice and Delinquency Prevention, *Jurisdictional Technical Assistance Package for Juvenile Corrections*. Chapter 3, “Balanced and Restorative Juvenile Corrections,” December, 2000.

https://www.ncjrs.gov/html/ojdp/juris_tap_report/ch3_02.html

⁶ Shanahan, R. & diZerega, M., “Identifying, Engaging, and Empowering Families: A Charge for Juvenile Justice Agencies.” Vera Institute of Justice, February 2016. p. 3 <http://www.vera.org/sites/default/files/resources/downloads/family-engagementfor-juvenile-justice-agencies.pdf>

Recreational programming

Administrators at Cullen have added some recreational programming for youth who demonstrate good behavior. Near the beginning of the quarter, one youth remarked that Victor Cullen “was like a jail at first. Now there are more activities so it is better.”

Further additions to programming for all youth are still needed to help establish a treatment culture at Victor Cullen. During the quarter youth also stated that they need “meaningful activities” and “a way to release stress and anger.”

Plans to introduce constructive outlets like hands-on instruction in aquaponics and silk-screening should go forward without delay and all youth should have access to a full schedule of structured activities, regardless of their status in the behavior management system. The weight room remained closed through the quarter and should be repaired and reopened for all youth as soon as possible.

Education programming

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) operates the school at Victor Cullen. The principal position – which is shared with another facility – is vacant. Victor Cullen should have its own principal and the position should be filled as soon as possible.

Education and vocational programming should be expanded in order to help create a positive and therapeutic culture at Cullen. Vocational education was not offered during the quarter due to an ongoing vacancy for a career technology teacher. Youth who have earned a high school diploma or GED do not have access to post-secondary education. Some youth who have earned a high school diploma or GED complete odd jobs around the facility for pay through the World of Work program.

However, the Department does not permit youth who have earned a high school diploma or GED to participate in World of Work while they are on the first three levels of the behavior management system. The Department also prohibits youth on the Intensive Services Unit – a self-contained and restrictive housing unit for youth involved in aggressive incidents – from participating in World of Work. These restrictions leave certain youth unengaged in any constructive programming during school hours for weeks or months at a time. For youth who are permitted by DJS to participate in World of Work, staffing constraints and a limited number of available tasks often limit the opportunity to work. The Department should lift restrictions on eligibility for World of Work and ensure that there are sufficient resources available for youth to consistently participate.

The Department of Juvenile Services and MSDE JSES should collaborate to ensure that youth have access to opportunities for post-secondary and vocational education at the facility, online, and on campus at local colleges and community colleges. Other connections with community-based resources, including local businesses, should also be forged to ensure youth access to job training and employment opportunities.

Youth Centers x4

The youth centers consist of four separate staff secure (not locked and fenced) facilities for boys and are owned and operated by the Maryland Department of Juvenile Services (DJS/the Department): Green Ridge (40-bed capacity); Savage Mountain (24 beds); Meadow Mountain (40 beds); and Backbone Mountain (48 beds). African American youth represented 74% of total entries during the second quarter of 2016, up 1% compared to the same period in 2015. Hispanic/Latino youth accounted for 10% of youth entries during the second quarters of both 2016 and 2015.

Combined Youth Centers (x4) – Selected Incident Categories	Q2 2014	Q2 2015	Q2 2016
Average Daily Population (ADP)	140	88	123
1. Youth on Youth Assault/Fight	42	21	50
2. Alleged Youth on Staff Assault	4	5	11
3. Physical Restraint	65	60	120
4. Use of Handcuffs and/or Shackles	19	22	38
5. Seclusion	0	0	0
6. Contraband	10	2	8
7. Suicide Ideation	3	3	10
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	1	0	3

Average daily population (ADP) at the youth centers increased by 40% in the second quarter of 2016 compared to the same period last year. Youth on youth fights and assaults increased by 138%, physical restraints increased by 100%, and use of mechanical restraints increased by 72% during the same time period.

During the quarter, the Department closed William Donald Schaefer House (WDSH), a four month program in Baltimore City that provided substance abuse services to up to 19 boys in a group home setting. The Department has indicated that boys who would have been placed at WDSH will instead be sent to Meadow Mountain youth center, a remotely located facility where kids stay for six to nine months (see Smaller Facility Updates, p 42).

The decision to push kids further into the system is concerning, as “a growing body of research demonstrates that for many juvenile offenders, lengthy out-of-home placements in secure corrections or other residential facilities fail to produce better outcomes than alternative sanctions. In certain instances, they can be counterproductive.”⁷

The Department should work to reduce the committed care population by expanding the availability of effective community-based interventions, including evidenced-based substance abuse services. Placement in a residential facility should be reserved for the small number of high-risk juvenile offenders who have exhausted community-based alternatives.

Chronic staffing shortages

With the exception of Meadow Mountain, critical staffing shortages at the youth centers remain a concern. Direct-care staff are required to work multiple double shifts (16 hours) during the week, which can contribute to burnout and attrition. Staffing deficiencies can compromise facility safety and security and prevent youth from receiving comprehensive, individualized attention. For instance, some youth reported that staff don’t have time to speak with them one on one about problems they are having and they feel as if they have to act out in order to get the help they need. In addition, several off-site recreational and enrichment events scheduled during the quarter – which can serve as a meaningful incentive and help create a normalized environment for youth – have been canceled because of insufficient staffing.

The Department should permanently address hiring and retention issues at the youth centers without delay and increase staffing levels to help increase facility safety and allow for individualized care. There should be at least one staffer for every four youth, and a minimum of two staff present with youth at all times. A supervisor and a rover should be assigned to each living group.

Lack of comprehensive rehabilitative services

The lack of comprehensive rehabilitative services – including a cohesive therapeutic approach and robust recreational and education programming – at the youth camps leave some youth feeling as if they are “just doing time.” Many youth identify their major goal during placement at the camps as “keeping it together” so they can “get out of here.”

The Department should address the following areas of concern to help establish a therapeutic culture at the youth centers:

- Need for an evidenced-based, trauma-informed therapeutic approach

⁷ Pew Charitable Trusts Issue Brief, “Re-Examining Juvenile Incarceration,” April 20, 2015.
<http://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2015/04/reexamining-juvenile-incarceration>

There is no overarching evidenced-based, trauma-informed therapeutic model at the youth camps, or any other DJS facilities. Instead, staff are required to enforce the Department's behavior management system, Challenge, which entails awarding points and weekly rewards like snacks and hygiene products for certain positive behaviors, and issuing prompts, warnings, personal restrictions, and/or behavior reports in response to negative behaviors. The behavior management system leaves the underlying mental health and trauma related needs – which are often the source of non-compliant behavior – unaddressed during routine interactions between youth and direct-care staff.

For some children, Challenge can exacerbate trauma and anger issues. One child commented, "Challenge makes my anger problem worse. It gets me worked up and [makes me] want to give up and act out. Staff should listen more instead of threatening kids with taking points and giving [behavior reports]." Another child remarked, "We have already been through a lot and are mad and sad and Challenge adds to the stress." One youth suggested that "staff should work with us more if we are acting out instead of taking points".

The Department should replace the Challenge program and implement an evidence-based and trauma-informed treatment model to help shape routine interactions among youth and staff according to therapeutic principles and individualized treatment goals.

- Inadequate access to mental health services

Youth placed at the youth centers currently wait an average of 6 to 8 weeks to receive psychiatric medical services. The Department should contract with a psychiatrist to provide timely psychiatric treatment for youth.

A mental health clinician should be assigned to each group of 8 youth. Mental health staff should be available during day and evening hours to work with youth and assist direct-care staff in addressing crisis situations or acute mental health needs children may have.

- Insufficient family contact

Family contact during out-of-home placement improves youth mental health, behavior, and academic performance, and is associated with lower recidivism rates for juveniles.⁸ Yet some DJS policies can act as barriers to family participation in a child's treatment.

Children in DJS-facilities are limited to two 10-minute phone calls per week. During the quarter, one youth reported, "I get a lot of help from home" adding that 10 minutes was not enough time for meaningful conversation. He advocated for 20-minute phone calls three to four times a week to help him take advantage of family support during the placement process.

Visitation is limited to certain hours two days a week and the remote locations of the youth centers in far western Maryland makes it difficult for many families to visit.

⁸ Shanahan, R. & diZerega, M., "Identifying, Engaging, and Empowering Families: A Charge for Juvenile Justice Agencies." Vera Institute of Justice, February 2016. p. 3 <http://www.vera.org/sites/default/files/resources/downloads/family-engagementfor-juvenile-justice-agencies.pdf>

The Department should address youth concerns about the lack of family engagement and recognize the positive impact that increased family contact can have on youth outcomes. Family engagement should be encouraged and supported by DJS so that caregivers can play an active role in a child's treatment program. Access to phone calls and visitation should be increased. Youth should participate in home passes of gradually increasing duration while in placement to help support family engagement and youth transitions to the community.

- Dearth of recreational and enrichment activities on and off-site

Excessive downtime is an ongoing problem at the youth centers. Youth report persistent boredom and spending hours after school and on weekends playing cards or watching television. Lack of structure can lead to incidents of aggression, while engagement in organized and constructive activities can help youth develop life skills and aid in rehabilitative efforts. The Department should provide funding and staffing for a variety of on-campus and off-campus enrichment and recreational programs.

- Limited education and vocational education services

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) operates the school at each of the four youth centers.

Many youth say they want to pursue courses of study that will help them get employment in their communities upon their release, including barbering, plumbing, carpentry, auto mechanics, computer science, and heating, ventilation, and air conditioning (HVAC) programs. Certificate classes at the youth centers are limited to introductory courses in construction and workplace, food, and traffic safety. Not all classes are available at each youth camp, and classes are only offered on a rotating basis which means that youth do not necessarily have the opportunity to earn certificates in each of the courses available. Every youth center should have a variety of hands-on vocational courses leading to nationally recognized certification and at least one dedicated career technology education teacher at each center to ensure that classes are consistently available on a daily basis throughout each child's placement.

High school graduates placed at Backbone Mountain are able to take community college classes at the local college. There is no access to post-secondary education for youth at other centers. The Department and MSDE JSES should collaborate to ensure that all students with a high school diploma or GED have access to local community college and online college courses as well as employment and internships in nearby communities.

- Importance of high-quality aftercare services and supports

Youth need support to access resources in the community to successfully transition home from placement. One youth commented that he was worried that he wouldn't be able to find a job when he returned home from the youth centers and would get in trouble again. Individualized and substantial aftercare planning should begin before a child is released from the program. Youth should be enrolled in an education or vocational program or employed and be linked with community service providers as appropriate upon or before release from placement.

Silver Oak Academy

Silver Oak Academy (SOA), located in Carroll County, is a privately operated staff secure (not fenced) committed placement center licensed by the Department of Juvenile Services (DJS/the Department) to house up to 96 boys. African American youth represented 78% of total entries to SOA during the second quarter of 2016, down from 83% during the same period last year.

SOA – Selected Incident Categories	Q2 2014	Q2 2015	Q2 2016
Average Daily Population (ADP)	63	62	53
1. Youth on Youth Assault/Fight	10	9	9
2. Alleged Youth on Staff Assault	0	2	0
3. Physical Restraint	22	11	6
4. Use of Handcuffs and/or Shackles	0	0	0
5. Seclusion	0	0	0
6. Contraband	16	12	9
7. Suicide Ideation	0	0	0
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	0	0	0

Average daily population during the second quarter of 2016 decreased by 15% compared to the same period last year and physical restraints decreased by 45%. The number of fights and assaults did not change.

An incident during the quarter (136284) indicates that concerns about comprehensive staffing and supervision at Silver Oak have not been fully addressed (see SOA section in JJMU

1st Quarter 2016 Report).⁹ According to the incident report, a youth was assaulted by a group of youth in the bathroom. Staff were unaware that the assault had taken place until days later when the youth reported the incident to his therapist. In his statement, the youth disclosed other instances of youth-on-youth assaults that went unreported because they had occurred outside of staff supervision.

Administrators at Silver Oak should enhance staffing patterns and staff training to ensure appropriate supervision of youth at all times and help maintain a safe environment.

Youth at Silver Oak participate in comprehensive education programming, including post-secondary and vocational options. During the quarter, 14 youth earned a high school diploma. Silver Oak also incorporates community-based programming including employment, internships, volunteer opportunities, and interscholastic sports.

