

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

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**THIRD QUARTER REPORT**

**JULY 1 – SEPTEMBER 31, 2008**



MARLANA R. VALDEZ  
*Director*

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

December 23, 2008

The Honorable Thomas V. Miller, Jr., President of the Senate  
Maryland General Assembly  
H107 State House  
Annapolis, MD 21401

The Honorable Michael E. Busch, Speaker of the House  
Maryland General Assembly  
H101 State House  
Annapolis, MD 21401

The Honorable Donald DeVore, Secretary  
Department of Juvenile Services  
One Center Plaza, 120 West Fayette Street  
Baltimore, Maryland 21201

Rosemary King Johnston, Executive Director  
Governor's Office for Children, Office of the Governor  
301 W. Preston Street, Suite 1502  
Baltimore, MD 21201

Members of the State Advisory Board on Juvenile Services  
c/o Department of Juvenile Services  
One Center Plaza, 120 West Fayette Street  
Baltimore, Maryland 21201

Dear Mr. President, Mr. Speaker, Sec. DeVore, Ms. Johnston, and Advisory Board Members:

Enclosed please find the most recent Quarterly Report from the Juvenile Justice Monitoring Unit (JJMU) of the Office of the Attorney General. This report covers the Third Quarter of 2008, from July 1 – September 30, 2008 and includes

individual facility reports on each of the 30 residential programs monitored by our office. The Department of Juvenile Services (DJS) Response is also included.

I would be pleased to answer any questions you may have about these reports. I can be reached by email at [mvaldez@oag.state.md.us](mailto:mvaldez@oag.state.md.us) and by phone at 410-576-6953 (o) or 301-257-5399 (c). All reports of the Juvenile Justice Monitoring Unit are also available on our website at [www.oag.state.md.us/jjmu](http://www.oag.state.md.us/jjmu).

I look forward to continuing to work with you to enhance programs and services provided to the youth of Maryland.

Respectfully submitted,

*Marlana R. Valdez*

Marlana R. Valdez  
Director  
Juvenile Justice Monitoring Unit

Enclosures

Cc: The Honorable Brian Frosh, Maryland State Senate  
The Honorable Joseph Vallario, Maryland House of Delegates  
The Honorable Robert A. Zirkin, Maryland State Senate  
The Honorable C. Anthony Muse, Maryland State Senate  
The Honorable Anthony J. O'Donnell, Maryland House of Delegates  
Katherine Winfree, Chief Deputy Attorney General, Office of the Attorney General

Electronic Copies: State Advisory Board Members  
Mattie Hutton, Governor's Office  
Joan Dudley, Administrative Office of the Courts  
John Dixon, DJS  
Reginald Garnett, DJS  
Sheri Meisel, DJS  
Karl Pothier, DJS  
Wendy Estano, DJS



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT**  
**ALLEGANY COUNTY GIRLS GROUP HOME**  
**JULY – SEPTEMBER, 2008**

**Facility:** Allegany County Girls Group Home  
10700 Leslie Lane  
P.O. Box 116  
Cumberland, Maryland 21502  
Administrator: Cindy McGill, Resigned  
Antoinette Allen, Acting

**Date(s) of Visit:** July 15, August 27, September 9, 2008

**Reported by:** Tim Snyder  
Juvenile Justice Monitor

**Issues Monitored:** Turnover in Administration

**Persons Interviewed:** Cindy McGill former Administrator, Antoinette Allen, Acting  
Administrator, Educational Coordinator, Service  
Coordinator, Direct Care Staff, Youth

**Date of Report:** November 2008

## INTRODUCTION

The Cumberland Maryland YMCA operates the Allegany County Girls Group Home. The facility is located in Cumberland, Maryland on property owned by the Department of Juvenile Services. The group home serves nine female residents when full.

ACGGH seeks to establish a therapeutic environment by providing a “healthy home” setting for the girls. The group home accepts female youth who are experiencing emotional, behavioral, and relational problems. ACGGH describes its mission as facilitating healthy relationships, responsibility for behavior, honesty, mutual respect, learning, using appropriate conflict resolution skills, and making lifestyle changes leading to healthy adult development. The program relies on community resources for education, counseling, and health services. The average length of stay is 9 – 12 months.

## SUMMARY OF CRITICAL FINDINGS

- ACGGH is undergoing a change in leadership as the former Director resigned.
- Staff records, background checks and training requirements are not in compliance with COMAR standards.

## FINDINGS

### 1. Population

The population has remained under capacity for much of this quarter. Referrals have been down somewhat, and ACGGH has had to discharge a few of the residents because of mental health or behavioral reasons.

#### a. Disproportionate Minority Contact (DMC)

On September 30<sup>th</sup>, the group home had 8 residents, 5 African American, and 3 white youth.

### 2. Staffing

#### a. Administrative Turnover

Director Cindy McGill resigned effective September 6 2008.

Antoinette Allen who had been in the role of Assistant Program Administrator for several years is now in the role of Acting Program Administrator until the YMCA is able to hire an administrator with the required credentialing. Antoinette Allen along with Diane Markwood and Betsy Swindell have worked together as a team for several years and provide a core staff at ACGGH. Dr. James Miller, Psychologist, has also been associated with ACGGH for a number of years and is providing oversight, training and is signing off on treatment plans.

Though there has been some turnover of direct care staff during this period, overall staffing has remained adequate as ACGGH hired replacements.

**b. Staff Training & Records**

When this Monitor reviewed personnel records, the training records of the former Administrator were missing in violation of COMAR 14.31.06 .05 E. (1)

Review of 13 staff records on 9/9/08 by this Monitor with the help of Ms. Markwood, Ms. Allen, and Ms. Swindell revealed that staff files are not kept as required. The reviewing team discovered a number of deficiencies. One staff member hired in 2006 had no criminal background check. One staff had no criminal background check done for the first year and a half of her employment. Another staff member had not signed the "Employee Abuse/Neglect and Child Discipline Policies".

No one on staff had completed training in "Parenting Issues" or "Food Preparation" as required by COMAR regulations. In addition, three long-term staff had not received training in "Psychological and Emotional Needs of Youth," and two of those staff had not received any training in "Communication Skills." One staff hired in 2000 had no record of receiving training in "Child Development," and one staff hired in 2001 had no record of training in "Suicide Risk Assessment and Prevention."

ACGGH has provided other training, which four of the long-term staff members have completed. These trainings included: "Fundamental Rights of Children," "Role of the Child Care Worker," "Incident Reporting," "Positive Peer Culture," "De-escalation Skills," "Child Abuse Prevention," "Transportation Safety," "Fire Drill Training," and "Program Development."

Five staff hired during this quarter had evidence of completed criminal background checks but had no initial training as of the review. Ms. Allen reported that the new staff have not been left unsupervised with youth.

This Monitor reported the deficiencies noted above to Acting CEO of the Cumberland YMCA, Gary Horwitz.

<b>Applicable Standards</b>
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**COMAR 14.31.06.05 A (7)** (The licensee shall)...ensure that requests for a criminal background check in accordance with COMAR 12.15.02 and Child Protective Services clearances have been submitted for each prospective employee before the employee begins work at the program.

accordance with any curriculum provided by the licensing agency regarding specific aspects of child abuse and neglect prevention and reporting in residential programs; (e) Suicide risk assessment and prevention; (f) Approved forms of discipline and behavior management techniques including crisis management and the use of isolation and restraints; (g) Medication management; (h) Infection control and Maryland Occupational Safety and Health Bloodborne Pathogen Standards; (i) Parenting issues, collaboration with families, and supporting children and families in making choices; (j) Psychosocial and emotional needs of the children, family relationships, and the impact of separation; (k) Special needs of the population served; (l) Child development; (m) The role of the child care employee; (n) Food preparation, food service, and nutrition, if the employee is involved in preparing meals for residents; and (o) communication skills.

**COMAR 14.31.06.05 E. (1)** (The licensee shall) (m)aintain for each staff member a personnel record that contains: (a) An employment application or resume showing qualifications and experience; (b) At least three references documented either by letter or notation of verbal contact indicating: (i) The date the contact was made; (ii) The individual making the contact; (iii) The individual contacted; and (iv) The reference content; (c) A written statement of medical examination by a licensed physician, made at the time of the staff member's employment, certifying that the physician has examined the staff member and found nothing in the individual's general, physical, or emotional condition that would endanger the health and well being of children; (d) An annual screening for tuberculosis administered by the Mantoux method or current Centers for Disease Control and Prevention standard with an analysis of results or, for those staff members whose results were positive, an annual medical certification that the staff member presents no symptoms of active tuberculosis; (e) Documentation of a criminal background check request made in accordance with State law, including COMAR 12.15.02, and a copy of the initial outcome and any periodic updates; (f) Documentation of a request for Child Protective Services check and a copy of the outcome; (g) A complete federal "Employment Eligibility Verification" form (I-9); (h) A copy of current applicable professional credentials; (i) A copy of current cardiopulmonary resuscitation certification for all child care staff; (j) Annual performance evaluations; (k) Documentation of personnel actions, such as disciplinary and commendation reports relating to the individual's employment with the program; (l) For a staff member who drives a motor vehicle to transport children; (i) A copy of the staff member's current driver's license; and (ii) An official copy of the staff member's driving record updated every 2 years; (m) Documentation that the staff member has received and read the policies described in Regulations .14 and .15 of this chapter related to the reporting of suspected child abuse and neglect and discipline and control of children; and (n) Documentation that the staff member has received the employee training under "F" of

*this regulation; and (3) Maintain the personnel file of each employee for a period of 5 years after the employee leaves the employment of the licensee.*

**3. Safety and Security**

**a. Aggregate Incidents**

Incidents have increased at ACGGH since the beginning of the year. At any given time, the dynamics group of youth plays a significant role in incidents, as does the inclusion of one or more particularly troubled youth. Staff disruption may have contributed to increased incidents in the 3<sup>rd</sup> Quarter.

Incident Categories	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
1. Youth on Youth Assault	0	2	1
2. Youth on Youth Assault with Injury	0	1	0
3. Alleged Youth on Staff Assault	1	0	1
4. Escapes/AWOL's	3	2	2
5. Law Enforcement Response to Incidents	1	3	2
6. Suicide Attempts, Ideation, Gestures, Behavior	0	1	2
7. Alleged Inappropriate conduct/comments by staff	0	0	1

**b. Behavior Management Plan**

Allegany County Girls Group Home utilizes a point and level system. The youth and staff are familiar with the plan, but the Director was reportedly modifying the plan. So, for example, rather than the youth earning an allowance, the Director was reportedly taking the youth out for shopping and dinner.

**4. Physical Plant and Basic Services**

**a. Fire Safety**

The Fire Marshall inspected the ACGGH facility on April 1, 2008, and noted several required corrective actions that the program has subsequently addressed. ACGGH has a contract with Simplex Grinnel to provide fire alarm inspection services. The company completed an inspection of ACGGH in January 2008.

**b. Physical Plant**

The staff and youth at ACGGH have kept the grounds in better condition with much less litter present during this period.

ACGGH and DJS have made a number of upgrades during this quarter including new beds, mattresses, and dressers, new carpeting, replacement of some



windows, a new refrigerator, a new washer, and dryer, and a new thermostat and heat registers.

The youths' beds and personal space continue to be cluttered with clothing and, at times, unmade beds. The youth lose points as a result, but this has not apparently been effective with some youth.

**c. Basic Services**

This Monitor has observed that the youth and staff do not eat dinner together family style, but eat different foods, at different times, some at the counter and some at the table.

**Applicable Standards**

**COMAR 14.31.06.07 E. (3) (i)** (The licensee shall)...*assure that all living areas are kept orderly and clean.*

**COMAR 14.31.06.10 B (6)** *Serve employees who eat with the children the same food as that served to the children...(d)Specify the actual foods served, including substitutions.*

**5. Education**

Diane Markwood, Educational Coordinator, maintains contact with the various public schools that the youth attend. Education ranges from regular high school, to alternative school, to GED preparation, to college coursework, depending on the needs of the youth.

**6. Rehabilitative and Recreational Programming**

**a. Therapeutic Program**

ACGGH describes its program as a "healthy home". ACGGH staff and youth hold group meetings usually on a daily basis, and as needed. Community service providers are used for individualized therapeutic interventions.

Staff report that Community Case Managers make regular phone and face-to-face contact with the youth in their care at ACGGH. ACGGH has not kept a record of visitation by Community Case Managers on a regular basis.

**Applicable Standard**

**Case Management for DJS Youth in Care Policy CJ-04-3** *"Juvenile counselors shall visit a child at the child's placement no less than once every month if the placement is in state."*

**b. Recreational Programming**

Summer programming was limited, partly as a result of money supposedly not being available for outings. The YMCA along with ACGGH has remedied this situation. During this quarter, the youth have made regular trips to the YMCA, to Allegany College, to Rocky Gap, and to Constitution Park for recreational activities. Additionally they traveled to Pennsylvania twice this past summer to go to Lakemont Amusement Park.

**c. Parental Involvement**

Youth at ACGGH can earn home visits as they progress in the program. Additionally parents/guardians may visit youth at the facility. ACGGH holds conferences with youth and parents as needed.

**7. Medical and Behavioral Health**

**a. Basic Medical Services**

Medical services are provided by community practitioners. Additionally ACGGH has an on-call nurse.

**b. Mental Health Services**

Individualized mental health services are provided to youth at ACGGH using community providers. Dr. James Miller, PhD, a psychologist, oversees the programming at the Group Home including approving treatment plans, providing training and consultation to staff, and providing clinical intervention when needed.

**8. Youth Advocacy, Internal Monitoring and Investigation**

**a. Youth Advocacy**

DJS Youth Advocate Bob Pressman makes regular visits to ACGGH and addresses grievances as they arise.

**b. Internal Monitoring**

Bill Hoyle, DJS Program Evaluator, regularly visits the facility and makes recommendations for corrections and improvements.

**c. Incident and Child Abuse Reporting and Investigation**

There have been no allegations of child abuse during this reporting period.

### RECOMMENDATIONS

1. The YMCA must hire an appropriately credentialed Administrator, as required by COMAR regulations within 180 days the former Administrator's resignation, or no later than March 6<sup>th</sup> 2009.
2. The YMCA/ACGGH must complete all criminal background checks as required.
3. The YMCA/ACGGH must complete all staff training as required.
4. The YMCA/ACGGH must maintain staff records as required.
5. ACGGH must serve employees who eat with the residents the same food that is provided for the youth, and specify the actual foods served, including substitutions, on a posted menu.
6. Community Case Managers should visit youth at ACGGH at least once a month. This information should be documented at the facility.

### UNABATED CONDITIONS

1. An Advisory Board meeting should be held as soon as possible.

**DJS RESPONSE  
ALLEGANY COUNTY GIRLS GROUP HOME  
JULY – SEPTEMBER, 2008**

**2. Staffing**

**b. Staff Training & Records**

**DJS RESPONSE**

All new employee training was underway throughout the JJMU reporting period and is currently up to date.

**3. Safety and Security**

**a. Aggregate Incidents**

**DJS RESPONSE**

The chart below displaying incident categories as prepared by the JJMU shows a total of 9 incidents in the third quarter of this year, 9 incidents in the second quarter, and 5 incidents in the first quarter. The number of incidents may have increased slightly since January 1 but has remained constant during the second and third quarters. The standard methodology for determining upward or downward trends would be to report incidents as a rate adjusted for fluctuations in population over the identified periods.

**4. Physical Plant and Basic Services**

**b. Physical Plant**

**DJS RESPONSE**

The administration is looking into additional strategies to help residents to keep their areas clean. Lockers have been purchased to provide residents a safe place to keep belongings as well.

**RECOMMENDATIONS**

1. The YMCA must hire an appropriately credentialed Administrator, as required by COMAR regulations within 180 days the former Administrator's resignation, or no later than March 6<sup>th</sup> 2009.

**DJS RESPONSE**

A new Group Home Administrator has been employed and is currently in the process of completing the application process for certification as a Residential Child Care Program Administrator by the State of Maryland.

2. The YMCA/ACGGH must complete all criminal background checks as required.

**DJS RESPONSE**

**All employee criminal background checks have been conducted.**

3. The YMCA/ACGGH must complete all staff training as required.

**DJS RESPONSE**

**In-service training occurs on an ongoing basis and most staff have completed all annual requirements; any additional training that is needed will be completed by April 2009.**

4. The YMCA/ACGGH must maintain staff records as required.

**DJS RESPONSE**

**Employee records have been updated.**

5. ACGGH must serve employees who eat with the residents the same food that is provided for the youth, and specify the actual foods served, including substitutions, on a posted menu.

**DJS RESPONSE**

**Employees have been advised that they are to be eating the same foods at meals as the residents. All menus are posted on the refrigerator and substitutions will be documented.**

6. Community Case Managers should visit youth at ACGGH at least once a month. This information should be documented at the facility.

**DJS RESPONSE**

**Community case managers visit youth at the DJS licensed provider programs. The applicable regulation, COMAR Title 14, does not require private residential child care providers to document visits from community case managers.**

**UNABATED CONDITIONS**

1. An Advisory Board meeting should be held as soon as possible.

**DJS RESPONSE**

**Recent Advisory Board meetings were held in September and October 2008. The next Advisory Board meeting is scheduled to be held in 2009.**

**DJS RESPONSE  
BALTIMORE CITY JUVENILE JUSTICE CENTER  
JULY- SEPTEMBER, 2008**

1. Population

a. General

**DJS RESPONSE**

Youth are classified by age, size, aggression level and other factors into one of ten housing units at BCJJC. Youth may be housed in the infirmary as necessary, including for protection, so the JJMU is not accurately reporting that there is an “inability to separate groups in conflict or vulnerable youth from predatory youth.”

In addition, the JJMU has provided no evidence to support their assertion that infirmary space for youth with medical needs is compromised when youth are housed there for administrative reasons. This is not the case.

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: “The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing. DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU.

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis are rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact as experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and coordinates with DMC Coordinators in many jurisdictions across the state.

3. Safety and Security

**DJS RESPONSE**

As was the case involving the examples cited by the JJMU, DJS conducts detailed investigations of all allegations of child abuse and will continue to ensure the allegations are correctly entered in our automated incident database. DJS recognizes the distinction between inaccurate reporting due to staff error or delay, and intentionally filing a false report. DJS investigates to identify any instance

of intentional underreporting of incidents and takes disciplinary action in accordance with our Standards of Conduct. Unintentional staff error is addressed through supervisory review and oversight.

DJS also implemented procedures for enhanced oversight of group disturbances and assaults with injury. Senior facility administrators and our quality improvement director review videotape coverage of these incidents as an additional safeguard to ensure accurate reporting.

#### DJS RESPONSE

The removal of pay phones on the housing units was a safety-related decision that was important and necessary for the monitoring of collect telephone conversations. In accord with Department policy, all youth at BCJJC continue to receive two, ten-minute phone calls weekly at the Department's expense, and youth on higher levels of the facility's behavior management system can place or receive additional free phone calls. Youth are also entitled to receive and initiate telephone calls to their legal counsel in conformity with Department policy.

#### DJS RESPONSE

DJS policy establishes standards for the use of mechanical restraints in our Use of Crisis Prevention Management (CPM) policy, which is available on the Department's website at [www.djs.state.md.us](http://www.djs.state.md.us). The Department provides staff training related to the implementation of this policy including emphasis on the use of mechanical restraint/handcuffs as a last resort intervention to ensure safety.

DJS does participate in JDAI; while JDAI guidelines certainly restrict the use of handcuffs in secure detention facilities, their proper use is not prohibited for transport and as necessary in facility emergencies.

#### DJS RESPONSE

Mechanical restraints are not employed after virtually every restraint as alleged by the JJMU. First, in an incident involving handcuff use, one youth (the aggressor) may have to be handcuffed, but that does not mean that all of the youth involved required handcuffs. Therefore stating that because there were 82 incidents involving handcuffs, there necessarily were likely far more than 82 youth handcuffed, is not accurate.

DJS utilizes stringent standards and multiple safeguards to ensure accurate and complete reporting of critical incidents. Detailed narrative accounts of the incident, written witness statements from all youth and staff involved, written reports by the nurse who examined each youth involved, and a review of the incident by the shift commander and senior facility management, present a comprehensive summary that facilitates review of the use of handcuffs. Underreporting handcuff use has not been found to be problematic through this rigorous review process.

Video review of incidents by the DJS Quality Improvement Director and BCJJC Superintendent does not support this assertion either. If the JJMU has reviewed videotape of restraints, it would be beneficial to report on the number viewed and the number involving subsequent handcuff use as the basis for a more accurate determination of the frequency and appropriateness of handcuff use.

Regarding the JJMU's observation that two youth under escort in the facility were in handcuffs and leg irons, as the JJMU is aware such restraints may be used when transporting youth to/from the facility and court.

5. Rehabilitative and Recreational Programming

DJS RESPONSE

The Boys and Girls Club began providing structured programming to youth at BCJJC on schedule, in November 2008.

7. Youth Advocacy, Internal Monitoring and Investigation

DJS RESPONSE

BCJJC continues to be monitored on only 11 of the original 29 CRIPA settlement agreement provisions, which are all in partial compliance; none of the CRIPA agreement areas are in non-compliance, and 18 provisions are in substantial compliance and therefore no longer monitored by the U. S. Department of Justice.

DJS has an Office of the Inspector General (OIG) that investigates any reports of child abuse or violations of the DJS Standards of Conduct. These investigations occur on an ongoing basis as needed.

DJS also has an internal Quality Improvement (QI) Unit that monitors and provides technical assistance for compliance with 45 standards in Protection from Harm, Safety and Security, Suicide Prevention, Behavioral Health, Medical Care and Education. The next QI review for BCJJC is scheduled to take place in January 2009.

DJS RESPONSE

For context, none of the 12 allegations referenced by the JJMU were sustained for child abuse by Child Protective Services or charged by the Maryland State Police.

RECOMMENDATIONS

2. Youth should not be housed at BCJJC more than 21 days.

DJS RESPONSE

As the JJMU notes on page 3 of this report, the average length of stay at BCJJC was 18 days for detained youth and 38 days for pending placement youth from July to September 2008.

DJS has successfully worked with the courts to implement a number of strategies that have resulted in a more than 50% reduction of the total number of youth pending placement at BCJJC, from 46 youth in April 2007 to 22 youth in October 2008, and a more than 40% reduction in the average length of stay for pending placement youth in the facility, from 97 days in April 2007 to 57 days in October 2008. We will also note that the court orders and determines the length of detention for pre-adjudicated youth.



4. The Department should comply with the JDAI standard that prohibits use of handcuffs inside the facility.

**DJS RESPONSE**

DJS policy establishes standards for the use of mechanical restraints in our Use of Crisis Prevention Management (CPM) policy, which is available on the Department's website at <[www.djs.state.md.us](http://www.djs.state.md.us)>. The Department provides staff training related to the implementation of this policy including emphasis on the use of mechanical restraint/handcuffs as a last resort intervention to ensure safety.

DJS does participate in JDAI; while JDAI guidelines certainly restrict the use of handcuffs in secure detention facilities, their proper use is not prohibited for transport and as necessary in facility emergencies.

**UNABATED CONDITIONS**

1. The provision of structured rehabilitative programming is inadequate.

**DJS RESPONSE**

DJS is focusing intensively on reducing disruption and youth violence at BCJJC through a wide array of strategies including reducing the number of youth in the facility and their length of stay, increasing the number of direct care staff positions in the facility, enhancing staff training, and expanding structured programming. In an innovative arrangement, the Boys and Girls Club of America recently started operating within BCJJC to provide a comprehensive daily program of constructive activities geared to the interests and needs of youth in the facility.



MARLANA R. VALDEZ  
*Director*

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**FACILITY REPORT**  
**AUNT CC HARBOR HOUSE**  
**JULY – SEPTEMBER, 2008**

**Facility:** Aunt CC's Harbor House Shelter  
1031 East Monument Street  
Baltimore, MD 21202  
Administrator: Donald Barrett, Program Director

**Date(s) of Visit:** July 28, August 19, September 30, 2008

**Reported by:** Tanya Suggs  
Juvenile Justice Monitor

**Issues Monitored:** Population  
Staffing  
Safety/Security  
Physical Plant  
Education  
Rehabilitative and Recreational Programming  
Medical  
Youth Advocacy

**Persons Interviewed:** Direct Care Staff, Youth

**Date of Report:** November 2008

## INTRODUCTION

Aunt CC's Harbor House Shelter is operated by North American Family Institute (NAFI) and licensed by Department of Juvenile Services (DJS). Low-risk males between the ages of 11 to 17 are referred by the Department of Social Services and the Department of Juvenile Justice. Aunt CC's Harbor House is an emergency shelter, an alternative to detention, and a placement for youth who require temporary care.

The residents are provided with group and individual clinical services, life skills education, food, clothing, and post release clinical services.

## SUMMARY OF CRITICAL FINDINGS

- Staff has not completed mandatory training required by COMAR regulations for all childcare workers.
- The shelter is not in compliance with COMAR nutritional standards. Youth are not receiving daily caloric intake as required by COMAR.

## FINDINGS

### 1. Population

The shelter's capacity is 15. Eleven beds are for DJS youth and four are for DSS youth. The length of stay is from one to ninety days, with an average length of stay of thirty days. The population fluctuates due to court adjudications or youth returning home.

According to the ASSIST database, 177 youth stayed at the shelter during the 3<sup>rd</sup> quarter.

### 2. Staffing

#### a. General

At the end of third quarter, there were no vacant positions at Aunt CC. The administration continues to hire relief staff on a rotating basis.

#### b. Staff Training

In August, the Monitor conducted an employee qualifications file audit. Thirteen files were reviewed. The Monitor noted a number of discrepancies. Important documents such as Child Protective Services (CPS) clearance request letters, high school diplomas, TB tests, physical exams and MVA records were not included in the majority of the employee files reviewed. Critical documents, such as CPS background

requests and criminal background check requests were not submitted in a timely fashion. There was no indication that any training had been provided for seven of the thirteen employees. The remaining employees had taken only a few of the classes required by COMAR and had not completed annual refresher training.

Staff training is critical in a number of areas, for example, employee response to emergencies, provision of sanitary hygiene practices and conflict resolution. Last quarter, one youth was inappropriately restrained by a staff. This staff member's file included no indication that s/he had taken restraint training.

Obtaining pertinent documents and records before hiring an employee is an important component in the hiring process to ensure that all employees are healthy and suitable to work with youth. Staff should complete all training before they are hired to work with the youth. Staff members should not be left alone with youth if they have not completed the initial 40-hour training.

**c. Staff Credentials**

Maryland law requires that administrators of residential facilities for children be certified by the State Board of Certification of Residential Child Care Administrators. The purpose of the board's certification requirement is to protect children by setting standards for the practice of residential childcare administration and to promote quality.

The Director at Aunt CC's is childcare certified.

**Applicable Standards**

**COMAR 14.31.06.05 (f) (1).** *Each employee who provides direct care to children shall receive a minimum of 40 hours of initial and annual training.*

**COMAR 14.31.06.15 (3) (d).** *Training shall be required before a program personnel individual may work with residents independently.*

**Annotated Code of Maryland, Health Occupations Title 20-301(a).** Except as otherwise provided in this section, on or after October 1, 2007, an individual shall receive a certificate from the Board before the individual may be a program administrator in this State.

**3. Safety and Security**

**a. General**

The home is safe and secure. The Monitor did not note any general safety or security issues.

**b. Aggregate Incidents**

Incident Categories	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
1. Youth on Youth Assault	2	2	0
2. Restraints	0	1	2
3. Restraints with Injury	0	0	1
4. Allegations of Child Abuse <ul style="list-style-type: none"> <li>• Physical</li> </ul>	0	0	1
5. Escapes/AWOL's	14	14	8
6. Law Enforcement Response to Incidents	1	1	0
7. Suicide Attempts, Ideation, Gestures, Behavior	0	0	1

The program has a very low rate of incidents. There were two restraints this quarter and no incidents of youth on youth assault (compared to two last quarter). There was one child abuse allegation this quarter and none last quarter.

According to the DJS Incident Reporting Database there were only four incidents during the quarter; however, the Monitor collected 12 incident reports from the shelter. Not all incidents have been entered into the DJS incident database, and many incidents are not entered into the database in a timely fashion. It is important that incident reports be timely entered into the database, so that the Monitor can obtain accurate data, retrieve information for investigations, and follow up on incidents.

**c. Incident-Related Procedures, Practices, and Reporting**

The Monitor received an investigative report stating that on September 7, a staff inappropriately restrained a youth. The youth tried to run out of the home after staff told him that he could not see his mother to give her a hug. The staff grabbed the youth by his arms and pinned him up against the wall then continued the restraint by moving him to the floor. During the restraint, the youth began to foam at the mouth. The youth had a seizure and was taken to Johns Hopkins Hospital. According to the youth, he could not breathe because of the pressure of being pinned against the wall.

It was determined by the Department of Social Service that the incident was not intentional or abusive. DJS did find that the restraint was improper under their policies.

**Applicable Standards**

**COMAR 14.31.06.15.b (i)** *The use of physical restraint is prohibited in residential care facilities unless there is an emergency situation and physical restraint is necessary to protect a resident or other individuals from imminent, serious, physical after other intrusive, non-physical interventions have failed or been determined inappropriate.*

**COMAR 14.31.06.15 (c)** *physical restraint may be applied only by program personnel who have successfully completed training in the appropriate use of physical restraint.*

**d. Behavior Management Plan**

The youth have informed the Monitor that the home is a comfortable place. However, they must reach a certain level on the Behavior Management System before they can get a haircut. Although the point level system has been successful in the home, the Monitor recommends that the home not use any form of hygiene as an incentive or punishment. Consistent haircuts are a part of proper hygiene; therefore, the youth should receive haircuts as needed.

**4. Physical Plant and Basic Services**

**a. Fire Safety**

No fire safety issues were noted this quarter. A new fire inspection report was due on October 2, 2008. The home has applied for its annual inspection, but the inspection has not been completed to date.

The fire alarm inspection will be due by November 28. Based on maintenance documents that were submitted to the Monitor, new batteries were replaced in the smoke detectors and one defective smoke detector was replaced.

**b. Physical Plant**

The home and furniture are in excellent condition. The home is a 233-year-old structure that was formerly a church. Renovations were made in May, 2005. There is a loft style sleeping area on the second level, which residents report to be "comfortable" and "cozy." Overall, the home is very clean, well kept, and tidy.

Based on the maintenance records that were submitted to the Monitor, there were minor repairs throughout the quarter, such as the installation of new light bulbs, replacement of one new smoke detector, the installation of new batteries in all smoke detectors, and replacement of a broken dryer.

**c. Basic Services**

The last food inspection is dated November, 2007. The current inspection expires on November 30, 2008.

Youth complained that they are often hungry and that they are not provided snacks on a consistent basis. When they are provided with snacks, youth said it is not substantial.

On Thursday, October 2, a youth told the Monitor that he was hungry. He said that youth were not given snack or fruit after breakfast and lunch. Another youth stated "I don't remember the last time we had fruit. At least a fruit bowl should be put out for us." They said that for breakfast they were served one small patty sausage a small

portion of eggs, and a small bowl of cereal - no fruit, juice, or milk was served. Snack was listed on the menu, but was not provided. The meals posted on the menu were not what the youth had been given.

Youth should be provided with a snack between each meal and sufficient food at each meal so that there are no complaints of being hungry.

#### **Applicable Standards**

**COMAR 14.31.06.07 (A)(4).** *The licensee shall ensure compliance with the local fire and health requirements by submitting annually to the licensing agency, reports of all fire and health inspections conducted by the local jurisdiction.*

**COMAR 14.31.06.10 (B) (3)** *The licensee shall serve each child three meals each day, two of which shall be hot and also nutritious between-meal snacks with not more than 14 hours between dinner and breakfast the following day."*

**COMAR 14.31.06.10 (8)(D)(E)** *The licensee shall design menus that specify the actual foods served including substitutions and include any between-meal snacks provided*

#### **5. Education**

When the Monitor visited the home on September 30 at 2:54 pm, three youth were in the living room. Each youth had been in the home at least two weeks, but they said that no one had made an effort to enroll them in school yet. They said they had not engaged in any educational programming while out of school, and at the time of the Monitor's visit, despite the presence of three staff in the room supervising the three youth, the youth were sitting idle.

The shelter's daily schedule says that it provides a structured life skills and educational programming throughout the day for youth not yet enrolled in school. The Monitor recommends that youth who have not been enrolled in school, participate in the educational program in the home as reflected on the schedule.

The Monitor sampled four active and inactive program files. There was no indication that any of the youth were enrolled in school since school re-opened in August, nor was there any indication that the youth participated in the educational programming in the home. One youth had been in the home from September 3 through September 26 and had not been enrolled in school. The Monitor alerted and discussed the findings with the education/clinical coordinator.

#### **Applicable Standard**

**Annotated Code of Maryland, Article 8-502 (Education)** *It is the intent of the General Assembly that the State promotes the education and well-being of children in State-supervised care by facilitating the prompt enrollment of children in State*

*supervised care in an appropriate public school or non-collegiate educational institution affiliated with a residential childcare program or treatment facility.*

## **6. Medical and Behavioral Health**

The home has an intake and on-call nurse. The nurse is called for minor illnesses or if the youth are restrained. The nurse visits the home several times per week and when a youth is sick.

## **7. Youth Advocacy, Internal Monitoring and Investigation**

No grievances were filed by youth at Aunt CC's this quarter. When there are issues in the home, the staff immediately call for a group session or individually addresses the issue with the youth. The youth have informed the Monitor that they successfully handle the minor issues in the home.

## **RECOMMENDATIONS**

1. All staff should complete the initial and annual 40-hour training prior to working with youth.
2. Staff should be closely monitored and supervised if they are working with youth but have not completed training.
3. The Director should review employee files on a consistent basis to ensure the completion of all required training.
4. DJS should enter all incidents into the database within 24-48 hours of the incident.
5. Staff should not restrain youth unless the youth poses an imminent threat to other youth or staff and all de-escalation options have been exhausted.
6. The use of physical restraint should be prohibited by staff that has not completed training for physical restraint.
7. Youth should be provided with a snack in between meals as required by COMAR regulations.
8. The Department's nutritionist should review current food service practices and ensure that youth are getting the appropriate daily caloric intake.
9. A weekly meal menu should be posted for residents and staff.



10. The food menu should reflect exactly what youth are served for breakfast, lunch, and dinner, and should include between meal snacks.
11. Youth should be enrolled in school in a timely fashion.
12. New residents should be engaged in structured programming in the home until they are enrolled in school.
13. Youth should receive haircuts as needed, and haircuts should not be one of the incentives under the behavior management plan.

**DJS RESPONSE  
AUNT CC HARBOR HOUSE  
JULY – SEPTEMBER, 2008**

**2. Staffing**

**b. Staff Training**

**DJS RESPONSE**

The JJMU is incorrect that an employee who allegedly performed an improper physical restraint was not trained in Crisis Prevention and Intervention. This employee had completed the required training, and the applicable documentation was available in the employee's personnel file. Moreover, an investigation of this incident conducted by the Department of Social Services found that the restraint was not abusive. However, in an abundance of caution the employee received further training.

A full-time Regional Training Coordinator position has been filled by Aunt CC's parent company to ensure that training standards are met including the provision of 40 hours of initial training, to be completed before staff work with youth.

*JJMU Comment: During the on-site personnel file audit conducted by the Monitor on August 19, 2008, the employee's full personnel file was examined, and no training certification for completion of Crisis Prevention Management was included in the file at that time. The Monitor discussed this issue with the Group Home Supervisor and included the employee's name and missing personnel file documents on a summary given to the Administrator following the debriefing and along with the debriefing form.*

*The employee was not indicated by Child Protective Services for child abuse, but an internal DJS investigation found that the staff member had improperly restrained the youth.*

**3. Safety and Security**

**b. Aggregate Incidents**

**DJS RESPONSE**

The Director of the DJS Program Evaluation Unit is working with our IT staff and the DJS Licensed Providers to provide them with access to the ASSIST database, which will enable more accurate and timely data entry.

**c. Incident-Related Procedures, Practices, and Reporting**

**DJS RESPONSE**

DJS conducted an investigation of this incident and found that the restraint did not conform to policy. The employee was reprimanded and retrained.

d. Behavior Management Plan

**DJS RESPONSE**

Aunt CC's Harbor House does not utilize any behavior management plan which dictates the use of any form of hygiene as an incentive or punishment. Haircuts are offered to each youth depending on their length of stay. We recommend that the JJMU substantiate allegations through additional sources, for example, documentation in log books, interviews with staff, and direct observation.

4. Physical Plant and Basic Services

a. Fire Safety

No fire safety issues were noted this quarter. A new fire inspection report was due on October 2, 2008. The home has applied for its annual inspection, but the inspection has not been completed to date.

**DJS RESPONSE**

The fire inspection was completed on November 20, 2008 by a City of Baltimore Fire Inspector.

c. Basic Services

**DJS RESPONSE**

Aunt CC's Harbor House received the renewal of its food permit on December 2, 2008.

Youth receive nutritionist-approved snacks two times per day (after-school and in the evening) effective October 2008. New menus were developed with the input of youth.

Menus utilized by Aunt CC's continue to be certified as meeting all applicable COMAR standards by the Maryland Department of Health and Mental Hygiene, including the daily caloric intake and nutritional content of all meals served to youth at the shelter.

5. Education

**DJS RESPONSE**

One of the youth observed by the JJMU Monitor was out of school pending his re-enrollment. He had been enrolled in school following his admission to Aunt CC's but had gone AWOL from school. The second youth observed by the JJMU Monitor was out of school because his mother was in the process of transferring him to a different school.

Prior to receiving the JJMU Report, the DJS Program Evaluation Unit had identified that these youth were out of school, one for a total of 8 days and one for a total of 7 days, during their stay at Aunt CC's. DJS required the program to submit a Corrective Action Plan to ensure youth are enrolled in school within 3 days of admission as required.

**RECOMMENDATIONS**

1. All staff should complete the initial and annual 40-hour training prior to working with youth.

**DJS RESPONSE**

**A Regional Training Administrator has been employed by Aunt CC's parent company to ensure that all employees receive required initial and annual training.**

2. Staff should be closely monitored and supervised if they are working with youth but have not completed training.

**DJS RESPONSE**

**Employees are not permitted to work with youth if they have not completed required training.**

3. The Director should review employee files on a consistent basis to ensure the completion of all required training.

**DJS RESPONSE**

**All personnel files will be reviewed monthly by the program administrators to ensure compliance with training standards. DJS also conducts comprehensive audits of training compliance.**

4. DJS should enter all incidents into the database within 24-48 hours of the incident.

**DJS RESPONSE**

**The Director of the DJS Program Evaluation Unit is working with our IT staff and the DJS Licensed Providers to provide them direct access to the ASSIST database, which will enable more accurate and timely data entry.**

5. Staff should not restrain youth unless the youth poses an imminent threat to other youth or staff and all de-escalation options have been exhausted.