Youth receive cohesive treatment services including individual, group, and family therapies that are reinforced by an overarching program based on cognitive-behavioral therapy. Parents of youth in placement at Silver Oak are required to participate in family therapy twice a month and are encouraged to attend on-campus events. However, Silver Oak's visitation policy allows for only two visits per month (in addition to on-campus events and mandated therapy sessions) while DJS-operated facilities hold visitation hours twice weekly. Silver Oak should significantly increase visiting hours for youth and their families as research shows that "frequent family visits can help alleviate depression, improve academic performance, and reduce aggressive incidents among youth in placement."¹⁰

⁹ SOA section in JJMU 1st Quarter 2016 Report is available on p. 16 at http://www.marylandattorneygeneral.gov/JJM%20Documents/16_Quarter1.pdf

¹⁰ Shanahan, R. & diZerega, M., "Identifying, Engaging, and Empowering Families: A Charge for Juvenile Justice Agencies." Vera Institute of Justice, February 2016. p. 3 <http://www.vera.org/sites/default/files/resources/downloads/family-engagement-for-juvenile-justice-agencies.pdf>

J. DeWeese Carter Center

The J. DeWeese Carter Center (Carter) is a maximum security committed placement center for girls. Located on the eastern shore, Carter is owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). African American girls represented 63% of total youth entries during the second quarter of 2015, down from 66% during the same period last year.

Carter – Selected Incident Categories	Q2 2014	Q2 2015	Q2 2016
Average Daily Population (ADP)	10	8	9
1. Youth on Youth Assault/Fight	2	1	2
2. Alleged Youth on Staff Assault	0	1	1
3. Physical Restraint	13	5	9
4. Use of Handcuffs and/or Shackles	1	0	0
5. Seclusion	0	0	5
6. Contraband	0	0	0
7. Suicide Ideation	4	0	1
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	0	0	0

Average daily population during the second quarter of 2016 increased slightly (from eight to nine) compared to the same time last year. Fights and assaults increased from one to two, physical restraints increased from five to nine and seclusions increased from zero to five. Mechanical restraints were not used in any incident within the facility during the quarter.

Plans to implement an evidence-based, trauma-informed treatment model at Carter and other DJS-operated committed placement centers should go forward as soon as possible. Efforts

to create a more therapeutic environment should also include components that promote a normalized environment for youth through community-based activities such as volunteering and employment opportunities, and comprehensive education programming.

In the absence of an established therapeutic model, girls at Carter have established a youth-led group to manage group dynamics and interpersonal conflicts. Staff and administrators should support youth efforts to enhance the treatment culture at the facility.

During the quarter, technical problems with the youth phone system that is operated by a private company, Global Tel*Link (GTL), impeded the ability of youth at Carter to communicate with family. Technical issues with the GTL phone system should be permanently addressed and youth should be permitted to use the phones in the case manager's office – as was previous practice – when such problems arise.

Use of mechanical restraints during emergency medical care

A youth at Carter was hospitalized during the quarter for an emergency mental health evaluation after her involvement in an incident (136451) where she attempted to assault a facility administrator. Although she was not mechanically restrained during the incident, the youth was transported to the hospital in shackles and handcuffs fastened to a belly chain and locked to a black metal box, per DJS policy.

According to witness statements included in a subsequent DJS internal investigation:

(Early morning on May 10th) A DJS staffer arriving “to work a hospital detail” found the girl sleeping. “When she woke, I [staffer] placed the youth in handcuffs since she is still in DJS custody and that is the procedure I have taught [sic]. The youth was already in leg iron restraints” At meal time, the staffer “removed the restraints on her hands so she could eat, immediately after she was done, I placed the hand restraints back on. [The youth] seemed calm during my shift work with her.” The staffer also “removed the hand restraints for her to use the bathroom.” During the hospital stay, a nurse asked a trainee DJS staffer to remove the leg irons and handcuffs with belly chain apparatus to enable the child to change into hospital clothing. The staffer complied and stepped out while the youth was supervised by two nurses. Shortly thereafter, the trainee received orders from a DJS staff supervisor that the youth “is to be cuffed at all times because of her being a flight risk (runner).” The staffer placed leg irons on the girl but “couldn’t place handcuffs because I didn’t have the key.” The staffer added that the girl asked a hospital social worker if she could speak with her grandmother. The DJS staffer told the social worker that the youth could not do so “unless you get confirmation from my superior followed by a call from the Carter Center/my superior to me allowing that.” The girl also “asked could she receive visitors. [The staffer] simply told her no each time she asked.”

Later the same day, the trainee DJS staffer's supervisor arrived "to check on my staff" and found the youth "sitting up on the bed without her handcuffs and shackles." The supervisor called the staffer out of the room to inform him that, "when we transport youths, we do not remove the shackles and handcuffs." The staffer shackled the girl but couldn't handcuff her as the handcuffs key was "back at the facility on the van key." The supervisor said she "did not stay more than ten minutes ... because my presence caused [the youth] to become agitated again." An experienced DJS staffer arrived at the hospital having been instructed by the supervisor to "place the youth back in handcuffs and shackles." The "youth already had shackles on her feet so [staff] just placed her handcuffs on." Staffer and youth then talked until the girl fell asleep. Another DJS staff trainee assigned to watch the youth noted the girl "was in handcuffs and shackles the whole time except for when she used the bathroom or took a shower. I then took one handcuff and one shackle off and placed it on the other arm and leg until she got done ... then the handcuffs and shackles was replaced on each arm and foot."

(On May 11th) A staffer arriving noted that, when the youth "awakened, she was irate toward me, verbally!" [emphasis in the original] The staffer said the girl "calmed down once she had been prompted to stop being verbally disrespectful." The girl "asked if she could be taken out of shackles and handcuffs... I responded 'no' and gave a reasoning ... the reasoning was because she is a AWOL risk."

(On May 13th) A DJS staffer arriving "to guard" the girl found her asleep with "handcuffs and leg shackles on." When she woke up and lunch was brought, the staffer loosened "her right shackle so she was able to eat her lunch properly." The staffer noted that she "didn't remove either [handcuffs or shackles] because it was my knowledge that it was the proper procedure that she remain in cuffs and shackles. Youth wasn't combative, seemed to be in good spirits... After lunch [the youth] went to the restroom, still shackled and handcuffed, returned to the room and continued to watch TV until transportation arrived to pick her up."

A patient care technician interviewed "stated she made daily contact" with the youth "during her stay at the hospital from May 10, 2016 until May 13, 2016. The hospital worker said the girl "remained in restraints the entire time she was in the hospital," adding that "while taking a shower [the youth] had both handcuffs attached to one wrist, which allowed her hands to be free, but the shackles remained on."

The Department should not mechanically restrain youth except as a last resort when there is an imminent risk of harm to themselves or others, or they are attempting to run away. DJS should also ensure that youth who are admitted to the hospital are able to maintain regular contact with family members through phone calls and visits.

Education programming

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) operates the school at Carter. A vacancy for the principal position at Carter – which is shared with another facility – remained unfilled throughout the quarter. Carter should have a dedicated principal position and the vacancy should be filled as soon as possible.

A youth admitted to Carter in early May earned her GED a week after entering the facility and completed the available career technology education courses shortly thereafter. Another youth earned her GED in March. Both are still in placement at time of writing (July 21, 2016) and neither had access to post-secondary education or job training, internships, or employment at the facility or in the community. Instead, the two graduates were required to sit in high school level classes for six hours a day with the other youth.

The Department of Juvenile Services and MSDE JSES should collaborate to ensure that all youth – including those with a GED or high school diploma – have consistent access to a comprehensive program of appropriate education services, job training, and employment experiences onsite and in the nearby

DETENTION CENTERS

Baltimore City Juvenile Justice Center

The Baltimore City Juvenile Justice Center (BCJJC) is a maximum security detention center for boys. The Maryland Department of Juvenile Services (DJS/the Department) owns and operates BCJJC which has a DJS-rated housing capacity of 120 beds. African American youth represented 95% of total entries during the second quarters of both 2016 and 2015.

BCJJC – Selected Incident Categories	Q2 2014	Q2 2015	Q2 2016
Average Daily Population (ADP)	95	82	86
1. Youth on Youth Assault/Fight	68	49	64
2. Alleged Youth on Staff Assault	12	9	10
3. Physical Restraint	104	75	90
4. Use of Handcuffs and/or Shackles	46	28	28
5. Seclusion	72	0	4
6. Contraband	11	2	5
7. Suicide Ideation	2	6	6
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	1	4	1

Average daily population increased by 5% during the quarter compared to the same period last year while fights and assaults increased by 31% and physical restraints increased by 20%. Seclusions increased from zero to four and the use of mechanical restraints did not change. There were also several group fights during the quarter (137316, 137296, 136859, 136680, 136796, 136105, 136108, and 136085).

Administrative and supervisory staff at BCJJC should work closely with direct-care workers to help them consistently maintain a safe and structured environment. Staff should

receive comprehensive training to recognize warning signs of potential group conflict. They should also be trained to intervene proactively with conflict resolution and verbal de-escalation techniques to prevent group fights and other incidents of aggression. Efforts to improve staff training and reduce incidents of aggression should include collaboration with mental health clinicians.

The location of mental health staff offices in a separate wing of the BCJJC complex can make it difficult for clinicians to quickly assist direct-care workers in verbal de-escalation efforts. Clinicians do not have dedicated space where they can meet privately with youth. Mental health staff should have access to office space within the detention center to allow for private meetings with youth and facilitate clinician involvement in de-escalation efforts and routine unit activities.

Excessive downtime on the living units can lead to incidents of aggression. Efforts to address the increase in incidents of aggression and physical restraints should also include additional structured programming during midday breaks from school, as well as evenings and weekends. Mental health clinicians and direct-care workers have already established a book club for certain youth during the quarter. Interdisciplinary collaboration to address the need for structured, positive programming should continue and be expanded to ensure that all youth have access to a complete schedule of engaging and constructive activities.

The need for enhanced programming is especially critical for youth who are charged as adults and held in DJS detention centers, as they tend to have substantially greater lengths of stay in detention compared to youth in the juvenile court system.¹¹ During the second quarter, approximately half of the average daily population at BCJJC were kids charged as adults. School staff at BCJJC have already taken some steps to enhance education programming for youth charged as adults by assisting eligible students to prepare for and take the GED exam. During the second quarter, three students at BCJJC earned a GED.

The Department, in conjunction with mental health providers and education staff should ensure that a program of constructive and therapeutic activities, including vocational education and rehabilitative services, is available to youth in DJS detention centers, particularly to those who are facing charges in the adult court system.

There is a self-contained and restrictive housing unit, the Intensive Services Unit (ISU), for youth who are involved in aggressive incidents and who DJS identifies as being in need of increased supports. Therapeutic interventions such as short-term anger management or coping skills groups are not included in the ISU program. Additionally, the Department requires that staffers put kids in handcuffs when they move from the ISU to other areas of the secure facility, whether or not the youth presents an imminent risk of harm to himself or others at the time. The

¹¹ In fiscal year 2015, youth at BCJJC who were facing adult charges had an average length of stay of 104 days, or nearly three and a half months (as opposed to 12-26 days for DJS kids). See DJS FY 2015 Data Resource Guide pp. 105, 109. http://djs.state.md.us/drg/2015/2015_Full_DRG.pdf

Department should increase the level of therapeutic programming on the ISU by further collaborating with mental health staff to offer short-term anger management groups and other support services. The Department should also ensure that youth are not mechanically restrained unless they pose an imminent risk of harm to themselves or others, or are trying to run away.

Cheltenham Youth Facility

Cheltenham Youth Facility (CYF), located in Prince George's County, is a maximum security detention center owned and operated by the Department of Juvenile Services (DJS/the Department). The DJS-rated housing capacity is 115 boys. African American youth represented 77% of total entries during the second quarter of 2016, compared to 78% during the same period last year. Hispanic/Latino youth represented 8% of total youth entries during the quarter, compared to 9% during the same period last year.

CYF – Selected Incident Categories	Q2 2014	Q2 2015	Q2 2016
Average Daily Population (ADP)	78	56	58
1. Youth on Youth Assault/Fight	33	16	40
2. Alleged Youth on Staff Assault	4	2	4
3. Physical Restraint	44	20	47
4. Use of Handcuffs and/or Shackles	9	5	15
5. Seclusion	0	0	1
6. Contraband	2	0	2
7. Suicide Ideation	5	0	5
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	1	0	0

Average daily population during the second quarter of 2016 increased by 2 (from 56 to 58) compared to the second quarter of 2015. Youth on youth fights and assaults increased by 150%, physical restraints increased by 135%, and the use of mechanical restraints increased by 200%. Seclusion was used once at CYF during the quarter.