**DJS RESPONSE**

**All staff is trained in de-escalation techniques and understands the purpose and process for physical restraint. Youth are not restrained unless they pose an imminent threat to themselves or others and the behavior persists despite use of de-escalation strategies, per COMAR standards.**

6. The use of physical restraint should be prohibited by staff that has not completed training for physical restraint.

**DJS RESPONSE**

**As explained in a previous section of this report, the JJMU incorrectly asserted that a staff who performed a restraint had not received the applicable training. Staff do not restrain youth without completing the relevant training requirements.**

7. Youth should be provided with a snack in between meals as required by COMAR regulations.

**DJS RESPONSE**

**Youth receive nutritionist-approved snacks twice each day (after school and in the evening) as per the applicable COMAR requirement.**

8. The Department's nutritionist should review current food service practices and ensure that youth are getting the appropriate daily caloric intake.

**DJS RESPONSE**

**The Department ensures that youth at the shelter consistently receive appropriate daily caloric intake and nutritional requirements. It is important to emphasize that Aunt CC's utilizes menus that are developed by a Dietitian Nutritionist and certified as in compliance with applicable COMAR standards by the Maryland Department of Health and Mental Hygiene. This certification includes approval of daily caloric intake and all other relevant nutritional requirements. Aunt CC's periodically invites youth input in the development of new menus, and new menus with youth input were most recently completed in November 2008. The DJS Nutrition Services Administrator also reviews food service practices and consults with Aunt CC's regarding youth nutrition.**

9. A weekly meal menu should be posted for residents and staff.

**DJS RESPONSE**

**Weekly menus are posted in the kitchen.**

10. The food menu should reflect exactly what youth are served for breakfast, lunch, and dinner, and should include between meal snacks.

**DJS RESPONSE**

**Weekly menus posted reflect the actual foods served, including substitutions, as specified in COMAR 14.31.06.10 (8) (D) (E).**

11. Youth should be enrolled in school in a timely fashion.

**DJS RESPONSE**

**Youth will be enrolled in school in a timely manner with the support of family and the placing agency.**

12. New residents should be engaged in structured programming in the home until they are enrolled in school.

**DJS RESPONSE**

**All youth are engaged in structured programming as reflected in the daily schedule.**

13. Youth should receive haircuts as needed, and haircuts should not be one of the incentives under the behavior management plan.

**DJS RESPONSE**

**Haircuts are not a part of the program's Behavior Management Plan. Depending on their length of stay, if youth need and/or want a haircut Aunt CC's provides haircuts for them.**



MARLANA R. VALDEZ  
*Director*

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

**DJS RESPONSE**  
**BALTIMORE CITY JUVENILE JUSTICE CENTER**  
**JULY- SEPTEMBER, 2008**

**Facility:** Baltimore City Juvenile Justice Center  
300 North Gay Street  
Baltimore, MD 21202  
Administrator: Johnitha McNair

**Date(s) of Visit:** July 7 and 12, August 12 and 21, September 2,  
13, 20, 22 and 23, 2008

**Reported by:** Claudia Wright  
Juvenile Justice Monitor

**Persons Interviewed:** Administrators, Staff, Youth

**Date of Report:** November 2008

## INTRODUCTION

Baltimore City Juvenile Justice Center is a 144-bed detention facility for boys. It is located on the ground floor of the juvenile justice complex that includes courts and youth services in downtown Baltimore City, Maryland.

## SUMMARY OF CRITICAL FINDINGS

- Population must be reduced to impact the level of violence.
- Department of Juvenile Services (DJS) policy with regard to the use of handcuffs on youth is routinely violated.

## FINDINGS

### 1. Population

#### a. General

Facility Capacity	High Population	Low Population	Average Daily Population	Average Monthly Population	Number of Days Over Capacity
144	142	90	116	July 128 August 111 September 115	0

Population steadily declined over the course of the quarter, but not enough to impact the unacceptable level of violence (see Section 3 below). The Department rates the capacity of BCJJC as 144, and there are in fact 144 beds in the facility. Two units on F Pod were closed permanently during the quarter to allow space for the new Boys and Girls Club program expected to start during the month of November. The loss of those 24 beds reduces the rated capacity to 120.

The facility cannot reasonably accommodate even 120 youth because of its oppressive architecture, the lack of classroom and study space, visiting area, dining and recreation space (no outdoor space except for walled, concrete patios), and the inability to separate groups in conflict or vulnerable youth from predatory youth. There is no area for staff for breaks or dining. Youth who cannot stay on the Units for administrative reasons must stay in the infirmary thus limiting the space for medical needs.



The Secretary of the Department of Juvenile Services has determined for purposes of future construction that 48 is the optimum number of youth housed in one facility. For all the same reasons, no more than 48 youth should be housed at BCJJC.

**b. Detention and Pending Placement**

	<b>Number of Youth in Status 60+ Days</b>	<b>Number of Youth in Status 90+ Days</b>	<b>Average Length of Stay</b>
<b>Detention</b>	4 (85, 84, 70, 67)	0	18
<b>Pending Placement</b>	5 (77, 69, 68, 63, 63)	6 (147, 134, 120, 103, 99, 98)	38

**c. Disproportionate Minority Contact (DMC)**

	<b>1st Quarter, 2008</b>	<b>2<sup>nd</sup> Quarter, 2008</b>	<b>3rd Quarter, 2008</b>
<b>Total Number of Youth Detained</b>	779	911	769
<b>White</b>	16	22	20
<b>African American</b>	751	873	738
<b>Latino</b>	9	14	7
<b>Other</b>	3	2	4

**Applicable Standards**

**Maryland Rules, Rule 11-112. Detention or shelter care.** *Maximum period of detention or shelter care – continued detention or shelter care pending the adjudicatory or waiver hearing may not be ordered for a period of more than thirty days.*

**2. Staffing**

**a. General**

	2 <sup>nd</sup> Quarter, 2008	3 <sup>rd</sup> Quarter, 2008
Total PINS (Positions with benefits)	174	193
Total Contractual Positions	86	77
Total Vacancies	-4.50	-8.00

b. Staff Training

	3 <sup>rd</sup> Quarter, 2008
Total Certified Staff	120
Total Uncertified Staff	37
Percent of Staff Completing Initial Training	80.89%

3. Safety and Security

a. Aggregate Incidents

Incident Categories	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
1. Youth on Youth Assault	167	191	137
2. Youth on Youth Assault with Injury	49	73	94
3. Alleged Youth on Staff Assault	30	28	50
4. Alleged Youth on Staff Assault with Injury	2	8	13
5. Group Disturbances (with bodily harm or property destruction)	5	9	18
6. Group Disturbances (without bodily harm or property destruction)	7	10	8
7. Restraints	256	230	216
8. Restraints with Injury	51	73	105
9. Seclusions	187	116	187
10. Allegations of Child Abuse <ul style="list-style-type: none"> <li>• Physical</li> <li>• Sexual</li> </ul>			12** 0
11. Allegations of Child Neglect	0	0	0
12. Escapes/AWOL's	0	1	2
13. Law Enforcement Response to Incidents	164	153	127
14. Suicide Attempts, Ideation, Gestures, Behavior	15	6	4

\*\* All 12 of the child abuse allegations were reported to CPS but not sustained. The DJS Office of Inspector General investigated these incidents and sustained on 8 for violations of DJS policy and Standards of Conduct, including breach of performance duty and improper restraint

**b. Assaults**

Reported youth on youth assaults were down 28% for the quarter. This good news is tempered by the dramatic rise in reported youth on staff assaults, up 79% (from 28 to 50), and youth on staff assaults with injuries up 63% (from 8 to 13).

For example, a youth on staff assault occurred in Unit 31 on August 12. Incident Report #66216 describes the incident:

Youth (x) walked over and attempted to place his hands in Mr. (y)'s face. Ms. (z) directed him to stop and Mr. (y) asked him to stop as well. Youth (x) continued to harass Mr. (y). Ms. (z) proceeded to get up and assist Mr. (y). As she was walking towards Mr. (y), youth (x) placed his hands on Mr. (y)'s legs and flipped him over the railing.

Mr. (y) required emergency room care and received several sutures in his scalp.

**c. Group Disturbances**

Group disturbances have more than doubled since the first quarter. The serious group disturbance that occurred on July 29 is detailed in the Monitor's Special Report of November 1, 2008.

**d. Incident-Related Procedures, Practices, and Reporting**

Three investigations by the Office of the Inspector General concluded that staff had filed false reports of serious incidents (# 66562, #67462 and # 65858).

In Incident #66562, it was further determined that staff had allowed youth to restrain other youth, staff had engaged in a fist-fight with youth, and that the staff involved in the fist-fight was actually placed in a therapeutic restraint by another youth. All of the staff who witnessed this melee filed inaccurate reports.

In Incident #67462, three staff were found to have violated numerous DJS policies and procedures by observing and allowing a youth to smoke marijuana in their presence on the Unit. One of these staff tested positive for marijuana. All were found to have filed false and misleading reports about the incident. One of these staff later stated to investigators, "...staff members are not just bringing skittles into BCJJC."

Incident # 65858 is the subject of the Special Report filed by this office on November 1.

Only two incidents of alleged child abuse appear on the DJS Incident Reporting Database. Review of the investigations conducted by OIG during the quarter (which is only a small percentage of all incidents reported) reveals 12 allegations of child abuse reported to Child Protective Services and the State Police. The incident described above (#66562), in which staff is seen on videotape punching and kicking a youth, is not included in the database as an alleged child abuse, but is designated as "inappropriate conduct by a staff member."

False reporting and under-reporting of serious incidents may indicate that the level of violence at BCJJC is in fact higher than reported in DJS data.

**e. Security Equipment and Practices**

Two important security measures were implemented within the institution during the quarter. First, the administration ordered that imported food would not be allowed in the detention area. This new policy means that staff can no longer bring in food from the outside. The result of the policy is that staff must eat the food provided within the institution. Further, the new policy prevents staff from bringing in food for rewards for favored youth.

Second, collect-call telephones that were present on each Unit were dismantled. Previously, youth had free access to call anyone who was willing to accept a collect phone call. The conversations that resulted were not monitored. Now youth are only allowed to call their relatives or their lawyers, and all phone calls must be made in the presence of their case manager.

It also appears that the administration has significantly increased searches of youth, staff and visitors in an effort to stem the flow of contraband into the facility.

These new security policies are important and necessary. However, they are not popular with staff and youth. The level of tension within the facility is high due to these changes. Youth are particularly resentful about the dismantling of the phones and their inability to communicate freely with friends and family outside the facility.

**f. Restraints and Seclusion**

The Department's standards on the use of mechanical restraints (handcuffs) are routinely violated. DJS Policy and Procedure RF-02-07 (4)(a)(3)(ii) states as follows:

*Except in circumstances involving an off grounds secure transport, mechanical restraints may not be placed on a youth within a facility unless:*

- (a) Required to assure secure movement of a youth,
- (b) The Facility Administrator or Facility Administrators designee grants approval,
- (c) The youth is fully clothed and under constant visual supervision, and
- (d) The key device to unlock the restraint is immediately available to employees having direct supervision of the youth.

The Policy also requires, at RF-02-07 (4) (a) (3) (iv) (b) that a youth may only be restrained in a manner that keeps the youth's arms cuffed together in front of or behind the youth's body, and at RF-02-07(4)(d)(1) that staff hold a debriefing meeting with youth who have been restrained, and that staff complete a debriefing form to document that meeting.

Further, DJS is a participant in the Juvenile Detention Alternatives Initiative (JDAI) of the Annie E. Casey Foundation. The JDAI standard on mechanical restraints prohibits any use of metal handcuffs within a secure facility.

The DJS database indicates that metal handcuffs were placed on youth in 82 incidents during the 3<sup>rd</sup> quarter. The actual number of youth handcuffed is even higher because incidents often involve several youth. Staff have indicated that mechanical restraints are employed after "virtually every restraint." On September 23, this Monitor observed two youth under escort within the facility in leg irons and handcuffed to each other at the wrist.

A review of the fourteen cases that were investigated by DJS/OIG and forwarded to the monitor during the 3<sup>rd</sup> quarter reveals that 6 of the incidents involved placement of mechanical restraints on 9 youth. These incidents resulted in five injuries to youth. Staff did not submit debriefing reports in any of these incidents. In one incident, a youth was left unsupervised in his room in handcuffs for 15 minutes; in one, a youth was left unsupervised in his room for 5 minutes; and in another, a youth in handcuffs was left without supervision in the Unit common area for 20 minutes. None of the original Incident Reports indicates that handcuffs were required for safe movement of the youth. The OIG did not comment upon these violations of departmental policy in its investigative reports.

#### **g. Behavior Management Plan**

There is a behavior management plan in place at BCJJC. The plan is not effective in managing behavior because of the high level of violence and limited ability to provide meaningful incentives to youth.

#### **Applicable Standards**

**Md. Dept. of Juvenile Services Policy and Procedure RF-02-07** *Employees of the Department of Juvenile Services (DJS) and DJS-licensed private residential facilities shall establish and maintain a safe and orderly environment within each facility. Crisis*

*Prevention Management (CPM) techniques may be used only by staff who have completed a DJS-approved training program and who provide documentation of completion of semi-annual refresher training. Crisis Prevention Management techniques may be utilized only to: protect or prevent a youth from imminent injury to self and others or to prevent overt attempts at escape. In the event that a youth remains an imminent threat to self or others and the youth's behavior has escalated, restraints or seclusion may be used as a last resort. Employees may not use CPM techniques, including restraints or seclusion, as a means of punishment, sanction, infliction of pain or harm, demonstration of authority, or program maintenance (enforcing compliance with directions).*

**Md. Dept. of Juvenile Services Policy and Procedure RF-10-07** *The Department of Juvenile Services (DJS) shall utilize an incentive-based level system of behavioral management for detained youth which promotes the reinforcement of pro-social behaviors. The goal of the system is to emphasize pro-social interactions while consistently encouraging positive behaviors and modifying non-compliant, maladaptive behaviors.*

#### **4. Physical Plant and Basic Services**

##### **a. Fire Safety**

The MONA Electric Group maintains sprinklers and alarms quarterly. Sprinklers are re-set promptly after false alarms. However, there is cause for concern because when a sprinkler is set off by a youth, the water must be turned off until the sprinkler can be re-set. While the water is turned off, the Unit is unprotected. During recent group disturbances, youth set paper and clothing on fire after the water had been turned off.

A current Fire Marshal's report is on file in the maintenance department.

##### **b. Physical Plant**

Two Units were renovated for use by the new Boys Club program. One unit was scheduled to open on November 15, and the other on December 15.

##### **c. Basic Services**

A current health inspection is on file. Youth report that they usually eat at least one meal per day in the dining hall, although other meals are eaten from Styrofoam boxes on the Units. Youth and staff do not dine together.

#### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.2** *All detention facilities shall conform to state fire safety requirements. The State Fire Marshal is responsible for inspecting state institutions and insuring appropriate safety procedures.*

**Md. Standards for Juvenile Detention Facilities 5.5.6** *Food Service shall comply with applicable sanitation codes as promulgated by the federal, state, and local authorities, including but not limited to COMAR10.15.03.*

**5. Rehabilitative and Recreational Programming**

**a. Recreational Programming**

Youth receive one hour per day of large muscle exercise, usually basketball, in the gym or in one of the outside concrete patios.

Youth watch movies and TV or play cards during leisure time. A new contract has been awarded to the Boys and Girls Club to begin recreational programming in November.

**Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 4.5** *A well-defined and structured recreation program shall be provided for each resident.*

**Md. Standards for Juvenile Detention Facilities 4.5.1.3** *A minimum of one hour of large muscle activity and one hour of leisure time activity shall be provided daily.*

**6. Medical and Behavioral Health**

**a. Basic Medical Services**

Youth receive prompt physical exams. Youth are screened for mental health issues, substance abuse and suicide. Sick call forms are available and youth are seen promptly. All youth who are restrained are examined for injury. Serious injuries are referred to the emergency rooms at Johns Hopkins or the University of Maryland Medical Center.

**b. Medical Staff**

Medical staff is available 24 hours, 7 days per week.

**7. Youth Advocacy, Internal Monitoring and Investigation**

**a. Youth Advocacy**

Youth filed 23 grievances during the quarter. Youth say that they avoid filing grievances because they do not want to be accused of snitching.

**b. Internal Monitoring**

BCJJC continues to be monitored as a result of the settlement agreement between the Department and the United States Department of Justice. The Second Monitors' Report was issued in July, 2008. This report found substantial compliance in two major areas (quality assurance and mental health) and partial compliance in three major areas (protection from harm, suicide prevention, and special education). Overall, the report indicated substantial compliance in 18 of 29 total provisions and partial compliance with 11 of 29 total provisions.

**c. Incident and Child Abuse Reporting and Investigation**

The DJS database indicates only two reports of alleged child abuse this quarter. However, review of the 13 completed DJS/OIG investigations of incidents reveals 12 allegations of child abuse. Of these 12, 8 allegations were sustained by DJS/OIG as violations of the DJS Standards of Conduct, but not for child abuse.

**Applicable Standards**

**Md. Dept. of Juvenile Services Policy and Procedure MGMT-01-07** *The Department of Juvenile Services (DJS) shall permit youth and individuals on behalf of DJS youth to file a grievance for a circumstance or action related to behavior of other youth, behavior of employees, or condition of confinement.*

**RECOMMENDATIONS**

1. Population must be reduced to impact youth violence. No more than 48 youth should be housed at BCJJC.
2. Youth should not be housed at BCJJC more than 21 days.
3. Staff must comply with DJS policy regarding the use of handcuffs. Staff should receive refresher training in the appropriate use of handcuffs.
4. The Department should comply with the JDAI standard that prohibits use of handcuffs inside the facility.

**UNABATED CONDITIONS**

1. Levels of violence at BCJJC remain unacceptable.
2. The provision of structured rehabilitative programming is inadequate.



**DJS RESPONSE  
BALTIMORE CITY JUVENILE JUSTICE CENTER  
JULY- SEPTEMBER, 2008**

**1. Population**

**a. General**

**DJS RESPONSE**

Youth are classified by age, size, aggression level and other factors into one of ten housing units at BCJJC. Youth may be housed in the infirmary as necessary, including for protection, so the JJMU is not accurately reporting that there is an “inability to separate groups in conflict or vulnerable youth from predatory youth.”

In addition, the JJMU has provided no evidence to support their assertion that infirmary space for youth with medical needs is compromised when youth are housed there for administrative reasons. This is not the case.

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: “The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing. DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU.

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis are rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact as experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and coordinates with DMC Coordinators in many jurisdictions across the state.

**3. Safety and Security**

**DJS RESPONSE**

As was the case involving the examples cited by the JJMU, DJS conducts detailed investigations of all allegations of child abuse and will continue to ensure the allegations are correctly entered in our automated incident database. DJS recognizes the distinction between inaccurate reporting due to staff error or delay, and intentionally filing a false report. DJS investigates to identify any instance

of intentional underreporting of incidents and takes disciplinary action in accordance with our Standards of Conduct. Unintentional staff error is addressed through supervisory review and oversight.

DJS also implemented procedures for enhanced oversight of group disturbances and assaults with injury. Senior facility administrators and our quality improvement director review videotape coverage of these incidents as an additional safeguard to ensure accurate reporting.

#### DJS RESPONSE

The removal of pay phones on the housing units was a safety-related decision that was important and necessary for the monitoring of collect telephone conversations. In accord with Department policy, all youth at BCJJC continue to receive two, ten-minute phone calls weekly at the Department's expense, and youth on higher levels of the facility's behavior management system can place or receive additional free phone calls. Youth are also entitled to receive and initiate telephone calls to their legal counsel in conformity with Department policy.

#### DJS RESPONSE

DJS policy establishes standards for the use of mechanical restraints in our Use of Crisis Prevention Management (CPM) policy, which is available on the Department's website at <[www.djs.state.md.us](http://www.djs.state.md.us)>. The Department provides staff training related to the implementation of this policy including emphasis on the use of mechanical restraint/handcuffs as a last resort intervention to ensure safety.

DJS does participate in JDAI; while JDAI guidelines certainly restrict the use of handcuffs in secure detention facilities, their proper use is not prohibited for transport and as necessary in facility emergencies.

#### DJS RESPONSE

Mechanical restraints are not employed after virtually every restraint as alleged by the JJMU. First, in an incident involving handcuff use, one youth (the aggressor) may have to be handcuffed, but that does not mean that all of the youth involved required handcuffs. Therefore stating that because there were 82 incidents involving handcuffs, there necessarily were likely far more than 82 youth handcuffed, is not accurate.

DJS utilizes stringent standards and multiple safeguards to ensure accurate and complete reporting of critical incidents. Detailed narrative accounts of the incident, written witness statements from all youth and staff involved, written reports by the nurse who examined each youth involved, and a review of the incident by the shift commander and senior facility management, present a comprehensive summary that facilitates review of the use of handcuffs. Underreporting handcuff use has not been found to be problematic through this rigorous review process.

Video review of incidents by the DJS Quality Improvement Director and BCJJC Superintendent does not support this assertion either. If the JJMU has reviewed videotape of restraints, it would be beneficial to report on the number viewed and the number involving subsequent handcuff use as the basis for a more accurate determination of the frequency and appropriateness of handcuff use.

Regarding the JJMU's observation that two youth under escort in the facility were in handcuffs and leg irons, as the JJMU is aware such restraints may be used when transporting youth to/from the facility and court.

5. Rehabilitative and Recreational Programming

DJS RESPONSE

The Boys and Girls Club began providing structured programming to youth at BCJJC on schedule, in November 2008.

7. Youth Advocacy, Internal Monitoring and Investigation

DJS RESPONSE

BCJJC continues to be monitored on only 11 of the original 29 CRIPA settlement agreement provisions, which are all in partial compliance; none of the CRIPA agreement areas are in non-compliance, and 18 provisions are in substantial compliance and therefore no longer monitored by the U. S. Department of Justice.

DJS has an Office of the Inspector General (OIG) that investigates any reports of child abuse or violations of the DJS Standards of Conduct. These investigations occur on an ongoing basis as needed.

DJS also has an internal Quality Improvement (QI) Unit that monitors and provides technical assistance for compliance with 45 standards in Protection from Harm, Safety and Security, Suicide Prevention, Behavioral Health, Medical Care and Education. The next QI review for BCJJC is scheduled to take place in January 2009.

DJS RESPONSE

For context, none of the 12 allegations referenced by the JJMU were sustained for child abuse by Child Protective Services or charged by the Maryland State Police.

RECOMMENDATIONS

2. Youth should not be housed at BCJJC more than 21 days.

DJS RESPONSE

As the JJMU notes on page 3 of this report, the average length of stay at BCJJC was 18 days for detained youth and 38 days for pending placement youth from July to September 2008.

DJS has successfully worked with the courts to implement a number of strategies that have resulted in a more than 50% reduction of the total number of youth pending placement at BCJJC, from 46 youth in April 2007 to 22 youth in October 2008, and a more than 40% reduction in the average length of stay for pending placement youth in the facility, from 97 days in April 2007 to 57 days in October 2008. We will also note that the court orders and determines the length of detention for pre-adjudicated youth.

4. The Department should comply with the JDAI standard that prohibits use of handcuffs inside the facility.

**DJS RESPONSE**

DJS policy establishes standards for the use of mechanical restraints in our Use of Crisis Prevention Management (CPM) policy, which is available on the Department's website at <[www.djs.state.md.us](http://www.djs.state.md.us)>. The Department provides staff training related to the implementation of this policy including emphasis on the use of mechanical restraint/handcuffs as a last resort intervention to ensure safety.

DJS does participate in JDAI; while JDAI guidelines certainly restrict the use of handcuffs in secure detention facilities, their proper use is not prohibited for transport and as necessary in facility emergencies.

**UNABATED CONDITIONS**

1. The provision of structured rehabilitative programming is inadequate.

**DJS RESPONSE**

DJS is focusing intensively on reducing disruption and youth violence at BCJJC through a wide array of strategies including reducing the number of youth in the facility and their length of stay, increasing the number of direct care staff positions in the facility, enhancing staff training, and expanding structured programming. In an innovative arrangement, the Boys and Girls Club of America recently started operating within BCJJC to provide a comprehensive daily program of constructive activities geared to the interests and needs of youth in the facility.



**MARLANA R. VALDEZ**  
*Director*

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

**FACILITY REPORT**  
**J. DEWEESE CARTER YOUTH FACILITY**  
**JULY-SEPTEMBER, 2008**

**Facility:** J. DeWeese Carter Youth Facility  
300 Scheeler Road  
Chestertown, MD 21620  
Administrator: Derrick Witherspoon

**Date(s) of Visit:** July 14, August 12 and 26, September 25, 2008

**Reported by:** Claudia Wright, Nick Moroney  
Juvenile Justice Monitors

**Persons Interviewed:** Administrators, Staff, Youth

**Date of Report:** November 2008

## INTRODUCTION

J. DeWeese Carter Youth Facility is a 15-bed detention center for boys. It is located in one wing of an adult residential psychiatric facility in Chestertown, Maryland.

## SUMMARY OF CRITICAL FINDINGS

- Population cap of 15 was maintained throughout the quarter.
- Overtime hours were reduced this quarter.
- There were no incidents of seclusion this quarter.
- Food quantity and quality has improved.
- A new portable school building is on-site and is equipped, but at the end of the quarter, has not opened to students.
- Structured activities and recreation are still not adequate to meet the needs of the population.

## FINDINGS

### 1. Population

#### a. General

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Daily Population</b>	<b>Average Monthly Population</b>	<b>Number of Days Over Capacity</b>
15	15	4	10	July 13 August 10 September 11	0

#### b. Detention and Pending Placement

	<b>Number of Youth in Status 60+ Days</b>	<b>Number of Youth in Status 90+ Days</b>	<b>Average Length of Stay</b>
<b>Detention</b>	0	2 (93, 161)	16
<b>Pending Placement</b>	0	1 (100)	16

c. Disproportionate Minority Contact (DMC)

	1st Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3rd Quarter, 2008
Total Number of Youth Detained	86	93	78
White	32	45	39
African American	52	46	39
Latino	2	1	0
Other	0	1	0

2. Staffing

a. General

	2 <sup>nd</sup> Quarter, 2008	3 <sup>rd</sup> Quarter, 2008
Total PINS (Positions with benefits)	23	29
Total Contractual Positions	15.50	6
Total Vacancies	-3.25	-1.00

b. Staff Training

	3 <sup>rd</sup> Quarter, 2008
Total Certified Staff	19
Total Uncertified Staff	8
Percent of Staff Completing Initial Training	74.07%

3. Safety and Security

a. Aggregate Incidents

Incident Categories	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
1. Youth on Youth Assault	4	4	3
2. Youth on Youth Assault with Injury	3	1	1
3. Alleged Youth on Staff Assault	4	0	1
4. Alleged Youth on Staff Assault with Injury	2	0	1
5. Group Disturbances (with bodily harm or injury)	0	0	0
6. Group Disturbances (without bodily harm or property destruction)	1	0	0
7. Restraints	7	13	10
8. Restraints with Injury	2	3	1
9. Seclusions	4	4	1
10. Allegations of Child Abuse			
• Physical	0	0	1
• Sexual	1	0	0
11. Outcomes of Child Abuse Investigations			
• DJS			Not sustained Screened out No abuse
• Child Protective Services/DSS			
• Police			
12. Allegations of Child Neglect	0	0	0
13. Escapes/AWOL's	1	1	0
14 Law Enforcement Response to Incidents	5	4	3
15 Suicide Attempts, Ideation, Gestures, Behavior	2	1	1

**b. Behavior Management Plan**

Carter utilizes a written behavior management plan that was introduced in January of 2008. The plan is based on positive incentives that include canteen and eligibility to go to outside events. Youth are familiar with the operation of the plan. Infractions, and how they affect point totals, are posted. With the reduction in population, staff has been more consistent in administering the system. Grievances regarding giving and taking of points are rare.

Carter has also created a program to allow youngsters to stay in honor rooms. Five rooms have been equipped with attractive furnishings, TV and video games. Every week youngsters are allowed to apply in writing to spend a week in the honor rooms. Everyone can apply regardless of point totals. Five youth are then selected to move into the honor rooms. This program has been quite successful.

**Applicable Standards**

**Md. Department of Juvenile Services Policy and Procedure RF-10-07** *The Department of Juvenile Services shall utilize an incentive-based level system of behavioral management for detained youth which promotes the reinforcement of pro-social behaviors.*

**4. Physical Plant and Basic Services**



a. Fire Safety

The Carter facility was inspected by the Fire Marshal on September 25, 2008. The Fire Marshal is requiring that all staff have keys to exit doors at all times. When this is accomplished, a certificate of compliance should be forthcoming. Documents reveal that fire drills are conducted on all shifts once per month. The facility has extensive written emergency and evacuation plans.

b. Physical Plant

The condition of the physical plant has been improved with the reduction in population over the last year. The staff includes a full time maintenance man who tends to maintenance needs in a timely manner. All beds are suicide proof, and each youth has his own room. The exterior and the interior of the facility are clean and well kept.

c. Basic Services

The Food Service Manager from the Lower Eastern Shore Children's Center has come on board to supervise food services at Carter. The presence of a qualified food services manager has helped to improve the quality and quantity of food provided to youth. Headquarters nutrition personnel have also monitored the food service provider. Extra healthy snacks are also now provided. Youth indicate that they are satisfied with the quality and the quantity of food.

Clothing appears to be adequate, but shoes present a difficult issue. Because the only outdoor play area is an asphalt court, shoes wear out quickly. Staff indicates that sometimes shoes are worn through after only one or two basketball games. The administration is seeking a sturdier brand of shoes.

**Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.2.1 Conformity with Codes** *All detention facilities shall conform to state fire safety requirements.*

**Md. Standards for Juvenile Detention Facilities 5.5.1 Food Service Management** *A full time staff member experienced in food service management shall supervise the food service operation within a detention facility.*

**Md. Standards for Juvenile Detention Facilities 5.6.5.1 Sufficient Inventory** *The stored inventory of clothing, bedding and linens shall exceed that required for the facility's maximum youth population. An inventory system shall be maintained to ensure the consistent availability of clothing, bedding, and linens to replace items that are lost, destroyed, or worn out.*

5. Education

a. Records

Education at Carter is provided by the Maryland State Department of Education (MSDE). School personnel maintain detailed records that indicate that records are requested and received in a timely manner.

b. Special Education

A new special education teacher has been hired. Youth are provided with appropriate special education services.

c. Classes

The atmosphere of learning in the facility has greatly improved with the reduction in population. The physical facility is not ideal now, but students do appear to be engaged and enjoying their classes. All students attend five hours of classes each day, except one student who has a GED. He works at various tasks with the maintenance man. Within the next 30-60 days, a new portable building with appropriate classrooms and equipment will open for classes.

d. General Educational Development Program (GED), College Courses

Very few students at Carter are eligible to participate in a GED program, but if they qualify, they are assisted by staff on an individual basis.

e. Vocational Education

Vocational programs are not offered at Carter.

**Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 4.1 Educational Services** *The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.*

6. Rehabilitative and Recreational Programming

a. Structured Rehabilitative Programming

Carter staff is working hard to provide adequate structured rehabilitative programming for youth in limited space and with limited resources. The weekly schedule now includes an alcohol and drug abuse group, an anger management group, daily focus groups and Town Hall meetings. The Urban Leadership Institute conducts a weekly Life Skills program.

b. Recreational Programming

Recreational programming remains limited because space and resources are limited. Youth receive one-hour of large muscle exercise (basketball) on days when the weather allows, but the program is still waiting for an indoor exercise area. The basketball court is asphalt. This surface causes a high degree of wear and tear, so youth are constantly in need of basketball shoes.

The administration has advertised and is interviewing candidates for a new position as recreation director. The Superintendent recently purchased new supplies for arts and crafts projects. One staff person has been conducting a music appreciation program on Saturday mornings, and community volunteers conduct several different faith-oriented programs. The superintendent and his staff are working overtime to come up with interesting projects and opportunities for the detainees, including trading visits with other facilities for sports and games. On October 30, other facility youth will come to Carter for a "Jeopardy" competition.

On August 28, the facility held a Luau for youth, families and staff which was well attended and enjoyed by everyone.

**c. Parental Involvement**

Parents are allowed to visit twice per week.

**Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 4.5 Recreational activities** *A well-defined and structured recreation program shall be provided for each resident.*

**7. Medical and Behavioral Health**

**a. Basic Medical Services**

Youth who come to Carter receive prompt physical exams and screenings, including screening for mental health issues, substance abuse and suicide. The layout of the medical area has been improved and space is much more efficiently utilized. Sick call forms are available and youth are seen within 24 hours or as necessary in emergencies.

**b. Medical Staff**

The medical department is fully staffed except for one, part time nurse. Medical services are provided on-call on the third shift and on some weekends. A physician is present one day per week and a psychiatrist is available one day per week for medication management. Dental services are provided in nearby Chestertown by appointment.

**c. Mental Health Services**

Carter does not have a psychologist, but does have a full time LCSW and a substance abuse counselor. There are also two case managers who provide counseling to youth.

#### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 4.3 health Care Services** *Health care services shall be in accordance with established Departmental policy and procedures.*

### **8. Youth Advocacy, Internal Monitoring and Investigation**

#### **a. Youth Advocacy**

The Youth Advocate at Carter visits regularly and processes all youth grievances in a timely manner. Only one grievance was filed this quarter, and it was satisfactorily resolved.

#### **b. Internal Monitoring**

The second quality improvement assessment and evaluation of the Carter Youth Facility was conducted during the quarter. The report of this assessment is expected to be published during the first week of November.

#### **c. Incident and Child Abuse Reporting and Investigation**

DJS/OIG investigated one allegation of child abuse this quarter. A youth alleged that a staff person had “slammed him against the wall” during a restraint. The allegation was not sustained. Child Protective Services also investigated the incident and ruled it would be “screened out.”

#### **Applicable Standards**

**Md. Department of Juvenile Services Policy and Procedure MGMT-01-07 Youth Grievance Policy** *The Department of Juvenile Services (DJS) shall permit youth and individuals on behalf of DJS youth to file a grievance for a circumstance or action related to behavior of other youth, behavior of employees, or conditions of confinement.*

**Md. Standards for Juvenile Detention Facilities 5.4 Use of Force** *Youth shall be protected from acts of child abuse while in detention and incidents of suspected child abuse shall be reported by staff.*

## RECOMMENDATIONS

1. The Department should maintain the population of the Carter facility at 15 or below.
2. Maintenance staff should follow up with the Fire Marshal to be sure the facility is in compliance with all applicable fire codes.
3. The Department should continue to assist MSDE in opening the new school building as soon as possible.

**DJS RESPONSE**  
**J. DEWEESE CARTER YOUTH FACILITY**  
**JULY-SEPTEMBER, 2008**

J. DeWeese Carter Youth Facility is a 15-bed detention center for boys. It is located in one wing of an adult residential psychiatric facility in Chestertown, Maryland.

**DJS RESPONSE**

The Carter Center is located on the grounds of the Upper Shore Mental Health and consists of a single story building, unattached.

1. **Population**

c. **Disproportionate Minority Contact (DMC)**

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: "The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing. DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU.

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis are rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and employs a full-time statewide DMC Coordinator who collaborates with and provides technical assistance to DMC Coordinators in many jurisdictions across the state.

4. **Physical Plant and Basic Services**

a. **Fire Safety**

The Carter facility was inspected by the Fire Marshal on September 25, 2008. The Fire Marshal is requiring that all staff have keys to exit doors at all times. When this is accomplished, a certificate of compliance should be forthcoming. Documents reveal that fire drills are conducted on all shifts once per month. The facility has extensive written emergency and evacuation plans.

**DJS RESPONSE**

The Fire Marshall issued the facility's fire safety inspection certificate on November 17, 2008. The facility had provided every Shift Supervisor with a key to the outside doors, and this was approved by the Fire Marshall.

5. Education

DJS RESPONSE

MSDE provides six hours of instruction daily. Staff began moving instructional materials and organizing the new school building on December 1, 2008. The transition is expected to take three days, not 30-60 days.

DJS RESPONSE

All students are eligible for GED instruction and testing as appropriate to their needs. However, in a detention facility such as Carter with a short average length of stay, most students will not be properly prepared while in the facility to take and pass the GED test.

6. Rehabilitative and Recreational Programming

DJS RESPONSE

During the three-month JJMU reporting period, additional activities provided for youth at Carter included a talent show, cookouts, picnics and three Family Day events.

7. Medical and Behavioral Health

DJS RESPONSE

In addition to the social worker and case managers identified by the JJMU, a psychologist and a psychiatrist provide clinical services to youth at Carter.

RECOMMENDATIONS

2. Maintenance staff should follow up with the Fire Marshal to be sure the facility is in compliance with all applicable fire codes.

DJS RESPONSE

The Maryland State Fire Marshall returned to the Carter Youth Facility on November 17, 2008 and found the facility in full compliance with all applicable fire codes.

3. The Department should continue to assist MSDE in opening the new school building as soon as possible.

DJS RESPONSE

DJS and MSDE have collaborated to install and open the new school building.



**MARLANA R. VALDEZ**  
*Director*

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

**FACILITY REPORT**  
**CHELTENHAM YOUTH FACILITY**  
**JULY – SEPTEMBER, 2008**

**Facility:** Cheltenham Youth Facility  
11001 Frank Tippett Road  
Cheltenham, MD 20623  
Acting Superintendent: Quanetta West

**Date(s) of Visit:** July 11 and 21, August 4, 6, 11, 15 and 26,  
September 3, 9, 19 and 26, 2008

**Reported by:** Nick Moroney & Moira Lee  
Juvenile Justice Monitors

**Persons Interviewed:** Administrators, Education Staff, Shift Commanders,  
Residential Care Staff, Nurses, Youth

**Date of Report:** November 2008



## INTRODUCTION

Cheltenham Youth Facility (CYF) is a 110-bed facility for young men 12-18 years of age. CYF is located in Prince George's County. The facility is comprised of three separate programs: detention (youth awaiting trial or committed placement); Re-Direct (a short-term program for committed youth); and a shelter program (youth under court supervision who do not require secure confinement). Re-Direct and the shelter program are located outside the security fence on the CYF campus.

## SUMMARY OF CRITICAL FINDINGS

- Youth spent an average of over a month in detention at CYF while waiting for placement.
- Youth on youth assaults rose by 25% over the first quarter.
- A corrective action plan, formulated following the escape of three youths in August, has not been fully implemented.
- The use of physical restraints, including those involving injury to youth, has increased.

## FINDINGS

### 1. Population

#### a. General

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Daily Population</b>	<b>Average Monthly Population</b>	<b>Number of Days Over Capacity</b>
110	122	91	107	July 100 August 107 September 107	12

CYF average daily population was 10% above the first quarter average daily population of 97. The facility was over capacity at times and this resulted in double bunking of youth.

#### b. Detention and Pending Placement

	Number of Youth in Status 60+ Days	Number of Youth in Status 90+ Days	Average Length of Stay
<b>Detention</b>	6 (60, 70, 75, 77, 78, 84 days)	1 (121 days)	13.09 days
<b>Pending Placement</b>	13 (62, 64, 69, 69, 69, 70, 71, 75, 77, 84, 86, 87, 88 days)	7 (95, 103, 107, 120, 156, 202, 206 days)	33.11 days

Youth spent an average of over a month waiting for placement at CYF during the third quarter. Thirteen youth spent over 60 days waiting for placement and an additional seven youth spent over 90 days. One youth waited 4 months for placement, one for 5 months, and 2 for nearly 7 months.

**c. Disproportionate Minority Contact (DMC)**

	1 <sup>st</sup> Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3 <sup>rd</sup> Quarter, 2008
<b>Total # of Youth Detained</b>	717	761	651
<b>White</b>	115	131	136
<b>African American</b>	562	599	493
<b>Latino</b>	35	28	21
<b>Other</b>	5	3	1

Of the 651 youths at CYF during the third quarter, approximately 76% were African American, 21% were White, and 3% were Latino.

**Applicable Standard**

**Maryland Rules, Rule 11-112. Detention or shelter care.** *Maximum period of detention or shelter care – continued detention or shelter care pending the adjudicatory or waiver hearing may not be ordered for a period of more than thirty days.*

**2. Staffing**

Recently, former Superintendent Garnett was promoted within the Department of Juvenile Services. Currently, Quanetta West is the Acting Superintendent of CYF.

a. General

	1 <sup>st</sup> Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3 <sup>rd</sup> Quarter, 2008
Total PINS (Positions with benefits)			189
Total Contractual Positions			10
Total Vacancies			13
Staff : Youth Ratios	1 : 6.18	1 : 6.37	1 : 7.19

b. Staff Training

	3 <sup>rd</sup> Quarter, 2008
Total Certified Staff	88
Total Uncertified Staff	42
Percent of Staff Completing Initial Training	57.69%

**Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 5.1.5.5** (S) *staffing levels (should) ensure the proper supervision and safety of residents.*

3. Safety and Security

a. Aggregate Incidents

Incident Categories	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
1. Youth on Youth Assault	48	72	61
2. Youth on Youth Assault with Injury	31	45	33
3. Alleged Youth on Staff Assault	11	9	8
4. Alleged Youth on Staff Assault with Injury	5	3	3
5. Group Disturbances (with bodily harm or property destruction)	0	0	1
6. Group Disturbances (without bodily harm or property destruction)	0	2	4

7. Restraints	41	53	55
8. Restraints with Injury	24	28	30
9. Seclusions	2	0	1
10. Allegations of Physical Child Abuse	4	5	11
11. Escapes/AWOL's	1	3	1
12. Law Enforcement Response to Incidents	20	22	22
13. Suicide Attempts, Ideation, Gestures, Behavior	25	16	21
14. Alleged Inappropriate Staff Conduct/Comments	2	3	2

The number of youth on youth assaults fell compared to the second quarter, but is over 25% higher than the first quarter.

Allegations of physical child abuse increased from 5 in the 2<sup>nd</sup> quarter to 11 in the 3<sup>rd</sup> quarter. However, 7 of the allegations concerned alleged events outside of DJS supervision and custody.

- Two reports concerning youth in DJS custody or under DJS supervision refer to the same alleged event (#65972 and #66459). This event was investigated by Maryland State Police who did not file charges. A DJS investigator also did not sustain the abuse allegation.
- A third report of alleged physical child abuse in DJS custody (#66559) resulted in a “not sustained” finding by DJS/OIG but recommended appropriate disciplinary action be taken against a contractually employed nurse who failed to make the proper notifications regarding the youth’s allegations.
- A Maryland State Police investigation into incident #66714, concerning an allegation of physical abuse against a member of the Cheltenham shelter staff, was closed as “unfounded due to the fact that no physical child abuse took place.” However, a DJS Office of Inspector General (DJS-OIG) report was classified as “sustained” against the staff member concerned as the staff member “made inappropriate comments toward [the youth’s] parents after family visitation which caused [the youth] to become angry and act aggressively.”

There was one reported case of alleged neglect (#67139). The alleged events occurred outside DJS custody and supervision.

Between January and September 2008, the Maryland State Police investigated 13 cases of alleged physical abuse and closed all 13 cases without an arrest.

#### **b. Suicide Prevention**

The Department’s internal quality assurance report on CYF issued in May, 2008, gave a “partial performance” rating to the facility regarding “documentation of youth on suicide watch.” A report by CRIPA monitors from the United States Department of

Justice dated June 30, 2008, determined that CYF was “in substantial compliance with all nine of the provisions (100%) related to suicide prevention” (*Settlement Agreement between the State of Maryland and the United States Department of Justice, Sixth Monitors’ Report*, page 12).

On August 10, 2008, three youth escaped from Cheltenham. One of the escapees was on suicide watch. On the day of the escape, staff failed to supervise the youth diagnosed as suicidal. After the escape, a staff member unaware of the breakout and failing to visually check the youth’s status, continued to write suicide watch notes for the escaped youth. See JJMU *Special Report on Cheltenham*, October 1, 2008: [http://www.oag.state.md.us/JJMU/reports/Cheltenham\\_Special\\_Report\\_102.pdf](http://www.oag.state.md.us/JJMU/reports/Cheltenham_Special_Report_102.pdf)

Following the August escape, the Department began to implement a corrective action plan including training for staff regarding suicide watch and youth supervision generally.

### c. Security Equipment and Practices

The escape of three youth on August 10 emphasized the need to effectively and permanently address a number of critical security and safety related issues:

- The Department should ensure that the fence alarm system sensors are not set off by wind, rain and other non-emergency related causes.
- The Department should ensure that the computer monitoring system connected to the perimeter fence operates properly at all times and for all parts of the fence.
- The Department must complete the installation of a digital camera security system (including hardware, wiring and visual terminal[s]) to ensure the perimeter fence, public areas of the school and residential cottages are covered by security cameras. The installation of these cameras will also eliminate the need for staff to carry cameras.

Staff report that although the fence alarm malfunctions less often than it did before the escape, it still malfunctions on at least a weekly basis. The computer monitoring system continues to freeze up intermittently. At the time of writing of this report, interior surveillance cameras have not been installed. The corrective action plan put together by the Department after the August escape is designed to address these issues. The plan should be comprehensively implemented.

#### **Applicable Standard**

**Videotaping of Incidents Policy RF-05-07** *DJS employees shall videotape room extractions, escorts to seclusions, use of restraints, or other critical incidents that relate to the safety and security of a residential facility. Incidents shall be videotaped unless*

*videotaping of the incident compromises the safety and/or security of youth and/or employees.*

d. Tool Control

The escape in August highlighted the need for the Department to complete and implement updated tool control protocols. According to a witness, the tool used by youth to cut the fence during the escape was taken from the school 3 days before the breakout. The loss of the tool was not noticed until after the escape.

e. Restraints

The use of restraints, including those involving injury to youth, has increased each quarter during 2008.

**Applicable Standard**

**Md. Dept. of Juvenile Services Policy and Procedure RF-02-07** *Employees of the Department of Juvenile Services (DJS) and DJS-licensed private residential facilities shall establish and maintain a safe and orderly environment within each facility. Crisis Prevention Management (CPM) techniques may be used only by staff who have completed a DJS-approved training program and who provide documentation of completion of semi-annual refresher training. Crisis Prevention Management techniques may be utilized only to: protect or prevent a youth from imminent injury to self and others or to prevent overt attempts at escape. In the event that a youth remains an imminent threat to self or others and the youth's behavior has escalated, restraints or seclusion may be used as a last resort. Employees may not use CPM techniques, including restraints or seclusion, as a means of punishment, sanction, infliction of pain or harm, demonstration of authority, or program maintenance (enforcing compliance with directions).*

4. Physical Plant and Basic Services

The property at CYF has a wide area of fields which can be used for recreation. However, apart from the recently renovated infirmary, the physical plant is aging and hard to maintain. The Department has CYF at the top of its building replacement list.

Youth and staff complain that the facility is not clean. The administration building and the school do not have a custodial service. Some of the staffers take turns cleaning the restrooms and other areas. The Department should hire a professional janitorial crew to clean these areas.

Youth housed in Cornish Cottage tend to be more positive about their experience at CYF than those at Rennie and Henry cottages. The décor is brighter and home-like in Cornish. Younger, smaller youth are housed there. According to youth who have spent

time in more than one cottage, relations between youth and staff in Cornish are more constructive and less adversarial than in the other two residential cottages.

**Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 5.1.5.2** *Proper sanitation within the facility shall be maintained to include ... lavatories, showers, and places to eat, sleep, and work.*

**5. Education**

Education services are provided by DJS employees. The school principal, Mr. Hubner, was recently promoted to DJS Schools Superintendent. He will continue as school principal through the end of the 2008-09 school year and will concurrently oversee education services system wide.

Teachers were required to teach classes in the residential cottage units immediately following and for a period of “no movement” days after the August escape. The cottages are not equipped for effective instruction.

**Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.1** *The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.*

**6. Recreational Programming**

Youth were able to participate in a staff organized CYF Olympics Day. The event was successful and included healthy competition and laughter with positive interaction between youths and between staff and youth. CYF youth participate in inter-facility sports events held at CYF. There is a swimming pool which was used regularly during the summer months.

Youth reported that, on hot summer days, they were frequently restricted to cottages except for an hour of outdoor large muscle exercise and instead spent the majority of the time indoors watching the same movies over and over.

Programming includes woodworking and construction, silk screening and horticultural activities. Youth in the woodworking program constructed wooden grievance boxes used in facilities throughout the state

**Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 4.5** *A well-defined and structured recreation program shall be provided for each resident.*

**Md. Standards for Juvenile Detention Facilities 4.5.1.3** *A minimum of one hour of large muscle activity and one hour of leisure time activity shall be provided daily.*

## **7. Medical and Behavioral Health**

The newly renovated infirmary is well designed and equipped. According to the Department's response to JJMU's first quarter report, the new medical center is to "house a total of 6 to 8 youth."

The medical center should not qualify as "housing." It is a matter for concern that youth are sometimes housed in the infirmary because of age or other non-medical reasons, or are housed there for a prolonged period of assessment.

The medical staff conducts examinations and screenings promptly as needed. However, one youth complained that his medication needs were not met until he had been at CYF for a week. The youth said his mother called from the start of his stay at CYF to tell administrators and staff about his medical prescription. During his second night at CYF, the youth said he told staff he was on medication and was not receiving it. Staff replied that he was not on the medication list. According to the youth, staff agreed to set up a visit with a psychiatrist but the consultation did not take place for several days. The psychiatrist confirmed that the youth was on medication and he began to receive his prescription.

### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 3.5.1** *Each youth shall be assigned to a housing unit within the facility based on a variety of factors including, but not limited to: age, size, offense, and history and demonstration of aggressive behavior. Youth with special needs that have been identified by the Admissions Officer, such as youth who appear suicidal, who have specific medical conditions, or are known sex offenders, shall be housed in accordance with these needs.*

## **8. Youth Advocacy and Case Management**

Youth understand and use the grievance system. The child advocate at CYF responds promptly to youth grievances. One youth complained that if a youth attempts to file a grievance, some staff members respond by threatening to file multiple SBRs.

Some youth said they did not receive regular visits from community case managers based in Baltimore City. These assertions were confirmed as accurate by staff members.

### **Applicable Standard**

**Md. Dept. of Juvenile Services Policy for Case Management for Detained and Shelter Care Youth CJ-2-05 (1)** *The Community Justice Case Management Specialist*



*shall: (iii) Meet or consult with ... youth at the facility, within the first 10 days of a youth's admission... (vii) Visit a youth in detention or shelter care every two weeks, at a minimum, or more often as required by the facility treatment team while he resides in the facility.*

### RECOMMENDATIONS

1. The Department should implement the corrective action plan which resulted from the escape of four youths in August.
2. The Department should ensure that community case managers visit youth at the facility regularly as DJS policy requires.
3. The Department should employ janitorial staff to clean the school and the administration building.
4. The Department should ensure that school classes take place in a suitable environment.
5. The Department should ensure that the infirmary is not used to house youth for administrative reasons.

**DJS RESPONSE  
CHELTENHAM YOUTH FACILITY  
JULY – SEPTEMBER, 2008**

**1. Population**

**DJS RESPONSE**

According to the Daily Population sheets for July, August and September 2008, the capacity of CYF is 115, and on only one day (September 30<sup>th</sup>) was the population over that (122 youth). This includes the Redirect numbers (for both capacity and population).

**DJS RESPONSE**

The average length of stay at Cheltenham during this period was only 13 days, and the majority of youth spent considerably less than one month pending placement. While the Department's active efforts, in collaboration with the judiciary, typically result in expediting placement, a small number of youth may be difficult to place and remain at the facility for longer periods.

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: "The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing." DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU.

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis include rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact as experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and coordinates with DMC Coordinators in many jurisdictions across the state.

**3. Safety and Security**

**DJS RESPONSE**

It should be made clear that four reports of alleged child abuse at CYF represents a decrease from last quarter. DJS takes seriously allegations of child abuse that youth report occurred at home, at another placement or while in police custody. So though the total number may reflect 11 allegations, 7 were of alleged events that did not occur in DJS custody.

**DJS RESPONSE**

The Department's internal Quality Improvement reports are based on best practice standards, and not the minimum constitutional standards used in the CRIPA monitor's reports. Therefore it would not be unusual for a facility to be rated in Partial Performance under DJS' more stringent standards.

**DJS RESPONSE**

DJS continues to complete installation of a video surveillance system at the facility. To date, all outside cabling has been completed and perimeter lighting has been upgraded. Fence alarm sensors were reset and the IT Unit is providing continual technical support.

**5. Education**

**DJS RESPONSE**

This was a temporary arrangement, lasting only a few days, in order to maintain continuity of educational services when youth movement was restricted for security reasons. Classes are held daily in the school building.

**6. Recreational Programming**

**DJS RESPONSE**

Youth movement was limited in the summer if the medical department issued a "code red" due to the heat or poor air quality that could lead to heat stroke and breathing difficulties. The pool and other recreational activities are utilized in the summer and youth always receive at least one hour of recreation as required. In addition, the facility encourages youth to utilize the outdoor recreation areas during late evenings once the temperature drops to an acceptable level.

**7. Medical and Behavioral Health**

**DJS Response**

The infirmary does qualify as housing and has been deemed safe for that use by the CRIPA monitor and the Maryland State Fire Marshal. The infirmary houses six youth typically but has a surge capacity of ten. Youth are housed in accordance with CYF procedures and DJS policy, and vulnerable youth may be housed in the infirmary for safety or for other reasons.

**RECOMMENDATIONS**

1. Department should implement the corrective action plan which resulted from the escape of four youths in August.

**DJS RESPONSE**

The Department implemented the corrective action plan and continues to complete installation of a video surveillance system at Cheltenham. All outside cabling has been completed and perimeter

**lighting has been upgraded. Fence alarm sensors were reset and the IT Unit provides continual technical support.**

3. Department should employ janitorial staff to clean the school and the administration building.

**DJS RESPONSE**

**The Department contracts for or employs janitorial services staff as funding allows.**

4. The Department should ensure that school classes take place in a suitable environment.

**DJS RESPONSE**

**Cheltenham has a separate school building consisting of academic and vocational classrooms, and a library, computer lab and auditorium and these facilities are used daily for instruction. Teaching on the housing units was a very temporary arrangement that was limited to only a few days for security reasons, and that was implemented to maintain continuity of educational services.**

5. The Department should ensure that the infirmary is not used to house youth for administrative reasons.

**DJS RESPONSE**

**The Department will continue to ensure the safety of all youth. The infirmary is approved for housing by the State Fire Marshal. It would be irresponsible not to house youth in the infirmary as specific circumstances dictate.**



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT**  
**COLBOURNE GROUP HOME FOR BOYS**  
**JULY - SEPTEMBER, 2008**

**Facility:** Colbourne Group Home for Boys  
4402 Colbourne Road  
Baltimore, MD 21229  
Administrator: Bryan Taylor

**Date(s) of Visit:** July 14, 15, 18, and 25, August 1 and 27, 2008  
September 23 (includes visits to Maryland Mentor Network)

**Reported by:** Tanya Suggs  
Juvenile Justice Monitor

**Issues Monitored:** Population  
Staffing  
Safety/Security  
Physical plant  
Education  
Medical  
Grievances

**Persons Interviewed:** Youth, Direct Care Staff, Administrator

**Date of Report:** November 2008

## INTRODUCTION

Colbourne Group Home is a non-secure temporary transitional group home that is located in West Baltimore City. The shelter houses a maximum of eight boys, ages 15-17, who are awaiting placement for foster homes. The home is operated by The Maryland Mentor Network (MMN).

The maximum length of stay is thirty days. The mission of the program is to provide individual and group counseling, sex offender treatment, crisis intervention, psychiatric and psychological evaluation, education, recreation, and career services.

## SUMMARY OF CRITICAL FINDINGS

Colbourne is suffering from serious staffing issues with the departure of its Clinical Director and Group Home Manager.

- Staff records, background checks and training requirements are not in compliance with COMAR standards.
- The date of the last fire alarm inspection is unknown to Maryland Mentor Partnership.

## FINDINGS

### 1. Population

Colbourne group home and the youth placed there are not included in the Department of Juvenile Services' ASSIST database. The ASSIST database contains pertinent information on all DJS youth, such as their current, past and planned future placements, offense summary, personal profile, and progress notes. It is important for DJS to add Colbourne into the database so that staff can track each youth's progress.

The Monitor collected the census data from Colbourne's parent company, MMN. According to the MMN population census, there were 21 youth who resided in the home during the third quarter; 10 in July, 6 in August, and 5 in September.

### 2. Staffing

#### a. General

There were staff shortages throughout the quarter that caused disruptions in programming. During a visit to the Phoenix Center on September 23, the youth were unable to complete the full day of instruction because of staffing issues. The youth and teacher's assistant had to leave the Phoenix Resource Center early to pick up other

youth in time from school. The teacher's assistant had to ride along to help direct care staff so that she would remain within staff to youth ratio.

Once again, the position of Group Home Manager is vacant. After the Manager left in September, the position was filled in October and vacated again in November. A staff member is serving in an acting capacity until a replacement is hired. The MMN Clinical Director resigned in November. She was the only MMN staff member associated with Colbourne who held a childcare certification as required by Maryland law (see discussion below). Recently seven counselors were hired.

The absence of a Clinical Director or a permanent Group Home Manager along with the hiring of a number of new staff raises significant questions about supervision of youth in the facility.

Even before the departure of these key staff members, the Monitor rarely found a supervisor in the home during visits. The Monitor debriefed direct care staff on all visits this quarter with the exception of the August 27 visit, when the former Group Home Manager was present.

**b. Staff Training**

The Monitor conducted an employee qualifications audit in July. At that time, none of the seventeen employees had received all of the training required by COMAR. Gaps appears in both the initial 40-hour training and annual refresher courses. One staff who worked with youth was missing First Aid certification. Staff who never received medication training were administering medication to youth in the home.

**c. Staff Credentials**

Maryland law requires that administrators of residential facilities for children be certified by the State Board of Certification of Residential Child Care Administrators.

Past Colbourne Group Home Managers have not been certified as required, and the current Acting Manager has not received his childcare certification. State regulations also require that group home administrators hold at least a bachelors degree - the Acting Group Home Supervisor does not hold a degree.

**Applicable Standards**

**COMAR 14.31.06.05 (h) (2) (d)** *The licensee shall develop and implement a staffing plan that addresses the management of staffing needs, including maximum work hours, deployment of personnel, and emergency staffing.*

**COMAR 14.31.06.05 (f)(1).** *Each employee who provides direct care to children shall receive a minimum of 40 hours of initial and annual training.*

**COMAR 14.31.06.15 (3) (d).** *Training shall be required before a program personnel individual may work with residents independently.*

**Annotated Code of Maryland, Health Occupations Title 20-301(a).** *Except as otherwise provided in this section, on or after October 1, 2007, an individual shall receive a certificate from the Board before the individual may be a program administrator in this State.*

### 3. Safety and Security

#### a. Aggregate Incidents

Colbourne still has not been added to the DJS Incident Reporting Database; therefore, there is no way to know if all incidents are reported to DJS. The Monitor must physically collect paper copies of incident reports at the end of each quarter due to the absence of the group from the database. This has been an unabated issue since the 1<sup>st</sup> Quarter of 2008.

According to the data provided, the number of youth on youth assaults fluctuated slightly between the quarters and has decreased by fifty percent since last quarter (from 4 to 2). There were no restraints in this quarter. There has also been a significant improvement in the number of AWOLS since first and second quarters. There has been one suicide attempt/ideation/gesture/behavior throughout all three quarters.

There was one report of child neglect, but the alleged neglect did not take place while the youth was in the custody of DJS. The youth informed his P.O that the neglect took place during his placement with a foster parent.

Incident Categories	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
1. Youth on Youth Assault	0	4	2
2. Alleged Youth on Staff Assault	1	0	0
3. Group Disturbances (with bodily harm or injury)	1	0	0
4. Restraints	1	2	0
5. Restraints with Injury	0	1	0
6. Allegations of Child Abuse			
• Physical	0	1	0
8. Allegations of Child Neglect	1	0	0
9. Escapes/AWOL's	16	18	5
10. Law Enforcement Response to Incidents	3	0	1
11. Suicide Attempts, Ideation, Gestures, Behavior	1	0	0



**b. Incident-Related Procedures, Practices, and Reporting**

In the 2<sup>nd</sup> quarter, a youth received a sprained arm because of an inappropriate restraint. Many staff have still not received the initial 40-hour training including Crisis Interventions and Management Techniques as required. The Monitor spoke with the administrators and emphasized the importance of proper training of staff. No further information was provided on the status of staff training.

No child abuse allegations were reported this quarter.

**c. Behavior Management Plan**

The home does not have a behavior management plan. MMN administrators have informed the Monitor that there is a behavior management plan that the youth follow at the Phoenix Resource Center and at the MMN agency when they are there for their counseling sessions. Administrators have informed the Monitor that they are working on developing a written Behavior Management Plan (BHP) for the group home. Currently MMN administrators have not produced any written document setting out rules, rewards, and/or consequences for behaviors. The behavior management plan should be in writing, clearly explained to youth, and posted in clear view so that the youth can monitor their level of progress and make inquiries.

During the second quarter, the Monitor discovered that staff members were disciplining youth by placing them on one and two day room restrictions. This practice violated COMAR standards. On May 6, two youth were placed on one to two day room restriction after the staff found contraband (cigarettes); on May 7 one youth was placed on a one day room restriction for horse playing; and May 8 a youth was placed on a one day room restriction for trying to manipulate staff.

The new supervisor informed the Monitor that no youth have been placed on room restriction since he began working at Colbourne. The program no longer uses the term "room restriction." He and the administrators from MMN will discuss different forms of discipline until a formal BMP plan is developed.

**d. Youth Movement**

Staff documentation of youth movement is inconsistent. On August 27, nine youth were out at different locations. The logbook did not note that any youth had left the home. When one staff member returned with two of the youth, she entered the movement for those two youth; however, the whereabouts of the remaining seven youth were never documented.

Documenting youth movement is not a strict requirement of COMAR for private licensed facilities, but it is recommended that Colbourne begin more consistent tracking of youth movement for safety purposes. All youth should be accounted for at all times in the event of an emergency.

## **Applicable Standards**

**COMAR 14.31.06.15 (D) (1) (b)** *Program personnel may use time out to address a resident's behavior if the resident constitutes an emergency, and time out is necessary to protect a resident or other person from imminent, serious, physical harm after other less intrusive interventions have been determined inappropriate.*

**COMAR 14.31.06.15 (3)** *The use of seclusion is prohibited in a residential facility.*

**COMAR 14.31.06.15 (4)** *Each period of time out shall be appropriate to the developmental level of the resident and the degree of severity of the behavior, and may not exceed 30 minutes.*

**COMAR 14.31.06.15.E (1) (b) (c).** *The use of physical restraint is prohibited in residential care facilities unless there us an emergency situation...and physical restraint may be applied only by program personnel who have successfully completed training in the appropriate use of physical restraint..*

**COMAR 14.31.06.15.A (1) (a) (b) (c) (f).** *The licensee shall establish and follow written policies and procedures that are communicated to the child, the child's parent, employees, and the placing agency; identify all approved forms of discipline; specify the approved procedures for the administration of each form of discipline; and periodically review the forms of discipline used for effectiveness and safety.*

## **4. Physical Plant and Basic Services**

### **a. Fire Safety**

The last fire inspection was conducted by the Maryland State Fire Marshal on June 11, 2008. There is a need for a second means of egress for the second floor and a need to replace the old, inoperable, alarm system in the basement. In addition, the smoke and heat detectors were not working. Colbourne's maintenance staff installed new heat detectors and sprinkler heads. All findings were corrected with the exception of the alarm system, which is currently pending. The State Fire Marshal declined to approve the new alarm system until an additional heater and sprinkler head are installed. The home is also waiting for approval of the ladder that will be used as a second means of egress

State law requires annual fire alarm inspections. The Monitor has requested the current report since the first quarter, 2008 but one has not been provided.

### **b. Physical Plant**

The youth still reside at the home in west Baltimore City. The monitoring report for the first quarter discussed the home's poor condition. The home is very old and has

obvious signs of aging and deterioration. During the third quarter, the Monitor noted improvements in the areas of cleanliness in the home and yard. The home and the boys' rooms were also neat and clean; however, the move to a new home is still necessary and should take place as soon as possible.

During the first quarter, MMN staff informed the Monitor that the youth would move to another home at the end of the lease, which was at the end of April. Recently MMN staff informed the Monitor that the youth would move in October to the new location, but as of the writing of this report in early November, the youth are still in the home. DJS staff reported in the spring that they were assisting MMN in the search for a more suitable property, but at the writing of this report, more than six months later, no final move plans have been reported, and youth continue to reside in a facility that is in poor condition and violates fire safety codes.

**c. Basic Services**

The health inspection is current. The last inspection was completed on March 26. A number of violations were noted. All violations were corrected and re-inspected by the Baltimore City Health Department on April 3. The Monitor has not noted any serious violations this quarter.

The staff prepares food without using gloves. On a visit to the home on August 27, the Monitor observed a staff member preparing sandwiches for lunch without wearing plastic gloves; on a visit to the home on October 8, the Monitor observed a staff preparing dinner without the use of plastic gloves. The use of plastic gloves can prevent the transfer of bacteria and germs. Germs can be easily spreaded especially if the individual preparing the food has an open wound, and they are not using gloves. The Monitor suggests the good and sanitary hygienic practices.

**Applicable Standards**

**COMAR 14.31.06.07 (A)(3).** *The licensee shall use a physical plant that is constructed and equipped in a manner consistent with the needs of children and the goals of the program.*

**COMAR 14.31.06.07 (A)(4).** *The licensee shall ensure compliance with the local fire and health requirements by submitting annually to the licensing agency, reports of all fire and health inspections conducted by the local jurisdiction.*

**COMAR 14.31.06.5.3 (n).** *The training of employees who may provide direct care to children shall include food preparation, food service, and nutrition if the employee is involved in preparing meals for residents.*

**5. Education**

**a. Records**

On September 23, the Monitor reviewed six education files of the thirteen youth who resided at the home this quarter. All six files were missing Student Progress Report (SPR) for the time the youth were in the program. One file contained an SPR for 2007 but not for the time the youth initially entered into the program. The youth was placed in the home in 2006, left, and returned in 2007. Personal Education Plans (PEP's) were incomplete; they did not contain the students' schedules of classes and teachers, PEP developments date, transition plans or PEP implementation dates. School records request forms were not included in the files; therefore, there was no way to tell if the records were requested in a timely fashion and who placed the request. Attendance records and test dates were missing. One student's IEP was outdated.

The youth files were disheveled and disorganized, and the Monitor recommended organizing and labeling each section of the file so that the program can keep better track of necessary documents.

A lesson plan and monthly calendar for the school year has not been created. The lead teacher, Ms. Spurling, is new and started teaching class on September 23. The Monitor discussed the findings of the youth education file inspection and COMAR education requirements with the new teacher. It should be noted, however, that the new teacher is not at fault for any problems with the files. The Monitor also discussed the need to develop a plan for addressing the needs of IEP students while tending to mainstream students.

**b. General Educational Development Program (GED), College Courses**

There is a separate program for GED students called PETPO. Once youth have passed the pre-GED at the Phoenix Center, they are transferred to PETPO where they study selective subjects in preparation for the GED test.

**Applicable Standards**

**COMAR 13A.09.10.20 (3).** *A school shall maintain a record of the information acquired in accordance with D(1) of this regulation. This record shall include the month, day, and year of contact, and the name and title of the individual from whom the information was acquired.*

**COMAR 13A.09.10.20 (4) (e).** *Within 5 days of entering a facility, a school shall develop a PEP for each student.*

**COMAR 13A.09.10.20 (f) (1).** *When a student leaves a school, a progress report that includes all of the following information shall be prepared: Performance of grades, or both in each curricular area; code for the meaning of the performance information or grades or both; month, day and year of entrance in the educational program; month, day and year of withdrawal from the educational program; specific days of attendance; hours of instruction at the secondary level; and recommendations for educational placement, including referral for special education services, if appropriate.*

**COMAR 13A.09.10.20 (j) (1).** *A school day shall develop a written schedule of the school day including the beginning and end of the day and other important periods.*

**COMAR 13A.09.10.20 (k) (1).** *A school shall develop a written calendar of the year that includes the month, day, and year for the opening and closing of the school. and the specific total number of days for instruction.*

## **6. Rehabilitative and Recreational Programming**

All youth interviewed this quarter informed the Monitor that they enjoy the outings they have been on, and that they are constantly engaged in outside recreational activities. The outings take place most times on the weekends. When the youth are in the home, they enjoy playing video, board games, and watching movies.

The Monitor observed that the home does not have a list of scheduled outings posted.

## **7. Medical and Behavioral Health**

### **a. Basic Medical Services**

The Monitor reviewed the medical portion of 4 of the 13 program files. All four files were missing information regarding dental and vision exams. The files contained physical exams that were performed during prior placements in detention. The only way to tell if the youth had physicals is if they were previously placed in detention, otherwise the files did not contain updated exams. In fact, youth were not re-examined as required once they were admitted into the home. The administrator, Ms. Hill, informed the Monitor that the insurance would not pay again for the youth to be re-examined within one year.

### **b. Mental Health Services**

Each child admitted into the home is assigned to a licensed therapist at the Phoenix Center. The center also holds groups for youth who are alleged sex offenders.

## **Applicable Standards**

**COMAR 14.31.06.09 (c)(1)** *The licensee shall have a written plan of normal daily routines which shall be made available to the children and employees.*

**COMAR 14.31.06.13.G.1** *The licensee shall secure for each child a physical examination and a copy thereof within 30 days of admission or earlier if indicated by the child's health status.*

**COMAR 14.31.06.18.C.3 & 4D** *The licensee shall maintain for each child a health section in the individual case record or a separate health record that includes the child's medical, dental, and mental health history, and immunization.*

## 8. Youth Advocacy, Internal Monitoring and Investigation

### a. Youth Advocacy

The Monitor received four grievances this quarter regarding minor issues. All issues were resolved.

The youth whom were interviewed by the Monitor stated that Colbourne is a comfortable place to stay, and that they are well fed and respected by the staff. The youth also stated that they always go on fun outings, mainly on the weekends.

### b. Internal Monitoring

On July 24, the Monitor spoke with the DJS Director of Monitoring and Licensing and the DJS Monitor for Colbourne. The DJS Monitor said she had not conducted a comprehensive visit at Colbourne since she was hired in October, 2007. She said she had conducted one follow-up visit this year.

In early November, DJS provided the Monitor with a list of monitoring visits for 2007. Contrary to the Monitor's statement, the list showed that she had conducted monitoring visits on February 14, April 14, and July 9, 2008. It also stated that 5 additional visits to the home were made between July 9 and the end of October.

## RECOMMENDATIONS

1. The home should fill the Group Home Manager position and two full time counselor slots as soon as possible.
2. An administrator should be in the home on daily basis.
3. All employees should receive the required 40 hour initial and annual training prior to working with the youth.
4. Administrators should review files on an ongoing basis to ensure that trainings and documents are up to date.
5. Group Home Administrators should adhere to state Childcare Administrator certification requirements.
6. Group home staff should attend food preparation training.
7. School administrators should ensure that all files contain the required documents pertaining to COMAR – Title III schools, and documentation request forms.

8. All education files should be labeled and organized to improve tracking of youth education documents.
9. The teacher and teacher's assistant should create structured lesson plans and a monthly calendar for the school year.
10. A list of scheduled outings should be posted in the home in clear view for residents and staff to view.
11. The home should hire a contracted intake-nurse to provide intake examinations within 30 days of admission for youth who are admitted and re-admitted into the home.
12. The home should request documentation of the last dental and eye exams that the youth had in order to determine whether the youth are due for up to date.
13. Staff should obtain and file documentation of a youth's last vision, physical, and dental exam.
14. Regular monitoring visits by DJS staff should be conducted.

#### UNABATED CONDITIONS

1. Colbourne is not included in the DJS Incident database.
2. The home has not developed a well- structured Behavior Management Plan.
3. Staff are not documenting youth movement in the logbook.
4. The home has not submitted a fire alarm report since the first quarter, 2008.
5. Youth still reside in an unsuitable home.
6. Staff are not wearing gloves during food preparation.

**DJS RESPONSE  
COLBOURNE GROUP HOME FOR BOYS  
JULY - SEPTEMBER, 2008**

**2. Staffing**

**DJS RESPONSE**

The Group Home Manager position has been filled. The Residential Group Home Administrator for Colbourne is certified as a Residential Childcare Administrator. A qualified staff member is acting in the Clinical Director role until a newly hired individual begins employment in January. An analysis of staffing for provision of counseling services is in process and counselors will be hired to meet COMAR regulations if the need for additional positions is identified.

The regulatory statute for Program Administrator childcare certification did not go into effect until May 19, 2008. From May to December 4, 2008, the certified Program Administrator was providing day-to-day management and operation of the program from a central office. On December 4, the Department was notified that the certified Program Administrator, Mr. Mondrae White, would be on-site at the program on a daily basis.

**JJMU Comment:**

*Maryland law defines a Program Administrator as "the individual responsible for the day-to-day management and operation of a residential child care program and for assuring the care, treatment, safety, and protection of the children in the residential child care program."*

*Since JJMU began monitoring this program in January, 2008, no full-time Program Administrator of the Group Home has had a childcare certification.*

*The Clinical Director for the parent company, Maryland Mentor Network, had received her certification but was working from the parent company office, and not in the group home. She resigned in November.*

*Now another parent company employee, Mr. Mondrae White, is said to be assuming the position of Program Administrator with a promise that he will be "on-site at the program on a daily basis." Mr. White has received his childcare certification.*

*We believe the intent of the law is to ensure that the person who manages the program full-time and is on the premises most of the time is certified in childcare administration. We do not believe the requirement is satisfied by having a central office employee drop by the group home, even if on a daily basis, and even if for an hour or two each day..*

*Now that the Group Home Manager position has been filled, we recommend that MMN ensure that s/he receives his/her childcare certification promptly.*

**b. Staff Training**



**DJS RESPONSE**

DJS conducts regular audits of staff compliance with training in the Colbourne program. Colbourne administrators are auditing training records and will document full compliance with COMAR requirements in all personnel records by February 2009.

3. **Safety and Security**

a. **Aggregate Incidents**

**DJS RESPONSE**

The Director of the DJS Program Evaluation Unit is working with our IT staff and the DJS Licensed Providers to provide access to the ASSIST database, which will enable more accurate and timely data entry.

c. **Behavior Management Plan**

**DJS RESPONSE**

The Behavior Management Plan was developed and incorporated into the Colbourne Handbook, which was submitted with the licensing reapplication to DJS for the group home's new location. The Behavior Management Plan was revised in November 2008 and approved by the DJS Licensing Administrator.

d. **Youth Movement**

**DJS RESPONSE**

The program utilizes a logbook to track youth movement.

4. **Physical Plant and Basic Services**

a. **Fire Safety**

**DJS RESPONSE**

The State Fire Marshal inspected Colbourne Group Home on July 22, 2008. At that time, he informed the group home to install sprinkler heads in the basement, to keep storage 36 feet away from electrical control panels, to install smoke detectors in each sleeping area, and that smoking detectors needed to be hard wired and equipped with battery backup and interconnected. The State Fire Marshal returned on August 12, 2008 and was informed that the group would be moving to a new location; as a result, the State Fire Marshal granted an extension for correcting the violations.

A work order for the portable escape ladder was placed on June 11, 2008 and the work was completed on June 17, 2008. The fire alarm inspection was conducted in June 2008 and at that time Colbourne's alarm system was not fully functional. Mentor Maryland, the group home's parent company, was in the process of correcting the system when the State Fire Marshal conducted an

inspection. The State Fire Marshal advised that the group home could install sprinkler heads in the basement as a substitute to the fire alarm repairs and to place smoke detectors in the bedroom areas.

The Director of the DJS Program Evaluation Unit spoke with the State Fire Marshal, William Giles, on December 11, 2008. Inspector Giles informed the DJS Director that the group home had to install hand-wired and interconnected smoke detectors. Inspector Giles stated he would return to inspect the group home on or about January 1, 2009 if they were still occupying their current location.

Colbourne is moving to its new location, which has been inspected by the State Fire Marshal and has a current fire inspection certificate, on or about December 26.

**JJMU Comment:**

*The Monitor spoke with the State Fire Marshal by telephone on 12/5 and 12/15. He confirmed that Colbourne has not corrected the fire alarm violations required during his June 11, 2008 inspection. Bedrooms do not have smoke detectors, the new alarm system has not been approved, and until all violations are corrected, Colbourne will not pass the State Fire Marshal's inspection.*

**b. Physical Plant**

**DJS RESPONSE**

On May 15, 2008, pursuant to COMAR 14.31.05.05H(3) and through written notification to Colbourne group home's parent company, Mentor Maryland, DJS extended the Colbourne license until its renewal license application was completed. License Extensions do not have expiration dates. Mentor Maryland was granted a license for their new location on Haddon Avenue on December 18, 2008.

**8. Youth Advocacy, Internal Monitoring and Investigation**

**b. Internal Monitoring**

**DJS RESPONSE**

The JJMU is misrepresenting a discussion with DJS. On July 24, 2008, the Director of the Program Evaluation Unit informed the JJMU Monitor that at that time, during their conversation, she was unable to provide specific dates of monitoring visits. Subsequent to that discussion, in response to a request from the JJMU in October 2008, DJS identified in writing the eight dates on which the DJS Program Evaluation Unit conducted on-site monitoring reviews at the Colbourne group home from January 1, 2008 to October 31, 2008. Since that time, DJS has conducted two additional monitoring visits to Colbourne. DJS and Colbourne have had very frequent, additional contact involving detailed discussion and review of documentation regarding the group home's operating policies and standards since January 1 because DJS is in the process of renewing the group home's license.