Use of seclusion

In incident 137159, a youth was secluded in his cell by the shift commander after he was restrained. The shift commander subsequently left the unit. When he reported the incident, however, the shift commander failed to document that seclusion had been used.

A staffer who remained on the unit kept the youth locked in the cell and placed a seclusion observation form on the door to document the youth's status on a periodic basis, as the Department's seclusion policy requires. The shift commander returned an hour and a half later, removed the seclusion observation form paperwork from the youth's door, and escorted the youth to the medical suite.

When the incident was investigated by the Department's internal investigatory unit, the seclusion observation form could not be located and the shift commander denied that seclusion had been used.

Seclusion should not be used except as a last resort when youth pose an imminent threat to themselves or others, or are attempting to escape. In the event that seclusion is used, all required procedures must be followed and properly documented in order to help ensure the safety of the child. These procedures include checking on youth six times per hour and releasing youth from seclusion as soon as they no longer present a risk of flight, or a threat to themselves or others. Documented records of seclusion, including seclusion observation forms, must be generated and maintained whenever kids are secluded. Incident reporting protocols must also be followed to accurately document the use of seclusion within the facility.¹²

Administrators at CYF must ensure that the use of seclusion is reported and documented according to DJS policy and that incident reporting protocols are followed.

Structured programming

During the quarter, several youth reported persistent boredom while on the unit. Excessive downtime can lead to incidents of aggression while engagement in constructive activities can promote a safe environment and help youth to maintain positive behavior. Structured programming during after-school hours and on weekends should be increased to help minimize fights and assaults and the use of restraints.

Comprehensive and varied programming is especially important for youth charged as adults who may spend several months in detention awaiting adjudication. The Department, in collaboration with education and mental health personnel, should develop individually tailored plans to fully engage and meet the needs of the adult housing population while they are detained.

¹² Md. Dept. of Juvenile Services Policy and Procedure RF-010-07 Seclusion Policy

Family engagement

In addition to enhancing structured programming, increasing opportunities for family engagement can also help improve youth behavior. Research has demonstrated that increased family contact is associated with positive youth outcomes.¹³ Youth frequently state that being able to talk to family members more often would provide motivation to help keep them on track. However, restrictive DJS phone policy limits youth phone calls to two 10-minute phone calls per week. The Department should facilitate family engagement and promote youth progress by allowing youth to talk to their families more frequently and for longer periods of time.

Issues with telephone system

Ongoing problems with the phone system that is operated by a private company, Global Tel*Link (GTL), have impeded the ability of youth to keep in touch with family. During the quarter, many youth at CYF were unable to complete phone calls using the GTL phone system or were disconnected from phone calls by the system before their allotted time had ended. The issue was widespread across all units. Issues with the GTL phone system should be permanently addressed and youth should be permitted to use the phones in case manager offices – as was previous practice – when such problems arise.

Transition services for ISU youth

Youth displaying aggressive behavior that are in need of additional supports are temporarily placed on a separate, self-contained and restrictive Intensive Services Unit (ISU) within the facility. Designated CYF staff members serve as youth mentors to assist youth in transitioning from the ISU to regular housing units. However, the time and frequency that a child spends with his assigned mentor can vary depending on the mentor's schedule. Comprehensive and consistent follow-up care and support, including mental health services, should be provided to youth transitioning from the ISU into a less restrictive setting.

Education and vocational services

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) is responsible for providing education services to youth at CYF.

Comprehensive post-secondary options, including access to online college courses and hands-on career and technical training, should be available for all youth with a diploma. Education personnel should formulate a customized education and vocational plan for each high school graduate with the facility. Close collaboration and frequent communication between CYF management and school administrators will be necessary to coordinate youth work schedules and education and vocational courses of study.

¹³ Shanahan, R. & diZerega, M., "Identifying, Engaging, and Empowering Families: A Charge for Juvenile Justice Agencies." Vera Institute of Justice, February 2016. p. 3 <http://www.vera.org/sites/default/files/resources/downloads/family-engagementfor-juvenile-justice-agencies.pdf>

Post-secondary education and employment opportunities should be extended to kids on the ISU. The ISU is intended to be a highly structured environment where youth receive individualized services and support. During the quarter, a youth on the ISU had previously earned his high school diploma but was not provided access to higher education or vocational instruction. He spent the school day sitting in a room with nothing to do. Administrators at DJS and MSDE JSES should work together to provide a variety of vocational and education services for all students on the ISU.

World of Work program

Some students at CYF who have a diploma can participate in the DJS World of Work program. Eligible candidates are interviewed for a position in the program. Upon completing the interview process, youth are assigned to work at various jobs around the facility for minimum wage.

Several youth indicated in a grievance (12980) during the quarter that there were problems with the implementation of the World of Work program. Youth reported that they were eligible for the program but were not given an interview. Additionally, youth enrolled in the program were not provided with consistent work on a daily basis because of staffing limitations. Youth were instead sent to sit in school during this time. Graduates who are placed on the ISU, like the youth described in the section above, are also prohibited by DJS from participating in World of Work. Alternative post-secondary and vocational education opportunities are not available for high school graduates who the Department rules ineligible for the program or are unable to work in the program because of staffing issues.

Administrators at DJS should ensure that all youth who are eligible for the World of Work program are identified and given the opportunity to interview for a position. Adequate numbers of direct-care staff should be made consistently available to supervise youth in the World of Work program during the school day and youth should be provided with work assignments to complete during this time.

Charles H. Hickey, Jr., School

The Charles H. Hickey, Jr., School (Hickey) in Baltimore County is a maximum security detention center for boys. Hickey is owned and operated by the Department of Juvenile Services (DJS/the Department) and has a DJS-rated housing capacity of 72 beds. African American youth accounted for 71% of entries in the second quarter of 2016, compared to 67% during the same period last year.

Hickey – Selected Incident Categories	Q2 2014	Q2 2015	Q2 2016
Average Daily Population (ADP)	39	54	51
1. Youth on Youth Assault/Fight	29	50	35
2. Alleged Youth on Staff Assault	3	9	3
3. Physical Restraint	64	96	80
4. Use of Handcuffs and/or Shackles	6	27	13
5. Seclusion	32	18	15
6. Contraband	3	2	2
7. Suicide Ideation	2	11	6
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	1	0	0

Average daily population (ADP) during the second quarter of 2016 decreased by 6% compared to the second quarter of 2015 (from 54 to 51). Youth on youth assaults, physical restraints, and use of mechanical restraints decreased by 30%, 20%, and 52% respectively. Incidents involving the use of seclusion declined by three (from 18 to 15).

There was an overall reduction in aggressive incidents during the quarter compared to the same time last year. However, the incidents described below suggest that issues with safety and security haven't been resolved.¹⁴

Improve staff efficacy in basic security interventions

Staff should be trained in basic security protocols, including remaining at assigned posts and securing doors or gates as appropriate, to ensure that youth are supervised at all times.

In incident 135794, a group of youth on the unit were being supervised in the upper dayroom while a separate group of youth in the lower dayroom were holding a morning meeting before school. The metal gate between the upper and lower dayroom was unlocked. In the middle of the meeting, a youth stood up and walked toward the bottom of the stairs of the dayroom and started yelling at a youth located in the upper dayroom. A staffer remained seated while the verbal exchange occurred. The youth then ran up the stairs of the lower dayroom, opened the unlocked gate, and began assaulting a youth at the top of the dayroom steps. The staffer then jumped up and climbed the stairs to try and stop him, leaving the group in the lower dayroom unsupervised. A group disturbance subsequently erupted as some youth from the lower dayroom also ran up the stairs, pushed past a staffer attempting to close the gate, and joined the fight.

A youth with a known history of impulsive and aggressive behavior was involved in incidents 136646 and 136713. In both instances, he walked past staffers towards another youth. The staffers did not intervene and in both cases he assaulted the other youth from behind.

Staff should monitor youth movement within the facility to prevent fights and assaults. Youth displaying aggressive behavior should be provided with intensive mental health services. Hickey administrators should ensure that youth involved in many incidents of aggression are closely supervised to help support positive behavioral change and maintain a safe detention milieu.

Proactively address bullying and intimidation

Incidents 136888, 137150, and 136509 suggest that youth may be engaging in bullying and intimidation by threatening other youth to surrender their food or face physical violence, and by orchestrating fights and retaliatory assaults.

During incident 136888, a youth, who was new to the unit, was assaulted by two youth who allegedly told him, "then we have to fight," after he refused their demands to give them his food. As staff restrained the two aggressors, a third youth was able to approach the group from another area of the unit and also assault the victim. Following his reassignment to a different

¹⁴ See JJMU 2016 1st Quarter report, page 27, available at http://www.marylandattorneygeneral.gov/JJM%20Documents/16_Quarter1.pdf

living unit, the victim was assaulted by another youth (incident 137150), allegedly in retaliation for his refusal to hand over his food in the previous incident (13688).

In incident 136509, two youths were attacked without warning. According to staff witness statements and youth reports, the assaults were coordinated by another youth on the unit. When the alleged organizer was confronted by staff, the youth stated, “This is my unit. I tell those [derogatory term deleted] what to do and they do it. I run the show in here.”

Staff should receive enhanced training on understanding and addressing group dynamics to aid in the prevention of fights and assaults and reduce reliance on restraints. Conflict resolution training for staff should include in-depth instruction on restorative justice skills to help youth learn and practice ways to manage conflict in a constructive and positive (rather than aggressive) manner.¹⁵ Close collaboration between mental health staff and direct-care staff can greatly aid in these efforts.

Hickey administrators should establish a more secure and structured facility environment to improve safety for youth and staff, and further reduce aggressive incidents and the use of restraints and seclusion.

Increase structured activities after-school and on weekends

Excessive down time can contribute to incidents while participation in positive structured programming can help youth to maintain positive behavior. Existing programs such as the weekly Boys to Men mentoring group should be supplemented with organized weekend and after-school activities. Administrators at Hickey have engaged outside groups for special events on occasion. Community partnerships should be further developed and consistently utilized to bring in a variety of recreational and enrichment opportunities on a regular basis.

Ongoing and constructive programming is especially important for youth charged as adults, who may spend several months in detention awaiting adjudication. The Department, in collaboration with education and mental health personnel, should develop individually tailored plans to fully engage and meet the needs of the adult housing population while they are detained.

Family engagement initiatives

Research indicates that family visitation has a positive impact on youth behavior and academic progress.¹⁶ During the quarter, Hickey administrators organized several family-centered events at the facility including Mother’s Day and Father’s Day luncheons and an

¹⁵ Office of Juvenile Justice and Delinquency Prevention, *Jurisdictional Technical Assistance Package for Juvenile Corrections*. Chapter 3, “Balanced and Restorative Juvenile Corrections,” December, 2000. https://www.ncjrs.gov/html/ojdp/juris_tap_report/ch3_02.html

¹⁶ Shanahan, R. & diZerega, M., “Identifying, Engaging, and Empowering Families: A Charge for Juvenile Justice Agencies.” Vera Institute of Justice, February 2016. p. 3 <http://www.vera.org/sites/default/files/resources/downloads/family-engagementfor-juvenile-justice-agencies.pdf>

evening art instruction lesson for parents and their children. Efforts to encourage family engagement should continue at Hickey and be further expanded at other DJS facilities.

Education and vocational services

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) is responsible for providing education services at Hickey. Educators at Hickey are part of a pilot program to incorporate instruction using digital and online media into the academic curriculum. Initiatives to introduce innovative education related technology into JSE schools to promote academic progress should continue to be fostered by MSDE-JSE administrators.

Students with a high school diploma or GED have the option of participating in the World of Work program at Hickey. Participants complete odd jobs around the campus for pay while under staff supervision. The World of Work program should be consistently available at all DJS facilities. High school graduates should have access to online community college courses and vocational education courses leading to certification while detained.

For more information on education services in DJS facilities, see the MSDE JSES section beginning on page 44.

Thomas J.S. Waxter Children’s Center

The Thomas J.S. Waxter Children’s Center (Waxter), located in Anne Arundel County, is a hardware secure detention center for girls. Waxter is owned and operated by the Department of Juvenile Services (DJS/the Department) and has a DJS-rated housing capacity of 42 beds. African American youth represented 75% of total entries during the second quarter of 2016 compared to 72% in the same period last year.