**RECOMMENDATIONS**

1. The home should fill the Group Home Manager position and two full time counselor slots as soon as possible.

**DJS RESPONSE**

**The Group Home Manager position has been filled. An analysis of staffing for provision of counseling services was undertaken. Additional counselors were hired and additional counselor positions will be established and filled as needed to meet COMAR regulations.**

2. An administrator should be in the home on daily basis.

**DJS RESPONSE**

**An administrator is at the group home on a daily basis. The Group Home Manager (administrator) position has been filled.**

3. All employees should receive the required 40 hour initial and annual training prior to working with the youth.

**DJS RESPONSE**

**An assessment of staff training needs is being conducted and training will be provided to bring all staff into compliance.**

4. Administrators should review files on an ongoing basis to ensure that trainings and documents are up to date.

**DJS RESPONSE**

**All files are reviewed by the on-site Program Administrator and a sample of files will be audited monthly by the Quality Assurance Staff of MENTOR Maryland. The DJS Program Evaluation Unit also conducts comprehensive audits of personnel files as a component of its licensing and evaluation functions.**

5. Group Home Administrators should adhere to state Childcare Administrator certification requirements.

**DJS RESPONSE**

**The Group Home Program Administrator is licensed for this position by the State of Maryland.**

6. Group home staff should attend food preparation training.

**DJS RESPONSE**

**Group Home Staff will be retrained in food handling and preparation in January 2009.**

7. School administrators should ensure that all files contain the required documents pertaining to COMAR – Title III schools, and documentation request forms.

**DJS RESPONSE**

**The Director of Schools for MENTOR Maryland is conducting a full audit to ensure the school is meeting COMAR requirements for documentation in education files.**

8. All education files should be labeled and organized to improve tracking of youth education documents.

**DJS RESPONSE**

**The Director of Schools for MENTOR Maryland is conducting a full audit to ensure the school is meeting COMAR requirements for documentation in education files and has an appropriate system for organizing and tracking educational documents.**

9. The teacher and teacher's assistant should create structured lesson plans and a monthly calendar for the school year.

**DJS RESPONSE**

**The Director of Schools for MENTOR Maryland will assist the teacher and teacher's assistant in creating a structured lesson plan and monthly calendar.**

10. A list of scheduled outings should be posted in the home in clear view for residents and staff to view.

**DJS RESPONSE**

**A monthly list of scheduled outings will be posted.**

11. The home should hire a contracted intake-nurse to provide intake examinations within 30 days of admission for youth who are admitted and re-admitted into the home.

**DJS RESPONSE**

**Colbourne Group Home already employs a contracted nurse and provides intake examinations, nursing visits and medication training for staff.**

12. The home should request documentation of the last dental and eye exams that the youth had in order to determine whether the youth are due for up to date.

**DJS RESPONSE**

**Physical, dental and eye exams for all youth will be current by January 1, 2009.**

13. Staff should obtain and file documentation of a youth's last vision, physical, and dental exam.

**DJS RESPONSE**

**Documentation and physical, dental and eye exams for all youth will be current by January 1, 2009.**

14. Regular monitoring visits by DJS staff should be conducted.

**DJS RESPONSE**

**DJS conducts regular monitoring visits to the Colbourne group home to evaluate and provide technical assistance to assure compliance with COMAR standards and applicable DJS policies. As requested by the JJMU, DJS provided the JJMU with the dates for eight monitoring visits conducted by DJS at the Colbourne Group Home from January 1 – October 31, 2008.**

**UNABATED CONDITIONS**

1. Colbourne is not included in the DJS Incident database.

**DJS RESPONSE**

**Colbourne is included in the DJS Incident Database under the name of its parent company, Mentor Maryland.**

2. The home has not developed a well- structured Behavior Management Plan.

**DJS RESPONSE**

**The Behavior Management Plan was developed and incorporated in the Colbourne Handbook, which was submitted with the licensing reapplication to DJS for the group home's new location. The Behavior Management Plan was revised in November 2008 and approved by the DJS Licensing Administrator.**

3. Staff are not documenting youth movement in the logbook.

**DJS RESPONSE**

**Colbourne utilizes a logbook to track youth movement. Monitoring to determine how staff is using the logbook will be conducted and retraining will take place as needed.**

4. The home has not submitted a fire alarm report since the first quarter, 2008.

**DJS RESPONSE**

**Colbourne Group Home is moving to a new location, which has a current fire inspection certificate, by December 26, 2008**

*JJMU Comment: See discussion above, p. 8.*

5. Youth still reside in an unsuitable home.

**DJS RESPONSE**

**Mentor Maryland has made every effort to comply with required statues and to ensure that there are no safety issues for youth. During interviews with youth, they consistently indicate that they do feel safe and comfortable at the group home. MENTOR Maryland has secured a lease in a very suitable new location and will relocate on or about December 26, 2008.**

6. Staff are not wearing gloves during food preparation.

**DJS RESPONSE**

**The JJMU cites two instances in the reporting period in which staff was observed not wearing gloves. While these were isolated incidents, the group home staff will be retrained in food handling and preparation to ensure consistent compliance.**



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT**  
**THE DR. HENRY F. AND FLORENCE HILL GRAFF**  
**SHELTER FOR GIRLS**  
**JULY – SEPTEMBER, 2008**

**Facility:** The Dr. Henry F. and Florence Hill Graff Shelter for Girls  
8504 Mapleville Road  
Boonsboro, MD 21713  
President: Bruce Anderson

**Date(s) of Visit:** July 15, August 22, September 19, 2008

**Reported by:** Moira Lee  
Juvenile Justice Monitor

**Persons Interviewed:** President, Program Directors, Residential Care Staff, Youth

**Date of Report:** November 2008

There were 2 youth at Graff at the end of last quarter. While there has been a slight increase, the population at Graff remains significantly under capacity. When at capacity Graff maintains a 1 to 4 ratio of staff to youth.

## **2. Safety and Security**

Administrative staff reported that few incidents occur at Graff. While all staff are trained in the use of restraints, administrators reported that restraints are not used.

There were a total of three incidents at Graff this quarter. One incident, which was faxed to DJS in August, has still not been added to the DJS Incident Reporting Database. The other two incidents involved youth requiring off grounds medical care. Staff responded to all incidents in a prompt and appropriate manner.

## **3. Physical Plant and Basic Services**

### **a. Fire Safety**

Graff has a minimum of two fire drills per month, one during the first shift and one during the second shift. Emergency evacuation plans are posted on the door of each youth's bedroom. Staff are tested on the Graff emergency evacuation plan when they are hired and yearly thereafter.

### **b. Physical Plant**

Graff is a well-manicured and clean facility with a warm home-like environment. Staff reported that youth have asked to return to Graff when re-entering the juvenile justice system.

## **4. Education**

The educational program at Graff is licensed by the Maryland State Department of Education. Education staff offer an individualized program to help youth make a smooth transition back to school. A GED preparation program is available for youth who will not be returning to school when they leave the facility.

## **5. Rehabilitative and Recreational Programming**

### **a. Therapeutic Program**

Given the short duration of a youth's time at Graff, therapy is offered on an as-needed basis by therapists who are on-call 24 hours a day. In addition, a licensed social worker holds weekly group meetings. Youth learn life skills through daily activities including table set up, cleaning, cooking and doing their laundry.



**b. Recreational Programming**

All youth participate in community service two times per week visiting a nursing home. Youth receive at least one hour of large muscle activity per day. Recently, professional gardeners working for the state of Maryland began working with Graff shelter to add a vegetable garden to their existing plant garden. Youth harvest, cook and eat the vegetables they grow. Youth also have a social outing one weekend night per week. This Monitor attended an outing with youth to the Baltimore Zoo. Staff were professional, caring and attentive to youth. Youth enjoyed the Zoo and stated they often went on outings. Youth reported that staff “really care [about them.]”

**c. Parental Involvement**

Parent visiting hours are from 12 p.m. to 3 p.m. on Saturdays and Sundays. Staff accommodate parent schedules by setting up additional visiting hours as needed.

**6. Medical and Behavioral Health**

**a. Basic Medical Services**

There is a registered nurse at Graff who performs initial assessment of the youth. Youth self-administer their medication. Staff reported that most youth entering the facility are uninsured. In order for youth to obtain medical attention they must be taken to the acute care facility of the Washington County Hospital.

**RECOMMENDATIONS**

1. DJS should enter all incidents into the Incident Reporting Database in a prompt manner.

**DJS RESPONSE  
THE DR. HENRY F. AND FLORENCE HILL GRAFF  
SHELTER FOR GIRLS  
JULY – SEPTEMBER, 2008**

**RECOMMENDATIONS**

1. DJS should enter all incidents into the Incident Reporting Database in a prompt manner.

**DJS RESPONSE**

**The Director of the DJS Program Evaluation Unit is working with our IT staff and the DJS Licensed Providers to provide access to the ASSIST database, which will enable more accurate and timely data entry.**



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT**  
**GUIDE CATONSVILLE SHELTER FOR BOYS**  
**JULY – SEPTEMBER, 2008**

**Facility:** GUIDE Catonsville Structure Shelter for Boys  
5406 Valley Road  
Baltimore, Maryland 21218  
Administrator: Joan Morgan-Jones, Program Director

**Date(s) of Visit:** July 2, August 22, September 26, October 2, 2008

**Reported by:** Tanya Suggs  
Juvenile Justice Monitor

**Issues Monitored:** Population  
Staffing  
Safety/Security  
Physical Plant  
Education  
Rehabilitative and Recreational Programming  
Medical  
Youth Advocacy

**Persons Interviewed:** Administrator, Direct Care Staff, Youth

**Date of Report:** November 2008

## INTRODUCTION

Catonsville Shelter is operated by GUIDE Program Inc. The shelter is a non-secure residential program that is located on Department of Juvenile Services property. The modular residential unit is located on the grounds of Spring Grove State Hospital.

The shelter houses a maximum of ten boys. The maximum length of stay is 90 days. The objective of the program is to provide temporary shelter, recreational programming, food, and education to pending placement males whose ages range from 12 -18.

## SUMMARY OF CRITICAL FINDINGS

- Staff have not completed training in compliance with COMAR requirements.
- Youth are not consistently supervised by staff.

## FINDINGS

### 1. Population

The home's capacity is 10. GUIDE is a 30-90 day program; however, at times youth stay less than 30 days. The maximum length of stay is 90 days - population changes sporadically when courts order youth to permanent placement or youth return to their homes.

The ASSIST database contains pertinent information for all DJS youth such as their current stay, past and future placement, offense summary, personal profile in addition to a host of other critical information. According to the Department of Juvenile Services' ASSIST database, for the third quarter of 2008, 107 youth stayed at the shelter, and 92 were released by the end of the quarter. The average length of stay at release for the quarter was 3.84 days.

There is some disagreement between the population data in the ASSIST database and the Program Director's own recordkeeping – while the ASSIST database shows a total of 107 youth over the quarter, the Director's records show 117 youth stayed at the home in the third quarter. The ASSIST residential data entry coordinator should ensure the accuracy of ASSIST data.

Case Managers do not always update the database in a timely fashion. For example, the database indicates that the average length of stay for three youth was 366, 210 days, and 179 days. However, the youth listed as having stayed at the shelter for 366 days was released the day after he entered the home. The youth listed as having stayed at GUIDE for 210 days was released in April and placed at the Baltimore

Juvenile Justice Center in early October; however, as of October 27 his case remains open as a resident at GUIDE Shelter.

Case Managers should review and update the database on a consistent basis. It is important for DJS to update the database consistently, so that staff can effectively track each youth's progress and retrieve accurate information.

## **2. Staffing**

### **a. General**

At the end of third quarter, there were no vacant positions at GUIDE; however, the home continues to hire relief staff on a rotating basis. A full time teacher was hired in August. In September an intake coordinator and a part-time cook were hired.

### **b. Staff Training**

The Monitor reviewed the training files for four employees in the home. The employees had not received the required 40-hour initial and annual training, with the exception of CPR and First Aid. Two of the four employees had received abuse and neglect report training. The cook had not received food preparation training.

COMAR regulations require that all staff complete their orientation training before being left alone with youth. COMAR regulations also require that all staff complete an additional 40 hours of refresher training per year. GUIDE must promptly ensure that all staff have completed required training.

The Program Director informed the Monitor that since the cook is contracted, the contracting agency is responsible for coordinating the training. GUIDE should collaborate with the agency providing the cook (or other staff) to ensure that all staff in the home have received the required training prior to their hire date.

Mr. Aydlett, the new teacher, has an MSDE conditional certificate.

### **c. Staff Credentials**

Maryland law requires that administrators of residential facilities for children be certified by the State Board of Certification of Residential Child Care Administrators. The purpose of the board's certification requirement is to protect children by setting standards for the practice of residential childcare administration and to promote quality.

The Program Director, Mrs. Jones, is childcare certified.

### **Applicable Standards**

**COMAR 14.31.06.05 (f) (1).** *Each employee who provides direct care to children shall receive a minimum of 40 hours of initial and annual training.*

**COMAR 14.31.06.15 (3) (d).** *Training shall be required before a program personnel individual may work with residents independently.*

**Annotated Code of Maryland, Health Occupations Title 20-301(a).** *Except as otherwise provided in this section, on or after October 1, 2007, an individual shall receive a certificate from the Board before the individual may be a program administrator in this State.*

### **3. Safety and Security**

#### **a. General**

On the September 26 visit to the home, the Monitor walked into the home and observed two youth sitting in the living room without staff supervision. Staff was nowhere in sight and the front door was unlocked. The youth stated that they did not know the whereabouts of the staff. One of the staff was in the bathroom, and according to the other staff, she went on the lower level to get something that she needed. The Monitor informed the staff of the importance of constant youth supervision. The staff should rotate the supervision of the youth if a bathroom break or other staff movement is needed.

Youth supervision has been an ongoing issue and reported in every monitoring report for the past year. GUIDE Shelter is located on the grounds of Spring Grove Hospital, a large psychiatric facility, and sits directly next to the main road in and out of the grounds. While not required by COMAR regulations, the Monitor recommends that the front door be locked as a safety precaution, particularly when staff members are not present in the main room to greet visitors..

#### **b. Aggregate Incidents**

According to the incident reports that GUIDE Shelter submitted to the Monitor, there were thirteen incidents this quarter: ten AWOLS, one suicide ideation/attempt and two contrabands (not included in the chart below). The DJS Incident Reporting Database only reflects that there were nine incidents during the third quarter. Not all incidents have been entered into the DJS incident database, neither are incidents entered into the database in a timely fashion. According to the incident report data submitted to the Monitor for the second quarter, 2008, there were seventeen incidents, but the incident database only reflects that there were eight.

For example, as of October 27 a "Destruction of Property/Group Disturbance" that occurred on April 23 has still not been entered into the database. A "law

enforcement on grounds for incident, inquiry or allegation” that occurred on May 19 has still not been entered into the database.

The number of incidents for this quarter significantly decreased compared to the first and second quarters. The numbers of AWOL’S have increased from six in the 2<sup>nd</sup> Quarter to 10 in the 3<sup>rd</sup> Quarter – another reason why youth must be supervised at all times. AWOL’S are the most common form of incidents in smaller facilities, particularly non-secure shelters.

It is important for incidents to be entered into the database in a timely fashion; otherwise, there is no way to depend on the database for accurate and current data.

The group home should continue to attach transmittal sheets of incident reports that are faxed to DJS.

Incident Categories	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
1. Youth on Youth Assault	8	7	0
2. Group Disturbances (with bodily harm or injury)	0	1	0
3. Group Disturbances (without bodily harm or property destruction)	0	2	0
4. Restraints	0	0	0
5. Restraints with Injury	0	0	0
6. Allegations of Child Abuse <ul style="list-style-type: none"> <li>• Sexual</li> </ul>	1	0	0
8. Escapes/AWOL's	8	6	10
9. Law Enforcement Response to Incidents	0	1	0
10. Suicide Attempts, Ideation, Gestures, Behavior	0	0	1

**c. Behavior Management Plan**

The youth earn incentives by accumulating points on a level system. The criteria by which youth earn and lose points appear to be subjective and no posted guidelines offer clear guidance on what actions prompt the earning or loss of points. Youth report they are verbally informed on how many points they have earned or lost, that they do not understand the system, and that they are confused about the criteria for earning and losing points.

The Monitor has recommended that a point sheet be posted so youth can stay abreast of their progress, but to date, nothing has been developed.

When the resident reaches Intermediate Level, he is eligible to participate in Narcotics Anonymous meetings and community service. When the resident reaches the highest level, he is eligible to participate in planned outings. All youth should be eligible

for drug and/or alcohol meetings (if applicable), community service, and planned outings.

The level system should be revised to reflect clearly stated criteria for awarding and deducting points. General requirements of the program should not be used as incentives.

The Behavior Management Plan issue was also reported in the 1<sup>st</sup> quarter, 2008. report. The Monitor has still not been provided with a revised Behavior Management Plan.

#### **Applicable Standards**

**COMAR 14.31.06.09 (c) (1)** *The licensee shall have a written plan of normal daily routines which shall be made available to the children and employees.*

**COMAR 14.31.06.15.A (1)(a)(b)(c)(f).** *The licensee shall establish and follow written policies and procedures that are communicated the child, the child's parent, employees, and the placing agency; identify all approved forms of discipline; specify the approved procedures for the administration of each form of discipline; and periodically review the forms of discipline used for effectiveness and safety.*

#### **4. Physical Plant and Basic Services**

##### **a. Fire Safety**

The fire safety inspection report dated March 14, 2007 suggests that all key operated deadbolt locks be removed from all bedroom doors. The deadbolt locks have been removed, but other key operated locks remain.

The Monitor was present during the Fire Marshal's visit on March 25, 2008. The Fire Marshal informed the Monitor and Director that the plastic paneling of the classroom walls is flammable. The walls should be covered with fire rated dry wall or treated with fire retardant coating. This finding by the Maryland State Fire Marshal has not been rectified.

The Monitor has observed electric wiring unsecured in the living room area by the television. Often times, the youth play video games and watch movies on the DVD/VCR, and the wires are scattered about. The Monitor recommended to staff that all wires be secured and placed in the back of the television stand.

##### **b. Physical Plant**

The home is clean, organized, and tidy. The boys' rooms are well kept.



The exterior area of the home is very dark and poorly lit. The group home has not replaced the exterior lighting fixtures. At times youth return to the home from outings or appointments during evening hours when it is dark outside. Staff and youth should have the ability to observe their surroundings in a well-lit area.

No major physical plant concerns were noted this quarter.

**c. Basic Services**

The last health inspection report was conducted on October 23, 2008. No major findings were noted.

On a number of occasions throughout the quarter, the Monitor observed that the cooks were not wearing gloves during food preparation. On one visit, the cook was not wearing gloves while handling meat, a necessity to prevent the transfer of bacteria and germs.

The nutritional practices at GUIDE have improved tremendously. During the first quarter, the youth were not receiving the recommended and required daily calories. The boys were receiving an inadequate amount of food and the food served was not what was reflected on the menu. During the third quarter, youth were served a sufficient amount of food. Youth informed the Monitor that they eat well at GUIDE and that the food is good. The Monitor has also observed and noted the fruit basket that is set out on the dinner table. However, the serving of milk has been an unabated issue at GUIDE since the first quarter. The youth are continually served milk, but are not offered juice, as required by the DJS nutritionist.

The fire inspection certificate is current, and a new fire inspection is due March 25, 2009.

**Applicable Standards**

**COMAR 14.31.06.07 (A)(4).** *The licensee shall ensure compliance with the local fire and health requirements by submitting annually to the licensing agency, reports of all fire and health inspections conducted by the local jurisdiction.*

**COMAR 14.31.06.07 (k) (1).** *The licensee shall ensure the physical plant has electrical equipment, wiring, switches, sockets, and outlets, which are maintained in compliance with local and state building codes.*

**COMAR 14.31.06.07 (k) (2) (3).** *The licensee shall ensure that the physical plant has sufficient illumination in rooms, corridors, and stairwells to permit safe usage; and lighting of exterior areas during the night.*

## 5. Education

### a. Records

On September 26, the Monitor reviewed five random files; two active and three closed. There were not any Personal Education Plans (PEP) contained in the active files for youth who had been the home for over five days. The closed files did not contain Student Progress Reports (SPR). Regulations require that a PEP be developed within five school days of the youth's admission to the facility. An SPR must also be prepared prior to the youth's departure from the program.

According to the new teacher, he completed PEPs prior to youth's departure from GUIDE. Although the new teacher is not responsible for the incomplete educational documents, the Monitor pointed out discrepancies in the file and discussed Type III school requirements with the teacher and provided him with the COMAR requirements for Type III schools. The teacher informed the Monitor that he was unaware of a Student Progress Report form requirement.

There has been a corrective action for the lesson plan log. The Monitor reviewed the lesson plan log while at the home on September 26. The lesson plan log was neat and well organized according to month and subject, and the time of each lesson. The Monitor suggested adding to the lesson plan a section for group assessment. Assessment of the group of students after each lesson will assess their level of comprehension of the lesson provided. The assessment could include feedback from the students, question and answer sheets, or a quiz and is generally a part of an education lesson plan.

The teacher informed the Monitor that he gives special needs youth additional time, and just has them complete whatever part of the work they can. The Monitor discussed the importance of special needs youth completing the lesson thoroughly and receiving structured one-on-one help from the teacher's assistant while the lead teacher is occupied with providing instruction to the rest of the class.

Based on the Monitor's observation and youth interviews, the Assistant Teacher does not spend much time in the classroom. On a number of visits, the Assistant Teacher was in the upstairs area. While youth are in the school area, the Assistant Teacher should be in the classroom aiding their instruction.

The education files of each youth were disorganized and disheveled. The Monitor suggested that education files be organized and labeled according to subject.

### b. General Educational Development Program (GED), College Courses

GUIDE shelter should develop an appropriate vocational and community and resource plan for youth who have completed their GED. Last quarter, one youth already obtained his GED. There was not anything to occupy his time at the shelter. While

**DJS RESPONSE  
GUIDE CATONSVILLE SHELTER FOR BOYS  
JULY – SEPTEMBER, 2008**

**SUMMARY OF CRITICAL FINDINGS**

- Staff have not completed training in compliance with COMAR requirements.

**DJS RESPONSE**

**GUIDE will continue to utilize a system of tracking staff employee requirements by the Human Resources Department with monthly updates to Program Administrators to ensure that all staff have completed COMAR required orientation, initial and annual refresher training requirements.**

**JJMU Comment:**

*Names of all staff who had not completed required training were provided to the Director during debriefings following monitoring visits and also included in the written debriefing form provided to the Director following the October 2 visit.*

- Youth are not consistently supervised by staff.

**DJS RESPONSE**

**The JJMU reports that supervision of residents has been an ongoing issue with staff; however, the incident cited on September 26, 2008 was an isolated one. The staff member on duty went to the bathroom while two residents sat in the living room area of the shelter. The staff member was the only direct care worker in-house at the time supervising just two residents because all other staff and residents were out of the facility completing community service projects. The JJMU references another staff member in the report, however this was the cook, who is not involved in direct care.**

**FINDINGS**

**1. Population**

**DJS RESPONSE**

**The Director of the Program Evaluation Unit is working with the Department's Information Technology Department to ensure that all DJS licensed providers will have access to ASSIST.**

**2. Staffing**

**b. Staff Training**

**DJS RESPONSE**

Since the training files kept on site at the Shelter are not the official personnel files, it is possible that the personnel files reviewed by the JJMU do not contain documentation of all required training.

GUIDE will continue to utilize a system of tracking staff employee requirements by the Human Resources Department of its parent company with monthly updates to the shelter's Program Administrators to ensure that all staff have completed COMAR required orientation, initial and annual refresher training requirements. GUIDE will instruct the food service contractor to ensure that the cook is certified in food safety. Guide will request that the Human Resources' Director print a current copy of training records for all staff. Staff who are not current in training will complete requirements no later than March 31, 2009.

**JJMU Comment:**

*Training records from official personnel files kept at the parent company office were faxed to the Monitor by the parent company Human Resources Director. These records lacked evidence of staff training required by COMAR. The Monitor discussed the GUIDE staff training status with the parent company Human Resources Director and also with the GUIDE Director. Names of all employees who had not completed required training were provided to the Director during debriefings following monitoring visits and also included in the written debriefing form provided to the Director following the October 2 visit.*

**3. Safety and Security**

**a. General**

**DJS RESPONSE**

The JJMU reports that supervision of residents has been an ongoing issue with staff; however the incident cited on September 26, 2008 was an isolated one. The staff member on duty went to the bathroom while two residents sat in the living room area of the shelter. The staff member was the only direct care worker in-house at the time supervising just two residents because all other staff and residents were out of the facility completing community service projects. The other staff member on duty that JJMU references in this report is the shelter's cook, who is not involved in direct care.

The JJMU's finding implies that the hospital's patients and or staff frequent the shelter's grounds, which is not the case. The location of the Guide shelter is *not* in a high traffic area. Guide will lock the front doors when staff members are not present in the main room to greet guests.

**b. Aggregate Incidents**

**DJS RESPONSE**

For each of the incidents the monitor references, GUIDE has fax transmittal confirmation documenting that the incident reports were sent to DJS. GUIDE received access to the DJS ASSIST database and believes that all incident reports are now promptly entered into the database.

c. Behavior Management Plan

DJS RESPONSE

The JJMU reports that the residents are confused about the criteria for earning and losing points within the level system. Each time the JJMU Monitor has questioned residents regarding the level system, she spoke with residents who were just admitted or who had been in placement for 2 days or less, even though staff members identified the new residents.

Each resident is given a handbook upon admission into the program that fully explains the behavior management system. Furthermore, staff holds a group with youth within days of admission to review all rules and regulations of the shelter and how they affect levels and points. A copy of the handbook is posted in the dining room for the residents to review at will. Quite frankly the residents often know the handbook as well as the staff members, and are able to quote from it to support their arguments. Nonetheless, GUIDE management staff will review the current Behavior Management Plan and will recommend/ initiate any changes deemed necessary by the team to make it more understandable for the residents.

All resident levels are also posted on the "Resident Information Board" located in the living room to assure that they are always aware of where they fall within the level system and points earned.

The JJMU also states that residents are restricted from community service, outings and NA meetings based on levels. This is inaccurate. All residents, regardless of their level, are allowed and encouraged to participate in community service and planned outings. Participation in NA meetings is based on youth's needs and determined directly by the resident's case manager.

DJS Youth Advocates and Program Evaluators routinely interview youth in the Guide shelter about the Behavior Management Program including their understanding of and feedback about incentives and awarding of points. In addition, during the re-licensing processing Guide and the Department will work collaboratively to review the program's Behavior Management System and to revise as necessary. Youth input about the Behavior Management System is solicited as an important part of the re-licensing process.

**JJMU Comment:**

*Each time the Monitor visits GUIDE, she interviews each child residing at the shelter. Because GUIDE has a small population, individual interviews with all youth are possible on each visit. This would, of course, include both youth recently admitted to the shelter and those remaining in the shelter for longer periods of time. Conclusions regarding the Behavior Management Plan and point system are also drawn from staff interviews and review of the system and its incentive structure. Youth continue to express general confusion about how points are awarded, what behaviors result in loss of points, and what behaviors are required to earn incentives.*

4. Physical Plant and Basic Services

a. Fire Safety

DJS RESPONSE

As the JJMU stated, referring to the fire safety inspection dated March 14, 2007, the Fire Marshal suggested that all key operated *deadbolt* locks be removed from all bedroom doors. The deadbolt locks were removed. The Fire Marshal did not state that regular key locks on the bedroom doors were a fire safety issue. The Guide shelter is not a locked facility and therefore does not lock youth in bedrooms or any other areas. Currently key operated locks are on the bedroom doors for the sole purpose of securing the residents' belongings when the rooms are not in use. The locks do not create a barrier to residents exiting their rooms at will because the doors can be easily unlocked from the inside without a key. The regular door locks have proven to be valuable to secure resident belongings and to build their confidence in the program knowing their possessions are safe. Guide will ensure that at least one staff member has the keys on his/her person at all times. Guide is in the process of securing bids for replacement of the classroom walls.

**JJMU Comment:**

*This issue has been discussed in both monitoring reports for the year and on several occasions with the Director. COMAR regulations do not specifically require that rooms have no internal locks. However earlier, this year, a youth was able to lock himself in his bedroom and AWOL through the window because staff could not locate keys to his room in time to prevent the AWOL. The Monitor continues to be concerned about potential consequences of this policy, but if staff carry bedroom keys on their persons at all times, any potential risk will be significantly lessened.*

*Flammable classroom walls still need to be addressed per the Fire Marshal's finding.*

**b. Physical Plant**

**DJS RESPONSE**

Currently there are motion sensor lights in three surrounding areas of the property. The administrator has consulted with DJS maintenance about the JJMU's recommendation. DJS determined that the current lighting is sufficient for safety purposes, and that there was no practical way to put more lighting on the property without incurring excessive costs.

**c. Basic Services**

**DJS RESPONSE**

GUIDE's Program Director will counsel all staff who prepare food regarding the importance of wearing gloves at all times when preparing food.

The MSDE School Nutrition Program, in which GUIDE participates, requires that milk be served at every meal. Our approved menus indicate that we serve/offer juice four times per week on average, but juice is not served at every meal, and is not required to be served at every meal by COMAR nutritional standards. According to the federal Child Nutrition Program the program is required to serve at least ½ cup of juice at breakfast everyday or one piece of fruit.

**5. Education**

**a. Records**

**DJS RESPONSE**

**GUIDE indicates that: The JJMU states that closed resident files did not contain student progress reports and that PEPs were not in current resident files. The teacher as well as the administrator pointed out to the JJMU Monitor that we are in fact compliant with “student progress reports” COMAR requirements; however we call these “report cards”. Each resident who is a participant in the education program receives a GUIDE report card upon discharge from the shelter, which is normally included in their court report/discharge report. A copy is provided to the DJS Case Manager and we keep a copy in the resident file.**

**The teacher ensures that the Personal Education Plans are started upon a resident’s admission into the program, well within the five day standard. PEPs are updated throughout the resident’s stay in the program, and completed upon a resident’s discharge from the program.**

**The PEPs that weren’t actually in the current active hard files were saved to a computer file. This was also explained to the JJMU monitor. Effective January 1, 2009, Guide will implement a process to monthly download the current PEPs and SPRs and place a hard copy in student files.**

**The Teacher’s Assistant is currently carrying out on a consistent basis all the responsibilities that the JJMU recommends. We believe that the instances cited by the JJMU are not typical of how the Teacher Assistant spends his time, and that there were legitimate reasons for him to be briefly out of the classroom. For example he may leave the classroom occasionally to consult with staff members about a resident, or to prepare essential school work for class.**

**JJMU Comment:**

*COMAR regulations require that each student’s education file include both a Personal Education Plan (PEP) and a Student Progress Report (SPR), each of which must contain specific information about the child. On the September 26 visit, the Monitor discussed these requirements with both the Director and the new teacher and provided additional information about Type III schools. Neither expressed familiarity with these requirements, discussed Student Progress Reports that might be stored on computers, or spoke of or showed the Monitor a “Report Card” issued when a student leaves the shelter. The discussion is noted on the written debriefing form for the visit.*

*In the coming months, the Monitor will continue to review this issue to determine whether PEP’s are completed for all children within 5 days of admission to the program (and kept in their student educational files) and whether GUIDE’s Report Card complies with COMAR requirements for Student Progress Reports.*

**b. General Educational Development Program (GED), College Courses**

**DJS RESPONSE**

**GUIDE staff, in consultation with DJS, will develop appropriate plans for youth who have graduated high school or completed their GED and who have a sufficient length of stay to support post-secondary services. Regarding the JJMU’s suggestion that the program allow youth to seek employment in the community, this is not practical given the extremely short stays of the majority of youth in the Shelter, who may be referred from different regions of the state. Finding youth**

employment in their area of residence may be geographically impractical, and finding employment that will only last a few days before discharge does not seem appropriate.

6. Rehabilitative and Recreational Programming

a. Therapeutic Program

DJS RESPONSE

GUIDE does provide community service, and the residents at GUIDE Shelter participate in a range of physical activities. Although we are not currently a member at the YMCA, the residents go to a Recreation Center in the community at least three times per week, as well as to area parks for basketball and football activities. Guide can provide the name of the recreation center to the JJMU monitor on request. GUIDE also has a basketball net on grounds for residents to use on a daily basis. In addition to these activities, the residents also participate in roller skating, bowling, and laser tag. The JJMU Monitor incorrectly states that there are no posted scheduled outings. The monthly activity calendar is posted every month on the "Resident Information Board" which is located in the living room.

GUIDE understands that its use of the Teacher Assistant to facilitate the shelter's self-enhancement curriculum is consistent with its proposal which was accepted by DJS, and does not violate any regulations regarding qualifications for this task. Neither COMAR residential child care regulations nor GUIDE's contract with DJS requires the provision of family assessment and intervention services.

JJMU Comment:

*Please provide the name and location of the recreation center that youth attend at least 3 times per week in the community. In numerous interviews with youth about recreational activities, none has ever mentioned visiting a recreation center. SEE ABOVE*

b. Recreational Programming

DJS RESPONSE

GUIDE staff will continue to provide a variety of community recreational activities to the youth, and will post a schedule of upcoming outings on the Resident Information Board or other prominent location. GUDIE will research the feasibility of YMCA membership for the home.

7. Medical and Behavioral Health

a. Basic Medical Services

DJS RESPONSE

GUIDE maintains a contract with a physician who provides examinations for all youth in the Shelter in compliance with COMAR and also provides medical services as needed.

8. Youth Advocacy, Internal Monitoring and Investigation



## RECOMMENDATIONS

2. Administrators should consistently review files to ensure that all staff are up to date with training.

### DJS RESPONSE

**GUIDE will continue to utilize a system of tracking staff employee training requirements through its parent company's Human Resources Department, with monthly updates to the shelter's Program Administrators, to ensure that all staff have completed COMAR required orientation, initial and annual refresher training requirements.**

3. Staff should supervise youth at all times.

### DJS RESPONSE

**The JJMU Monitor reports that supervision of residents has been an ongoing issue with staff; however the incident cited on September 26, 2008 was an isolated one. The staff member on duty went to the bathroom while two residents sat in the living room area of the shelter. The staff member was the only direct care worker in-house at the time supervising just two residents because all other staff and residents were out of the facility completing community service projects. The JJMU referenced another staff member, however this was the cook, who is not involved in direct care.**

**JJMU Comment:** *See discussion above, p. 5.*

4. Incident reports should be consistently entered into the DJS Incident Database in a timely fashion - within 24-48 hours of the incident.

### DJS RESPONSE

**GUIDE received access to the DJS incident database and will continue to promptly enter incident reports.**

5. The home should develop a revised Behavior Management Plan that reflects appropriate incentives for each level.

### DJS RESPONSE

**GUIDE management staff will review the current Behavior Management Plan and will recommend/ initiate any changes deemed necessary by the team.**

6. The Behavior Management Plan should be posted in clear view for youth and staff to review and discuss with the youth.

### DJS RESPONSE

**There is already a copy of the handbook posted in the dining room for the residents to review at will. As a standard part of the admission/orientation process, GUIDE staff holds a group within**

residents' first days in placement to review all rules and regulations of the shelter and how they affect levels and points.

7. The fire safety finding regarding the flammable classroom walls should be rectified immediately.

**DJS RESPONSE**

The Program Evaluator and DJS Maintenance have informed the provider to obtain bids to replace and paint the walls.

8. All areas in the home should be kept clear of electrical equipment and wiring.

**DJS RESPONSE**

Staff will be instructed to monitor residents' use of the video games and the DVD player, to ensure that wiring is properly secured in back of the television stand.

9. Personal Education Plans should be completed within five days of the youth's admission into the home.

**DJS RESPONSE**

The GUIDE teacher ensures that Personal Education Plans are started upon a resident's admission into the program, well within the five day standard. The Plans are updated throughout the residents' stay in the program, and completed upon their discharge from the program. The teacher will remain compliant with completing "student progress reports." The GUIDE Shelter refers to these as "report cards" and will continue to complete them upon a resident's discharge.

10. A student progress report should be completed prior to the youth's departure from the home.

**DJS RESPONSE**

The GUIDE teacher ensures that Personal Education Plans are started upon a resident's admission into the program, well within the five day standard. The Plans are updated throughout the resident's stay in the program, and completed upon a resident's discharge.

11. An assessment section should be incorporated into each lesson plan.

**DJS RESPONSE**

Upon the monitor's suggestion regarding adding an assessment section to the daily lesson plan, the teacher has adopted this practice. The Teacher does a complete review of the day's lesson using the following assessment tools, and documents it on the lesson plan as

1. group discussion
2. work sheets
3. WRAT testing/scores

12. The Teacher's Assistant should spend more time in the classroom with the lead teacher and assist with lesson preparation, general instruction, and provide one to one assistance to youth who have an IEP or difficulty completing assignments.

**DJS RESPONSE**

**The Teacher's Assistant (TA) is carrying out on a consistent basis all the responsibilities that the JJMU identifies above. The instances cited by the JJMU monitor are not typical of how the TA spends his time, and there are legitimate reasons for teacher's assistants in any school program him to be briefly out of the classroom.**

13. Administrators should develop a well-structured educational/vocational plan for youth who have obtained their high school diploma/GED.

**DJS RESPONSE**

**GUIDE staff, in consultation with DJS, will develop appropriate plans for youth who have graduated high school or completed their GED and who have a sufficient length of stay in the shelter to support post-secondary services. Regarding the JJMU recommendation that the program allow youth to seek employment in the community, this is not practical given the extremely short stays of the majority of youth in the Shelter, who may be referred from different regions of the state. Finding youth employment in their area of residence may be geographically impractical, and finding employment that will only last a few days before discharge does not serve a useful purpose.**

14. A case manager should be hired to run therapeutic groups, assign youth to appropriate community services, and provide family intervention and assessment.

**DJS RESPONSE**

**GUIDE's Teacher Assistant facilitates the self-enhancement curriculum and this does not violate regulations. COMAR residential childcare regulations do not require the provision of family assessment and intervention services at the shelter.**

15. The home should develop and post a schedule of daily outings.

**DJS RESPONSE**

**GUIDE staff will continue to provide a variety of community recreational activities to the youth, and will post a schedule of upcoming outings on the Resident Information Board or other prominent location.**

**UNABATED CONDITIONS**

1. Ongoing lack of youth supervision.

**DJS RESPONSE**

**The JJMU reports that supervision of residents has been an ongoing issue with staff; however, the one incident referenced as the basis for this assertion was isolated and not typical of shelter operating practice. GUIDE requires and provides consistent supervision of youth.**

3. Removal of key-operated locks on the bedroom doors. This unabated condition can be rectified if staff carry bedroom door keys on their persons at all times.

**DJS RESPONSE**

**The Fire Marshal did not require removal of regular key locks on the bedroom doors; these locks were not found to be a fire safety issue and are not in violation of COMAR. Currently key operated locks are on the bedroom doors for the sole purpose of securing the residents' belongings when the rooms are not in use. The locks do not create a barrier to residents exiting their rooms at will because the doors can be easily unlocked from the inside without a key. At least one staff person will carry keys to the bedroom locks on their person at all times.**

4. Covering of the classroom walls with fire rated dry wall or fire retardant coating.

**DJS RESPONSE**

**The Program Evaluator and DJS Maintenance have informed the provider to obtain bids to replace and paint the walls.**

5. Additional exterior lighting.

**DJS RESPONSE**

**Currently there are motion sensor lights in three surrounding areas of the shelter property. The shelter administrator has conferred with DJS about the JJMU's recommendation. The current lighting is deemed sufficient for safety purposes, and there is no practical way to add more lighting on the property without incurring excessive costs.**

6. Kitchen hygiene – primarily cooks wearing gloves.

7. Need to offer youth fruit juice during mealtime in addition to milk.

**DJS RESPONSE**

**Neither COMAR nor federal nutritional standards require fruit juice to be served in addition to milk at every meal. GUIDE provides milk and fruit juice in accordance with applicable standards.**

8. Need to link youth to community recreation programming.

**DJS RESPONSE**

**GUIDE staff will continue to provide a variety of community recreational activities to the youth, and will post a schedule of upcoming outings on the Resident Information Board or other prominent location. GUIDIE will research the feasibility of YMCA membership for the home.**



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT**  
**CHARLES HICKEY, JR. SCHOOL FOR BOYS**  
**JULY - SEPTEMBER, 2008**

**Facility:** Charles Jr. Hickey School for Boys  
2400 Cub Hill Road  
Baltimore, MD 21214  
Superintendent: Wallis Norman  
Asst. Superintendents: Anjelene Branch and Clyde Waters

**Date(s) of Visit:** July 3, August 8 and 27, September 19, 24, and 30,  
October 7 and 15, 2008

**Reported by:** Tanya Suggs  
Juvenile Justice Monitor

**Issues Monitored:** Population  
Staffing  
Safety/Security  
Physical plant/ Basic Services  
Education  
Rehabilitation/Recreational Programming  
Youth Advocacy

**Persons Interviewed:** Peabody Teacher and Administrator, Staff, Administrators,  
Volunteers, Youth

**Date of Report:** November 2008

## INTRODUCTION

The Charles H. Hickey School is a State owned and operated detention facility for male youth between the ages of 12 and 18. The facility is located in East Baltimore County, and consists of three 24-bed cottages dedicated to detention and pending placement. The renovation of the fourth 24-bed cottage, Roosevelt Hall, was completed in August. Roosevelt Hall is not in use at this time. The current capacity for Charles Hickey Jr. School is 72.

## SUMMARY OF CRITICAL FINDINGS

- Youth on youth assaults with injury increased.
- An abundance of contraband was found during a Monitoring room inspection.
- Video cameras were not used in any of the incidents that were sampled and reviewed.
- Alleged child abuse is under-reported.
- There is a shortage of clothing and linen.

## FINDINGS

### 1. Population

#### a. General

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Daily Population</b>	<b>Average Monthly Population</b>	<b>Number of Days Over Capacity</b>
72	80	50	65	July-72 August-58 September-57	9

The population has significantly declined. At the beginning of the quarter, the facility was at maximum capacity. Population declined by 21% by the end of the third quarter. During July and August, the facility was over capacity on nine days. Eight beds at the old infirmary on Ford Hall are used to house youth when the facility is over capacity.

The facility's population capacity will increase to 96 when Roosevelt Hall, the fourth 24-bed cottage, reopens.

**b. Detention and Pending Placement**

	<b>Number of Youth in Status 60+ Days</b>	<b>Number of Youth in Status 90+ Days</b>	<b>Average Length of Stay</b>
<b>Detention</b>	2(63 days) 1(71)	1(181)	20
<b>Pending Placement</b>	1(61 days) 1(76) 1(89)	1 (98) 1(111) 1(112) 1(113) 1(114) 1(144) 1(177)	35

Three youth remained in detention at Hickey for over 60 days this quarter, and one youth was in detention for 181 days. Seven youth were held in pending placement for more than 90 days, with one youth having been at the facility for nearly 6 months, and another awaiting placement for nearly 5 months. An additional 3 youth were in pending placement status for more than 60 days.

**c. Disproportionate Minority Contact (DMC)**

	<b>1st Quarter, 2008</b>	<b>2<sup>nd</sup> Quarter, 2008</b>	<b>3rd Quarter, 2008</b>
<b>Total Number of Youth Detained</b>	273	322	321
<b>White</b>	82 (30%)	89 (28%)	88 (27%)
<b>African American</b>	183 (67%)	224 (69%)	220 (69%)
<b>Latino</b>	5 (2%)	7 (2%)	10 (3%)
<b>Other</b>	3 (1%)	2 (1%)	3 (1%)

**2. Staffing**

**a. General**

	<b>2<sup>nd</sup> Quarter, 2008</b>	<b>3<sup>rd</sup> Quarter, 2008</b>
<b>Total PINS (Positions with</b>	150	148

benefits)		
<b>Total Contractual Positions</b>	14	18
<b>Total Vacancies</b>	8	7

DJS Headquarters data indicates that there are 7 vacant staff slots. Facility administrators indicate that there are 21 vacant slots (19 Residential Advisors, 1 Group Life manager, and 1 Stock Clerk II). Candidates have been selected for ten Residential Advisor slots. Approval from the Department is pending.

**b. Staff Training**

	<b>3<sup>rd</sup> Quarter, 2008</b>
<b>Total Certified Staff</b>	102
<b>Total Uncertified Staff</b>	17
<b>Percent of Staff Completing Initial Training</b>	74.79%

**3. Safety and Security**

**a. Aggregate Incidents**

<b>Incident Categories</b>	<b>1<sup>st</sup> Quarter</b>	<b>2<sup>nd</sup> Quarter</b>	<b>3<sup>rd</sup> Quarter</b>
1. Youth on Youth Assault	62	68	67
2. Youth on Youth Assault with Injury	41	48	51
3. Alleged Youth on Staff Assault	11	9	10
4. Alleged Youth on Staff Assault with Injury	6	0	5
5. Group Disturbances (with bodily harm or property destruction)	2	4	5
6. Group Disturbances (without bodily harm or property destruction)	2	1	2
7. Restraints	63	71	62
8. Restraints with Injury	37	39	41
9. Seclusions	15	5	19
10. Allegations of Child Abuse <ul style="list-style-type: none"> <li>• Physical</li> </ul>	10	3	2
11. Suicide Attempts, Ideation, Gestures, Behavior	7	15	8
12. Alleged Inappropriate Staff Conduct/Comments	4	3	5

Overall, there has been an upward trend in incidents throughout the year although youth on youth assaults declined by 1 between the 2<sup>nd</sup> and 3<sup>rd</sup> Quarters. There was a significant increase in the number of seclusions since last quarter. According to



the Department's Incident Reporting Database, there were 19 incidents of seclusion compared to 5 last quarter.

Between the 1<sup>st</sup> and 3<sup>rd</sup> quarters, youth on youth assaults with injury increased from 41 to 52, group disturbances with bodily harm or property damage increased from 2 to 5, and restraints with injury have remained fairly stable, increasing from 37 to 41 between and 1<sup>st</sup> and 3<sup>rd</sup> Quarters.

**b. Contraband**

The Monitor conducted an inspection of half the rooms on Ford, Clinton, and Mandela Halls. There was an abundance of contraband in the majority of rooms that were checked. The contraband items found were pencils, pens, plastic bags, food, shoeboxes, cigarette roll paper, and a number of other items. The amount of contraband in the youths' rooms indicated that staff were not conducting routine room searches as required, nor were they checking youth for contraband when they return from other areas of the facility. The Shift Commander informed the Monitor that an Incident Report would be completed on the discovery of contraband and that all staff on the unit would face disciplinary action. An incident report was never completed, and, by the end of the Quarter, no report on the number of staff disciplined or sanctions invoked had been received by the Monitor.

**c. Incident-Related Procedures, Practices, and Reporting**

The Monitor reviewed random files during the months of July, August, and September to check for videotaping during incidents. The Monitor sampled 13 out of 68 incidents for July, 10 out of 41 incidents for August, and 9 out of 46 for September. No camera was used in the 13 July samples; no camera was used in the 10 August samples, and no camera was used in the 9 September samples.

Incident videotaping has been an on-going issue at the facility. When incidents are not videotaped, it is difficult to know exactly what occurred, and whether staff are adhering to the Crisis Management Policy. Failure to video incidents is a violation of the Videotaping of Incidents Policy.

According to incident reports, some of the reasons staff did not video incidents are that the camera was on the charger, the camera was not available, or the incident happened too fast

According to the DJS incident database, there were two incidents of alleged child abuse; however, CPS reported to the Monitor that five allegations were accepted for investigation. The numbers indicate that the facility is inaccurately reporting the number of alleged abuse cases. At this time, the Monitor has only received 3 out of 5 reports accepted for investigation.

During the September 26 incident, a youth wrote a confidential letter concerning his safety and said he wanted to speak to someone regarding a problem with staff. According to the DJS Investigative Report, the Shift Commander discarded the letter that was written by this youth. Eventually, the youth was assaulted. According to the report and the youth, the staff person did not like him. Reportedly, she allowed another youth to assault him while she watched. This youth tried to inform several staff that he had concerns about this staff, but his concerns went unacknowledged (OIA tracking # 08-67559/ Incident # 080488).

The involved staff member was placed on "no contact" status per DJS policy and assigned duties away from you. The Maryland State Police and Child Protective Services found that no child abuse was involved. The DJS Office of Inspector General found no child abuse, but found that the staff member failed to properly supervise youth.

**d. Security Equipment and Practices**

On September 19, the Monitor reviewed the "Youth Count Log Book." The logbook review concluded that youth counts were done inconsistently. Some youth counts were done every hour, every half hour, every two hours or not at all. The documentation in the book was inconsistent and unclear. It is important for staff to record information promptly so that they can keep track of the numbers and location of all youth at all times. Master control should follow up on youth counts with the Shift Commanders when they have not received a youth count call-in. A Facility Operating Procedure for facility counts (Physical Count Procedures) became effective September 23, 2008.

The facility does not have a tool operating procedure (e.g. maintenance, kitchen tools, etc) but the Peabody School has a tool policy for their vocational program. For security purposes, the administrators should immediately implement a tool policy as part of the Facility Operating Procedure.

Hickey and the Peabody School do not have internal video surveillance. According to administrators, the camera installation is pending.

The facility is still short of radio communication devices. The Administrator, Mr. Waters, uses his cell phone to communicate with staff. The staff share radios. Many of the radios are refurbished and not in adequate working condition.

**e. Behavior Management Plan**

The program has a Behavior Management Plan (BMP), but it is not tailored to fit the needs of youth who function at low intellectual levels. A supplemental BMP was created for behaviorally challenged youth who are low intellectual functioning. The plan is called the Guarded Care Plan. This plan was created in conjunction with Glass Mental Health. The purpose of the plan is to make it easier for the lower level functioning youth to attain incentives. Although great effort was made to create the

Guarded Care Plan, the plan is ineffective because the target youth have issues that are too challenging. Staff indicate that allowing lower level functioning youth to walk around with staff, sit outside and talk to staff, and listen to musical devices have been used as alternatives.

#### **Applicable Standards**

**Search Policy RF-06-07-e (3)** *Room searches of all youths' rooms shall be conducted at least once per week.*

**Videotaping of Incidents Policy RF-05-07** *DJS employees shall videotape room extractions, escorts to seclusions, use of restraints, or other critical incidents that relate to the safety and security of a residential facility. Incidents shall be videotaped unless videotaping of the incident compromises the safety and/or security of youth and/or employees.*

**Incident Reporting Policy MGMT 03-07** *DJS employees, and employees of public and private vendors serving youth under DJS supervision, shall report and manage incidents involving a youth or program in a manner that provides for the public safety and the proper care, health, safety, and humane treatment of DJS youth.*

**Youth Movement and Counts RF-2-06-4(a)(1)** *Each Facility Administrator will establish Facility Operating Procedures (FOP) that describes the facility's system for movement and traffic control which shall be approved by the Assistant Secretary of Residential Services. This system will document and manage internal and external movement.*

**Youth Movement and Counts RF-2-06-4(a) (3)** *Each Facility Administrator will ensure that a physical count is taken, at minimum, every 30 minutes. At the direction of the Facility Administrator, a physical count may be taken more often than every thirty minutes.*

**Youth Movement and Counts RF 2-06 (d) (3) (i-v)** *Counts recorded in the logbook shall include time of the count; the count itself; name (s) of the employees performing the count; and location of the groups of youth; and youth outside of the location where the count is occurring.*

**Video Surveillance Policy RF-04-1** *DJS employees shall utilize video surveillance cameras in residential facilities as an additional safety and security measure.*

**Maryland Standards for Juvenile Detention Facilities 5.3.1(2)** *Fairness in the disciplinary system will be established.*

#### **4. Physical Plant and Basic Services**

a. **Fire Safety**

A new fire alarm system was installed at Hickey in early August. The State Fire Marshal tested and formally approved the new system on August 29. No problems are noted.

Annual inspections are critical to the ongoing daily operation of the facility. The annual inspection is to ensure that the facility is compliant with state fire regulations and to note and immediately correct any fire safety defects. The annual fire inspection was due in September, but was not completed at the writing of this report.

b. **Physical Plant**

Clinton and Mandela Hall bathroom walls are stained, cracked, or have peeling paint. The shower stalls are worn and dingy. Some toilets in Clinton and Mandela Halls are inoperable.

c. **Basic Services**

The Baltimore County Department of Health annual environmental health inspection was done on June 6, and the dietary health inspection was done on August 15. Some violations were noted in the dietary health report in the listed areas of Food Protection, Physical Facilities and Operations and Hygiene of Food Workers. Findings that were noted include:

- Food must be protected from contamination
- Hand sinks must be in good repair
- Growth of thick mold in the ice machine bin
- Floor surface must be repaired

No major findings were noted.

The Monitor was not provided with the environmental portion of the health inspection; however, the Health Department Inspector, Mr. Ridgeley, informed the Monitor that no major violations were noted for the environmental inspection. There were minor issues such as the molded shower areas of the bathrooms on the living units. A corrective action is pending for the environmental inspection.

d. **Clothing**

The Monitor received 13 grievances from youth, dated September 25, stating that they were cold because they were being required to wear t-shirts and were not provided sweaters despite requesting them numerous times. The grievances were filed by Mandela Hall youth. Earlier, several youth wearing t-shirts informed the Monitor that

they were cold. In addition to the 13 grievances, another youth grieved that his shoes were old and too small and they hurt his feet.

The Monitor observed youth wearing rubber bands tied to their shorts in order to hold them up. One youth showed the Monitor a large tear on the bottom of his sneaker. On a follow up visit, youth who were standing in line yelled to the Monitor that their shoes were old and worn. One youth pointed to the rip on the back of his shoe. The Monitor observed two youths in the line wearing slippers. Wearing slippers off the unit is prohibited. The Monitor addressed the issue with Mr. Waters and the two youth were provided with a new pair of shoes at the end of the Monitor's visit.

New sneakers have been ordered and some have arrived but there are not enough for all the youth.

The Monitor reviewed the inventory of clothes, blankets and sheets on each unit. The t-shirts and socks appeared to be dirty, and the washcloths were dingy and worn. On August 16, one youth wrote a grievance about the unsanitary conditions of the clothes he received (#7095). The youth stated, "The clothes are nasty over here...including socks, t-shirts, etc." Youth are also in need of new underwear and pajamas.

Youth do not have three changes of clothes for the week as required by DJS policy. The facility was also under stocked on pants. Youth pants are washed every night so that they can be worn the next day.

There also are an insufficient number of sheets. Small white knitted blankets (the size for a baby or young child's use) were being used as blankets. Youth often request additional covering. Recently staff requested additional blankets, and while some were received, the delivery was not sufficient to provide a blanket to all youth needing one.

There is no apparent system for the distribution of clothes. The socks, t-shirts, underwear, and pants are all laid out on the floor for the youth to grab every morning. Youth state that every morning they are required to get their clothes out of a pile that is placed on the floor in front of the bathroom, and if they are last in line, they must take what is left. One youth commented, "We have to get our clothes from the pile every morning like we're animals." One youth was last and ended up with an oversized pair of shorts; he had to wear a rubber band to hold his shorts up.

Socks, t-shirts and boxers that have been washed are kept in a plastic laundry bucket and are inconsistently labeled. There is no way to tell what belongs to whom.

Youth continue to need warmer clothing for the winter months, blankets, new t-shirts and underwear, pajamas, and appropriate-fitting shoes. Shortly before the writing of this report, the Administrator reported that Hickey received several hundred new pair of socks, but no other updates have been received.

## **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.2** *All detention facilities shall conform to state fire safety requirements. The State Fire Marshal is responsible for inspecting state institutions and insuring appropriate safety procedures.*

**Md. Standards for Juvenile Detention Facilities 5.2.2** *All secure detention facilities shall be inspected annually in order to ensure conformity to all public safety codes.*

**Md. Standards for Juvenile Detention Facilities 5.6.5.1** *The inventory of clothing, bedding, and linens, shall exceed that required for the facilities maximum youth population.*

**Md. Standards for Juvenile Detention Facilities 5.6.5.2** *Youth shall be provided the opportunity to have three sets of clothes per week and clean underclothes daily.*

## **5. Education**

### **a. Supervision**

According to teachers and administrators who were interviewed, supervision is still an issue. Youths sometimes roam the halls without supervision. A youth was roaming the hall on September 9 and sprayed the fire extinguisher throughout the trailer. This youth was able to make his way to the second trailer to spray the fire extinguisher there. On the August 8 visit to the Peabody school, the Monitor noted that there were no DJS staff in the hallways.

### **b. Classes**

Youth are not placed in class within 72 hours of their arrival to the facility. Many of the youth are not placed in class within one week. Youth are not screened for education placement within 24 hours because youth are on orientation for three days. Records are not always obtained in a timely fashion. For example, one youth arrived at the facility on August 25. The first records request was made on August 28, and a follow up request was done on September 17. Two youth who arrived on September 10 and September 11, were not given their placement tests until a week later. These tests should have been conducted within 24 hours of admission to the facility.

The administrator indicated having access to the ASSIST database would be helpful. Then the education department would have the ability to review the youth's educational history and immediately place them when they arrive from orientation. The school staff reported that they have not been able to access ASSIST because they have been having password and login problems.

c. Vocational Education

At this time, Hickey does not have a vocational teacher for woodshop class. Youth have requested more vocational options as a way to keep them busy and to stimulate their minds.

**Md. Standards for Juvenile Detention Facilities 4.1** *The Department should ensure that educational services within the detention facility are consistent with state requirements and that they meet the educational needs of the youth.*

6. Rehabilitative and Recreational Programming

Youth receive one hour of daily recreational programming and one hour of leisure time. Youth spend most of their recreational time sitting in the recreation room and watching television or playing cards. Hickey does not have a recreation coordinator. Many programs, including the chess club, were discontinued due to funding issues.

**Md. Standards for Juvenile Detention Facilities 4.5.1.2(3)** *The recreational program shall provide a variety of planned, structured large muscle and leisure activity. These activities shall include, but not limited to creative activities (arts and crafts) quiet individual leisure activities (reading and letter writing).*

7. Youth Advocacy, Internal Monitoring and Investigation

The Monitor received 18 grievances this quarter. Youth say that they do not like to file grievances because doing so is a form of snitching.

Youth are concerned that their Community Case Managers are not involved with them and that they do not know what is going on with their cases. In September, the Monitor received a grievance (#7130) from a youth who said that he had not heard from his Community Case Manager since July. Youth also state that they have not been able to make phone calls. Facility Case Managers give them phone calls, but youth complain that they are only allowed to make calls at the Case Manager's convenience.

**Applicable Standards**

**Case Management and Detained Shelter Youth Care Policy RF CJ-2-05(3)(1) (vii)** *The Community Case Management Specialist shall visit a youth in detention or shelter care every two weeks, at minimum, or more often as required by the facility treatment team while he resides in the facility.*

**Youth Rights - Telephone Call Policy RF-10-05(3)(3)** *Each youth is allowed a minimum of two telephone calls of ten minute duration per week at the Department's expense. These telephone calls shall not be denied for disciplinary reasons.*

## RECOMMENDATIONS

1. Room searches for contraband should be conducted on a weekly basis as required by policy.
2. A video camera should be available on every shift, video camera batteries should be replaced with a charged battery on a rotating basis, and the recording of incidents should begin at the onset of an incident.
3. All allegations of child abuse should be promptly reported to Child Protective Services and marked accordingly on the incident report.
4. The facility should create a Facility Operating Procedure for tools as part of the Facility Operational Plan. Youth counts should be done at least every 30 minutes and called in within 15 minutes of the count. The location of youths and the signature of the staff who conducted the count should be documented in the unit's logbook.
5. Administrators should ensure that the annual fire inspection is conducted as required.
6. Critical maintenance issues should be promptly corrected
7. The Department should immediately address the shortage of linens, towels, blankets and youth's clothing.
8. Staff should label all clothing items and create a daily distribution system for clothes.
9. Youths should be screened for school within 24 hours of placement, followed by orientation and then immediate enrollment in school.

## UNABATED CONDITIONS

1. Hickey does not have video surveillance cameras.
2. The communication devices (radios) provided to staff are defective, and staff must share radios.
3. Youth are not consistently supervised at the Peabody school. Sufficient direct care staff should be posted in hallways to ensure that youth are in classes.
4. The youth are not provided with a variety of recreational and leisure programming.



**DJS RESPONSE  
CHARLES HICKEY, JR. SCHOOL FOR BOYS  
JULY - SEPTEMBER, 2008**

1. Population

c. Disproportionate Minority Contact (DMC)

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: "The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing. DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU.

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis are rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and coordinates with DMC Coordinators in many jurisdictions across the state.

3. Safety and Security

b. Contraband

**DJS RESPONSE**

An incident report will be completed and introduced into the incident database system immediately. However, corrective action was taken involving the staff on duty. A Facility Operating Procedure has been approved and issued as well (Subject Search and Contraband Procedure (Youth Building, Grounds, Vehicles and Common Areas and Property in and on The Facility and DJS owned Property, effective September 1, 2008.)

c. Incident-Related Procedures, Practices, and Reporting

**DJS RESPONSE**

DJS policy allows exceptions to using camcorders when the immediacy of incidents does not allow staff to obtain the camera and when the environment is unsafe for the operation of the camera. An accountability review relative to videotaping of incidents will be put in place to make a

determination if the circumstance and staffing would have allowed for handheld videotaping. This will be implemented and reviewed by a facility administrator. It would be useful if the JJMU identified what they believe to be specific instances of violation of policy so that the facility can investigate and provide clarification or take action as appropriate.

**DJS RESPONSE**

Hickey has a record of five alleged child abuse incidents that were entered into the DJS incident database. The incident ICAU numbers are 67993 (10/10/08), 67539 (9/26/08), 69093 (11/25/08), 67823 (10/6/08), 67823 (8/6/08).

**JJMU Comment:**

*Only two alleged child abuse incidents were entered into the DJS Incident Reporting Database during the 3rd Quarter. The other three incidents listed (#67993, #69093, and #67823) are all from the 4th Quarter of the year.*

**d. Security Equipment and Practices**

**DJS RESPONSE**

A Facility Operating Procedure for tool control will be issued in January 2009.

**DJS RESPONSE**

The Department recognizes the importance of a comprehensive video surveillance system at this facility and has already completed the installation of cabling in all critical areas needing cameras at the facility.

**DJS RESPONSE**

All radios currently at Hickey are fully operational. The Department procured an additional 25 two-way radios for the facility. These radios were delivered in November 2008 bringing the total quantity of two-way radios at the facility to 65. Radios that are not operating correctly are sent out for repair. Depending on the complexity of the repair, turn-around time is between 3 and 4 weeks. There are generally no more than 5 radios out for repair at any one time. In addition, an FOP (Equipment Radio and Pipes [Guard IPlus] Issue and Accountability) was put in place in November 2008.

**e. Behavior Management Plan**

**DJS RESPONSE**

Hickey does not have Guarded Care Plans, but uses Individual Behavior Management Plans to help manage youth who are unable to abide by the guidelines established within the regular Behavior Management Program; these are not just for low intellectually functioning youth. Though some low functioning youth need special plans, many of these youth perform and behave quite well without that additional structure.

These individualized plans are developed by Hickey's interdisciplinary team consisting of Case Management, Mental Health, Education, Medical (as needed) and unit staff. These plans are tailored by the mental health clinicians for each youth's individual needs. It is unclear why the JJMU believes these plans are not effective due to youth's issues being "too challenging." Many of the most challenging youth have been managed quite well on the specialized plans, which include incentives and strategies to assist youth to self-regulate their behavior. If the JJMU has clinical staff that disagree with our clinical staff about the use of these plans, DJS would be glad to meet and discuss specific concerns.

4. Physical Plant and Basic Services

a. Fire Safety

DJS RESPONSE

Though the JJMU contends that the fire marshal indicates a need for another annual fire inspection, DJS' Maintenance Chief received the opposite response while the fire marshal was on site. Confirmation is forthcoming.

DJS RESPONSE

The Hickey maintenance department confirmed that the test of the fire alarm system on August 29, 2008 served as its annual inspection. The annual inspection month has been changed from September to August and is not due again until August 2009.

JJMU Comment:

*The Monitor spoke with the State Fire Marshal by telephone on 12/5 and 12/15. He confirmed during both conversations that his approval of the new alarm system at Hickey did not serve as an annual "fire inspection" of the premises, and that a 2008 annual fire inspection for the entire Hickey campus must be applied for and scheduled.*

b. Physical Plant

DJS RESPONSE

The buildings at Hickey are older, however the housing units are power cleaned on a regular basis to ensure the environment is clean and free of trash and hazardous material. The JJMU references two inoperable toilets. This was the result of a temporary and routine plumbing problem and all toilets were promptly repaired.

c. Basic Services

DJS RESPONSE

The minor violations identified by the dietary inspection were promptly corrected.

d. Clothing

**DJS RESPONSE**

Clothing is distributed based on the season in a systematic manner to ensure uniformity. As soon as the weather requires the youth to obtain heavy clothing, those items are distributed. The facility is stocked with all the needed supplies for the winter months and all youth have the clothing they need to keep them warm.

During the summer months, a new procurement officer began working at the facility and ordered the incorrect shorts. These shorts had strings and instead of sending them back (strings are a safety risk) and rather than waiting for replacements, the strings were removed from the shorts so they could continue to be utilized. As a result the shorts were larger and some youth used rubber bands to hold up them up. The correct product and vendor have been identified so this mistake will not happen again.

Each youth receives shoes when they arrive and based upon their wear and tear, they are replaced as needed. Clothing and shoes are ordered based upon state guidelines and usage. When there are not enough shoes, Hickey purchases additional shoes from local stores to ensure each youth has the items they need.

Youth receive three changes of underwear when they arrive at the facility and their clothes are laundered daily. The cleanliness of clothes is monitored by a shift commander who has been assigned this oversight duty for all housing units. All youth have adequate linen on each unit. The blankets and sheets ordered by the facility are adult size and are used throughout the state.

Other DJS facilities do have systems for separating, folding and organizing in piles the youths' clothes on housing units. This will be explored as an option at Hickey. Regardless, each youth's clothes are marked with his name so he can identify which clothes are his and not wear another youth's clothes.

**5. Education**

**a. Supervision**

**DJS RESPONSE**

The staff in this incident referenced by the JJMU did an excellent job handling a difficult situation without force or injury to the youth or others.

Staff were posted in the school and were monitoring youth, and this youth was not roaming the halls. MSDE has the authority to redirect and/or remove any youth in the classroom or school environment and they did so in this case. Support was rendered by the RA Supervisor. The youth talked with the Guidance Counselor for MSDE and additional Resident Advisor staff were sent to check on the youth for additional support.

While being escorted by the Guidance Counselor, the youth ran, and grabbed and began to discharge the extinguisher. Staff were properly posted in the hall monitoring youth movement and controlling the posted area. They redirected the youth to stop, but it was not safe for them to approach the youth at that time due to the chemicals being sprayed. All youth remained in their respective classes and staff allowed the youth to exit with the extinguisher; several staff continued to follow and talk with and redirect him while maintaining a safe distance.

There was no possibility of anyone else being injured; at this point he was outside in a contained fenced area. There were no students present and once he was behind Mandela Hall, exhausted from carrying the extinguisher, running, walking and being redirected by the natural environment and by numerous staff on the scene, the youth began to calm down. He became physically and emotionally exhausted and was no longer acting out. Throughout the incident staff continued to use verbal intervention and physical presence and persisted through verbal diversion to control the situation without physical force. The youth involved in the incident has severe mental health issues and has been hospitalized on several occasions.

DJS always provides the JJMU draft reports to MSDE senior officials as applicable and discusses any findings related to the school programs. With regard to DJS supervision of youth in the school area at Hickey, DJS discussed the JJMU's comments with the MSDE principal and facility superintendent, who both concurred that DJS staff coverage is very sufficient. Previous issues were temporary and effectively and promptly resolved.

**JJMU Comment:**

*MSDE Administrators on the Hickey campus discussed student supervision problems with the Monitor on several occasions during the quarter. They did confirm that MSDE and DJS have begun to collaborate recently to improve student supervision. DJS Hickey staff should provide the MSDE Principal with a written copy of draft JJMU reports to ensure that school administrators have full input into the response process.*

**b. Classes**

**DJS RESPONSE**

The orientation period has been reduced to 48 hours instead of 72 hours on Ford Hall. Students traveling to school as the Ford Hall unit will receive orientation, educational screening and evaluation, and transition services. The school has access and logins to ASSIST. These changes have allowed the school to retrieve education data very quickly. Having access to the information also reduces the time needed to identify students requiring special education programs, which allows for prompt placement into appropriate classes and services.

Students remaining in Ford Hall after 48 hours go to school as a unit, in two groups (depending on population), the same process used for Clinton and Mandela Hall.

**c. Vocational Education**

**DJS RESPONSE**

The vocational education position is still vacant; however, recruitment will begin in December 2008 for qualified applicants so that the vacancy can be promptly filled.

**7. Youth Advocacy, Internal Monitoring and Investigation**

**DJS RESPONSE**

**The DJS Office of the Inspector General investigates any reports of child abuse or violations of the DJS Standards of Conduct.**

**DJS also has an internal Quality Improvement Unit that monitors compliance with 45 standards in Protection from Harm, Safety and Security, Suicide Prevention, Behavioral Health, Medical Care and Education.**

### RECOMMENDATIONS

1. Room searches for contraband should be conducted on a weekly basis as required by policy.

#### DJS RESPONSE

**Room searches are conducted at least weekly and often more frequently.**

2. A video camera should be available on every shift, video camera batteries should be replaced with a charged battery on a rotating basis, and the recording of incidents should begin at the onset of an incident.

#### DJS RESPONSE

**DJS policy allows exceptions to using camcorders when the immediacy of incidents does not allow staff to obtain the camera and when the environment is unsafe for the operation of the camera. An accountability review by senior staff relative to videotaping of incidents will be put in place to make a determination if the circumstance and staffing would have allowed for handheld videotaping.**

3. All allegations of child abuse should be promptly reported to Child Protective Services and marked accordingly on the incident report.

#### DJS RESPONSE

**DJS does promptly report allegations of child abuse to Child Protective Services and there is no evidence to the contrary provided in this JJMU Report. CPS reported to the JJMU that five allegations were accepted for investigation in the timeframe reported by the JJMU. Hickey has a record of five alleged child abuse incidents entered into the DJS automated incident database system for the same time period, and the JJMU has access to this database 24 hours per day, 7 days per week. The incident numbers as recorded in the database are 67993 (10/10/08), 67539 (9/26/08), 69093 (11/25/08), 67823 (10/6/08), 67823 (8/6/08). If incidents were reported into the database late because all required documentation was being collected and verified, or because an investigation was in process, that does not in any way mean that reporting of the child abuse allegation itself was delayed.**

4. The facility should create a Facility Operating Procedure for tools as part of the Facility Operational Plan. Youth counts should be done at least every 30 minutes and called in within 15 minutes of the count. The location of youths and the signature of the staff who conducted the count should be documented in the unit's logbook.

#### DJS RESPONSE

Facilities do not create policies, they create procedures (FOPs) based on DJS policy. The DJS Youth Movement and Counts policy is clear and Hickey will ensure it is followed. A FOP for facility counts (Physical Count Procedures) was effective September 23, 2008 and a Tool Control FOP is in draft. These policies and the FOP establish standards for frequency of counts that are well within professional guidelines.

5. Administrators should ensure that the annual fire inspection is conducted as required.

**DJS RESPONSE**

Hickey is up-to-date on its yearly Maryland State Fire Marshal Inspection.

6. Critical maintenance issues should be promptly corrected

**DJS RESPONSE**

As noted previously, Hickey does correct maintenance issues promptly.

7. The Department should immediately address the shortage of linens, towels, blankets and youth's clothing.

**DJS RESPONSE**

Hickey has not had a shortage of these items. These items have been ordered on a consistent basis to ensure adequate inventories. In the event Hickey experiences a temporary need for additional linens, towels, blankets or clothing due to shipping delays or other reasons, the facility utilizes a state credit card to promptly obtain items from local stores.

8. Staff should label all clothing items and create a daily distribution system for clothes.

**DJS RESPONSE**

Hickey will explore the use of a daily distribution system such as is used in other DJS facilities, but each youth's clothes are already marked with his name for ease of identification.

9. Youths should be screened for school within 24 hours of placement, followed by orientation and then immediate enrollment in school.

**DJS Response**

The orientation period following facility admission has been reduced to 48 hours instead of 72 hours. MSDE uses a variety of screening methods, including review of ASSIST data, that facilitate enrollment in appropriate classes and prompt identification and delivery of special education services to students with disabilities.

**UNABATED CONDITIONS**

1. Hickey does not have video surveillance cameras.

**DJS RESPONSE**

**The Department recognizes the importance of a comprehensive video surveillance system at Hickey and has already completed the installation of cabling in all critical areas needing cameras at the facility. Procurement of additional cameras and a recording system is dependent on funding.**

2. The communication devices (radios) provided to staff are defective, and staff must share radios.

**DJS Response**

**All radios that are currently at the facility are fully operational. The Department procured 25 additional two-way radios delivered to the facility in November 2008, bringing the total quantity of two-way radios at the facility to 65. Radios do sometimes need repair. Depending on the complexity of the repair, turn-around time is between 3 and 4 weeks. There are generally no more than 5 radios out for repair at any one time.**

3. Youth are not consistently supervised at the Peabody school. Sufficient direct care staff should be posted in hallways to ensure that youth are in classes.

**DJS Response**

**DJS and MSDE regularly confer and agree that there is currently sufficient supervision in the school on a regular basis. The agencies have worked collaboratively to ensure appropriate monitoring of youth in school.**

*JJMU Comment: See discussion above, p. 15.*

4. The youth are not provided with a variety of recreational and leisure programming.

**DJS Response**

**Per DJS policy every youth receives at least one hour of large muscle activity every day. These activities vary on a daily basis but typically include sports such as basketball, volleyball and flag football. Hickey also provides activities such as victim awareness groups, arts and crafts and the Book Club. On designated days youth have access to the movie room, game room and library. Recently a basketball league started where students play other facilities either on campus or at another facility. Religious services are provided on a voluntary basis by volunteer groups.**





**MARLANA R. VALDEZ**  
*Director*

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

**FACILITY REPORT**  
**KARMA ACADEMY OF KHI SERVICES, INC. (Randallstown)**  
**JULY – SEPTEMBER, 2008**

**Facility:** Karma Academy  
KHI Services, Inc.  
4202 Holbrook Road  
Randallstown, MD 21133  
Facility Administrator: Kay-Megan Washington

**Date(s) of Visit:** September 11, 2008

**Reported by:** Moira Lee & Jeff Merson  
Juvenile Justice Monitors

**Persons Interviewed:** Chief Executive Officer of KHI Services, Inc., Program  
Director, Residential Care Staff

**Date of Report:** November 2008

## INTRODUCTION

The Karma Academy ("Karma") is an 8-bed unlocked, staff-secure, privately managed residential program for boys. Karma is licensed by the Department of Juvenile Services ("DJS") and operated by KHI Services, Inc. The program serves chronic low-level offenders with a focus on youth who need sex offender treatment and services. On average, the program takes between 6 – 9 months to successfully complete.

## SUMMARY OF CRITICAL FINDINGS

- The Karma Director and therapists are attending a sex offender treatment certification course.

## FINDINGS

### 1. Population

The residents at Karma range in age from 14 -18 years old. As of the last day of the quarter, there were 8 residents. The average length of stay for youth was 133.67 days upon release and the population at Karma was between 7 and 8 over the course of the quarter.

### 2. Staffing

#### a. General

Dr. Washington, the Program Director, has a Bachelor's degree in Psychology, a Masters degree in clinical psychology and a Doctor of Psychology. She has completed her application to take the Residential Care Administrator's Certificate, but has not received a date from the certification board to sit for the exam.

Karma employs two therapists and maintains 2 counselors' 24-hours a day. All residential care staff have a minimum of a BA or the equivalent in years of experience working with youth. Therapists have a minimum of a Masters degree and are licensed professional counselors.

#### b. Staff Training

Administrators report Karma staff does not participate in most DJS trainings because they have not been invited to attend due to space and resource limitations. DJS has advised private providers that more training will be available in the future.

Direct care staff have not participated in any training for the treatment of sex offenders. The Director and the therapists are currently attending a sex offender treatment certification program offered by a private vendor. The program is developed on an individual basis as the training progresses.

Staff at Karma reported that they were not aware of any sex offending youth training programs offered by DJS. On the other hand, last quarter DJS Headquarters staff described a robust training, mentoring, and networking program that the Department currently operates. The Monitor's Office has asked the Department for additional details on its juvenile sex offender training program and whether it is open to private providers, but at the time of this report, no response had been received.

### **3. Safety and Security**

#### **a. Incidents**

There were a total of six incidents this quarter. This is a decrease from the nine incidents reported last quarter. Karma staff still do not have access to the DJS Incident Reporting Database. At the time of the end of the reporting period, access to the Incident Reporting database was not available. However, this was addressed prior to the date of this report.

##### **i. AWOL's**

There were two AWOL incidents, involving the same youth, at Karma this quarter. The youth AWOLed from the facility and was returned by police the same day; a little over two weeks later, the same youth AWOLed from Karma again. The second time he AWOLed from Karma the incident was inappropriately labeled as an "alleged inappropriate conduct/comment by youth" in the DJS Incident Reporting Database.

##### **ii. Incident-Related Procedures, Practices, and Reporting**

None of the six reported incidents this quarter were entered into the DJS Incident Reporting Database in a timely fashion. The quickest an incident was entered was five days. Three of the six incidents were entered between nine and twenty days after the incident occurred. Karma staff fax incidents to DJS headquarters within 24-48 hours of the incident and a phone notification is made within a few hours.

#### **b. Security Equipment and Practices**

There are alarms on all secure windows and doors at Karma.