Waxter – Selected Incident Categories	Q2 2014	Q2 2015	Q2 2016
Average Daily Population (ADP)	28	29	22
1. Youth on Youth Assault/Fight	16	36	13
2. Alleged Youth on Staff Assault	5	9	5
3. Physical Restraint	30	65	30
4. Use of Handcuffs and/or Shackles	9	7	5
5. Seclusion	9	10	1
6. Contraband	0	2	2
7. Suicide Ideation	30	36	19
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	1	4	1

Average daily population during the second quarter decreased by 24% compared to the same time last year. Fights and assaults decreased by 64% and physical restraints decreased by 54%. The use of mechanical restraints and seclusions decreased by 29% and 90%, respectively. Incidents of suicide ideation decreased by 47%. Increased structured recreational programming has contributed to a safer environment at Waxter and should continue.

Collaboration with mental health staff

Administrators at Waxter should also continue to promote coordination between mental health and direct-care staff to help further reduce incidents of aggression and the use of restraints and seclusion.

Plans for mental health staff to contribute to structured programming by delivering psychoeducational and other therapeutic groups should go forward. Efforts to foster further collaboration between mental health staff and direct-care workers in crisis intervention and de-escalation are in initial stages and should continue.

The Department should increase clinical staffing to ensure that youth at Waxter have adequate access to mental health services given evidence that a greater proportion of girls than boys in the juvenile justice system tend to have moderate-to-high mental health needs.¹⁷ Each living unit should have dedicated clinicians who are available during youth waking hours to meet routinely with youth, as well as for crisis intervention, de-escalation, and processing.

At larger detention centers housing boys, the Department contracts with private mental health providers and a more comprehensive level of care is available.

Direct-care staffing

Shortages of available direct-care workers continued to negatively impact operations at Waxter. Administrators at Waxter and DJS headquarters should permanently address the need for increased staffing at Waxter.

In incident 136578, a staffer called for support when a youth who was agitated began to escalate. According to the staffer's witness statement, "due to [the facility] being short staffed always," no one could immediately respond. Mental health staff were also not available onsite to assist in de-escalation efforts. The incident intensified and the youth and staff became engaged in a physical altercation. The staffer no longer works for the Department.

In incident 137005, one staff was posted on the unit with six youth. When the girls began arguing, the staffer called for assistance. The argument escalated into a group fight among all six youth. According to the incident report, the staffer "was attempting to separate the youth but could not remove all of the youth from one another and called for assistance again." The girls continued to fight as the single staffer continued trying to separate them. After a few minutes they stopped and stood around. Staff assistance arrived shortly thereafter.

In incident 137028, there were two staff supervising a group of youth on the living unit. When one youth was allowed to use the bathroom in the back hallway, both staff remained with the group on the unit to stay in ratio. One of the staffers noticed that the girl in the bathroom had been gone for several minutes. When the other staffer checked on her, she found the girl "with a sweatshirt tied around her neck...trying to tie the shirt around the bathroom stall." The staffer

¹⁷ DJS Report on Female Offenders, 2012. p. 10 <http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf>

untied the sweatshirt and the youth was seen by medical and placed on suicide watch with a one-to-one staff.

These incidents highlight the need for increased levels of staffing (beyond standard ratios) to ensure comprehensive supervision of youth. There should always be enough staff to closely supervise youth in all areas of a unit, including hallways and bathrooms.

Emergency medical situations and services for pregnant youth – Incident 137369

A maximum security facility is an inappropriate environment for pregnant girls. Stakeholders including DJS and the courts should ensure that pregnant youth are not held in hardware secure detention or committed placement centers.

In the event that pregnant youth are detained at Waxter, they should be seen by staff from the University of Maryland midwifery program immediately to ensure that medical personnel have complete and accurate information related to the youth's pregnancy and overall health.

During the quarter, a pregnant youth was detained at Waxter. According to incident report 137369, at 10:35 p.m. on the night after she was detained, the youth was in the bathroom and told staff she was bleeding heavily and felt she was having a miscarriage. Staff alerted the nurses who responded. One nurse (Nurse A) immediately recommended that the youth be transported off-grounds for medical attention while the other nurse (Nurse B) insisted that the off-site nursing supervisors be contacted by telephone first. Both nurses exited the bathroom, leaving the youth and a direct-care worker without any medical staff.

Twenty minutes later, Nurse B returned to the youth and staff in the bathroom. She advised that, according to the supervisors, the youth did not need to be sent to the hospital and that she should lay down. Nurse A reaffirmed that she believed they should call 911 and, along with the direct-care staffer, helped the girl to her feet and saw a fetus in the toilet. They walked the girl to the medical suite at 11:00 p.m. and the youth asked to be taken to the hospital. Nurse B again stated that the youth would not be going off grounds for medical attention. The youth then asked to leave the medical suite stating, "They are not going to help me."

At 11:10 p.m., the staff helped the youth back to her cell to lay down. At 11:40, the youth went to the bathroom and was still bleeding heavily. Nurse A and a third nurse came to the bathroom and called the nursing supervisors who then instructed them to call 911. The paramedics arrived at midnight.

Nursing staff who are onsite should not have to wait for approval from offsite supervisors to transport youth to the hospital during medical emergencies. In the event that any onsite medical personnel believe a youth is in need of emergency medical treatment at a hospital, 911 should be called immediately.

Following the incident, medical staff stated they had been misinformed about details of the youth's pregnancy before the incident and that this misinformation influenced their decisions

in addressing the situation. Medical staffers said they formed an impression that the girl had been pregnant for a shorter time than was actually the case.

Another issue arose as staff were preparing to transport the youth to the hospital. The youth became particularly upset when a DJS staffer insisted on mechanically restraining her in handcuffs and shackles.

The staffer stated she was following DJS policy requiring all non-pregnant youth to be transported in handcuffs and shackles and the youth was no longer pregnant. DJS staff should be trained to exercise discretion and sensitivity rather than insist on mechanically restraining youth during traumatic experiences like a miscarriage.

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. African Americans represented 68% of youth entries in the second quarter of 2016, compared to 67% during the second quarter of 2015. Hispanic youth accounted for 24% of youth entries during the quarter compared to 19% during the same time last year.

Noyes – Selected Incident Categories	Q2 2014	Q2 2015	Q2 2016
Average Daily Population (ADP)	27	28	28
1. Youth on Youth Assault/Fight	15	22	20
2. Alleged Youth on Staff Assault	0	3	2
3. Physical Restraint	30	51	36
4. Use of Handcuffs and/or Shackles	5	3	1
5. Seclusion	5	8	4
6. Contraband	1	1	4
7. Suicide Ideation	8	10	21
8. Suicide Attempt	0	0	1
9. Self-Injurious Behavior	2	1	10

Average daily population (ADP) was 28 during the second quarters of both 2016 and 2015.

While the ADP during the second quarter did not change compared to the same time last year, fights and assaults decreased slightly, physical restraints decreased by 29%, and seclusion decreased by 50%. Mechanical restraints were used once during the quarter. Efforts by Noyes' administrators to increase structure and enhance programming within the facility have contributed to a safer facility environment and should continue.

Staffing

There are currently seven direct-care staff and three supervisor openings at Noyes. Staff must work double shifts because of worker shortages due to vacancies and call outs. Ongoing staffing issues can contribute to burnout and can lead to an unsafe facility environment. Administrators at Noyes and DJS headquarters should expedite the hiring process and permanently improve retention strategies.

Mental health

Incidents of suicide ideation increased by 110%, incidents involving self-injurious behavior increased from one to 10, and there was a suicide attempt during the quarter. Children with significant mental health issues are best served in community based settings “given the complexities of their needs and the documented inadequacies of their care within the juvenile justice system,”¹⁸ as the incident described immediately below illustrates.

In incident 137221, a staff member began arguing with a child who has a past history of sexual abuse in the intake area as she was waiting to be transported to a psychiatric hospital for evaluation due to self-injurious behavior and auditory hallucinations. The staffer had to be physically escorted away from the girl and out of the area by another staff member. The child reported later that she felt threatened by the staff member during the encounter.

The Department’s data indicates that 75% of girls and 57% of boys in out-of-home placements have a moderate-to-high mental health need. The data also indicates that 46% of girls and 13% of boys in out-of-home placement have been the victims of physical or sexual abuse in their lives.¹⁹

The Department should provide all DJS staff with training in adolescent mental health and in trauma-informed responses to youth behavior.

Reporting to CPS

In incident 137417, a youth reported to a nurse that he was choked by staff and lost feeling in his chin following a restraint. The nursing form indicated that the youth had redness and swelling on the right side of his neck and that he complained of a pain level of 10 on a one to ten scale.

The nurse called Child Protective Services (CPS) to report alleged abuse, however, she failed to document the child’s injury in her written report to CPS. Because CPS does not investigate allegations of abuse where there is no documented injury, the report did not result in an investigation.

¹⁸ National Center for Mental Health and Juvenile Justice Policy, “Strengthening Our Future: Key Elements to Developing a Trauma-Informed Juvenile Justice Diversion Program for Youth with Behavioral Health Conditions”, January, 2016, p. 1 <http://www.ncmhji.com/wp-content/uploads/2016/01/traumadoc012216-reduced-003.pdf>

¹⁹ DJS Report on Female Offenders, 2012. p. 10 <http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf>

CPS later reopened the case and initiated an investigation because “there was a youth’s injury they were not made aware of.”

Nursing staff at DJS facilities are statutorily mandated to report suspected child abuse. Medical personnel at Noyes should receive enhanced training on child abuse and neglect reporting procedures and proper completion of CPS reporting forms.

Allegations of abuse coming from DJS facilities should be independently reviewed by CPS whether or not there is a reported injury. Instead, CPS often relies on obtaining information about youths’ injury status from a DJS facility staffer when deciding whether or not to accept an allegation of abuse for investigation. This practice does not safeguard against limited or inaccurate reporting of events, as demonstrated in the incident above.

Family engagement

The Department should facilitate family engagement by allowing youth to talk to their families more frequently and for longer periods of time given evidence that family contact and support has been shown to have a positive impact on youth outcomes.²⁰

During the quarter, youth at Noyes frequently voiced concerns about limited phone contact and indicated that calls of a longer duration would help them to stay connected with their families. Youth on a resident advisory committee advocated for two 20-minute phone calls a week. However, facility administrators were unable to address their concerns due to the Department’s policy which restricts youth in DJS-operated detention and committed-placement centers to two 10-minute phone calls a week.

Education services

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) is responsible for education services and vocational instruction at Noyes. Educators at Noyes are part of a pilot program to incorporate instruction using digital and online media into classroom instruction. The school also allows a limited number of students to participate in an online credit recovery program to earn high school credits while in detention. Initiatives that introduce innovative education related technology into MSDE JSES schools to promote academic progress should continue to be fostered by MSDE JSES administrators. Access to credit recovery options should be expanded.

At any given time, there are a number of non-English speaking students at Noyes who, in line with DJS policy, are provided with translators while at the facility. Federal law requires that school districts have a distinct program available for English language learners – one that is “adequately supported, with adequate and effective staff and resources” – to help students gain

²⁰ Shanahan, R. & diZerega, M., “Identifying, Engaging, and Empowering Families: A Charge for Juvenile Justice Agencies.” Vera Institute of Justice, February 2016. p. 3 <http://www.vera.org/sites/default/files/resources/downloads/family-engagementfor-juvenile-justice-agencies.pdf>

proficiency in English so that they can “participate meaningfully” in education programming.²¹ Individual translation services should be supplemented with additional programming during the school day, such as access to English as a Second Language (ESL) classes and ESL computer software, to promote English proficiency for non-English speaking students.

A girl at Noyes who received her GED while in detention had limited options for further vocational or academic study. A variety of post-secondary vocational and education programs should be available to youth in detention. The World of Work program, available at other DJS detention centers, allows youth to do odd jobs around the facility for minimum wage. Plans by DJS administrators to expand World of Work to eligible youth at Noyes should go forward.

For more information on education services in DJS facilities, see the MSDE JSES section beginning on page 44.

²¹ U.S. Department of Education, “Questions and Answers on the Rights of Limited English Proficient Students,” October, 2015. Available at: <http://www2.ed.gov/about/offices/list/ocr/qa-ell.html>

Lower Eastern Shore Children’s Center

The Lower Eastern Shore Children’s Center (LESCC) is a hardware secure detention center located in Salisbury. LESCC is owned and operated by the Maryland Department of Juvenile Services (DJS/the Department) and has a DJS-rated housing capacity of 18 boys and six girls. African American youth represented 80% of total entries during the second quarter of 2016, compared to 76% during the same period last year.

LESCC – Selected Incident Categories	Q2 2014	Q2 2015	Q2 2016
Average Daily Population (ADP)	17	19	19
1. Youth on Youth Assault/Fight	4	16	16
2. Alleged Youth on Staff Assault	1	2	0
3. Physical Restraint	22	30	42
4. Use of Handcuffs and/or Shackles	1	0	0
5. Seclusion	0	2	1
6. Contraband	0	0	2
7. Suicide Ideation	12	4	6
8. Suicide Attempt	0	1	0
9. Self-Injurious Behavior	2	0	1

Average daily population and the number of fights and assaults during the second quarter of 2016 did not change compared to the same period last year, while physical restraints increased. Mechanical restraints were not used during any incidents in the facility.