#### **c. Restraints and Seclusion**

While all staff are trained in the use of restraints, staff report that there has not been a restraint in over 3 years. Karma does not use seclusion.

**d. Behavior Management Plan**

There is a written behavior management plan at Karma. Karma does not use a point-based behavioral management system. Natural consequences of the youth's actions are incorporated to the system.

**4. Physical Plant and Basic Services**

Fire alarms are tested 2 times per week, with fire drills occurring at least once a month. The last reported fire inspection took place December, 2007. The payment and application have been submitted to the Fire Marshal and staff are waiting for an appointment. Staff anticipate the next inspection will take place in mid-December.

**5. Education**

Youth attend high school at New Town High School in Owings Mills or the Bridge Center in Arbutus, Maryland. The Bridge Center is an interim placement for students transferring into Baltimore County Public Schools from another jurisdiction while enrollment in their zone school is being facilitated. KAR residents do not attend there as a permanent placement. Residents requiring Level V school placement attend the Florence Bertell Academy in Woodlawn. Staff report it takes about two and a half weeks to get students enrolled in school due to delays in obtaining previous school records.

**6. Rehabilitative and Recreational Programming**

**a. Therapeutic Program**

Karma describes its program model as a Blended Strengths-Based Model (The Real Life Model). This is not a nationally recognized or evidence-based treatment model for sex offending youth. According to Karma staff, elements of Positive Peer Culture (PPC), EQUIP and Aggression Replacement Therapy (ART) are incorporated into the treatment program. These programs were not developed for treatment of sex offending youth.

Family Therapy, Individual Therapy, Group Therapy and Wilderness Challenge Therapy are also used in the program. Group therapy is held five days per week. Some examples of group therapy topics are: independent life skills; social skills/problem solving; and sex offender group. Youth receive individual therapy a minimum of one time per week, and often more frequently. In addition, PPC group meets three times per week and multifamily group therapy takes place one time per week.

**b. Recreational Programming**

Youth receive one hour of large muscle activity a day. Youth are not allowed to participate in school sports.

**7. Medical and Behavioral Health**

Medical and Dental Services are provided at the Chase-Brexton Medical Services facility in Randallstown, Maryland. The facility attempts to have youth physicals completed within their first 30 days and emergencies are normally transported to Northwest Regional Hospital.

**8. Youth Advocacy, Internal Monitoring and Investigation**

The youth advocate visits Karma one time per week. There have been no grievances filed this quarter.

**RECOMMENDATIONS**

1. Karma should allow youth to participate in school-sponsored sports.
2. DJS should enter all incidents into the Incident Reporting Database in a prompt manner.

**UNABATED CONDITIONS**

1. Designated facility employees should be trained and have access to the DJS ASSIST and Incident Reporting databases to expedite historical checks on youth placed at the facility and for the entry of incidents into the database system.
2. DJS should promulgate standards for treatment of sex offenders based on the recommendations of the 2005 Sex Offender Task Force Report. Formal standards would be preferable to attempting to use the contracting process to enforce practice standards.
3. DJS should establish a position for Director of Treatment Services for Sex Offending Youth or appoint a person on staff to interface with providers and others on these issues.
4. Karma should implement an evidence-based or nationally-recognized treatment model to use with sex offending youth.
5. DJS should offer additional trainings for private providers treating sex offenders.

**DJS RESPONSE**  
**KARMA ACADEMY OF KHI SERVICES, INC. (Randallstown)**  
**JULY – SEPTEMBER, 2008**

2. Staffing

b. Staff Training

**DJS RESPONSE**

The Program Evaluation Unit and the Office of Professional Development and Training will be sending a proposed training schedule to the DJS Licensed Providers in January 2009.

3. Safety and Security

a. Incidents

**DJS RESPONSE**

The Director of the Program Evaluation Unit is working with the Department's Information Technology Department to ensure that all DJS licensed providers will have access to ASSIST.

i. AWOL's

**DJS RESPONSE**

The incident was not inappropriately labeled, as the youth never left Karma grounds before being picked up by the police who were responding to staff's reporting his out of control behavior.

5. Education

**DJS RESPONSE**

KAR typically has most needed school records at the time of admission into our program. The delay is in the process of approving the child's out-of-district enrollment.

6. Rehabilitative and Recreational Programming

a. Therapeutic Program

**DJS RESPONSE**

Karma does not only treat youth with sexual behavior problems. As a result, it would be clinically inappropriate for us to target our interventions solely on that population.

**RECOMMENDATIONS**

2. DJS should enter all incidents into the Incident Reporting Database in a prompt manner.

**DJS RESPONSE**

**The Director of the Program Evaluation Unit is working with the Department's Information Technology Department to ensure that all DJS licensed providers will have access to ASSIST, which will facilitate entering incident data promptly.**

**UNABATED CONDITIONS**

1. Designated facility employees should be trained and have access to the DJS ASSIST and Incident Reporting databases to expedite historical checks on youth placed at the facility and for the entry of incidents into the database system.

**DJS RESPONSE**

**Access to the Incident Reporting database has been addressed. Access to the larger ASSIST network would be difficult, due to security concerns. However, the information sharing aspects suggested here are at least partially addressed by the CSOMS database operated through the Governor's Office for Children and accessible by both private providers and the Department of Juvenile Services employees.**

**The Director of the Program Evaluation Unit is working with the Department's Information Technology Department to ensure that all DJS licensed providers will have access to ASSIST.**

4. Karma should implement an evidence-based or nationally-recognized treatment model to use with sex offending youth.

**DJS RESPONSE**

**Karma utilizes the Pathways curriculum which is a nationally-recognized treatment model. KAR does not accept only youth with sexual behavior problems into the program, so it would be clinically inappropriate to focus solely on programming for those individuals.**

5. DJS should offer additional trainings for private providers treating sex offenders.

**DJS RESPONSE**

**The Program Evaluation Unit and the Office of Professional Development and Training will be sending a proposed training schedule to the DJS Licensed Providers in January 2009.**



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT**  
**KARMA ACADEMY OF KHI SERVICES, INC. (ROCKVILLE)**  
**JULY – SEPTEMBER, 2008**

**Facility:** Karma Academy  
175 Watts Branch Parkway  
Rockville, MD 20850  
Janet Scruggs, Program Director

**Date(s) of Visit:** July 2, August 27, September 5, 2008

**Reported by:** Moira Lee  
Juvenile Justice Monitor

**Persons Interviewed:** Chief Executive Officer of KHI Services, Inc., Program Director, Educational Staff, Therapist, Youth

**Date of Report:** November 2008



## INTRODUCTION

Karma Academy for Boys ("Karma") is a 13-bed residential treatment facility for boys located in Rockville, Maryland. It has been operated by KHI Services, Inc. since 1972. Karma is licensed by the Department of Juvenile Services ("DJS"). The building is owned by Montgomery County.

Youth are referred to Karma by DJS and the Department of Social Services. All youth are interviewed prior to being accepted to the program. On average, it takes youth between 9 and 12 months to successfully complete their treatment program at Karma.

## CRITICAL FINDINGS

- Karma Director and therapists are attending a sex offender youth certification training course.
- The program still has not adopted a nationally-recognized or evidence-based treatment model.
- Significant increase in incidents, particularly AWOL's.

## FINDINGS

### 1. Population

The residents at Karma range in age from 14 -18 years old. As of the last day of the quarter, there were 13 residents, 5 of whom were adjudicated for sex offenses. The average length of stay for youth was 181.33 days upon release and the population at Karma was between 11 and 14 over the course of the quarter.

Youth who are closer to achieving their individualized treatment goals are considered leaders for new residents. Youth in leadership roles sleep in rooms with newer residents and aid in orientating them to Karma. Administrators reported this sleeping arrangement helps reduce conflict among youth at Karma.

84% of residents at Karma are African American.<sup>1</sup>

### 2. Staffing

#### a. General

Janet Scruggs, the Program Director, has been working at Karma in this capacity since Summer, 2007. Ms. Scruggs has a Masters in Education; she is a Licensed Professional Counselor in DC, working toward her Maryland license, and is a national

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<sup>1</sup> This data was taken from the DJS Assist database on the last day of the quarter. Over the last 3 quarters the number of African Americans residing at Karma has ranged between 71% and 84%.

board-certified Cognitive Behavioral Therapist. Ms. Scruggs recently received her Residential Child Care Administrator Certification. Karma also employs 2 therapists and maintains 3 counselors during the afternoon. All residential staff have a minimum of a BA or the equivalent in years of experience working with youth.

**b. Staff Training**

Staff attend all trainings offered by DJS. Recent trainings include: Food Preparation & Emergency Preparedness and Communicable Diseases training.

Direct care staff at Karma have not participated in any training for the treatment of sex offending youths. The Director and the therapists are currently attending a sex offender treatment certification program offered by a private vendor. The program is developed on an individual basis as the training progresses. A mentor is assigned to each participant to work with the trainee over the course of several months.

Staff at Karma reported that they were not aware of any sex offending youth training programs offered by DJS. On the other hand, last quarter DJS Headquarters staff described a robust training, mentoring, and networking program that the Department currently operates. The Monitor's Office has asked the Department for additional details on its juvenile sex offender training program and whether it is open to private providers, but at the time of this report, no response had been received.

**3. Safety and Security**

**a. Incidents**

There were a total of 18 incidents including 7 AWOL's and 3 incidents involving suicide ideation, gesture, attempt, or behavior, at Karma this quarter. This is a significant increase from the 2 incidents reported last quarter. Staff at Karma did not have access to the DJS Incident Reporting Database during the third quarter. Staff reported they received access to the database on October 17<sup>th</sup>.

**i. AWOL's**

There were seven AWOL incidents involving 9 youth this quarter. Aside from youth simply running away while staff are present, youth also leave at night through the windows. Karma has alarms on all windows in the facility, which are only activated at night. Staff reported that youth know how to disarm the window alarms. Staff reported there are no plans to secure the windows with different alarms because their main purpose is to keep other people out of the facility and not to keep youth in the facility. On at least two occasions youth left the facility through the window to go down the street to buy cigarettes and then returned to Karma.

## **ii. Inappropriate Conduct by Staff**

One serious incident occurred when a staff member inappropriately engaged verbally with a youth and subsequently improperly reported the incident. Karma staff promptly responded to the situation, the staff member's employment was terminated and the supervisor was suspended for 5 days.

### **b. Incident-Related Procedures, Practices, and Reporting**

Of six incidents reviewed in the month of September, one was not entered into the incident database by DJS headquarters staff. Karma's records indicate that incidents were typically faxed to headquarters with 48 hours of the incident, but in at least one case, the incident was not entered into the Incident Database for nearly two weeks.

### **c. Restraints and Seclusion**

While all staff are trained in the use of restraints, administrators reported that restraints are not used. Staff have been instructed to call the Montgomery County Police Department if they are unable to verbally deescalate a situation and a serious disturbance seems imminent.

## **4. Physical Plant and Basic Services**

### **a. Fire Safety**

A fire inspection took place on July 30, 2008. Karma passed the inspection.

### **b. Physical Plant**

The building is owned by Montgomery County. It is unclear whether they are responsible for larger interior maintenance projects or whether KHI Services is responsible. The interior building at Karma needs to be painted. There are several spots on walls where holes have been patched up, but not repainted. One classroom/office has a large piece of the ceiling drywall missing.

The exterior of the building is well maintained. There is a shed on the side of the building, which appears ready to collapse. Staff reported work orders would be placed for the repairs.

## **5. Education**

The school is operated by Montgomery County Public Schools, which is located in the building. The head administrator of the school also teaches. In addition to the head administrator there are 3 other teachers. The goal of the education program is to get

youth on a path to graduate from high school.

Most youth do not have the credits they need to pass the 9<sup>th</sup> grade. Because of this, staff report that teaching half of the residents at one time is manageable despite the broad age range and skill level.

Youth attended summer school at an alternative program in the community. After the summer session the community program decided not to allow Karma youth back into the program for the fall. If the youth had been allowed back into the community program the freed-up school space would have allowed for Karma to create an extra bedroom, eliminating the need to have bunk beds. In addition, it is difficult to make larger more time-consuming repairs when the youth are at the facility during the school day since classes are held in the common areas.

## **6. Rehabilitative and Recreational Programming**

Karma describes its program model as a Blended Strengths-Based Model (The Real Life Model). This is not a nationally recognized or evidence-based treatment model for sex offending youth.

According to Karma staff, elements of Positive Peer Culture (PPC), EQUIP and Aggression Replacement Therapy (ART) are incorporated into the treatment program. These programs were not developed for treatment of sex offending youth. Several youth interviewed this quarter, however, said they felt the program was helping them.

Karma does not use a point-based behavioral management system. Natural consequences of the youth's actions are incorporated to the system. The program has been implemented, in part, through Positive Peer Culture groups, which are held 3 times per week and group meetings (including a sex offending youth group, anger management group, and a multi-family group), which are held 5 days per week.

Youth also have individual therapy sessions once a week. If a youth is having behavioral challenges, the youth, a therapist and the Program Director meet to determine whether the youth will lose a privilege (e.g., not going on an outing with the rest of the group).

## **7. Medical and Behavioral Health**

Youth at Karma self-administer their medication and are taken to their primary care physician for medical treatment. When a youth is in need of serious medical attention he is taken to Shady Grove Adventist Hospital.

## **8. Youth Advocacy**

Administrators reported that the child advocate visits Karma a minimum of two times per month. The grievance procedure is outlined for youth in their orientation

packet. There were no grievances filed this quarter.

### RECOMMENDATIONS

1. Remove the shed on the side of the building.
2. Paint the first floor of the building and repair the missing drywall in the classroom/office.
3. Direct care staff should participate in a sex offender training program.
4. Alternative alarm systems should be considered for the windows.
5. Staff should receive additional training to deal with potential AWOL situations.
6. DJS should help advocate on behalf of youth at Karma to place them in the community for school.

### UNABATED CONDITIONS

1. DJS should promulgate standards for treatment of sex offending youth based on the recommendations of the 2005 Sex Offender Task Force Report. Formal standards would be preferable to attempting to use the contracting process to enforce practice standards
2. DJS should establish a position for Director of Treatment Services for Sex Offending Youth or appoint a person on staff to interface with providers and others on these issues.
3. Karma should implement an evidence-based or nationally recognized treatment model to use with sex offending youth.
4. DJS should offer additional trainings for private providers treating sex offending youth.

**DJS RESPONSE**  
**KARMA ACADEMY OF KHI SERVICES, INC. (ROCKVILLE)**  
**JULY – SEPTEMBER, 2008**

**CRITICAL FINDINGS**

- The program still has not adopted a nationally-recognized or evidence-based treatment model.

**DJS RESPONSE**

The Karma residential programs utilize the Pathways curriculum, which is a nationally-recognized treatment model. Karma programs do not accept sex offenders exclusively and so it would be inappropriate to adopt a program for that population exclusively. The terminology that Karma uses for its program is not intended to define a model, but rather to summarize the evidenced-based models that it does use. The Positive Peer Culture Model and EQUIP have been linked for a number of years, and the Aggression Replacement Training (ART) model has also worked well with the PPC/EQUIP model. According to researchers there are no evidenced-based practices serving sex offenders in unlocked community residential programs. However, the ART model, as well as Dialectical Behavior Therapy (DBT) and Family Integrated Transitions (FIT) have been cited as possible effective models. Karma will investigate the use of the DBT model. The FIT seems to be better suited for home-based services following residential placement.

- Significant increase in incidents, particularly AWOL's.

**DJS RESPONSE**

Incidents fluctuate over the course of time and AWOLS are no exception. Karma has found an increase in AWOLS occur with a large turnover in clients. During the summer months of 2008 six residents graduated. The youth who remained after these graduations were not fully prepared to take over leadership roles in the program. When that occurs the potential for incidents increases, including AWOLS.

The Department is requiring KHI to submit a Corrective Action Plan to address the increase in AWOLS.

**1. Population**

**DJS RESPONSE**

Karma has never had 14 residents in the program at one time. The program's capacity is 13. (There may have been a discharge in the morning and an admission in the afternoon.)

**2. Staffing**

**a. General**

**DJS RESPONSE**

In addition, Karma also employs two therapists and maintains staffing at three counselors during weekend mornings.

b. Staff Training

DJS RESPONSE

The Program Evaluation Unit and the Office of Professional Development and Training will be sending a proposed training schedule to the DJS Licensed Providers in January 2009.

DJS RESPONSE

Most recently KHI was encouraged to attend the "Treating the Forgotten Youth: Children and Adolescents with Sexual Behavior Problems, a conference that was held December 2 and 3' 2008.

With regard to the JJMU Report's statement that the "program is developed on an individual basis as the training progresses," if this is intended to mean that the program is individualized to address the needs, skills and aptitude of the students, Karma would agree.

3. Safety and Security

a. Incidents

DJS RESPONSE

The Director of the Program Evaluation Unit is working with the Department's Information Technology Department to ensure that all DJS licensed providers will have access to ASSIST.

i. AWOL's

DJS RESPONSE

Although staff may have reported this to the JJMU Monitor, the program administration has been working on this issue since being notified that the youth are able to bypass the current system. Karma indicates that: We are in the process of evaluating alternative motion sensors that could be used to set off alarms. Two issues are present in this situation. We are not a locked facility and therefore youth have the right to AWOL if they so desire. Granted our staff do what they can to prevent youth from making this unwise decision but the youth have their freewill. Second, we want to implement a system that will be effective and not one that the youth can bypass. We are doing our due diligence in evaluating alternatives.

b. Incident-Related Procedures, Practices, and Reporting

DJS RESPONSE

The Director of the Program Evaluation Unit is working with the Department's Information Technology Department to ensure that all DJS licensed providers will have access to ASSIST.

4. Physical Plant and Basic Services

b. Physical Plant

DJS RESPONSE

When funding is unavailable the county is less likely to provide these services. As the county has notified Karma that it will not fund painting the interior of the home, Karma will be required to do this to comply with county standards. The county has made the repairs necessary in the classroom.

DJS RESPONSE

The program has solicited estimates and the shed is scheduled to be removed by Friday, December 5.

6. Rehabilitative and Recreational Programming

DJS RESPONSE

Karma agrees that the name given is not an evidence-based treatment model, but the models being used are evidenced based. Karma has decided to identify the program as the Real Life Model rather than the lengthy Positive Peer Culture/EQUIP/ Aggression Replacement Training Model utilizing a strengths-based approach and the Pathways Model for sex offenders.

RECOMMENDATIONS

1. Remove the shed on the side of the building.

DJS RESPONSE

The program has solicited estimates and the shed is scheduled to be removed by Friday, December 5.

2. Paint the first floor of the building and repair the missing drywall in the classroom/office.

DJS RESPONSE

Missing drywall has been replaced. Painting will be scheduled.

3. Direct care staff should participate in a sex offender training program.

DJS RESPONSE

Karma therapists and directors are currently completing sex offender training and will in turn train direct care staff. The program will explore additional options for training counselors.

4. Alternative alarm systems should be considered for the windows.

DJS RESPONSE



**This is already being considered and will be implemented when Karma discovers a system that the youth will not be able to manipulate.**

5. Staff should receive additional training to deal with potential AWOL situations.

**DJS RESPONSE**

**Staff training covers this area, but Karma will evaluate additional methods to assist staff in reducing potential AWOLS. However, the program continues to be an unlocked program.**

6. DJS should help advocate on behalf of youth at Karma to place them in the community for school.

**DJS RESPONSE**

**This is already in place and will begin in the fall of 2009.**

**UNABATED CONDITIONS**

3. Karma should implement an evidence-based or nationally recognized treatment model to use with sex offending youth.

**DJS RESPONSE**

**The Pathways Model is a nationally recognized treatment model for sex offenders. Karma does not treat sex offenders exclusively, so until then, we utilize a model that is effective and nationally recognized the Positive Peer Culture/EQUIP/Aggression Replacement Training model.**

4. DJS should offer additional trainings for private providers treating sex offending youth.

**DJS RESPONSE**

**The Program Evaluation Unit and the Office of Professional Development and Training will be sending a proposed training schedule to the DJS Licensed Providers in January 2009.**



**MARLANA R. VALDEZ**  
*Director*

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

**FACILITY REPORT**  
**KENT YOUTH**  
**JULY – SEPTEMBER, 2008**

**Facility:** Kent Youth  
7582 Quaker Neck Road  
Chestertown, MD 21620  
Executive Director: Paula Pavon

**Date(s) of Visit:** July 31, August 12 and 28, September 25, 2008

**Reported by:** Nick Moroney  
Juvenile Justice Monitor

**Persons Interviewed:** Executive Director, Program Coordinator, Residential Case Manager, Residential Care Staff, Tutor, Youth

**Date of Report:** November 2008

## INTRODUCTION

Kent Youth is a residential group home for 10 boys 14 to 18 years old. The facility is located in a semi-rural setting close to Chestertown on the Eastern Shore of Maryland. The home is operated by Kent Youth, Inc. The boys' home was founded in 1971 to offer a locally based alternative to institutionalization or out-of-state placement.

## SUMMARY OF CRITICAL FINDINGS

- Kent Youth staff continued to maintain an exemplary level of service to youth throughout the 3rd quarter of 2008.
- The facility was underutilized during the same period.

## FINDINGS

### 1. Population

Kent Youth serves boys with emotional, behavioral, educational and family-related problems who may stay up to a year or more at the facility.

During the 3rd quarter 12 youth resided at Kent Youth. Among the three who were released from the program during the 3rd quarter, the average length of stay was 458 days.

#### a. General

	July 1 <sup>st</sup>	July 15 <sup>th</sup>	August 1 <sup>st</sup>	August 15 <sup>th</sup>	September 1 <sup>st</sup>	September 15 <sup>th</sup>	September 30 <sup>th</sup>
<b>Number of Youth</b>	7	7	7	7	6	7	9

Kent Youth was almost full at the end of the third quarter. The facility was only at 60% to 70% capacity throughout the quarter as a whole. Kent Youth strives to serve youth who come from local and surrounding communities and a significant majority of the 12 youth served during the third quarter came from Eastern Shore counties. The 3rd quarter population consisted of 8 Caucasian and 4 African American males.

### 2. Safety and Security

There were eight incidents at Kent Youth during the 3rd quarter. Kent Youth does not accept youth who have been determined to be violent. Staff do not use seclusion or

physical, mechanical or chemical restraints.

### **3. Physical Plant and Basic Services**

#### **a. Fire Safety**

Kent Youth has passed all applicable fire safety and health inspections. Evacuation plans are prominently displayed on every floor and there are regular fire drills.

#### **b. Physical Plant**

Kent Youth has been comprehensively renovated and expanded from what was once a sparse but solidly built parsonage. Administrative offices were added to the structure in the 1980s. The residential building is beautifully appointed and well looked after by youth and staff. The furniture and fittings are modern and comfortable and the building encourages a family atmosphere in keeping with the efforts of staff and administrators to provide a family-like structure for residents. The home offers a welcoming environment and is exceptionally clean and well-maintained.

### **4. Education**

Residents at Kent Youth attend local public schools and, while at the facility, youth have consistent daily study time which is supervised.

Residents may work on research and homework in a new computer room at the home with state of the art computers. The renovated room also includes a recently purchased laser printer. All of the new equipment came through a grant request written cooperatively by Kent Youth Inc. administrators and Kent County Schools administrators. This group also secured a grant to pay for a public school teacher to come to the home during week nights to tutor residents and help with homework challenges. Kent Youth has also initiated a summer school program implemented by a professional teacher.

### **5. Rehabilitative and Recreational Programming**

#### **a. Therapeutic Program**

Residents at Kent Youth are involved in group and individual therapy and attend drug and alcohol education sessions. Youth also complete chores such as shared cooking and cleaning duties and undertake local volunteer work.

Staff are very constructively involved with youth. The residents consistently express satisfaction about their progress, and about the care and attention given to each individual youth by staff. Youth say that staff at the home care for them and have their best interests at heart.

Almost all residents make significant strides toward achieving behavioral and educational goals while living at Kent Youth. The operator has been running the facility for almost 37 years and a substantial portion of the staff have also been with Kent Youth, Inc. for many years. Staffers demonstrate a genuine interest in and dedication to the youth while helping residents overcome life's challenges.

**b. Recreational Programming**

There is a basement which is used as a recreation area. The common and television rooms are well stocked with appropriately chosen books and DVDs. Kent Youth administrators recently opened a gym/workout room on the grounds of the home and are in the process of accumulating workout equipment.

Residents at Kent Youth play basketball and other sports. They regularly visit the local library, parks, malls and movie theaters. Youth also have an opportunity to travel to museums and have been to the Baltimore Aquarium. They have been to see a lacrosse game and other sporting events. Staff take youth on regular day trips including a recent outing which included a ferry ride. Kent Youth administrators and staff work hard to ensure the schedule of outings is adhered to so that youth know what they will be doing and where they will be going.

**c. Parental Involvement**

Residents at Kent Youth are allowed weekend passes for home visits. Such visits enable consistent contact with relatives and help in preparing youth to rejoin their families and local communities.

**6. Medical and Behavioral Health**

The residents at Kent Youth see a local family doctor for routine medical needs. The doctor is available for consultation day and night as needed.

One of the reported incidents (#65767) at Kent Youth during the third quarter involved a youth who was stung by a bee as he was playing sports outside the home. The youth suffered a severe allergic reaction including respiratory problems and was rushed to the emergency section of the local hospital, where he was treated and released. When the youth was stung, staff immediately called 911, informed administrators, stayed with the youth, and attempted to keep him conscious and lucid. When there was no sign of an ambulance arriving at the facility, a staffer who had been informed raced to the house and took the youth by van to the hospital in order to save time. The youth recovered fully and is back at Kent Youth.

**7. Youth Advocacy, Internal Monitoring and Investigation**

Grievance # 7005 concerned a youth's complaint that a staffer, while maintaining

the youth's time on the telephone was up, tried to take the telephone receiver from the youth's hand. A manager counseled the staffer about her action and also met with the youth to explain the importance of following staff directions. The youth was satisfied with the outcome.

Grievance #7007 was a resident's complaint that a staffer had threatened him and spoke inappropriately to him. The child advocate met with an administrator who had spoken with the staffer concerned and a witness. The witness stated that the staffer concerned had not threatened or spoken inappropriately in any way to the youth but that the youth had threatened and been verbally abusive to the staffer.



**MARLANA R. VALDEZ**  
*Director*

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

**DJS RESPONSE  
KENT YOUTH  
JULY – SEPTEMBER, 2008**

**No response provided by DJS.**



**MARLANA R. VALDEZ**  
*Director*

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

**FACILITY REPORT  
LARRABEE HOUSE  
JULY – SEPTEMBER, 2008**

**Facility:** Larrabee House  
205 Old Bridge Road  
Chestertown, MD 21620  
Executive Director: Paula Pavon

**Date(s) of Visit:** July 31, August 12 and 28, September 12, 2008

**Reported by:** Nick Moroney  
Juvenile Justice Monitor

**Persons Interviewed:** Executive Director, Program Director, Residential Case  
Manager, Residential Care Staff, Youth

**Date of Report:** November 2008



## INTRODUCTION

Larrabee House (Larrabee) is a residential group home for adjudicated girls. The facility is operated by Kent Youth, Inc. Larrabee is located in Kingstown, Queen Anne's County, close to Chestertown. Larrabee serves girls aged 14 to 17 years old. Youth are referred to Larrabee by the Maryland Department of Juvenile Services.

## SUMMARY OF CRITICAL FINDINGS

- Larrabee House staff continued to maintain an exemplary level of service to youth throughout the 3<sup>rd</sup> quarter.
- The facility was underutilized during the same period.

## FINDINGS

### 1. Population

Larrabee House serves youth with emotional, behavioral, educational and family-related problems. Girls may stay up to a year or more at the facility.

From July through September, 6 youth resided at Larrabee House. One youth was released from the program during the quarter after staying for 315 days. The average length of stay for all 6 youth who were present for some part of the quarter was 291 days.

#### a. General

	July 1 <sup>st</sup>	July 15 <sup>th</sup>	August 1 <sup>st</sup>	August 15 <sup>th</sup>	September 1 <sup>st</sup>	September 15 <sup>th</sup>	September 30 <sup>th</sup>
<b>Number of Youth</b>	5	5	5	5	4	4	5

There were 5 youth at Larrabee House at the end of the 3rd quarter. The capacity is 8 youth. The home was just over half full for most of the quarter. Larrabee strives to serve youth who come from local and surrounding communities. All but 1 of the 6 youth served during the 3rd quarter was from an Eastern Shore county. The third quarter residential youth population consisted of 4 African American and 2 Caucasian females.

## **2. Safety and Security**

Staff and administrators at Larrabee work hard to ensure that youth set goals. They also schedule activities so that youth are constructively occupied throughout their time at the facility. Staff do not use restraints and disturbances are rare at Larrabee.

There were two incidents at Larrabee House during the third quarter. A youth who AWOLed on August 23 (incident #66596) is currently back in the program and making progress. The second report (incident #65807) involved a hospital visit for a youth suffering from a minor ailment.

## **3. Physical Plant and Basic Services**

### **a. Fire Safety**

Larrabee House has passed all applicable fire safety and health inspections. Evacuation plans are prominently displayed in various locations and there are regular fire drills.

### **b. Physical Plant**

The Larrabee building is extremely well maintained, both inside and out, and has a cozy home-like atmosphere. The furniture and fittings are modern, clean and in good condition. There is a computer for residents to use for research and homework. There is a wonderful garden out back with plants, flowers and trees which the residents help maintain. There is also a deck for resident use and the garden is big enough for residents to enjoy sporting and exercising pursuits in the open air.

## **4. Education**

Larrabee residents attend Queen Anne's County High School near Centreville. The long bus ride to school necessitates an early morning rise. A typical school day starts with youth getting up at 5:30 a.m., then getting ready and eating breakfast in time to catch the bus at 6:45. The school bus arrives back to deliver residents after school a little before 3 p.m. After a snack, youth work on homework from 3:30 to 4:30 p.m.

Meals also provide an opportunity for education. Residents take turns making dinner for the group. As they rotate food preparation duties, many youth learn how to cook for the first time. There is also a designated "international night" once a month which is focused on a particular culture and is both educational and recreational in form as youth learn about and try food from other cultures.

## **5. Rehabilitative and Recreational Programming**

### **a. Therapeutic Program**

Residents attend group and individual therapy and are counseled regarding drug and alcohol abuse. Individual and group goals are discussed on Sundays and group therapy takes place on two weekday evenings. Some residents have part time jobs and undertake volunteer work locally.

The staff at Larrabee are dedicated and have many years of experience in helping at-risk youth make better choices and rise to personal and educational challenges. Youth at Larrabee have told this Monitor that they feel valued and enjoy the family atmosphere at the home.

### **b. Recreational Programming**

For recreation during the third quarter, residents played basketball, soccer, waffle ball and football, visited local parks and the library. Residents also walk regularly and take a weekly trip to shop and see a movie. Youth partook in indoor activities including arts and crafts, board games, journal writing and reading. Youth at Larrabee are able to depend on regulated and interesting daily, weekly and monthly routines and express confidence that when events and trips are planned, staff follow-through on the schedule.

### **c. Parental Involvement**

Larrabee residents are allowed earn home passes for weekend visits at home. This practice helps prepare youth to rejoin their families and communities.

## **6. Medical and Behavioral Health**

The youngsters at Larrabee receive regular medical care from a local family physician.

## **7. Youth Advocacy, Internal Monitoring and Investigation**

The DJS grievance box is secured and forms are prominently placed beside the box and readily available to youth at Larrabee. The residents understand and use the grievance system and the child advocate from DJS visits regularly and is diligent in discharging her duties.

There were 3 grievance reports related to Larrabee for the third quarter. Two were resolved; the third involved an alleged curfew violation where administrators said youth had to have a consequence.



**MARLANA R. VALDEZ**  
*Director*

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

**DJS RESPONSE  
LARRABEE HOUSE  
JULY – SEPTEMBER, 2008**

**No response provided by DJS.**



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT  
LIBERTY HOUSE  
JULY - SEPTEMBER, 2008**

**Facility** Liberty House  
5005 Liberty Road  
Baltimore, MD 21207  
Administrator: Monyette Robinson, Program Director

**Date(s) of Visit** July 31, August 29, 2008

**Reported by** Tanya Suggs  
Juvenile Justice Monitor

**Issues Monitored** Population  
Staffing  
Safety/Security  
Physical Plant  
Education  
Medical  
Youth Advocacy

**Persons Interviewed** Direct care staff, Administrator, Youth

**Date of Report** November 2008

## INTRODUCTION

Liberty House is operated by Youth Enterprise Services (YES) and licensed by the Department of Juvenile Services. It is a therapeutic group home and houses a maximum of ten at-risk male youth between the ages of 10 and 16. Individualized and multi-faceted treatment services are provided through psychotherapeutic interventions, clinical assessments, academic tools, counseling, and recreational activities.

## FINDINGS

### 1. Population

The home has not accepted Department of Juvenile Services youth since January 2008. The Program Director, Ms. Robinson, informed the Monitor that she has received only a few referrals from DJS youth. None were found to be suitable for the program.

During the first quarter, the Director explained her concerns about co-mingling DJS and Department of Social Service youth. Since Liberty is licensed to accept DJS youth, DJS youth should be fairly assessed and accepted based on the Liberty acceptance criteria stated in the contract.

### 2. Staffing

#### a. General

The group home is fully staffed. There are eight full time staff for three shifts, although only two are required to work on each shift. Relief staff is hired on an ongoing basis to work at times of staff shortages.

#### b. Staff Credentials

Maryland law requires that administrators of residential facilities for children be certified by the State Board of Certification of Residential Child Care Administrators. The purpose of the board's certification requirement is to protect children by setting standards for the practice of residential childcare administration and to promote quality.

The Program Director is the only supervisor in the home. She is not certified. The Monitor discussed the requirement for childcare certification, and suggested that she apply for childcare certification immediately.

### Applicable Standard

**Annotated Code of Maryland, Health Occupations Title 20-301(a).** *Except as otherwise provided in this section, on or after October 1, 2007, an individual shall*

*receive a certificate from the Board before the individual may be a program administrator in this State.*

### **3. Safety and Security**

On August 29, the Monitor drove up to the home and observed a 12-year old youth walking out of the home alone. He opened the unlocked door of the group home's passenger side of the van and slid over to the driver's side behind the wheel. The Monitor asked the youth if anyone was aware that he was outside. He said that no one was aware that he left the home, and that he was waiting for his mom to deliver his clothes.

The Monitor escorted the youth back into the home, and informed the Case Manager about the incident. Youth and staff were scattered around the house, and it was apparent that no one was aware that the youth left the home. The home was under-populated that day and there were four staff present. It took a few minutes for someone to decide who was responsible for addressing the Monitor's concern. The Monitor also discussed the incident with the program director when she returned to the home. A corrective action is pending.

### **4. Physical Plant and Basic Services**

#### **a. Fire Safety**

A fire inspection was done on November 17, 2008. The report listed a few violations such as some of the bedroom smoke detectors were not working, some of the smoke detectors in other areas of the home were not working, and there was not a fire extinguisher on each floor of the home. The fire extinguishers should be tagged and checked monthly. According to the fire inspection report, all violations must be corrected within 30 days of the inspection date.

The dryer continues to accumulate flammable lint. The first quarter report noted this problem and recommended that the dryer be checked and cleaned out on a consistent basis in order to prevent the clogging up of the tubes, which could overheat the dryer and lead to a fire. During a July 31 visit, the dryer was observed to have accumulated significant flammable lint again. No other obvious signs of a fire safety issue were noted this quarter.

A fire alarm inspection was done on November 12. According to the inspection report, the alarm system is in good standing.

#### **b. Physical Plant**

The home is in fairly good condition. It is an older home; therefore, there are minor chips and cracks throughout the home. On all visits, the home and the youth's

rooms were clean, well kept, and tidy. The youth have informed the Monitor that the home is always clean and neat.

The Monitor noted a few minor repairs needed, including a missing manhole cover in the garden tool closet and a loose bathroom sink. At this time, the findings have not been corrected.

**c. Basic Services**

The last environmental/health inspection report was conducted on July 30. No violations were noted. The kitchen area is kept clean. Sharp utensils and chemicals are locked away and the food cabinets are labeled. On several occasions youth reported to the Monitor that they eat very well in the home.

**Applicable Standards**

**COMAR 14.31.06.07 (a) (4)** *The licensee shall ensure compliance with local fire and health by submitting to the licensing agency reports of all fire and health inspections conducted by the local jurisdiction.*

**COMAR 14.31.06.07.C.1** *The licensee shall maintain all structures and grounds in good, free from health or safety hazards.*

**5. Education**

Two of six active youth education files were reviewed. The files were well organized and labeled. The Monitor did not note any significant issues with the files. However, one youth is a special education student who has been in the home for one year. His educational record does not contain any updated information regarding his IEP or IEP meeting attendance notes or any type of IEP follow up by staff.

The home should hire an education liaison or designate a staff person who will be responsible for participating in and following up on youths' educational progress.

**Applicable Standards**

**COMAR 14.31.06.12. 2 (c)** *The placing agency and licensee shall work cooperatively with the local school system to participate as appropriate in the child's educational activities.*

**6. Medical and Behavioral Health**

The Monitor reviewed three of six active files. The Monitor did not note any significant findings; however, one youth's file did not contain any past or present documentation of an eye exam. The program informed the Director that many of the



youth are in need of an updated vision exam; therefore, an exam is scheduled for all the youth in the home in November.

The Monitor informed the Director that when youth are accepted into the home, the last vision, dental, and physical should be reviewed to confirm whether the youth exams are outdated based on COMAR requirements.

## **7. Youth Advocacy, Internal Monitoring and Investigation**

The Monitor previously reported that the grievance box was not labeled nor was the grievance box tamper proof. The slot was large enough for youth or staff to fit their hands in the box and retrieve grievances. That box has been replaced by an extremely small "mailbox" that also does not have a lock. The child advocate should replace the box so that staff do not have keys to the locks because grievances are confidential.

Although there were no DJS youth in the home since January, the DJS licensed home should maintain a DJS grievance box that is secured and labeled so that staff and youth can separate internal grievances from DJS grievances. All grievances should remain confidential.

### **RECOMMENDATIONS**

1. The administrator should apply for and obtain childcare certification immediately.
2. Youth should be supervised at all times by all staff in the home.
3. Group home vehicles should be locked at all times.
4. The group home administrator should apply for an annual fire alarm inspection immediately.
5. The home should hire an education liaison or designate a staff person who will be responsible for participating in and following up on the youths' educational progress.
6. The staff should review youths' last dental, vision, and physical exams upon a youth's acceptance into the home.

### **UNABATED ISSUES**

1. DJS youth have not been accepted into the home in 2008. The DJS Case Manager the Liberty Director should collaborate to review referrals of DJS youth who are suitable for the program, and they should be admitted in according to the acceptance criteria included in Liberty's contract.

2. Youth are not engaged in educational activities when they are not enrolled in school.
3. The dryer should be checked for flammable debris and cleaned out on a consistent basis.
4. The DJS grievance box is not labeled nor is it tamper proof.