Administrators, direct-care staff, education personnel, and mental health clinicians at LESCC closely collaborate to maintain a safe and caring facility environment. Staff consistently employ verbal processing and de-escalation techniques in working with youth. In addition to providing assessment and crisis intervention services, mental health clinicians regularly run

psychoeducational and skill development groups on the unit. The operational model at LESCC could serve as an example for the state's other facilities.

A vacancy for a recreation specialist should be filled without delay to help ensure continued comprehensive programming.

Western Maryland Children’s Center

Western Maryland Children’s Center (WMCC), located in Washington County, is a 24-bed maximum security detention center for boys owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). African American youth represented 62% of total entries during the second quarter of 2016, compared to 65% during the same time last year. Hispanic/Latino youth accounted for 11% of youth entries during the quarter, compared to 6% during the same time last year.

WMCC – Selected Incident Categories	Q2 2014	Q2 2015	Q2 2016
Average Daily Population (ADP)	19	17	20
1. Youth on Youth Assault/Fight	6	5	12
2. Alleged Youth on Staff Assault	0	1	0
3. Physical Restraint	26	17	26
4. Use of Handcuffs and/or Shackles	3	7	2
5. Seclusion	4	0	2
6. Contraband	2	0	1
7. Suicide Ideation	2	3	2
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	2	8	0

The average daily population increased by 18% during the quarter compared to the second quarter of 2015. Fights and assaults increased from 5 to 12 and physical restraints increased by 53%. Seclusion increased from zero to two. The use of mechanical restraints during incidents in the facility decreased by 71%.

Administrators initiated several community partnerships during the quarter to enhance programming at WMCC. Events include biweekly groups on fatherhood provided by a local non-profit organization, a career speaker series, and fitness instruction from trainers at a nearby gym.

Relationships with community organizations should continue to be fostered to provide a variety of structured activities for residents.

Certain events, such as court hearings and case planning meetings, can be particularly stressful for children. Case management staff at WMCC systematically debrief with youth following potentially upsetting situations to ensure children's well-being and prevent future incidents. This practice should be adopted at all DJS facilities.

Youth at WMCC have limited access to outdoor green space for recreational purposes. Access to outdoor space at WMCC should be expanded for youth programming.

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) is responsible for education services and vocational instruction at WMCC. Youth with a high school diploma or GED have to attend high school level classes while detained because of limited vocational courses and a lack of post-secondary education programming at WMCC. High school graduates should have access to online community college courses and vocational training leading to certifications. The World of Work program, available at other DJS detention centers, allows youth to do odd jobs around the facility for minimum wage. World of Work should be expanded to all DJS facilities, including WMCC.

Non-English speaking youth are assigned individual translators during waking hours while they are detained. During the quarter, some youth said they had difficulty understanding education lessons and completing school assignments despite the presence of a translator. Federal law requires that school districts have a distinct program available for English language learners – one that is “adequately supported, with adequate and effective staff and resources” – to help students gain proficiency in English so that they can “participate meaningfully” in education programming.²² Individual translation services should be supplemented with additional programming during the school day, such as access to English as a Second Language (ESL) classes and ESL computer software, to promote English proficiency for non-English speaking students.

For more information on education services in DJS facilities, see the MSDE JSES section beginning on page 44.

²² U.S. Department of Education, “Questions and Answers on the Rights of Limited English Proficient Students,” October, 2015. Available at: <http://www2.ed.gov/about/offices/list/ocr/qa-ell.html>

SMALLER FACILITY UPDATES

SMALLER FACILITY UPDATES

The number of incidents involving aggression at smaller facilities operated or licensed by DJS remained low during the second quarter of 2016.

Liberty House Shelter

Liberty House is a shelter care facility in Baltimore City operated by Youth Enterprise Services, Inc. and licensed by the Maryland Department of Juvenile Services (DJS/the Department). Liberty House offers a less restrictive alternative to secure detention for up to 10 boys between 13 to 18 years old. Youth reside in a home-like environment and attend school, recreational, and enrichment activities in the community.

Morning Star Youth Academy

Morning Star Youth Academy is a staff secure (not locked or fenced) committed placement center on the eastern shore operated by Vision Quest, Inc. and licensed by DJS to house up to 24 boys.

Youth participate in outdoor activities both on and off campus and attend events and volunteer in the community. Private contractors provide education and therapeutic services. Music and equine therapy programs are also available site. Staff are trained in implementing the Sanctuary model, an approach that focuses on creating a trauma-informed treatment milieu.

Planned renovations of the physical plant to enhance security and safety, including installation of security cameras and a new gym floor, should go forward as soon as possible.

One Love Group Home

One Love Group Home (One Love) is an 8-bed group home in Baltimore City operated by Building Communities Today for Tomorrow, Inc. The home is licensed by the Department of Juvenile Services. The program focuses on providing adjudicated boys and men between the ages of 17 and 20 with the tools necessary for independent living.

One Love is a comfortable, nurturing, home-like environment. Youth attend school, work, and engage in recreational and volunteer activities in the surrounding community. There is a structured points and level system allowing youth to earn meaningful rewards (walks in the community, allowance money, food from nearby community restaurants) on a daily and weekly basis. Therapeutic services, substance abuse counseling, and life skills classes are offered both on and off site. Individualized aftercare planning is provided by the site director before discharge from the home to ensure successful transition to the community.

The Way Home (NOTICE OF CLOSURE)

The Way Home closed during the second quarter of 2015. The Way Home was located in west Baltimore and provided adjudicated girls with an appropriate alternative to long term placement in a more restrictive facility.

William Donald Schaefer House (NOTICE OF CLOSURE)

William Donald Schaefer House (WDSH) was a staff secure (not locked and fenced) substance abuse treatment program with the capacity to serve up to 19 adjudicated boys between the ages of 13 and 17. The facility closed during the second quarter of 2016. The program ran for approximately 120 days and was located in a converted home in Baltimore City. Individual and group substance abuse counseling was provided. Youth participated in various recreational, volunteer, and enrichment activities on site and in the community.

The Department has indicated that youth who would have been placed at WDSH will be sent to the Meadow Mountain youth camp in Western Maryland. In comparison to WDSH, Meadow Mountain is remotely located and the program runs for a longer length of time. The decision to send kids to the youth camps rather than provide them with community-based substance abuse services results in children being pushed deeper into the juvenile justice system.

Research indicates that “lengthy out-of-home placements in secure corrections or other residential facilities fail to produce better outcomes than alternative sanctions” and in “certain instances they can be counterproductive.”²³

To better serve youth and the public safety, the Department and the courts should ensure that youth who would have otherwise been placed at the Schaefer House receive evidence-based substance abuse services in the communities where they live.

²³ Pew Charitable Trusts Issue Brief, April 20, 2015. “Re-Examining Juvenile Incarceration.” <http://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2015/04/reexamining-juvenile-incarceration>

MARYLAND STATE DEPARTMENT OF EDUCATION IN DJS FACILITIES

MARYLAND STATE DEPARTMENT OF EDUCATION IN DJS FACILITIES

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) operates the schools in each of the Department of Juvenile Services' (DJS) detention and committed placement centers.

During the quarter, MSDE JSES was awarded a grant for an education initiative that incorporates technology into classrooms at some of their sites. MSDE JSES should continue to seek grants and opportunities to improve the quality of education services delivered to youth in DJS facilities.

MSDE JSES should address the following areas of concern:

Staffing

Longstanding issues with hiring and retention of teachers and administrators continued through the second quarter of 2016 causing disruptions in classroom instruction and other education services at some facilities (see administrative and instructional vacancies at Victor Cullen and Carter centers, pages 6 and 16, for example). MSDE JSES should take steps, including increasing employee salaries and adjusting the MSDE JSES school calendar, to help permanently address issues with staff retention.

MSDE JSES should also expand the number of positions across the system and develop a staffing model to ensure that there are appropriate levels of staffing at each site, taking into account daily coverage and teacher absences or vacancies. Larger facilities like the Baltimore City Juvenile Justice Center (BCJJC), where there are typically 10 to 12 living units in need of daily instruction, need additional teachers in a number of subject areas. Currently some MSDE JSES principals are responsible for more than one school. Every facility should have a full-time, dedicated principal.

Some facilities have a dedicated career technology education (CTE) instructor. In the event of a CTE teacher absence or vacancy – as has been the case for several months at Victor Cullen – there is no vocational education programming available to youth.

At other facilities, like the Carter Center and the four youth centers, CTE teachers are also responsible for teaching other classes or providing other education services which limits the availability of vocational education. Because of these staffing limitations, CTE courses are offered on a rotating basis and youth in committed placement do not necessarily have the opportunity to earn certificates in each one.

Each facility should have at least one dedicated CTE instructor who is not also responsible for providing other education services to ensure that youth have consistent daily access to a wide variety of hands-on vocational education.

Access to post-secondary education services

Lack of access to post-secondary education continues to be a problem in MSDE JSES schools. Boys at one DJS facility have access to community college courses while girls in DJS facilities have no such opportunity. A girl who was placed at Carter in early May earned her GED about a week later and completed the available career technology courses shortly thereafter. Another girl at Carter has been in the same situation since March. Neither girl has been able to participate in any post-secondary education, employment, or job training at the facility or in the community. Instead, they are required to attend high school level classes for six hours a day. Both boys and girls who have earned a diploma face the same problem in other DJS facilities (with the exception of Backbone Mountain youth center).

The Department of Juvenile Services and MSDE JSES should collaborate to provide all youth who have earned a high school diploma or GED with access to comprehensive vocational and post-secondary education services. Youth should also have the opportunity to participate in job training and employment, onsite at facilities and in nearby communities.

Supports for students with limited English proficiency (LEP)

At some facilities, including Noyes and Western Maryland Children’s Center, there are frequently several youth present who have limited proficiency in English. Youth work with interpreters who translate teacher instruction and classroom materials. Federal law requires that school districts have a distinct program available for English language learners – one that is “adequately supported, with adequate and effective staff and resources” – to help students gain proficiency in English so that they can “participate meaningfully” in education programming.²⁴ MSDE-JSES should implement a program for English language learners at each site without delay.

Education and aftercare services

Students leaving DJS facilities do not always have an established education plan and this can result in a delay of weeks before a youth is re-enrolled in a community school or connected to other community-based education services.

The Department of Juvenile Services has begun holding re-entry meetings for youth before they are released from committed placement. Staff from MSDE JSES and a representative from the youth’s local school system should be in attendance at those meetings to ensure that individualized and comprehensive plans for education arrangements are made in advance of a youth’s discharge. A system of comprehensive collaboration between MSDE JSES, DJS, and local school systems should also be in place for youth leaving detention.

²⁴ U.S. Department of Education, “Questions and Answers on the Rights of Limited English Proficient Students,” October, 2015. Available at: <http://www2.ed.gov/about/offices/list/ocr/qa-ell.html>



September 2, 2016

DJS Response to the Juvenile Justice Monitoring Unit’s 2016 Second Quarter Report

The Department of Juvenile Services (DJS or the department) has reviewed the JJMU’s 2016 Second Quarter Report and has given thoughtful consideration to recommendations and provides the following response.

The department appreciates the JJMU’s recognition of its efforts to limit utilization of detention and committed placements by serving low level offenders in the community. The department does not operate large facilities, which is consistent with the JJMU recommendation. The Maryland General Assembly passed legislation in 2010 that limits the size of state-operated facilities that serve DJS youth, codifying the state’s commitment to eliminating the use of large-congregate care facilities. The legislation prohibits the department from operating facilities that are more than 48 beds, or licensing facilities with more than 48 beds unless good cause exists (Md. Code, Human Services, §9–238.1.) Therefore, the statement that “The utilization of large, ineffective institutions for youth in the juvenile justice system should be phased out,” (JJMU 2016 second quarter report, page 2) does not accurately describe the department’s committed placement facilities nor the state’s actions to limit the size of DJS facilities to serve smaller numbers of youth at each site. The department’s continuum of community services includes the following alternatives to detention and residential commitment.