**DJS RESPONSE  
LIBERTY HOUSE  
JULY - SEPTEMBER, 2008**

2. Staffing

b. Staff Credentials

**DJS RESPONSE**

The Program Administrator for Youth Enterprise Services, Inc. is certified in accordance with COMAR 14.31.06.06.(3). The Program Director will participate in the Certification for Residential Child Care training when it is offered in early 2009.

3. Safety and Security

**DJS RESPONSE**

The issue related to this resident was thoroughly addressed in a letter from the Program Administrator for Youth Enterprise Services, Inc. to the JJMU Monitor on September 9, 2008, which states, in part:

*After <the JJMU Monitor> arrived at Liberty House, resident <youth> exited the Unit to go to the van which was parked out front to retrieve his clothes. It is my understanding that he personally conveyed this information to you...Admittedly, in a perfect world, staff could have watched <the youth> from the door as he went to retrieve his clothes.*

*...there were two on-duty staff at Liberty House when <JJMU Monitor> arrived, excluding the cook. The children were on the first two floors and staff was present on those floors as well. <The employees who were present in Liberty House> are experienced, qualified staff members.*

*Our staff is trained to always have the keys to our vehicles on their person while on duty. Your insinuation that <youth> may have had access to the Liberty House van keys is entirely unfounded given the procedures that staff follow to ensure against this type of occurrence. It is not uncommon for 12-year old boys <like the youth>, to pretend that he is driving when behind the steering wheel of a vehicle.*

4. Physical Plant and Basic Services

a. Fire Safety

**DJS RESPONSE**

The program provided a copy of Liberty House's fire inspection report dated November 17, 2008. The Fire Marshall approved Liberty House during this inspection.

**DJS RESPONSE**

**Y.E.S. contracts with a vendor to perform annual inspections of our fire suppression system and provided a copy of their 2008 report to the JJMU Monitor.**

**5. Education**

**DJS RESPONSE**

**The Case Manager has been assigned to work cooperatively with our local schools and to monitor, and participate, as appropriate, in the educational activities of our residents. DJS provided the program with a web page for school re-entry resources.**

grievances from DJS grievances. All grievances should remain confidential.

**RECOMMENDATIONS**

1. The administrator should apply for and obtain childcare certification immediately.

**DJS RESPONSE**

**The Program Administrator for Youth Enterprise Services, Inc. is certified in accordance with COMAR 14.31.06.06.(3). The Program Director will participate in the Certification for Residential Child Care training when it is offered in early 2009.**

2. Youth should be supervised at all times by all staff in the home.

**DJS RESPONSE**

**Y.E.S. policy requires that youth are supervised at all times in the group home, and this practice is consistently enforced and maintained. The circumstances involved in the issue related to this recommendation were thoroughly addressed in the program administrator's letter to the JJMU Monitor in September 2008, parts of which are provided in response to an earlier section of this report.**

3. Group home vehicles should be locked at all times.

**DJS RESPONSE**

**Y. E. S. policy requires the group home vehicles to be locked when not in use. The circumstances involved in the issue related to this recommendation were thoroughly addressed in the program administrator's letter to the JJMU Monitor in September 2008, parts of which are provided in response to an earlier section of this report.**

4. The group home administrator should apply for an annual fire alarm inspection immediately.

**DJS RESPONSE**

**A fire alarm inspection was completed on November 12 and the alarm system was determined to be in good standing.**

5. The home should hire an education liaison or designate a staff person who will be responsible for participating in and following up on the youths' educational progress.

**DJS RESPONSE**

The Case Manager has been designated to work cooperatively with local schools and to monitor, and participate, as appropriate, in the educational activities of residents. DJS provided the program with a web page for school re-entry resources.

6. The staff should review youths' last dental, vision, and physical exams upon a youth's acceptance into the home.

**DJS RESPONSE**

As a matter of course, Y.E.S. makes all reasonable efforts to obtain all medical, dental, and vision records if this information is unavailable at the time of admission. Many of our referrals are emergency admissions and their medical records do not accompany them at the time of admission. We therefore, make best efforts to obtain this information as quickly as possible subsequent to their admission into the program.

**UNABATED ISSUES**

1. Youth are not engaged in educational activities when they are not enrolled in school.

**DJS RESPONSE**

The Unit Supervisors will ensure that educational activities are undertaken when residents are not in school on school weekdays. Youth are taken to the public library and/or provided with work packets from their respective schools when school is not in session during the week. Staff provides assistance with the work packets if necessary.

3. The dryer should be checked for flammable debris and cleaned out on a consistent basis.

**DJS RESPONSE**

The most recent inspection (November 2008) by the Baltimore City Fire Marshall included inspected of the dryer and lint basket, which were deemed to be in good order.



**MARLANA R. VALDEZ**  
*Director*

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

**FACILITY REPORT**  
**THE LINKWOOD GIRLS' HOME**  
**JULY – SEPTEMBER, 2008**

**Facility:** The Linkwood Girls' Home  
3610 Hicksburg Road  
Linkwood, MD 21835  
Program Director: Ron Smith

**Date(s) of Visit:** July 8, 31, 2008, August 7, 13 and 27,  
September 4, 15 and 30, 2008

**Reported by:** Nick Moroney  
Juvenile Justice Monitor

**Persons Interviewed:** Chief Executive Officer, Program Director, Residential Care  
Staff, Youth

**Date of Report:** November 2008

## INTRODUCTION

The Linkwood Girls' Home (Linkwood) is an 8-bed residential group home for girls. Youth are placed there by various agencies including the Maryland Department of Juvenile Services (DJS). The home is located in Dorchester County between Cambridge and Salisbury on Maryland's Eastern Shore. The three-story building was originally a private home. Maple Shade Youth and Family Services, Inc. (Maple Shade), the parent company of Linkwood, is headquartered nearby (just over the county border in Wicomico County) and has operated the home for 22 years. The facility is licensed by DJS and does not accept youth with longstanding, serious drug abuse or gang violence related issues.

## SUMMARY OF CRITICAL FINDINGS

- There were significant problems concerning school registration and attendance for some residents at Linkwood during the third quarter of 2008.
- The telephone system at the facility led to communication problems and was a factor in certain incidents during the quarter.
- The facility did not offer consistent daily opportunities for physical exercise.

## FINDINGS

### 1. Population

The average length of stay at Linkwood is 11 months. However, the four residents who left the program during the third quarter stayed an average of only 3 months.

	<b>July 1st</b>	<b>July 15<sup>th</sup></b>	<b>August 1<sup>st</sup></b>	<b>August 15<sup>th</sup></b>	<b>September 1<sup>st</sup></b>	<b>September 15<sup>th</sup></b>	<b>September 30<sup>th</sup></b>
<b>Number of Youth</b>	6	6	6	6	5	4	4

Over the course of the third quarter of 2008, Linkwood was between half and three-quarters full. A total of 9 youth lived at the facility during the third quarter. Of these nine youth, two were from the Eastern Shore and four were from the Baltimore area. There was one youth each from Harford, Carroll and Prince George's counties.

Four of the nine youth at the facility during the third quarter were African American, four Caucasian and one Hispanic. A ratio of one staff per four youth was maintained as evidenced by random sampling throughout the third quarter. Staff turnover is typically low at Linkwood, however, a staffer hired in August left shortly after the end of the quarter.

## **2. Safety and Security**

Linkwood staff do not use chemical or mechanical restraints or seclusion. Staff are trained on crisis prevention techniques but use of physical restraints at the home is rare. Reportable incidents in general are rare at Linkwood but the third quarter has been atypical. There were many AWOLs and a higher than usual number of overall reported incidents. A total of sixteen incidents were recorded on the DJS database.

Four of the 16 incidents were noted as AWOLs (#65400; #66840; #66943; and #66957). Two further incidents (#66743 and #66963) were reported as "alleged inappropriate conduct by youth" but should have been reported as AWOL. The second of these incidents also involved the use of a physical restraint.

## **3. Physical Plant and Basic Services**

### **a. Fire Safety**

Linkwood has passed all applicable fire safety and health inspections. Evacuation plans are prominently displayed and there are regular fire drills.

### **b. Physical Plant**

While the house is aged, the kitchen and living room area are clean, well maintained and some effort has been expended to make this part of the house comfortable. Care has been taken to add home-like touches. The finished basement area is in need of modernizing as the décor is very dated and the furniture is very worn.

## **4. Education**

Youth at Linkwood are expected to attend local public schools, however Incident #67144 on the DJS Incident Reporting Database points to a situation where the provider failed to ensure that a youth attended school. The text reports a situation where a youth did not attend school on August 26 and was taken shopping for clothes by staff instead.

In the past, efforts have been made at Linkwood to accommodate youth who were on General Educational Development (GED) tests track, however, the level of attentiveness to youth education needs at Linkwood, and in particular the level of attention paid to the needs of youth on a GED track, seems to have fallen at the home during the third quarter.



Two youths who had chosen the GED track were admitted to Linkwood before the beginning of the 2008-2009 school year. Maple Shade/Linkwood administrators attempted to have these youth enrolled in regular grade classes at the local high school, despite the wishes of both to continue preparations for taking the GED tests. The local school system refused to accommodate either youth and, after a period of non-attendance at school, both were released from the Linkwood program. One was discharged unsuccessfully and was held at a detention facility because of behavior-related issues. Maple Shade recommended the second youth return home to resume her education.

Youth at Linkwood learn life skills including basic housekeeping through the performance of daily chores including room cleaning and laundry duty.

## **5. Rehabilitative and Recreational Programming**

### **a. Therapeutic Program**

Maple Shade, the Linkwood parent company located nearby, offers comprehensive therapy services. The youth at Linkwood are visited by a therapist and have onsite group and individual therapy sessions.

### **b. Recreational Programming**

Youth at Linkwood do not consistently get opportunities for daily exercise. The facility administration needs to incorporate exercise time into the daily routine.

Staff ensure that residents visit both the local library and the YMCA every week but other activities for residents are limited. There are many local attractions within easy driving distance of the facility, such as Salisbury Zoo and Horn Point (near Cambridge), where youth could enjoy the sights and get out into the open air. Administrators should try to vary activities and add to the limited list of destinations.

### **c. Parental Involvement**

Residents at Linkwood are allowed weekend passes for home visits to enable consistent contact with relatives and to help prepare youth to rejoin families and communities.

## **6. Medical Services**

Linkwood/Maple Shade contracts with Choptank Community Health to provide health services. Residents have a physical examination within a week of entrance to the facility and a dental appointment during their first month at Linkwood.

## 7. Youth Advocacy

Residents at Linkwood understand and use the grievance system. The DJS child advocate visits regularly and is diligent in the discharge of her duties. The grievance box is secured and forms are readily available to youth. Four grievance reports were received for the third quarter.

In addition to 2 grievances connected to arguments over telephone usage, one grievance concerned a request for clothing which was resolved (#7179), while the other (#7177) involved a medical issue which was also resolved.

### NOTICE OF CLOSURE

As of December 23, 2008, Linkwood will cease operations. There will be six youths transitioning from the facility. Maple Shade is recommending the three youth referred by DJS return home to be served in their local communities. Two youths referred by other agencies will be going to San Domingo, a Maple Shade facility licensed by the Office of Health Care Quality at the Maryland Department of Health and Mental Hygiene. Maple Shade will recommend that the remaining youth, referred by Children's Choice, be placed at another group home.

The Juvenile Justice Monitoring Unit will continue to visit the facility up to the closure date.

Files concerning therapeutic treatment and progress of youth at the Linkwood Girls' Home will be archived at the Maple Shade head office in Mardela Springs on the Eastern Shore. The documents will be held for five years.

A Maple Shade administrator cited a fall-off in referrals from DJS as the primary reason behind the decision to close Linkwood.

Further inquiries about The Linkwood Girls' Home may be addressed to:

Maple Shade Youth and Family Services, Inc.  
23704 Ocean Gateway  
Mardela Springs, Maryland 21837  
Tel: 410-742-7400



**MARLANA R. VALDEZ**  
*Director*

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

**DJS RESPONSE  
THE LINKWOOD GIRLS' HOME  
JULY – SEPTEMBER, 2008**

**No response provided by DJS.**



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT**  
**LOWER EASTERN SHORE CHILDREN'S CENTER**  
**JULY - SEPTEMBER, 2008**

**Facility:** Lower Eastern Shore Children's Center  
405 Naylor Mill Road  
Salisbury, MD 21801  
Superintendent: Derrick Witherspoon

**Date(s) of Visit:** July 8 and 28, August 7, 13 and 27,  
September 4, 15 and 30, 2008

**Reported by:** Nick Moroney  
Juvenile Justice Monitor

**Persons Interviewed:** Superintendent, Acting Superintendent, Residential Care  
Staff, Head Nurse, Residential Case Managers, Teaching  
Staff, Catering Staff, Custodial Staff, Youth Guardians,  
Youth

**Date of Report:** November 2008

## INTRODUCTION

The Lower Eastern Shore Children’s Center (LESCC) in Salisbury is a twenty-four-bed maximum-security detention facility owned and operated by the Maryland Department of Juvenile Services (DJS). The facility is five years old. It is designed to house male and female youth who have been committed to DJS or who are awaiting adjudication. Youth are separated into three housing pods according to gender and security considerations. Pod A houses a maximum of 6 girls; Pod B accommodates 6 boys and Pod C houses 12 boys. Most youth at the facility are from the Eastern Shore.

## FINDINGS

### 1. Population

#### a. General

Facility Capacity	High Population	Low Population	Average Daily Population	Average Monthly Population	Number of Days Over Capacity
(24) 18 males 6 females	28	15	22	July 23 August 21 September 22	21

There was an increase in the girls’ population in August due to youths relocating from the Waxter facility, which is being renovated. Although every girl continued to have her own room, occasionally the designated seclusion room and the room in the intake area were used for housing.

#### b. Detention and Pending Placement

	Average Length of Stay	Number of Youth in Status 60+ Days	Number of Youth in Status 90+ Days
<b>Detention</b>	15.41 days	3 (61, 77, 84 days)	1 (130 days)
<b>Pending Placement</b>	18.63 days	0	1 (124 days)

The average length of stay for youth at LESCC was under 20 days through the third quarter. Some youth, however, spend lengthy periods waiting for placement or release:

A youth (1498041) in pending placement spent 135 days at LESCC. He left for another detention facility on September 3. The youth did not receive a visit from his community case manager during the four-and-a-half months he spent at LESCC. Attempts by the Facility Administrator and his staff to address the youth's elongated stay were hampered by a lack of agreement between jurisdictions concerning appropriate placement.

Another pending placement youth (895950) admitted to LESCC on June 6 had a projected release date one month later. The youth was provisionally accepted at two placements yet he ended up in detention for over four months. Facility staff tried to mitigate the situation but problems involving insurance coverage prolonged the youth's time at LESCC. He was eventually released on October 8 to receive wraparound services in his home community, and thus never went to a committed residential placement at all.

**c. Disproportionate Minority Contact (DMC)**

	<b>1<sup>st</sup> Quarter, 2008</b>	<b>2<sup>nd</sup> Quarter, 2008</b>	<b>3<sup>rd</sup> Quarter, 2008</b>
<b>Total Population</b>	135	151	149
<b>White</b>	59	52	51
<b>African American</b>	73	91	94
<b>Latino</b>	2	6	4
<b>Other</b>	1	2	n/a

**Applicable Standard:**

**Md. Courts & Jud. Proc. Ann. § 3-8A-15(k).** *If a child remains in...detention...for more than 25 days after the court has made a disposition...the Department of Juvenile Services shall...on the first available court date after the 25<sup>th</sup> day...appear at a hearing with the child to explain the reasons for continued detention; and every 25<sup>th</sup> day*

thereafter, appear at another hearing before the court with the child to explain the reasons for continued detention.

## 2. Safety and Security

### a. Aggregate Incidents

Incident Categories	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
1. Alleged Youth on Youth Assault	19	7	9
2. Alleged Youth on Youth Assault with Injury	12	1	5
3. Alleged Youth on Staff Assault	6	2	5
4. Alleged Youth on Staff Assault with Injury	5	1	2
5. Group Disturbances (with bodily harm or property destruction)	0	0	0
6. Group Disturbances (without bodily harm or property destruction)	0	0	0
7. Restraints	33	9	17
8. Restraints with Injury	18	2	6
9. Seclusions	31	4	12
10. Allegations of Sexual Child Abuse	0	1	0
Allegations of Physical Child Abuse	0	0	2
Allegations of Child Neglect	0	0	0
11. Outcomes of Child Abuse Investigations	n/a	n/a	Both screened out
12. Escapes/AWOL's	0	0	0
13. Incident-Related Injuries	38	18	20
14. Law Enforcement Response to Incidents	7	6	6
15. Suicide Ideation, Gesture, Attempt or Behavior	3	3	3

Instances of restraint increased compared with the second quarter but remained approximately half the number that occurred during the first quarter. Similarly, seclusions were up over the second quarter but were less than half the amount during the first quarter. Incident-related injury was again a little higher than the second quarter but down almost half over the first. Alleged youth on youth assaults were also up slightly over the second quarter but down more than half from the first. The overall spike in incidents during the third quarter coincided with the influx of youth from the Waxter facility.

### b. Alleged Physical Child Abuse

The Maryland State Police, Child Protective Services and the Department's Office of Investigations and Audits (DJS-OIA) investigated an allegation of physical child abuse (Incident #65969). The abuse allegation was screened out by Child Protective Services but the staff member involved in the incident was suspended for 3 days for breach of DJS procedures during the incident.

**c. Security Equipment and Practices**

Additional security cameras need to be installed to encompass both sides of the Pod B door exits and the classroom areas. The current viewing system involving video tapes results in grainy, hard to discern images upon tape review. The use of digital recording would improve the image and allow for easy storage and retrieval of footage.

Various staff members suggested the issuance of key cards for internal doorways would cut down on distractions for staff in the control room who are attempting to keep their eyes on Pod monitors while having to open and close doors for staff all over the building.

A functioning metal detector has been placed inside the entrance to the facility.

**d. Restraints and Seclusion**

A DJS Crisis Prevention Management Debriefing Form was requested but never received regarding an incident (#64907) that occurred during the last week of the second quarter. Restraint debriefing sheets need to be completed as per DJS policy.

**3. Staffing**

**a. General**

	<b>1<sup>st</sup> Quarter, 2008</b>	<b>2<sup>nd</sup> Quarter, 2008</b>	<b>3<sup>rd</sup> Quarter, 2008</b>
<b>Total PINS (Positions with benefits)</b>			51
<b>Total Contractual Positions</b>			3
<b>Total Vacancies</b>			4
<b>Staff: Youth Ratios</b>	1 : 7.02	1 : 6.91	1 : 9.76

One-on-one supervision requirements and inflow of youth from another facility stretched facility staff during the third quarter. Planned hiring of additional line staffers should reduce overtime work and have a positive impact on the staff to youth ratio.

A new Assistant Superintendent and a new substance abuse counselor will begin work during the fourth quarter.



**b. Staff Training**

	<b>3<sup>rd</sup> Quarter, 2008</b>
<b>Total Certified Staff</b>	31
<b>Total Uncertified Staff</b>	4
<b>Staff Completing Initial Training</b>	94%

**c. Staff Credentials**

Staff is stable at LESCC. A significant majority have worked at the facility for four years or longer. Administrators and staff were recently commended for “efforts at LESCC to improve conditions for youth and staff” by PBS Learning Institute Inc., a non-profit organization promoting performance-based standards. The Department’s Quality Assurance team also commended staff for the operation of the facility.

**4. Physical Plant and Basic Services**

**a. Fire Safety**

LESCC has passed all applicable fire safety and health inspections with no violations. The building has comprehensive sprinkler coverage. Emergency plans are prominently posted and there are regular drills.

**b. Physical Plant**

The physical plant is clean, well maintained and in good condition.

**c. Basic Services**

Food content, presentation and service are consistently excellent at LESCC. Youth express satisfaction with the varied menu and the food served is fresh, balanced and of high quality.

LESCC is up-to-date and in compliance regarding health and food service inspections.

**5. Education**

The Maryland Department of Education (MSDE) provides teachers and controls the academic curriculum at LESCC. Youth observed in class on three occasions were engaged in learning and teachers evidenced effective class management skills.

Differentiated learning and the implementation of Individual Education Plans were not noted.

Core subjects are studied at LESCC and the curricula would benefit from the addition of practical vocational skills.

A school principal was recently appointed to oversee education at LESCC and the Carter detention facility. A Special Education teacher has been hired to address special needs youth.

#### **6. Recreational Programming**

All youth receive daily exercise including mandated large-muscle activities. Boys regularly play basketball in the gym. They played in a basketball league with youth from Morningstar, Carter and Cheltenham facilities. Girls have been rollerblading, and there are plans for a softball league for female youth. Youth also play volleyball.

#### **7. Medical and Behavioral Health**

Onsite nurses tend to medical and medication needs. Youth are transported to a local hospital in cases of emergency. The medical unit is fully staffed and conducts timely examinations and follows appropriate procedures. When youth with medication needs are transferred or released, medical staff ensure medication needs are met while youth are in transition to other facilities or back to their communities.

#### **8. Youth Advocacy**

A youth admitted to LESCC on March 21 transferred to continued detention at the Baltimore City Juvenile Justice Center on September 3. His case manager did not visit him during his 23 1/2 week stay at LESCC.

Youth understand and use the grievance system. The DJS child advocate visits regularly and is diligent in the discharge of her duties. The grievance boxes are secure with forms available to youth. Grievances received included one from a youth alleging other youths were taking her property and intimidating her (#7106). The youths allegedly involved received "categories" and the aggrieved youth was satisfied with the resolution.

Youth interviewed throughout 2008 feel staff at LESCC care about them and treat them fairly and with respect.

### **RECOMMENDATIONS**

1. The Department should ensure that youth receive regular visits from their community case managers throughout their stay in the facility.

2. Restraint debriefing sheets need to be completed as required by DJS policy.
3. The Department should use digital recording and install additional cameras so that the security viewing system delivers clear images and reaches as near universal coverage of open areas as possible.

**DJS RESPONSE**  
**LOWER EASTERN SHORE CHILDREN'S CENTER**  
**JULY - SEPTEMBER, 2008**

**1. Population**

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: "The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing. DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU.

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis are rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and employs a full-time statewide DMC Coordinator who collaborates with and provides technical assistance to DMC Coordinators in many jurisdictions across the state.

**RECOMMENDATIONS**

1. The Department should ensure that youth receive regular visits from their community case managers throughout their stay in the facility.

**DJS RESPONSE**

DJS policy requires that community case managers visit youth in residential facilities.

However, in response to this recommendation, DJS notes that the JJMU/DJS Standard Operating Procedure states: "The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing." The treatment and services are provided to youth by the facility not the community case managers, therefore this section should not be included in the JJMU Report. In addition, the applicable regulation, COMAR Title 14, does not require private residential child care providers to document visits from the community case managers. If the JJMU wishes to monitor community case management, a change in their statute's language and legislative intent would be required.



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT**  
**MORNINGSTAR YOUTH ACADEMY**  
**RESIDENTIAL TREATMENT PROGRAM FOR BOYS**  
**JULY – SEPTEMBER, 2008**

**Facility:** Morningstar Youth Academy  
1441 Taylors Island Road  
Woolford, MD 21677  
Chief Administrator: Mike Diaz

**Date(s) of Visit:** July 10, 31, August 13, 27  
September 4, 15 and 23, 2008

**Reported by:** Nick Moroney  
Juvenile Justice Monitor

**Persons Interviewed:** Chief Administrator  
Operations Director  
Program Administrator  
School Instructors  
Director of Compliance  
Admissions Coordinator  
Head Nurse  
Residential Care Staff  
Youth

**Date of Report:** November 2008

## INTRODUCTION

Morningstar Youth Academy is a privately run residential camp serving boys from 14 to 18 years old who require substance abuse treatment. The facility is located in rural Dorchester County on Maryland's Eastern Shore. The center also includes a private alternative school for residents undergoing treatment. Youth are referred to Morningstar by the Maryland Department of Juvenile Services (DJS) and typically stay from 6 to 9 months. VisionQuest Inc. has operated the facility since July of 2005.

Following a number of incidents during 2006 and 2007, management at VisionQuest appointed new administrators who took charge of Morningstar in the summer of 2007. The program has improved significantly since that time, resulting in a stable and nurturing environment for youth at the facility.

## SUMMARY OF CRITICAL FINDINGS

- Operations and programming at Morningstar are running smoothly.

## FINDINGS

### 1. Population

During the third quarter, the average length of stay at the facility was approximately 5 months. The facility is fully staffed and staff turnover is low.

#### a. General

	July 1st	July 15 <sup>th</sup>	August 1 <sup>st</sup>	August 15 <sup>th</sup>	September 1 <sup>st</sup>	September 15 <sup>th</sup>	September 30 <sup>th</sup>
<b>Number of Residents</b>	38	37	38	40	37	35	35

The facility was close to the capacity of 40 throughout the third quarter. Of the 52 youth who were residents during the third quarter, 27 were African American, 24 were Caucasian and one was Latino.

Morningstar also provided Functional Family Therapy (FFT) on an outpatient basis to 22 youth on the Eastern Shore during the third quarter.

## **2. Safety and Security**

This program does not use chemical or mechanical restraints. Staff are trained in the use of physical restraints.

- During the third quarter, there was one incident (#66342) of physical restraint. The restraint occurred during an alleged youth on staff assault.
- There were 9 alleged youth on youth physical assaults at Morningstar but no report of serious injuries. One serious injury did result from what is described in an incident report (#65852) as "horseplay" between two youths. One of the residents suffered a stomach injury requiring a period of hospitalization.
- An AWOL occurred on August 26 when a youth absconded from a restroom while on a visit to a doctor outside the facility (#66624).

## **3. Physical Plant and Basic Services**

### **a. Fire Safety**

Morningstar has passed all applicable fire safety and health inspections. Evacuation plans are prominently displayed and there are regular fire drills.

### **b. Physical Plant**

The buildings at the facility have been substantially renovated and usable space has been expanded. A resident participated in the renovation of interior offices and was paid for his work. He also learned building skills from a skilled tradesman. Part of the Morningstar property includes wooded areas and open fields which are used to conduct equestrian therapy and other programming.

## **4. Education**

Morningstar provides year round school for resident 9<sup>th</sup> graders. GED preparation classes are provided for youth who passed the 9<sup>th</sup> grade level. Classes are held for 6 hours each day. Two new teachers were hired during the third quarter. Classes are properly planned and appropriately targeted to youth ability. Teachers are dedicated to helping youth overcome academic challenges.

## **5. Rehabilitative and Recreational Programming**

### **a. Therapeutic Program**

Morningstar provides comprehensive therapeutic services focused on substance abuse counseling. Therapy takes place daily. The program offers group and individual therapy, and equestrian-based therapy. Youth at Morningstar also participate in

community service in a nearby town.

This Monitor has noted a culture of caring for youth emanating from administrators and evident in staff/youth interaction at Morningstar.

**b. Recreational Programming**

Youth have substantial opportunities for daily exercise. The facility includes a covered basketball court, a space for volleyball and football and a large swimming pool. Morningstar administrators converted a large storage space into a recreation hall with a gym area for weight training equipment. Residents began using the space toward the end of the summer. There are also plans for a library room.

Residents travelled to Ocean City, to Six Flags amusement park and to play paint ball in Salisbury during the summer. Morningstar residents are involved in a basketball league with youth at two DJS facilities on the Eastern Shore, and travelled for games on a number of occasions. The operations director initiated a fitness program involving bike riding, jogging and yoga workouts. Eleven youth are building their stamina in order to take part in a "half marathon" sporting event in Florida in January of 2009.

**c. Parental Involvement**

Morningstar therapists provide Functional Family Therapy for youth and parents to support youth throughout treatment. Residents earn weekend visits home to maintain family contact and prepare for transition back to communities.

Program staff have worked diligently to help youth who wish to transition to independent living after leaving Morningstar. A number of youth who left Morningstar during the third quarter successfully transitioned through foster care to independent living using Mentor Maryland services.

**6. Medical and Behavioral Health**

A fulltime registered nurse provides medical care onsite at Morningstar. The facility contracts locally to ensure the provision of behavioral health evaluations as required.

**7. Youth Advocacy, Internal Monitoring and Investigation**

Youth at Morningstar understand and use the grievance system. The DJS child advocate visits regularly and is diligent in the discharge of her duties. The grievance box is secured and forms are readily available to youth.





MARLANA R. VALDEZ  
*Director*

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**DJS RESPONSE  
MORNINGSTAR YOUTH ACADEMY  
RESIDENTIAL TREATMENT PROGRAM FOR BOYS  
JULY – SEPTEMBER, 2008**

**No response provided by DJS.**



**MARLANA R. VALDEZ**  
*Director*

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

**FACILITY REPORT**  
**MOUNT CLARE GROUP HOME**  
**JULY – SEPTEMBER, 2008**

**Facility:** Mount Clare Group Home  
117 S. Callendar Street  
Baltimore, MD 21201  
Program Director: Marvin Stone

**Date(s) of Visit:** July 30, August 14, 28, September 5, 17 and 29, 2008

**Reported by:** Nick Moroney  
Juvenile Justice Monitor

**Persons Interviewed:** Program Director  
Operations Manager  
Clinical Director  
Corporate Trainers  
Procurement Staff  
Residential Care Staff  
Youth

**Date of Report:** November 2008

## INTRODUCTION

Mount Clare is located in downtown Baltimore City. The facility is a three-story house owned by the Maryland Department of Juvenile Services (DJS) and operated by First Home Care Corporation/PSY Solutions. Mount Clare is a 12-bed group home that serves male youth ages 15½ -18 who have emotional and behavioral problems and are hard to place. Youth generally stay in the program from nine months to one year, but can remain until age 21 if necessary.

Although licensed by DJS, the group home also contracts for four beds with the Maryland Department of Human Resources (DHR) and four beds with the Maryland Department of Health and Mental Hygiene (DHMH). DJS owns and is responsible, along with the contractor, for the maintenance of the property.

During the third quarter, staff at Mount Clare continued to care for youth and operate the facility in an exemplary fashion. The physical plant is aging and critical improvements are needed both inside and outside the facility.

## SUMMARY OF CRITICAL FINDINGS

- The Department should implement all physical plant improvements detailed in the Corrective Action Plan developed during the first quarter of 2008.
- Mount Clare staff continue to maintain an exemplary level of service to youth and are able to consistently achieve success in helping youth overcome challenges.
- At the end of the third quarter, the facility was underutilized with 2 residents from DJS and 4 youth placed by other agencies.

## FINDINGS

### 1. Population

Over the course of the third quarter, 6 youth under DJS supervision were resident at Mount Clare. Of the 6 youth, 1 completed the program during the quarter, 2 are still resident and 3 AWOLed and were dismissed from the program.

	July 1 <sup>st</sup>	July 15 <sup>th</sup>	August 1 <sup>st</sup>	August 15 <sup>th</sup>	September 1 <sup>st</sup>	September 15 <sup>th</sup>	September 30 <sup>th</sup>
<b>Number of DJS Youth</b>	3	3	4	3	4	4	2

a. **General**

The average length of stay for the 6 DJS youth at Mount Clare was 214 days.

Mount Clare strives to serve youth from Baltimore City. All 6 youth referred by DJS who were resident during the third quarter were African American males from Baltimore City.

At the end of the third quarter Mount Clare was half full with 2 resident youths referred by DJS and another four youths placed by other state agencies.

2. **Safety and Security**

Seclusion and mechanical and chemical restraints are not used at Mount Clare. Staff are trained to ensure youth and staff safety. There are ongoing refresher courses.

Staff are trained in the use of non-prone physical restraints which were used twice during the third quarter: Incidents #65162 and #65167 alleged youth on staff physical assaults – youth were physically restrained in both cases. The restraints occurred after youth allegedly assaulted a staff member and a youth mentor.

There were no instances of youth on youth assaults at Mount Clare during the third quarter.

Mount Clare is an open facility. There were seven instances of AWOL from Mount Clare during the third quarter, resulting in the discharge of 3 youth from the program.

During the third quarter, administrators and staff expressed concern about protecting youths' belongings from petty thievery. In response to concerns, Mount Clare administrators will lock residents' rooms while the residents are out in order to protect youth property.

3. **Physical Plant and Basic Services**

a. **Fire Safety**

Mount Clare has passed all applicable fire safety and health inspections. Evacuation plans are prominently displayed on every floor and there are regular fire drills.

b. **Physical Plant**

Staff and administrators at Mount Clare strive to ensure a family atmosphere at Mount Clare, however, the building is cramped and the structure and furnishings are old, rundown and hard to maintain. There is little space for youth therapy and recreation or staff office areas.

The building is owned by DJS and both the Department and the Mount Clare parent corporation, First Home Care, have undertaken to address much needed physical plant improvements.

A corrective action plan resulted in the vendor sending a list of renovations and repairs to DJS in early March of 2008. The plan called for new kitchen equipment and carpeting, bathroom renovations, interior and exterior painting, extensive wall, ceiling and woodwork repairs, re-sanding of desks, and new furniture to replace worn out items in the common living room and in all of the youth rooms. There are currently no functional wardrobes, closets or chest-of-drawers in youth rooms.

The second floor bathroom leaks down into the kitchen. There are damaged radiator covers and damaged ceiling and floor tiles. There is also a damaged bedroom door and a deteriorating door frame on the basement door.

Air vents on the first, second and third floor need repair. Handrails are damaged or missing on the stairway and on the exterior deck. Deteriorated wood on the deck should be replaced. The fire escape should be repaired in places and should be cleaned and painted.

To date, the Department has provided for new kitchen equipment, which is of excellent quality, and plans are afoot for interior and exterior painting to be commenced in November 2008. The corrective action plan has been partially implemented but many agreed-to improvements remain unaddressed.

#### **4. Education**

The youth at Mount Clare attend public and private schools in Baltimore every day. While in the home, youth work on resumes and job applications. During the summer, youth are involved in work experience-related activities. Staffers at Mount Clare also help residents to gain experience at housekeeping, laundering, cooking and plant care.

#### **5. Rehabilitative and Recreational Programming**

##### **a. Therapeutic Program**

Group and individual counseling are provided by an experienced and dedicated clinical director. Youth at Mount Clare work with staff on decision making and conflict resolution skills and also attend local drug and alcohol education and counseling sessions.

Mount Clare facilitates outside counseling for youth at Bon Secours Hospital Community Institute of Behavioral Services, Building Communities Today, Choices Juvenile Sex Offender Treatment Center and Changing Directions (anger management counseling).

Mount Clare also has a supervised mentoring program. Interns from local universities assist with group and individual therapy. During the third quarter, Aggression Replacement Training (ART) sessions were offered and interns from the University of Maryland School of Medicine began to provide sex education for youth. Youth also attend parenting classes. Residents have travelled to Mountain Manor Treatment Center near Catonsville for drug and alcohol rehabilitation.

Two youths graduated from the program. Staff expect two more residents to graduate from the facility's program in the near future. Two youngsters are also expected to graduate from high school at the end of the school year.

Regular meetings are held at the facility between the therapeutic staff at Mount Clare and representatives of all the agencies who have clients in the Mount Clare program. This approach is a model for integration of services in the interests of youth and helps improve the lives of clients who have problems that transcend the traditional boundaries of any one agency. Perhaps this model could be emulated or duplicated in other programs with co-committed youth.

#### **b. Recreational Programming**

Youth enjoy daily large muscle exercise at Mount Clare. There is an enclosed basketball court at the back of the facility. Residents also make regular visits to a local sports center where they can work out on exercise machines and lift weights. Youth are also involved in sports at school. Some attended evening football practice this quarter.

Staff take youth to local malls and on outings to sporting events. Residents were taken on beach trips and to Six Flags amusement park during the summer months. During free time at the facility, youth who are not listening to personal music machines or playing electronic games, chat, play cards and board games and watch movies. Staff stay engaged with youth throughout.

#### **c. Parental Involvement**

Family therapy sessions are mandatory at Mount Clare. Parents and guardians are invited to attend meetings with administrators and clinical staff to discuss youth progress.

Residents earn weekend passes for home visits to maintain family ties, extend family involvement with treatment and prepare residents to rejoin communities.

Administrators at Mount Clare say they "do not want to warehouse kids," but instead work on "getting kids ready to go back into the community."

**6. Medical and Behavioral Health**

Youth at Mount Clare are attended regularly by a company physician and also visit local medical clinics on an outpatient basis. The company doctor also offers staff trainings on medical issues.

**7. Youth Advocacy, Internal Monitoring and Investigation**

The DJS grievance box is secured and forms are prominently placed beside the box and readily available to youth at the facility. The program at Mount Clare remains stable and is operating well with no major disruptions.

**RECOMMENDATIONS**

1. The Department should complete improvements to the Mount Clare physical plant.

**DJS RESPONSE  
MOUNT CLARE GROUP HOME  
JULY – SEPTEMBER, 2008**

**RECOMMENDATIONS**

1. The Department should complete improvements to the Mount Clare physical plant.

**DJS RESPONSE**

**Mount Clare Group Home, with approval and assistance from DJS, continues renovations to the physical plant including roof repairs, painting of the entire facility, replacing the outside deck and repairing the emergency exterior fire escape stairs.**





MARLANA R. VALDEZ  
*Director*

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**FACILITY REPORT**  
**NEW DOMINION SCHOOL**  
**JULY - SEPTEMBER, 2008**

**Facility:** New Dominion School - Maryland  
Three Springs, Inc.  
20700 Wagner Cutoff Road  
Oldtown, MD 21555  
Administrator: Vacant

**Date(s) of Visit:** July 20, 23 and 26, August 22, 29, September 3, 2008

**Reported by:** Tim Snyder  
Juvenile Justice Monitor

**Issues Monitored:** Closing of the facility

**Persons Interviewed:** Group Administrator, Program Director, Admissions Director,  
Administration Coordinator, Supervisors, Group Leaders,  
Youth

**Date of Report:** November 2008

## INTRODUCTION

Three Springs Inc., headquartered in Huntsville Alabama, the proprietor of New Dominion School, Maryland, closed the facility in September. New Dominion School opened its doors in 1981. In 1994, Three Springs Inc. purchased New Dominion School. New Dominion Served about 1,200 youth in its 27 years of operation. Overall, the program had a history of success in working with troubled youth, but more recently had experienced internal and external obstacles and difficulties that ultimately resulted in the closing of the facility.

### **1. Population**

The Maryland Department of Juvenile Services licensed New Dominion School to serve 72 youth in six groups of up to 12 youth in a group. In years past, the population averaged about 64 youth. In recent years, the census continued slowly to dwindle necessitating the closure of first one and then another group. There were only three groups totaling 27 youth by the end of June of 2008. Subsequently the population continued to decrease, and in August New Dominion placed all of the remaining youth into one group.

### **2. Staffing**

Morale of staff continued to suffer as Three Springs was forced to lay off staff because of the lack of revenue to cover the payroll.

### **3. Safety and Security**

Safety and security became an issue as experienced staff left, youth from different groups were placed together, and the policy directive from Three Springs called for a "hands off" response to acting out behavior. Youth virtually destroyed campsite structures and group structures near the main lodge.