- Teen Court
- Shelter Care
- Community Conferencing
- Day and Evening Reporting Centers
- Intake Diversion Programs
- Electronic Monitoring
- Community Conferencing
- Detention Reduction Advocacy Program
- Pre-Adjudication Coordination and Training Center
- Group Homes
- CHOICE Program
- Functional Family Therapy
- Multisystemic Therapy
- Family Centered Treatment

- Targeted Case Management
- Youth Advocacy Program
- Enhanced Disposition Program
- Accountability and Incentive Management Program
- Behavioral Health Diversion Initiative (Staff training for program implementation is in progress)

DJS reforms have driven down the use of detention and out of home placement without negatively impacting public safety

PROGRAMMING IN COMMITTED FACILITIES

All DJS staff are trained in de-escalation techniques, both at entry level training and re-trained annually and as needed. At the time of hire, all staff must successfully complete training in the de-escalation process to earn certification by the Maryland Police and Correctional Training Commission. All staff receive re-fresher training annually and more often as needed. A safe and structured environment is essential for the delivery of effective therapeutic services.

DJS strongly supports and currently practices the JJMU recommendation of staff training in de-escalation, processing, and restorative justice techniques²⁵ to help youth learn and practice positive coping and conflict-resolution skills. Additionally, CHALLENGE, the department’s behavior management program utilizes de-escalation as a first-step behavioral intervention. The last step of the behavioral intervention is to discuss with youth alternative behaviors and solutions to help them learn problem-solving and conflict resolution skills. DJS staff continue to use de-escalation techniques and behavioral interventions in their daily work with youth and is also exploring alternative behavior management strategies to enhance current programming.

Therapeutic Programming/Trauma Informed Care

At intake all youth receive a comprehensive evaluation consisting of a psychological, psycho-social, educational testing, substance abuse screening, trauma assessment, and medical screening. The outcomes of these evaluations help facility treatment teams develop an individualized treatment plan for each youth, which guides staff in their daily interactions. In committed programs, individual and group therapy, education/skills training, and family counseling is provided by licensed behavioral health staff. Additionally, 7 Challenges, an evidence-based substance abuse program, is implemented to address substance abuse treatment needs. Anger management needs are addressed by implementation of the START Program, an evidence-based cognitive behavioral group intervention that teaches social skills and anger management techniques.

²⁵ The JJMU cites to the Office of Juvenile Justice and Delinquency Prevention, Jurisdictional Technical Assistance Package for Juvenile Corrections, Chapter 3, “Balanced and Restorative Juvenile Corrections,” December 2000 to support the use of restorative justice techniques in juvenile facilities. While there may be some benefits to instituting restorative justice within the closed system of an institution, the article states that “[p]robation and aftercare programs certainly are in an ideal position” for restorative justice practices in community or neighborhood settings. DJS has in fact implemented restorative justice for DJS youth in several communities across the State through its partnership with Community Conferencing.

For the past year, DJS has researched programs to expand and inform comprehensive trauma programming in our facilities. DJS recently awarded a contract to the National Association of State Mental Health Program Directors (NASMHPD) to train all committed facility staff in Trauma Informed Care (TIC). NASMHPD will also train all case managers and behavioral health staff in committed facilities in a specific group intervention - Trauma, Addictions, Mental Health, and Recovery (TAMAR). TIC and TAMAR are strength based models that are comprehensive and are used to create and reinforce a trauma informed care culture. NASMHPD trainers are experts in trauma and have trained staff from juvenile justice-involved and behavioral health agencies across the country. Training for DJS staff is slated to begin in the Fall of 2016. The department is proud to partner with NASMHPD to further expand the delivery of trauma informed care to DJS youth.

NASMHPD developed their Trauma Informed Care model for the Substance Abuse and Mental Health Services Administration (SAMHSA), a nationally recognized leader in Trauma Informed Care. The model is SAMHSA's *Trauma Informed Approach: Key Assumptions and Principles (TIA)*.

Topics addressed in the TIC training are:

- Recognizing the symptoms of trauma and working with youth in a trauma informed manner;
- Recognizing the signs and symptoms of trauma in families and facility staff;
- Ways to work with families where individuals have experienced trauma;
- The effects of trauma on the developing brain;
- The adverse effects of trauma;
- The increased risk of juvenile justice involvement for youth who have experienced trauma
- Common coping responses;
- The impact of trauma on youth's lives, behaviors, and reactions;
- Integrating knowledge about trauma into agency policies, procedures, and practices;
- Resisting re-traumatizing youth by responding to their behaviors in a way that understands the root cause of the behavior;
- The key principles fundamental to a trauma informed approach, including safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and gender issues;
- The 10 domains that are critical to implementing a trauma informed approach – physical environment, screening, assessment, treatment, engagement, training and development.

All behavioral health clinicians and case managers in committed facilities will be trained in TAMAR and provided with screening and assessment tools to identify youth with trauma symptoms. TAMAR is a 15 week program that combines psychodynamic therapy with expressive art therapy and psychoeducational techniques. Behavioral health clinicians and case managers will run weekly groups. TAMAR focuses on helping youth identify trauma symptoms, recognize the impact of trauma on their behavior and lives, understand the relationship between trauma and substance use, learn strategies to

address reactions to triggers, and learn ways to improve relationships. This program will solidify the robust trauma informed care approach that the department implements with youth.

The department disputes the characterization by the JJMU that there is “no overarching evidenced-based, trauma-informed therapeutic model at the youth camps, or any other DJS facilities,” (JJMU 2016 second quarter report, page 9). Before youth enter one of our facilities, they are evaluated by a treatment team of psychologists, social workers, facility case managers, community case managers, and the Maryland State Department of Education.

Youth are evaluated for psychological, psycho-social, educational, substance abuse, and trauma issues. Once a court has ordered a youth committed to a department facility, the youth is then evaluated again on arrival at the facility by a team that includes a social worker, psychologist, and counselor. Youth are evaluated every 30 days by the treatment team and they receive regular weekly therapies. The evaluations help guide staff as they work daily with each youth.

The treatment is well-integrated, developmentally appropriate, and an integral part to ensuring that a young person has new tools to use as they seek to make better choices in their lives. The full array of services provided to a youth incorporate their mental health and/or trauma related challenges.

Family Engagement

The department recognizes the important role of the family and the need to have families engaged in their loved one’s treatment to achieve the best outcome for youth in our care. We perform our work with a purposeful and directed effort to include family at all departmental decision points and youth individual treatment service plan reviews. Phone calls for youth in residential placements are fully funded by the department²⁶ to encourage the building and strengthening of family bonds and avoid placing additional burdens on families. Case managers and therapists work to facilitate family counseling and contact with family members in person, by phone, and through video conferencing. DJS recently hired a Director of Family Engagement, which is an executive-level position focused solely on developing policies and practices to further strengthen and expand the ways the department incorporates parents, caregivers, and family of DJS youth. The department has made family engagement a high priority and believes that a customer-friendly approach to keeping families connected during treatment will result in positive outcomes for youth.

Family day events are held at each facility to encourage family engagement and bonding. Prior to release youth are given the opportunity for home visits and family counseling in preparation for their transition back to the community. Strengthening family engagement is a priority for DJS. The department’s family engagement office meets with families regularly and has held and will continue to hold family focus groups to determine how the department can better serve youth and address a family’s needs.

²⁶ Global Tel Link Corporation, 3 year contract \$1,036,695.

COMMITTED PLACEMENT CENTERS

Victor Cullen

Implementation of an effective behavior management program to establish structure, positive youth and staff interactions, and a de-escalation intervention process for a population that can be impulsive and aggressive is essential for youth and staff safety and the provision of treatment services. All direct care staff at Victor Cullen were re-trained in behavior management techniques during the past quarter. Therapeutic programming is consistent with services described in the Programming in Committed Facilities section of this report. As stated above, DJS will begin trauma informed training for direct care staff, case managers and behavioral health staff in the fall of 2016. The mental health professionals on staff at Cullen include four licensed behavioral health professionals, one social worker supervisor, and one psychologist for twenty hours a week. These staff members are available 24 hours a day, seven days a week. They provide individual and group therapies and administer evidence-based programming.

JJMU quotes several comments from youth in this report. It is difficult for the department to adequately respond to these comments without proper context. The department is committed to making services available to youth and quickly addressing issues that arise. The JJMU's inclusion of statements such as "I ask for help and don't get it," (JJMU 2016 second quarter report, page 5) do not provide the needed context or a clear identification of a perceived issue for us to verify and appropriately respond.

Youth in our facilities have many outlets available to communicate any issues they face. They can communicate any concern to direct care staff, teachers, case managers, therapists, youth advocates, supervisors, administrators, file a grievance, or use the youth phone system for a third party contact. All of these avenues allow a youth to lodge any complaints to management, including doing so anonymously, and are communicated regularly to youth by facility staff.

One youth is quoted as stating that he put his head down in school after learning that his grandmother had died and that he "lost points through the behavior management system," for doing so. A review of his record does not support this allegation. To correct the JJMU's record, he did not lose any points and staff was supportive in his time of grief. Facility staff transported the youth to his grandmother's funeral and the youth received grief counseling.

As outlined above, DJS has developed a system for youth to lodge a complaint through multiple avenues because input, both positive and negative, from DJS youth is taken seriously by the department. However, youth statements that lack context or a detailed explanation of an issue cannot form the basis of an objective audit of a facility's program. The department encourages the JJMU to adopt national standards in its evaluation of DJS facilities to provide informed and achievable recommendations that are supported by accepted auditing standards.

The World of Work Program is a facility-based jobs program for youth that consists of janitorial and grounds-keeping assignments. The World of Work Program has limited assignments and is not a vocational skills or job training program but straightforward tasks that a youth can perform to earn

money after they have demonstrated success in their treatment. Youth selected for the program are closely screened for appropriate behavior as they work under limited supervision and have access to supplies (mops, buckets, etc.) and other items that are contraband and, thus, would not be permitted to be used by youth in the facility in other circumstances.

Youth who have demonstrated aggressive behaviors resulting in their removal from the general population and placement in the self-contained Intensive Services Unit (ISU) are not appropriate for participation in the World of Work Program. Safety for youth and staff must be considered for all programming. The JJMU's recommendation that ISU youth should be considered for World of Work would jeopardize the safety of youth and staff. When a youth is placed in ISU, they are not unengaged and, in fact are receiving intensive, individualized treatment and support with a higher staff to youth ratio so that they may eventually rejoin the general population with the tools they need to control their aggressive behaviors.

DJS appreciates JJMU's recognition of increased recreational programming at Victor Cullen. During this quarter Victor Cullen held three field day activities and a family engagement dinner. Youth have participated in the Reflection Camping Program located at Meadow Mountain Youth Center, and the summer league intramural basketball competitions. We are pleased to announce that the weight room has been repaired and is available for use. But it should be noted that during the repairs, youth still received their one hour of large muscle exercise daily.

The facility has contracted with Artivate, an art program taught by master artists that encourages positive youth development through art. The program explores themes of respect and values from other cultures to help youth learn lessons in tolerance, problem solving, and conflict resolution. The youth at Victor Cullen are designing a mural for the visitation space through weekly sessions with Carien Quiroga, Master Mural Artist. Additionally, Victor Cullen has initiated a Fatherhood Support Group, facilitated by DADS Connection. The group meets twice each month with young men who have children or are expected fathers. The group addresses parenting skills, employment, and education opportunities and further demonstrates the department's ongoing commitment to family engagement for youth at Victor Cullen.

DJS imposed a reduction in the population at Victor Cullen to allow for completion of a bathroom renovation project. This project was completed in June 2016. Since that time, the population has continued to be held at a reduction of 41% (population of 28 youth) to allow for staff training and intensive recruitment efforts. By law, the department is mandated to meet minimum staff-to-youth ratios for every shift.

Youth Centers

On June 30, 2016, the William Donald Schaefer House (WDSH) program closed. While the facility was located in Baltimore City it served youth from across the state (the majority of whom came from the Eastern and Metro regions) who required the highest level of substance abuse services offered by the department. Resources have been placed at Meadow Mountain to establish the level of substance abuse services formerly provided at WDSH, in addition to maintaining its Level II certification. The Department

of Health and Mental Hygiene, Behavior Health Administration has certified the program for the provision of Level III.3 Clinically Managed Medium-Intensity Residential Treatment.

JJMU's characterization that sending youth in need of out of home substance abuse treatment to Meadow Mountain will "push kids further into the system" is incorrect. Both the Schaefer House and Meadow Mountain facilities are staff secure facilities that serve the same population of youth from across the state. The average length of stay at Meadow Mountain for the past three fiscal years was four months. JJMU incorrectly reports the length of stay at Meadow Mountain as six to nine months. The facilities are the same security level and offer the same substance abuse treatment. Additionally, juvenile courts are responsible for ultimately deciding whether a youth is served at home, in their community, or in an out of home placement and when a youth is to be released from a treatment program and/or DJS custody. As such, the JJMU statement that placing youth at Meadow Mountain "push[es] kids further into the system" is not factual and the JJMU's assertion in this regard is unfounded.

Therapeutic Programming/Trauma Informed Care

Therapeutic programming at the Youth Centers is consistent with services described in the Programming in Committed Facilities section of this report.

DJS is addressing the need for additional psychiatric services by contracting with the University of Maryland Department of Psychiatry to provide tele-psychiatry services beginning September 2016. These services will expand the hours currently being provided by the Alleghany Health Department.

Aftercare/Re-entry Services

The department has developed and implemented a Strategic Re-Entry plan. Aftercare planning for youth begins at admission. The participation of each youth's parent or caregiver is essential and strongly encouraged at plan development, monthly reviews, and finalization before release. Consistent with recommendations from JJMU, each plan fully addresses school re-enrollment or employment as appropriate. School re-enrollment is supported by a memorandum of understanding between DJS and MSDE to facilitate a youth's smooth transition from placement to school. Six regional re-entry specialist positions have been designated to assist case managers in each region with research and resource identification to support re-entry services for youth.

Staffing and Recruitment Efforts

The department has hosted or participated in 12 recruitment events since March 2016. Eight additional recruitment events are scheduled through November 2016 with more to be added. Since January 2016, the department has hired 32 new staff for the four Youth Centers.

To further enhance the department's recruitment efforts, a Resident Advisor Recruiting Section has been created within the Human Resources Department. This unit will centralize hiring activities and more quickly screen and interview applicants. There will be two units with one unit located in DJS headquarters and the other located in Cumberland to serve Western Maryland. The department has also hired an additional psychologist and an investigator to complete psychological screenings and background

investigations expeditiously. The department will hold an entry level training course (ELT) in Cumberland in September 2016 to facilitate the attendance of Western Maryland applicants.

The JJMU staffing recommendations of one staff to every four youth, a supervisor, and rover to be assigned to each living group is not warranted for a staff secure setting. This recommendation far exceeds the federal Prison Rape Elimination Act (PREA) standard for residential facilities which requires a one-to-eight staff-to-youth ratio as set by the U.S. Department of Justice.

Family Engagement

See DJS response set forth in the [Programming in Committed Facilities](#) section of this report.

Recreation

All DJS facilities operate from a robust structured daily schedule. Youth attend school six hours each weekday. Community meetings and therapeutic groups are held in the evening and on weekends. Each facility has an assigned recreation specialist who develops a monthly calendar of activities. Operating standards require that all youth have an opportunity for a minimum of one hour of large muscle activity daily. All youth in committed residential programs participate in the Reflections Program on a five week rotating basis. The Reflections Program, located at Meadow Mountain, is a structured recreational program that includes core components of a ropes course, camping, mountain biking, and hiking. Youth also have the opportunity to participate in CHAMPS (Changing Habits and Making Progressive Strides), the DJS intramural program. The program offers sports, art, and intellectual competitions among DJS facility youth such as spelling bees and math competitions. Youth Center youth participate in community service activities such as assisting local food banks and outreach centers and harvesting fruit from a local orchard.

Education

All youth placed at a DJS Youth Center are eligible to participate in post-secondary education. The JJMU inaccurately reports that only youth at Backbone Mountain Youth Center are afforded an opportunity for post-secondary education services. DJS partners with MSDE and Garrett Community College for continuing education services for the four Youth Centers. The program is located at Backbone Mountain Youth Center. All youth assigned to one of the four Youth Centers are screened for participation in the Garrett College Program. Eligible youth are initially placed at Backbone or are transferred to Backbone when they become eligible, thereby affording all Youth Center youth the opportunity for participation. The program includes on-grounds and Garrett College campus instruction.

DJS works collaboratively with MSDE and will continue to support their efforts to expand academic and vocational services to youth. In the fall, DJS and MSDE will collaborate to begin student use of tablets in the classroom.

J. DeWeese Carter Center

At the Carter Center, the youth-led group referenced by JJMU is an established component of the CHALLENGE Program. The group, called the “community meeting,” is an integrated therapeutic strategy that gives youth an opportunity to learn and practice leadership skills as well as presentation and conflict resolution skills through the presentation of behavioral assignments. With oversight from staff, youth are assigned facilitation, unit announcements, and note taking responsibilities. The services and programs discussed in the [Programming in Committed Facilities](#) section of this report are made available to the girls at Carter. Trauma informed training for staff is planned for the fall of 2016.

The youth phone system is serviced by Global Tel Link. The reported system malfunction was addressed quickly. The department cannot control when equipment may fail but does ensure that our family engagement efforts, including phone calls home, are maintained. Case managers always assist in making calls if the youth phone system is inoperable and this is the practice system-wide.

Use of mechanical restraints during emergency medical care

The department investigated the matter and found violations of policies and procedures. Disciplinary actions were taken in accordance with the code of conduct. The department will be reviewing our policies and procedures that direct staff accompanying a youth at a non-DJS operated or licensed location.

Detention Center Responses

Baltimore City Juvenile Justice Center (BCJJC)

As reported by JJMU, there was an increase in fights and assaults by 31% and physical restraints increased by 20%. Seclusion use increased from 0 to 4 incidents. Detention center populations change frequently and incidents fluctuate based on the behavioral characteristics of youth. As noted by the JJMU, the BCJJC population is also approximately 50 percent of youths charged as adults. These youth are usually charged with an act of violence and are detained in a DJS facility as they await the outcome of their transfer hearing in adult court.

The noted increases do not exceed past behavior trends. In line with the JJMU’s recommendation, staff already receive annual training and ongoing refreshers as needed to proficiently implement de-escalation strategies to intervene and reduce incidents of verbal and physical aggression. This is done in coordination with behavioral health staff. BCJJC has a continuum of programming to include an Intensive Services Unit (ISU) and behavioral health services to address the needs of youth. Youth who have demonstrated acts of aggression are removed from the general population and placed in the ISU to receive intensive behavioral services with a higher staff to youth ratio. ISU youth receive anger management and coping skills that are provided by behavioral health and direct care staff.

The ISU serves youth who have displayed acts of aggression and pose a risk to the safety of others within the facility. The goal of the ISU program is to provide stabilization and transitional services that focus on

immediate and long-term symptom reduction, improved self-management of behavior, and acquisition of prosocial problem-solving skills in order for youth to integrate safely into the general population. The use of a dedicated unit allows for more individualized and intensive supervision, while keeping other youth safe from acts of aggression. Youth are returned to regular programming after stabilization.

BCJJC and all other DJS facilities have a recreation specialist that develops daily and monthly calendars of events and activities. All youth are afforded an opportunity for one hour of large muscle activity daily. Programming is supplemented by Boy's Club activities and faith based and art programs. As reported, behavior health has implemented a Page Turners Book Club and Rites of Passage group.

BCJJC has limited office space which prohibits the location of behavioral health staff on the living unit, however they are located within the building and easily accessible. Behavioral health staff are responsive and are available to address youth needs. Direct care staff are trained and re-trained in de-escalation and conflict resolution techniques to appropriately address acts of aggression and group fights.

Cheltenham Youth Facility

JJMU reports increases in fights and assaults by 150% (16 to 40) and physical restraints increased by 135% (20 to 47) and mechanical restraints 200% (5 to 15). As previously reported detention center populations change frequently and incidents fluctuate based on the behavioral characteristics of youth. A small number of youth were involved in the increase of assaultive behaviors. Administrators and behavioral health staff work to address the behaviors using the least restrictive means possible. Seclusion was used one time during this quarter. All incidents of seclusion are reviewed by management. The management review was supported by an investigation completed by the Office of the Inspector General at management's requests. Appropriate disciplinary action was taken to address the failure of the shift commander to properly document the use of seclusion in accordance with DJS policy and procedure.

Cheltenham implements an Intensive Services Unit Program (ISU) for youth who require intensive intervention to assist them in controlling their aggression. The youth's assigned case manager and therapist provide services to the youth during transition and the youth's team includes assigned mentors for support. Staff-scheduled days off do not interfere with this program component as the designated staff work together as a team to support each youth and, thus, do not depend on an individual mentor's work schedule, as the JJMU contends.

Facility staff conduct monthly checks of the youth phone system. They are aware of only two phones that were not operating but were repaired. The phones were also checked by the PREA auditor and determined to be operational. The failure of two phones to operate did not impede the ability of youth to contact family. Case managers assist youth in making calls from their office if the youth phone system is not working.

As previously reported, youth attend school six hours on weekdays. Cheltenham and each DJS facility has an assigned recreation specialist who schedules structured activities to prevent excessive downtime.

Schedules include one hour of large muscle activity daily. Additional programming includes a pottery program and faith based volunteer activities.

Charles H. Hickey School

DJS appreciates JJMU's recognition of the reduction of assaults, physical restraints, and use of mechanical restraints and seclusion at Hickey during this quarter when compared to the same quarter in 2015. Executive, managerial, and behavior health staff continue to work together to provide staff training and develop individual behavior plans to reduce acts of aggression. Protocols have been implemented to enhance supervision to eliminate incidents of bullying.

Incident 135794 involved a youth leaving the lower dayroom to assault another youth. The gate between the two locations must remain open for means of egress. When staff responded, another altercation occurred among other youth in the dayroom. Staff were able to resolve the altercation and responded quickly to control the situation, relying on their training in de-escalation techniques.

Regarding incidents 136646 and 136713, a youth with a history of impulsive and aggressive behavior assaulted other youth from behind. JJMU infers that staff allowed the youth to walk past them without attempting to intervene. In both incidents, the youth gave no verbal or physical alerts that he would become aggressive. Staff immediately intervened to control the youth in both instances.

JJMU suggest that incidents 136888, 137150, and 136509 are evidence that youth may have been engaged in bullying behaviors to have other youth surrender their food or face physical violence. Staff were aware that some youth attempted to exchange food and directed youth to relocate table assignments. Staff closely supervised the youth during mealtime and were able to immediately address the situation. Youth involved were held accountable through the behavior management system.

Regarding incident 136509, JJMU suggests that two youth were attacked without warning and the attack was arranged by a third youth. Staff reports and video surveillance support that two youth were engaged in a verbal altercation prior to the assault taking place. Staff quickly intervened to gain control of the situation.

JJMU suggest additional training for staff based on the incidents mentioned above. DJS staff receive training in conflict resolution and verbal de-escalation, as stated previously in this response. Community meetings are used as an avenue to address conflicts and concerns among the youth. The administration works closely with Hope Behavioral Health and MSDE to individualize approaches to the youth.

As reported, each facility is assigned a recreation specialist who develops a robust monthly calendar of activities. All youth are afforded one hour of large muscle activity daily. There are currently four faith based programs and two life skills programs to supplement the activities and programs.

Hickey strives to engage families and appreciates JJMU recognition of ongoing efforts to do so with events like the Mother's and Father's Day luncheons and evening art instruction lesson for parents and their children.

Thomas J. S. Waxter Children's Center

Fights and assaults decreased by 64%, physical restraints decreased by 54%, use of mechanical restraints decreased by 29%, the use of seclusion decreased by 90%, and incidents of suicidal ideation decreased by 47% when compared to the same time in 2015. Behavior health and direct care staff continue to work closely to provide services to the residents. There is one vacant behavior health position that is in the recruitment process. Ten new staff have been hired and five new positions have been added as a result of the reallocation of positions from Schaefer House to Waxter. Recruitment for direct care positions is ongoing (see department response to staffing and recruitment efforts.)

Waxter provides comprehensive health care including obstetrical and gynecological services to all female youth. Upon admission, a medical evaluation and history is completed by nursing staff. This assessment includes performing a rapid urine pregnancy test. Once a pregnancy test shows a positive result, prenatal blood work is performed in addition to the routine admission laboratory testing. The number of weeks of pregnancy is initially estimated from a young woman's self-reported last menstrual period or gestational age, as determined by a previous medical provider. Existing medical records are requested, if available, to confirm dates and previous test results. A pregnant youth may be scheduled for ultrasound testing as needed and according to medical standards. A pediatrician is on site twice a week and a midwife is scheduled every two weeks to provide medical and OB/GYN care.

The emergency medical incident reported involved a young woman who suffered a miscarriage four days after being admitted to Waxter. At the time she was admitted to Waxter, the young woman was not sure she was pregnant and had not received any prenatal care to that point. Her pregnancy was confirmed at the time of her admission to Waxter through a pregnancy test and medical evaluation by Waxter nursing staff. In addition to the initial medical evaluation, the young woman was evaluated by the facility pediatrician the day before the incident. Prior to the miscarriage, there were no findings noted by medical staff that indicated issues related to the young woman's pregnancy. With respect to the actions taken by the DJS nurses at the time of the incident, registered nurses have the authority to call 911 based on their assessments and are not required to obtain supervisory approval. DJS policy supports JJMU's position that restraints were not required in this instance to transport the youth. The department has eliminated the requirement for restraints in emergency medical situations unless needed for the safety of youth or others. If sought, approval must be obtained from the executive level of DJS management going forward.

Alfred D. Noyes Children's Center

Incidents of youth on youth assaults and fights decreased as well as incidents of physical restraints and seclusion. Mechanical restraints were used once during this quarter.

Noyes has filled seven residential advisor positions and one supervisor vacancy. Six additional direct care positions have been assigned as a result of the reallocation of positions to Noyes from the Schaefer closure. Recruitment efforts are ongoing as stated in the Staffing and Recruitment Efforts section of this report.

Regarding incidents of suicide ideation and self-injurious behavior, Noyes has behavioral health staff to address mental health issues or make the appropriate referrals to a mental health facility. This past quarter, the facility added a new social worker and new psychologist. Of the 21 incidents of suicide ideation, 9 were elicited through a mental health screening instrument applied as part of the routine admission process. Three youth contributed to nearly half of the 21 suicide ideation incidents. Two of those 3 youth were referred and admitted to mental health facilities and the remaining youth received additional mental health services and support at Noyes.

JJMU reports incident 137221 when a staff and youth engaged in a verbal argument and the staff was escorted away from the youth. Management took corrective disciplinary action to address the staff's conduct. In incident 137417 a nurse failed to document a youth's injury when making a report of alleged abuse to CPS. The injury was documented in the incident report and was later reported to CPS. The CPS investigation determined that the allegation of abuse could not be substantiated.

Lower Eastern Shore Children's Center

The department appreciates JJMU's recognition of LESCO as a safe and well-managed facility with a therapeutic environment. The vacant recreation position is in recruitment.

Western Maryland Children's Center

Fights and assaults increased from 5 to 12; and to control and prevent acts of aggression physical restraints increased from 17 to 26. The structured activity space at WMCC is proportionate to serve the small population of 24. The facility has an indoor gym and an outdoor basketball courtyard. The facility has enhanced the recreation calendar of events by partnering with community providers to initiate a fatherhood group and fitness instruction from physical trainers at a nearby gym.

Silver Oak Academy (response submitted by Silver Oak Academy)

Pages 11 and 12

"An incident during the quarter (136284) indicates that concerns about comprehensive staffing and supervision at Silver Oak have not been fully addressed (see SOA section in JJMU 1st Quarter 2016 Report). According to the incident report, a youth was assaulted by a group of youth in the bathroom. Staff were unaware that the assault had taken place until days later when the youth reported the incident to his therapist. In his statement, the youth disclosed other instances of youth-on-youth assaults that went unreported because they had occurred outside of staff supervision. Administrators at Silver Oak should enhance staffing patterns and staff training to ensure appropriate supervision of youth at all times and help maintain a safe environment."

Response: The following actions have been put in place to enhance the supervision of staff and students:

- The Director of Group Living schedule has been revised to include Sunday through Thursday to increase staff supervision on the A shift, effective August 7, 2016.
- To increase staff training on interactive supervision, the Director of Student Services will take on the role of full-time trainer position, to ensure that all staff are certified in how to run the elements with proper supervision. Staff will receive an actual certification.
- The bathroom element procedures have been modified to reduce the number of students in the restroom, not in the shower, to two at a time.
- SOA is recruiting for an extra staff member on each shift to assist with the shower program and awake night program supervision. This will be completed by Sept 12, 2016.
- All group living staff have to be certified within 90 days of the date of hire to implement the ROP program, if not they will be released from their position.



September 2, 2016

MSDE's Response to the Juvenile Justice Monitoring Unit Second Quarter Report 2016

The Maryland State Department of Education (MSDE) has reviewed the Juvenile Justice Monitoring Unit's (JJMU) 2016 second quarter report in relation to the provision of educational services within Department of Juvenile Services' residential facilities.

During the previous fiscal year, the MSDE Juvenile Services Education System (JSES) developed and implemented a detailed three-year Strategic Plan (SP) designed to guide and focus efforts related to providing enhanced and expanded educational services. The SP's structure was based intentionally upon the five guiding principles of high quality education in juvenile justice settings contained within the 2014 joint letter released by the United States Departments of Education and Justice. The guiding principles include:

- A safe, healthy facility-wide climate that prioritizes education, provides the conditions for learning, and encourages the necessary behavioral and social support services that address the individual needs of all youth, including those with disabilities and English learners.
- Necessary funding to support educational opportunities for all youth within long-term secure care facilities including those with disabilities and English learners, comparable to opportunities for peers who are not system-involved.
- Recruitment, employment and retention of qualified education staff with skills relevant in juvenile justice settings who can positively impact long-term student outcomes through demonstrated abilities to create and sustain effective teaching and learning environments
- Rigorous and relevant curriculum aligned with state academic and career and technical education standards that utilize instructional methods, tools, materials and practice that promote college and career readiness.
- Formal processes and procedures through statutes, memoranda of understanding, and practices that ensure successful navigation across child-serving systems and smooth re-entry into communities.

Since the initial implementation of the SP, MSDE JSES has partnered with the University of Maryland to contract the services of a national expert in the area of education in a juvenile justice setting to work in concert with JSES to both verify and refine activities related to the SP. This partnership will be on-going throughout the three year SP implementation period. The areas specifically highlighted in the site based sections as well as those contained within the generalized MSDE section on pages 45-46 are key elements addressed within the SP and have been areas of on-going focus by JSES over this past quarter.

With relation to the general section of the Second Quarter Report, MSDE JSES would like to emphasize and provide details addressing the topics outlined. First, MSDE JSES has, as the report specifies, been engaged in a system-wide technology initiative which involved procuring, training, and providing each of the thirteen JSES schools with access to iPads for both students and teachers. This initiative is on-going and to date all JSES teachers have been provided an iPad and participated an intensive 5 day training provided by Talbot County Public Schools in the use of iPads as an instructional tool. On-going professional development activities are planned throughout the year and designated staff are also participating in a three year grant opportunity provided through the Unjammed grant which JSES applied for which is designed to foster and support blended learning within JSES classrooms across the State.

Second, in the area of staffing, MSDE JSES acknowledges that the hiring and retention of teachers and administrators has been problematic and the length of the hiring process negatively impacts the continuity of instructional services. As a result, the resolution of hiring and retention is an integral part of MSDE JSES's on-going efforts and has resulted in the following steps being taken: expanded recruitment activities including the use of various online teacher recruitment services through School Spring, the addition of a dedicated staff in the FY 17 budget for MSDE JSES who will serve as an Human Resources specialist, the addition of funding within the FY 17 budget to provide for contracted substitute services, and additional funding in the FY 17 budget for hiring and retention salary incentives for JSES teachers and principals. Also, JSES has received 20 additional positions in the FY 17 to assist with providing direct instructional support in the areas of special education, resource, and guidance. MSDE JSES acknowledges that additional positions for other areas including Career Technology Education instruction would be a valuable addition to each school within the JSE system.

Third, MSDE JSES currently has, as JJMU states, a post-secondary education program at Backbone Mountain Youth Center. This program serves all youth within the four treatment centers in the Western part of the State. A Memorandum of Understanding (MOU) providing for such a partnership with Frederick County Community College is currently being finalized to provide such online access to post-secondary classes. Pending the signing of this MOU, post-secondary instruction access is slated to begin in the spring of 2017 since the fall semester has already begun. MSDE JSES is in consultation with other community colleges throughout the state to provide to ensure expand post-secondary to other MSDE JSES schools. MSDE JSES is pursuing grant funding to expand CTE offerings for all students.

Fourth, MSDE JSES continues to work in concert with DJS to utilize translators for students requiring those services. Instructional resources and materials for English as a Second Language students based on students' needs are provided as well. MSDE JSES is actively recruiting ESL teachers as resource teachers in order to provide supports to the students who are in need of the required services. MSDE JSES works with local school districts in order to ensure that students have the appropriate testing.

Fifth, MSDE JSES education staff participates and plans collaboratively with Department of Juvenile Services' staff for the effective transition of students back to their communities. A MOU was implemented between the two agencies to provide a framework for these efforts to ensure the process was both effective and efficient.

MSDE Response to Facility Based Concerns

Treatment Sites

Victor Cullen

MSDE JSES has recruited for and has selected a candidate for the principal position for Victor Cullen (VCC) and Western Maryland Children's Center (WMCC). This new staff is slated to assume the position in September. MSDE JSES appreciates JJMU advocating for the placement of a dedicated principal for both of these schools however, the current staffing compliment does not provide this ability.

As outlined in the MSDE JSES responses to the general portion of this report, MSDE JSES is in the process of finalizing a post-secondary option for qualified students residing at VCC. Additionally, MSDE JSES is actively recruiting to fill the current CTE vacancy at VCC.

Youth Centers

MSDE JSES through collaboration with the Department of Juvenile Services and Garrett Community College provides post-secondary education options for students residing at the Youth Centers. Although the program is physically provided at Backbone Mountain Youth Center, students residing at the other three treatment sites in the Western portion of state can be transferred based on meeting the post-secondary enrollment criteria.

With relation to expanding CTE offerings, the MSDE JSES Coordinator for Career Technology Education is exploring options to add internships as well expand hands-on career technology course offerings at the Youth Centers. MSDE JSES is currently in the process of writing a grant to obtain funding which if the grant is awarded will be used for this purpose.

J. DeWeese Carter Center

MSDE JSES has recruited for and has selected a candidate for the principal position for the J. DeWeese Carter Center and the Lower Eastern Shore Children's Center. This new staff assumed the position on September 1, 2016. MSDE JSES appreciates JJMU advocating for the placement of a dedicated principal for both of these schools however, the current staffing compliment does not provide this ability.

MSDE JSES is in conversation with Chesapeake Community College to explore options for providing designated online courses for qualified Carter students. Options for expanding CTE offerings are being developed. The development of community based work experiences or internships will need to be discussed and planned through collaboration with DJS.

Detention Sites

Baltimore City Juvenile Justice Center

MSDE JSES acknowledges that having additional staffing and educational services to address the instructional needs and supports for the large “youth charged as adults” population at the Baltimore City Juvenile Justice Center (BCJJC) would be valuable. However, MSDE JSES would also like to stress that numerous efforts have been made already to assist in this regard as well. First, MSDE JSES was able to transfer three education staff upon the closure of William Donald Schaefer House to BCJJC. These staff included two teachers and a records staff who have assisted with providing additional instructional and support services required to effectively manage this additional population given the need to maintain separate services for detention students versus the “youth charged as adults”. Second, additional changes or modifications within the school have allowed for the expansion of specific instructional services such as the expanded instruction for successfully obtaining a Maryland high school diploma through examination.

Cheltenham Youth Facility

MSDE JSES is currently in conversation with Prince George’s County Community College concerning developing a partnership to provide online post-secondary access for qualified students.

MSDE JSES concurs that students in the Intensive Services Unit (ISU) should have access to post-secondary and CTE offerings which are provided within the regular class setting which occurs in the school building. Given the physical requirements including computer access, access to CTE equipment, and staffing providing ISU students’ access to these offerings is not possible as long as ISU occurs on the housing unit.

Charles H. Hickey Jr. School

MSDE JSES concurs that the incorporation of technology will promote increased academic progress and success. This is one of the primary objectives with the iPad initiative which is currently underway in MSDE JSES.

The World of Work program is operated by DJS and is not currently a part of the MSDE JSES’ school schedule or program of study. MSDE JSES cannot speak to the appropriateness of expanding this program to all DJS facilities.

MSDE JSES is currently engaged in expanding post-secondary education options for its schools.

Alfred D. Noyes Children's Center

MSDE JSES concurs that the incorporation of technology will promote increased academic progress and success. This is one of the primary objectives with the iPad initiative which is currently underway in MSDE JSES.

With respect to access to credit recovery, (APEX) it is important to note that all MSDE JSES schools have access to this online program. Students who have documented school records which demonstrate they have unsuccessfully taken a course and who are projected to be enrolled for an adequate time period are afforded this opportunity based on a review of their records completed by the MSDE JSES school guidance counselor.

MSDE JSES works with DJS to utilize translators as needed and provides ESL instructional materials and resources. Currently, MSDE JSES is recruiting staff to enhance these services.

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