### **4. Education**

Three Springs Inc. informed the New Dominion Principal that they could no longer afford the salaries, and that either he would need to resign, or that they would have to let two teachers go. The principal decided to resign. The remaining teachers, under new leadership of a head teacher, did continue to provide education as much as possible. Some youth simply refused to participate.

In the past several years, New Dominion had been required to enroll youth immediately in the formal education program. As a result, behavioral problems greatly increased in school. Previously, New Dominion School's unique and highly successful education program provided a new youth two months to acclimate to the program and begin to address the issues that necessitated placement. A student perceived

enrollment in the formal school classroom as an earned privilege as he demonstrated his growth in treatment and readiness to take responsibility for his academic work.

## **5. Rehabilitative and Recreational Programming**

In 2007, New Dominion proposed to open a 90-day high impact program to serve youth and to help make the program financially viable. New Dominion hired and trained staff in preparation and anticipation of opening this program, but was unable to work out the details of the contract with DJS for over a year. New Dominion ultimately was not able to continue the payroll due to the low census and the overhead created by adding staff.

**DJS RESPONSE  
NEW DOMINION SCHOOL  
JULY - SEPTEMBER, 2008**

**4. Education**

**DJS RESPONSE**

The JJMU takes issue with the DJS requirement that New Dominion needed to promptly enroll youth in an educational program appropriate to their needs. This requirement is consistent with COMAR standards and with our commitment to assuring that all youth have the opportunity to progress in school. Many youth involved with DJS need intensive academic supports and services because they have been out of school for extended periods and have poor basic reading and math skills. Researchers and practitioners in the juvenile justice field have consistently established the close connection between delinquency and school failure while highlighting the critical role that education plays in the rehabilitation of troubled youth.



MARLANA R. VALDEZ  
*Director*

STATE OF MARYLAND  
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JUVENILE JUSTICE MONITORING UNIT

**FACILITY REPORT**  
**ALFRED D. NOYES CHILDREN'S CENTER**  
**JULY – SEPTEMBER, 2008**

**Facility:** Alfred D. Noyes Children's Center  
9925 Blackwell Road  
Rockville, MD 20850  
Administrator: John Dowdy, Superintendent

**Date(s) of Visit:** July 8, 31, August 15, 27, and September 15, 2008

**Reported by:** Philip J. Merson  
Juvenile Justice Monitor

**Issues Monitored:** Population  
Staffing  
Safety/Security  
Education  
Facility Maintenance  
Grievance/Incidents  
Program  
Medical/Health

**Persons Interviewed:** Facility Administrators, Supervisors, Shift Commanders,  
Teachers, Counselors, Resident Advisors and Youth

**Date of Report:** November 2008

## INTRODUCTION

The Alfred D. Noyes Children's Center (Noyes) is a State owned and operated detention facility located in Montgomery County. Noyes is comprised of three units for males and one unit for females. According to DJS StateStat information, Noyes can accommodate up to 57 youth.

## SUMMARY OF CRITICAL FINDINGS

- Incidents involving assaults, restraints, seclusion and law enforcement response have declined significantly since last quarter.
- Two serious incidents this quarter involved staff allowing youth to fight each other.
- Allegations of staff behaving inappropriately, belittling the youth, failing to prevent youth from assaulting one another and causing at least one youth to urinate on herself have resulted in warnings only to staff.
- Youth in detention are being processed as a group and should not be held accountable for the negative actions of others.
- The Behavior Management Plan is not being applied fairly.

## FINDINGS

### 1. Population

#### a. General

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Daily Population</b>	<b>Average Monthly Population</b>	<b>Number of Days Over Capacity</b>
57	60	23	37	July - 41 August - 35 September 35	1

According to the DJS Average Monthly Combined Pending Placement and Detention Population report from the DJS Office of Research and Planning, the population increased from an average of 43 youth during the first quarter to 44 the second quarter and 41 for July, 35 for August and 35 for September. There was a high of 60 youth at the facility and a low of 34 youth at the facility in July. In August, there was a high of 46 and a low of 30 and in September there was a high of 46 and a low of 23.

On July 31, there were only 42 youth in the facility, but several girls had been transferred to Noyes from Waxter, due to renovations at Waxter. There were 11 girls sleeping in 6 rooms on the unit. Most of the girls were double-bunked; however, one girl was sleeping in a molded plastic “boat” outside a bedroom. The Facility Administrator advised that the youth was not forced to sleep in a boat and it was voluntary.

The facility was also short on shoes and disposable underwear for girls during this period. The Assistant Facility Administrator and Group Life Manager advised they would obtain more shoes from Waxter.

**b. Detention and Pending Placement**

	<b>Number of Youth in Status 60+ Days</b>	<b>Number of Youth in Status 90+ Days</b>	<b>Average Length of Stay</b>
<b>Detention</b>	0	1 (97 days)	18 days
<b>Pending Placement</b>	0	0	0

As of September 30, four youth had been in detention for more than 30 days and one 5’ tall, 16 year old, asthmatic youth with serious felony charges had been in detention since June 26.

**c. Co-mingling Detention and Pending Placement Youth**

Detention and pending placement youth continue to be co-mingled through the facility. Pending placement youth do not receive credit for good behavior at future placements, so they have less incentive to follow the rules than un-adjudicated youth.

In one example (discussed below in “Education”), a youth who had been unsuccessfully discharged from the Youth Centers and returned to detention for approximately two months disrupted a class, causing all youth to be returned to their units.

One suggestion to improve the movement of youth through the detention and pending placement system was made by a seasoned Facility Case Manager (FCM) who felt the FCM needs more responsibility and control over a youth’s assessment, court process and placement. The FCM manages the youth’s behavior and progress while the youth is in the facility; therefore, the FCM said it is essential that s/he closely collaborate with the community case manager concerning a youth’s plan or placement.

d. Disproportionate Minority Contact (DMC) Incidents of Confinement

The percentages of African American youth detained at Noyes have risen steadily throughout the year.

	1st Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3rd Quarter, 2008
<b>Incidents of Confinement</b>	291	302	275
<b>White</b>	51	39	40
<b>African American</b>	179 (62%)	200 (66%)	190 (69%)
<b>Latino</b>	50	51	36
<b>Asian</b>	8	3	6
<b>Other</b>	3	9	3

2. Staffing

a. General

	1 <sup>st</sup> Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3 <sup>rd</sup> Quarter, 2008
<b>Total PINS</b>		58 (June 30)	68 (Nov 7)
<b>Total Contractual Positions</b>		18 (June 30)	9 (Nov 7)
<b>Total Vacancies</b>		16.25 (June 30)	10.25 (Nov 7)
<b>Youth :Staff Ratios</b>	6.57	6.31	5.77

According to data provided by DJS Headquarters (above), on November 7, there were 10.25 vacancies. According to the Facility Administrator, on October 2, there were eight staff vacancies at the facility:

- o 1 Group Life Manager,
- o 1 Resident Advisor Supervisor,
- o 3 Resident Advisors,
- o 1 Psychologist,
- o 1 Office Secretary and
- o 1 Personnel Associate.



**b. Staff Training**

	<b>November 7 2008</b>
<b>Total Certified Staff</b>	46
<b>Total Uncertified Staff</b>	6
<b>Percent of Staff Completing Initial Training</b>	73%
<b>Percent of Staff Completing Annual Refresher Training</b>	72%

**3. Safety and Security**

The numbers of incidents involving assaults, restraints and seclusions declined significantly this quarter. Youth on youth assaults with injury decreased by 51%, and youth on staff assaults decreased by 70%. Suicide ideation, behavior, gestures, and attempts increased from 3 to 9. Total incidents resulting in injuries decreased from 76 in the first quarter and 90 in the second quarter to 60 this quarter.

However, several serious incidents occurred in recent months, including one incident this quarter and one on June 15, in which staff allowed youth to fight each other<sup>1</sup>. There were also several incidents involving girls alleging sexual harassment by other girls or inappropriate treatment of pregnant youth.

**a. Aggregate Incidents**

<b>Incident Categories</b>	<b>1<sup>st</sup> Quarter</b>	<b>2<sup>nd</sup> Quarter</b>	<b>3<sup>rd</sup> Quarter</b>
1. Youth on Youth Assault	49	55	30
2. Youth on Youth Assault with Injury	41	41	19
3. Alleged Youth on Staff Assault	7	24	7
4. Alleged Youth on Staff Assault with Injury	5	9	3
5. Group Disturbances (with bodily harm or property destruction)	0	6	3
6. Group Disturbances (without bodily harm or property destruction)	0	2	1
7. Restraints	58	83	49
8. Restraints with Injury	40	49	21
9. Seclusions	13	30	11
10. Allegations of Child Abuse			
• Physical	3	2	2
• Sexual	0	1	0
11. Allegations of Child Neglect	0	1	1
12. Escapes/AWOL's	0	0	0

<sup>1</sup> JJMU did not receive notice of the incident or the DJS Investigative Report until the 3<sup>rd</sup> Quarter.

13. Law Enforcement Response to Incidents	55	77	40
14. Suicide Attempts, Ideation, Gestures, Behavior	5	3	9
15. Inappropriate Staff Conduct/Comments	1	3	2

**b. Incident-Related Procedures, Practices, and Reporting**

**i. Staff Consent to Youth Fights**

- One particularly disturbing incident involved a staff person allowing youth to fight in the bathroom on June 15. The Monitor’s Office became aware of this incident because a youth complained to his Public Defender. DJS investigated and the staff person was held accountable for allowing the youth to fight but he remained in employ of DJS (DJS Investigative Report 64736). Child Protective Services (CPS) was not notified of the potential child neglect involved.
- On September 13, the same staff person allowed youth to fight in a closet and he was terminated (DJS Incident Report Number 67169).
- On August 27, two youth became involved in an argument and one youth went into the unit closet to wait for the other youth to fight. Staff reportedly went into the closet to discuss the youth’s behavior and found him holding a large piece of sharp wood with one end wrapped in a sock. (DJS Incident Report 66632)

**ii. Staff Misconduct**

- A staff person was “indicated” for child abuse by CPS for an incident that occurred on September 8 (Incident Number 66970). DJS also sustained violations against the staff for making false reports. However, the Monitor’s Office was not notified of this incident by DJS and became aware of this incident through Child Protective Services on September 16. The DJS Incident Report database did not reflect any allegation of child abuse and DJS had filed the incident report primarily as an Alleged Inappropriate Conduct/Comments by Youth. The database also failed to indicate any ongoing investigation.
- The DJS Incident Report Database Summary indicated the arrest of a Noyes staff person for criminal behavior on September 22. OIG advised that the arrest was unrelated to safety and services to youth.

**iii. Youth Safety Concerns**

One girl detained at Noyes complained to her Public Defender that she was assaulted on August 11 and on August 18. She also filed a grievance complaining that staff were not allowing youth to go to the bathroom (forcing one girl to urinate on herself), asking the girls if they are gay, and cursing at them. Staff were reportedly warned about their behavior with the youth. The Assistant Facility Administrator informed the Monitor that the youth was placed in “protective isolation” pending her

court release. On August 20, the youth alleged being attacked again. The youth was removed from Noyes and ultimately placed in an RTC facility on September 5<sup>th</sup>.

On August 15, a youth complained to the Monitor that she was afraid for her safety because she is pregnant and needed protection from aggressive youth and staff. She said that she was restrained on August 10 for refusing to go to her room for showers. She said that some staff bang on their doors and curse at them to wake them up in the morning. The Facility Administrator said the youth would be placed in "guarded care" until she could be placed in an appropriate facility. However, on August 18, the youth's arm was reportedly injured in another restraint (Incident Report # 66393). She was reportedly restrained for being on the telephone for too long and refusing to return to her room.

### **Applicable Standards**

**Md. Department of Juvenile Services Standards of Conduct 2.2.2.3.** *An employee acting in his or her official capacity may not use any coarse, profane, or insolent language, or take actions towards other employees, supervisors, delinquent youth, offenders, clients or members of the public that is abusive or otherwise considered offensive to contemporary community standards, except as required as part of an approved treatment program.*

**Md. Department of Juvenile Services Detention Standards 5.4.2.** *Personnel shall be prohibited from the direct or tacit approval of a youth's use of physical force against other youth, or the approval of a youth to exercise authority/control over another youth.*

### **c. Staff Safety Concerns**

This quarter some staff members expressed concerns for their own safety at Noyes. During an interview of a Case Manager and a Substance Abuse Counselor on August 15, the Counselor said she had not held any groups for a while because of youth had physically assaulted staff, including the Case Manager. She also said that scheduling and communication between staff was very poor at the facility.

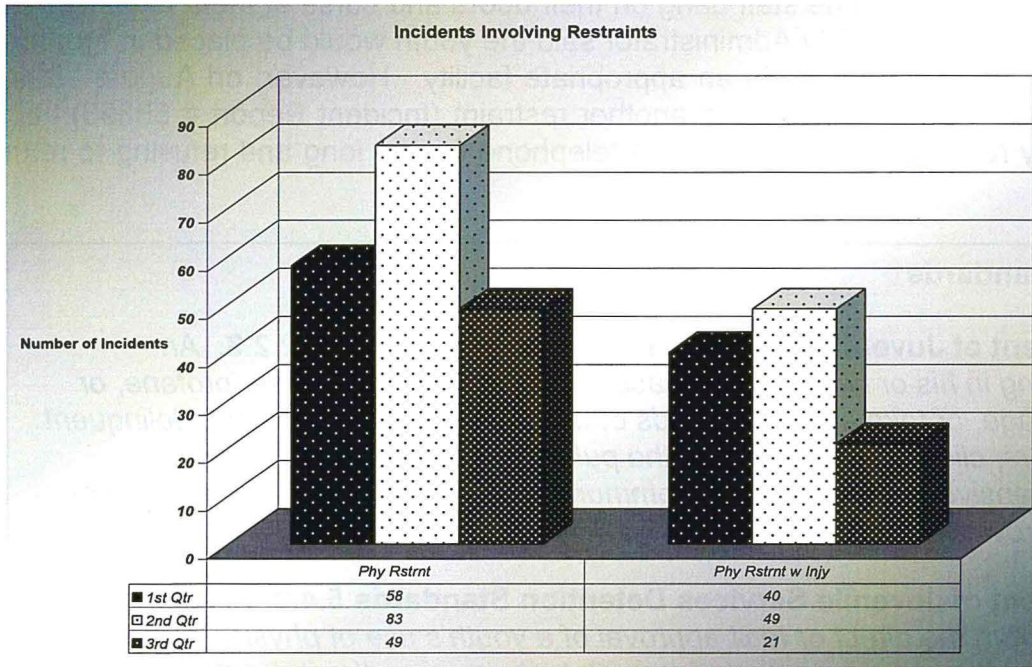
Both staff cited concerns that youth were not held accountable for their actions and suggested that more positive behavioral incentives are needed. Ideas included a recreation trailer with treadmills and a weight room and giving youth credit for positive behavior that could be passed on to their placements.

### **d. Security Equipment and Practices**

This Monitor noted the fence alarm was not working during a visit on August 15. The Facility Administrator advised the system was struck by lightning. The fence alarm was still not working during an August 27 visit but has reportedly been repaired as of this report.

**e. Restraints and Seclusion**

Incidents involving restraint decreased – from 53 last quarter to 40 incidents this quarter. Incidents of physical restraint involving injury decreased by half – from 40 in the 1<sup>st</sup> and 2<sup>nd</sup> quarters to 21 this quarter.



Source: Department of Juvenile Service Incident Reporting Database

Incidents involving seclusion decreased to 1<sup>st</sup> quarter levels (11 total incidents) from a high of 30 incidents in the 2<sup>nd</sup> quarter.

Some concern remains about mass seclusions. On July 1, twelve youth were placed in seclusion for a group disturbance in which staff tried to lock youth in their rooms after being unable to gain control after an altercation. Youth resisted and were secluded in their rooms from 3:45 pm to 7:00 pm. Two youth were injured.

**f. Behavior Management Plan (BMP)**

Staff are not applying the BMP correctly or fairly. Youth grieved at least four times in August and once in September that staff were taking their points unfairly. The DJS Child Advocate investigated each grievance and the administration returned the youth's points. However, there is no follow-up information indicating DJS held any staff accountable for their behavior. The DJS Child Advocate also voiced concerns that the Facility Administrator refused to adjust the BMP to prevent points being taken from youth who are not doing class work they had previously completed.

### **Applicable Standard**

**Md. Department of Juvenile Services Policy and Procedure RF-10-07.** *The Department of Juvenile Services (DJS) shall utilize an incentive-based level system of behavioral management for detained youth which promotes the reinforcement of pro-social behaviors. The goal of the system is to emphasize pro-social interactions while consistently encouraging positive behaviors and modifying noncompliant, maladaptive behaviors.*

#### **4. Physical Plant and Basic Services**

The physical plant appeared in satisfactory condition through most of visits this Quarter. However, on September 15, the grounds of the facility needed mowing and the front of the facility needed weeding. The Assistant Facility Administrator explained that there were some large air-handling units on the grounds waiting for installation and that was the reason for the lack of mowing; however, the area where the air handlers were sitting was a very small portion compared to the entire facility.

#### **5. Education**

This Monitor observed two classes on September 15. The first class was girls. Some youth were disruptive, and some simply put their heads down to stay out of trouble. One girl stated, "I don't even know what to do" while another youth sat with a staff, talked and paid no attention to the instructor.

The second class was boys. Most of the boys took their seats and appeared ready to start class but several youth were very disorganized, belligerent and disrespectful. Direct care staff took the entire class back to the unit and several cooperative youth appeared upset that they were being removed from class.

After observations, this Monitor discussed Group Accountability and Behavior Management with the Assistant Facility Administrator and the teachers. We discussed holding only the uncooperative or disruptive youth accountable for their behavior. Each youth in detention/pending placement should feel safe and be held accountable or dealt with directly only according to his or her specific needs and behavior.

### **Applicable Standard**

**Md. Department of Juvenile Services Policy and Procedure RF-10-07.** *The Department of Juvenile Services (DJS) shall utilize an incentive-based level system of behavioral management for detained youth which promotes the reinforcement of pro-social behaviors. The goal of the system is to emphasize pro-social interactions while consistently encouraging positive behaviors and modifying noncompliant, maladaptive behaviors.*

## 6. Rehabilitative and Recreational Programming

### a. Therapeutic Program

A substance abuse counselor and social worker were interviewed on August 15. Both agreed there should be a way to provide more consequences for youth who fail to adhere to the BMP and continue to disrupt the rest of the youth at the facility. Both agreed that pending placement youth and detained youth should be programmed separately.

### b. Recreational Programming

During an August 27 visit, 6:15 to 8:15 PM, the boys on the units were observed lounging around and watching television, although the written schedule said the youth were supposed to have "Superintendent Time" and "Bingo Night." Staff and youth advised the facility superintendent was not at the facility and the person who was supposed to run the "Bingo Night" did not show up.

The youth said they had not been outside since the fence had been malfunctioning on August 15.

DJS policy requires that youth go outside for one hour of physical activity daily if the weather is appropriate and that they be given two hours of structured recreational and leisure programming daily.

On August 15, two staff members interviewed said there are not enough programs to keep the youth busy on a day-to-day basis. They expressed the need for a larger gym that would allow for activities other than basketball. The Facility Administrator reported there are motivational speakers, arts and crafts, aerobics, bingo nights, class act programs, 4H programs, AMEN groups (boys), mentoring programs (girls) and a book club available for youth participation. On August 15, the Assistant Facility Administrator provided the Monitor with a Monthly Event Calendar from the month of June.

### **Applicable Standards**

**Md. Department of Juvenile Services Detention Standards 4.5.1.2.** *The recreational program shall provide a variety of planned, structured, large muscle and leisure activities. These activities shall include, but not limited to, the following: organized sports and games that require large muscle activity; supervised small group leisure activities like card and board games; creative activities; quiet individual leisure activities like reading and writing; and activities adapted for physically and developmentally challenged residents.*

**Md. Department of Juvenile Services *Detention Standards 4.5.1.3.* A minimum of 1 hour of large muscle activity... shall be provided daily and the large muscle activity shall be conducted outdoors unless weather or other conditions indicate otherwise."**

## **7. Medical and Behavioral Health**

### **a. Nurses' Altercation Log Inaccuracies**

A review of the Incident Report database revealed 30 incidents involving assaults and 49 incidents involving restraints; however, the log indicated only 63 youth were examined for altercations. The log reported only 11 examinations for restraints and one examination for alleged abuse.

There were also seven youth who were reportedly injured in incidents who were not in the Nurses' log and four youth were entered in the logbook for examinations on the wrong dates.

## **Applicable Standards**

**Md. Department of Juvenile Services *Standards of Conduct 2.19.1.* Reports submitted by employees shall be clear, concise, factual and accurate.**

### **b. Infirmery Space**

Although a room adjacent to the health center was turned into an exam room, the medical unit should be expanded to provide a bathroom, clinic beds, and an area for storage.

### **c. Mental Health Services**

The facility still needs to hire one psychologist.

## **8. Youth Advocacy, Internal Monitoring and Investigation**

The youth grievance process appears to be working well at Noyes. Although several youth were transferred from Waxter and their clothes or other personal items did not transfer with them, the child advocate made sure the items were transferred.

### **a. Incident and Child Abuse Reporting and Investigation**

The Department continues to fail to notify the Monitor's office of cases involving alleged abuse or neglect. On September 15, this Monitor was visiting Noyes and unaware that facility staff were in a meeting with Child Protective Services regarding a suspected abuse investigation. The Monitor's office had not been notified about either the incident or the meeting, and when questioned about incidents of concern, facility staff said there were none.

Montgomery County Child Protective Services informed this Monitor of 2 cases involving alleged abuse/neglect (Incidents 66970 and 67169) that were neither primarily listed in the Incident Reporting Database as potential abuse/neglect cases nor reported to the Monitor's office as required.

In Incident Report 66753, the involved youth reported being assaulted and abused by staff. The Incident Report did not indicate that alleged abuse or neglect was involved and did not indicate whether the incident had been reported to Child Protective Services as required. The incident was not reported to the Monitor's Office as required. When questioned, the Facility Administrator said that staff had entered incorrect information into the database.

### **Applicable Standards**

**Standard Operating Procedures for DJS and JJMU (§5.6)** require "As soon as practicable, DJS shall report imminent or material threats to the health, life, and safety of youth, staff, or the public to the Independent Monitor."

**Md. Department of Juvenile Services Standards of Conduct 2.19.1.** *An employee may not make any false oral or written statement or misrepresent any material fact, under any circumstance, with the intent to mislead any person or tribunal. Reports submitted by employees shall be clear, concise, factual and accurate.*

### **RECOMMENDATIONS**

1. Staff who allow youth to fight or treat youth inappropriately and disrespectfully should be terminated immediately.
2. Youth in detention should not be processed as a group and should be held accountable for their own individual negative actions.
3. The Behavior Management Plan must be applied fairly and be closely monitored by administration.
4. More positive behavioral incentives are needed for youth that could be passed on to their placements.
5. Nurse's logbooks must be accurate.

### **UNABATED CONDITIONS**

1. A written Memorandum of Understanding or Interagency Agreement should be developed between DJS, the Montgomery County Police, the Montgomery



County Department of Social Services, the Montgomery County State Attorney's Office and this Office to ensure allegations of child abuse and neglect are recognized, reported and investigated thoroughly and according to law.

2. This Office should be notified of any incident or investigation affecting the life, health and safety of youth in the facility.
3. Incident reports must be accurate, timely and entered into the database in a timely manner.

**DJS RESPONSE**  
**ALFRED D. NOYES CHILDREN'S CENTER**  
**JULY – SEPTEMBER, 2008**

**1. Population**

**d. Disproportionate Minority Contact (DMC) Incidents of Confinement**

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: "The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing." DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU.

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis include rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact as experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and collaborates with and provides technical assistance to DMC Coordinators in many jurisdictions across the state.

**2. Staffing**

**b. Staff Training**

**DJS RESPONSE**

All Direct Care staff at Noyes has attended or are currently completing Entry Level Training.

**3. Safety and Security**

**b. Incident-Related Procedures, Practices, and Reporting**

**i. Staff Consent to Youth Fights**

**DJS RESPONSE**

The youth involved may have complained about this incident to the public defender in August, but the JJMU were notified of the incident on June 17, two days after it occurred, when Noyes completed and entered an incident report into the DJS electronic Incident Database. The JJMU has 24/7 access to this database. The DJS Office of the Inspector General conducted an investigation of the incident and the Department took disciplinary action against involved staff in

accordance with our Standards of Conduct. The incident did not involve any allegation or suggestion of child neglect. The JJMU retrieved a copy of the OIG investigative report from DJS on September 3.

**DJS RESPONSE**

The allegation that a staff allowed youth to fight in a closet was extensively investigated by the Office of the Inspector General and was not sustained. The staff member was terminated due to overall performance, not in response to this incident.

ii. **Staff Misconduct**

**DJS RESPONSE**

The incident was entered into the DJS Incident Database correctly, exactly as it was initially reported by the youth involved. The youth made the allegation of child abuse one day after the incident report had been completed and submitted to the database. When the youth made the allegation Noyes immediately reported it to DJS internal investigators and to Child Protective Services. Following investigation by Child Protective Services and the Department, the child abuse allegation was not sustained.

iii. **Youth Safety Concerns**

**DJS RESPONSE**

Noyes does not utilize “protective isolation” as identified by the JJMU. The youth was placed on Special Handling status, which required her to be in close proximity to staff while she participated in the regular daily routine. With this additional structure, the youth remained safely at the facility until she was placed in a treatment program.

**DJS RESPONSE**

It is misleading to state that the pregnant youth was restrained without providing the additional clarification that in both incidents described above staff used passive escort, which is characterized as a type of restraint in the DJS incident database. In the incident identified by the JJMU, passive escort was used to guide the youth to her room because she continued to run around the housing unit while being verbally aggressive to peers and refusing staff directions to stop. Passive escort involves staff placing their arms under the arms of a youth to guide her to a specified location. The youth involved in this incident was escorted to her room. The passive escort did not involve any struggle by the youth. Following standard DJS procedure, the youth was examined by a nurse at Noyes following the passive escort. At that time, the youth did not complain of any injury or discomfort and did not make any complaint against staff. The youth requested to see the nurse on the day following the passive escort and was again examined. During this exam, the youth complained of bruising on an arm with no discomfort. She did not require any medical treatment.

**JJMU Comment:**

*The youth's arm was injured during one of the restraints. While the Department may characterize the restraint as “passive” for purposes of internal reporting (and a “passive”*

*restraint is the least intense of all physical therapeutic restraints), the intensity of the physical contact and the ensuing injury should be acknowledged.*

f. Behavior Management Plan (BMP)

**DJS RESPONSE**

In the circumstance described by the JJUM, the youth appropriately utilized the Behavior Management Program which requires them to write a grievance to appeal the loss of points. A hearing is held that includes the youth to determine whether to return points, suspend points or give points back after certain behavioral criteria is met. A decision to return points through the hearing process does not necessarily mean the points had been lost unfairly. The hearing can result in resolution involving youth taking responsibility for their behavior and opportunities are provided for regaining points as an incentive.

6. Rehabilitative and Recreational Programming

b. Recreational Programming

**DJS RESPONSE**

Youth did not go outdoors while fence repairs were in process. Indoor recreational activities continued throughout this period.

8. Youth Advocacy, Internal Monitoring and Investigation

a. Incident and Child Abuse Reporting and Investigation

**DJS RESPONSE**

The incidents identified by the JJMU were categorized and submitted to the DJS database as required. Incident #66970 was not categorized in the Incident Database as alleged child abuse because the youth involved did not make any allegation of child abuse until a day after the incident had already been entered into the database. Noyes then immediately reported the youth's allegations to Child Protective Services. The staff involved were immediately placed on "no contact" status and the DJS Office of the Inspector General initiated and completed an extensive investigation. Other allegations cited as examples by the JJMU were raised in grievances by youth to the DJS Child Advocates, who entered the appropriate information into the Incident Database. These incidents were also thoroughly investigated.

**JJMU Comment:**

*Neither of these allegations of child abuse was reported to the Monitor's office, in violation of the agencies' Standard Operating Procedure.*

**RECOMMENDATIONS**

1. Staff who allow youth to fight or treat youth inappropriately and disrespectfully should be terminated immediately.

**DJS RESPONSE**

**DJS applies disciplinary action in any instance of staff misconduct in conformity with the Department's Standards of Conduct.**

4. More positive behavioral incentives are needed for youth that could be passed on to their placements.

**DJS RESPONSE**

**The Behavior Management Program is structured to be incentive-based and to be fairly and consistently applied.**

5. Nurse's logbooks must be accurate.

**DJS RESPONSE**

**DJS will review the medical logbooks and will correct and address any identified inaccuracies.**

**UNABATED CONDITIONS**

1. A written Memorandum of Understanding or Interagency Agreement should be developed between DJS, the Montgomery County Police, the Montgomery County Department of Social Services, the Montgomery County State Attorney's Office and this Office to ensure allegations of child abuse and neglect are recognized, reported and investigated thoroughly and according to law.

**DJS RESPONSE**

**The DJS internal investigative office conducts and reports findings of investigations of any allegation of child abuse or neglect in full accordance with law and cooperates fully with the Department of Social Services, the State's Attorneys Office and the Maryland State Police as warranted. DJS already provides its investigative reports to the JJMU. The existence of an MOU as recommended would not change what is already an extensive and collaborative multi-agency investigative process implemented in all instances of alleged abuse/neglect.**

**JJMU Comment:**

*Agencies involved in child protection, including the Montgomery County Department of Social Services, the Montgomery County State's Attorney, the Montgomery County Police, DJS, and JJMU are currently meeting to finalize an MOU that would provide better coordination and collaboration in these cases. In other counties where MOU's have been developed, multi-agency collaboration in institutional child abuse/neglect cases has been significantly enhanced, and parties to the Montgomery County MOU expect a similar enhancement of child abuse investigations in that jurisdiction.*

2. This Office should be notified of any incident or investigation affecting the life, health and safety of youth in the facility.

**DJS RESPONSE**

**DJS notifies the JJMU of incidents and investigations in accordance with requirements of the DJS/JJMU Standard Operating Procedures.**

**JJMU Comment:** *See discussion, page 15.*

3. Incident reports must be accurate, timely and entered into the database in a timely manner.

**DJS RESPONSE**

**DJS established and will continue to enforce stringent standards for reporting of all critical incidents including submission of the reports to our Incident Database. The incident reports referenced by the JJMU did follow the Department's standards for accuracy and timeliness.**



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT  
SYKESVILLE SHELTER CARE  
JULY - SEPTEMBER, 2008**

**Facility:** Sykesville Shelter Care (SSC)  
7273 Cooper Drive  
Sykesville, Maryland 21784  
Facility Administrator: Sharmaine Wright

**Date(s) of Visit:** July 24, August 12 and September 25, 2008

**Reported by:** Philip J. Merson  
Juvenile Justice Monitor

**Issues Monitored:** Population  
Staffing  
Safety and Security  
Education  
Programming  
Health/Medical  
Facility Maintenance  
Child Advocacy, Investigations and Monitoring

**Persons Interviewed:** Facility Administrators, Directors, Supervisors, Leaders,  
Youth

**Date of Report:** November 2008

## INTRODUCTION

Sykesville Shelter is a private shelter care facility on State property. The facility is managed by North American Family Institute and licensed by DJS. The facility can house and provide services for up to 10 females. This Monitor conducted three unannounced visits at the facility according to the procedures established for the Juvenile Justice Monitoring Unit.

## SUMMARY OF CRITICAL FINDINGS

- The DJS ASSIST database does not accurately reflect the population at the facility on a daily basis.
- Incidents are not being reported and entered into the DJS Incident Reporting Database according to DJS procedures.
- DJS Child Advocates are not visiting the facility frequently enough to ensure youth's needs are being met and to check for written grievances.
- The hazard in the driveway/basketball court area has been repaired.

## FINDINGS

### 1. Population

#### a. General (ASSIST Discrepancies)

The facility can house up to 10 girls. However, there are discrepancies between the number of youth observed by this Monitor and reported by the administration compared to the number of youth at the facility according to the DJS ASSIST database. For example, on August 12, there were only 4 girls at the facility and ASSIST indicated there were 11. On September 25, there were 10 girls at the facility and ASSIST indicated a population of 14.

The ASSIST database is relied upon for many information requests and data reports including reports for the Governor's StateStat program. The aforementioned discrepancies indicate a problem with the number of youth who are actually placed at the facility and the numbers entered into the ASSIST database.

### **Applicable Standard**

**Department of Juvenile Services Standards of Conduct 2.19.1.** *An employee may not make any false oral or written statement or misrepresent any material fact, under any circumstance, with the intent to mislead any person or tribunal. Reports submitted by employees shall be clear, concise, factual and accurate.*



**b. Disproportionate Minority Contact (DMC)**

According to DJS ASSIST, the racial diversity of youth admitted to the program has remained consistent. There were 56 girls admitted from July 1 to September 30. Forty-four were African-American, 10 were White and 2 were Hispanic. The average length of stay for youth at the facility for the quarter was 10.5 days.

**Incidents of Admission**

	<b>1st Quarter, 2008</b>	<b>2<sup>nd</sup> Quarter, 2008</b>	<b>3rd Quarter, 2008</b>
<b>Total</b>	43	60	56
<b>White</b>	6	9	10
<b>African American</b>	36	49	44
<b>Latino</b>	0	1	2
<b>Asian</b>	0	1	0
<b>Native American</b>	1	0	0

**2. Staffing**

**a. General**

The facility had an adequate staff to youth ratio during each Monitoring visit this quarter. Staff were observed as being very engaged with the youth in activities and group meetings.

**b. Child Protective Services and Criminal Record Checks**

File reviews were completed on 15 staff and all of the files except 2 included complete records of Child Protective Services (CPS) and Criminal Record checks. One staff had no record of either and another staff had no record of a CPS clearance.

**3. Safety and Security**

**a. Reporting of Incidents**

- The facility reported only one incident of concern this quarter. On August 25, DJS Incident Report number 67215 indicated a youth was speaking to her case manager on the phone and mentioned of killing herself. The police were contacted and the youth was transported to Carroll County Hospital for

evaluation. The youth was evaluated, treated, released from the hospital and returned to Sykesville on September 2. The youth was subsequently placed in a residential treatment center on September 5.

This incident was not entered into the DJS Incident Reporting Database until DJS was notified by this Monitor on September 16.

- The DJS ASSIST database indicated that four different youth AWOLed from the facility during the quarter - one on July 7, one on July 16 and two on September 23, but no incident reports were submitted on any of the events. Two of the AWOL's occurred while youth were at court and were mis-reported in the ASSIST database. The other two should have been included in the Incident Reporting Database.

#### **Applicable Standards**

**Department of Juvenile Services Incident Reporting Policy MGMT-03-07.4.d.** *The Program's management staff shall ensure a DJS Incident Reporting Form is completed, entered into the DJS Incident Reporting Database and electronically forwarded to OIA by 9:00a.m. the next business day. If access to the DJS Incident Reporting Database is not available, the DJS Incident Reporting Form shall be faxed to the attention of the OIA Administrator by 9:00 a.m. the next business day following the incident.*

#### **4. Physical Plant and Basic Services**

The general condition of physical plant appeared satisfactory, and the long-standing hazard in the driveway/basketball area (a large hole) is being repaired and the driveway resurfaced as of the writing of this report.

#### **Applicable Standard**

**COMAR 14.31.06.07.C(1).** *The licensee shall maintain all structures and grounds in good condition, free from health or safety hazards.*

#### **5. Education**

Youth were observed interacting positively with the teacher and each other during several visits to the facility. They appeared engaged and focused on the instruction.

#### **6. Rehabilitative and Recreational Programming** **a. Therapeutic Programming**

Youth were observed in several group sessions with clinical staff at the facility. There were candid discussions and genuine concerns being displayed by staff and youth.

Youth regularly attend Narcotics Anonymous and Alcoholics Anonymous focus groups.

**b. Recreational Programming**

The youth receive 2 hours of structured recreational and leisure programming daily. They also receive 1 hour of large muscle exercise daily. They utilize a small public park adjacent to the facility for many activities.

Youth participate in trips to local music festivals, movies and a shopping mall. The youth also attended a Frederick Keys baseball game on August 1.

**7. Medical and Behavioral Health**

Youth receive prompt physical exams and mental health treatment at local clinics and Carroll County General Hospital.

Youth or staff expressed no concerns regarding sick call services or medication administration.

**8. Youth Advocacy, Internal Monitoring and Investigation**

The Monitor's office rarely receives any grievances from Sykesville Shelter; however, five were received in August of this quarter. Two of the grievances were from the same youth who had threatened suicide on 8/25, and they had been submitted on 8/24. They indicated her frustrations and suicidal ideations but the grievances were not retrieved until 8/29 and 9/15. The other three grievances were submitted on 8/18, 8/22 and 8/26 and retrieved on 8/29, 9/15 and 8/29 respectively. All of the grievances were resolved appropriately once they were reviewed and investigated by the DJS Child Advocate.

**RECOMMENDATIONS**

1. DJS should ensure the population count is accurate, submitted and properly entered into the ASSIST database on a daily basis.
2. DJS Child Advocates must visit the facility more frequently to ensure youth are having their needs met and to check for written grievances.

**UNABATED CONDITIONS**

1. Incidents must be reported according to DJS procedures in a timely manner.

**DJS RESPONSE  
SYKESVILLE SHELTER CARE  
JULY - SEPTEMBER, 2008**

**SUMMARY OF CRITICAL FINDINGS**

- The DJS ASSIST database does not accurately reflect the population at the facility on a daily basis.

**DJS RESPONSE**

**The Director of the DJS Program Evaluation Unit is working with our IT staff and the DJS Licensed Providers to provide access to the ASSIST database, which will enable more accurate and timely data entry.**

- Incidents are not being reported and entered into the DJS Incident Reporting Database according to DJS procedures.

**DJS RESPONSE**

**Sykesville Shelter reports any incidents immediately to the DJS Regional On-Call Administrator in accordance with DJS policy. This initial notification is followed by a written incident report, which is provided to DJS and entered into the DJS Incident Reporting Database. The Director of the DJS Program Evaluation Unit is working with our IT staff and the DJS Licensed Providers to provide access to the ASSIST database, which will enable more accurate and timely data entry.**

- DJS Child Advocates are not visiting the facility frequently enough to ensure youth's needs are being met and to check for written grievances.

**DJS RESPONSE**

**DJS Child Advocates visit the facility every other week, ensure that youth are having their needs met and check for, investigate and resolve any written grievances. The program also contacts the Child Advocate if youth file any written grievances between visits to the program, so that an investigation can be promptly undertaken to address youth concerns.**

**1. Population**

**a. General (ASSIST Discrepancies)**

**DJS RESPONSE**

**The Director of the DJS Program Evaluation Unit is working with our IT staff and the DJS Licensed Providers to provide access to the ASSIST database, which will enable more accurate and timely data entry. StateStat data may be based on ASSIST and other sources and is subject to standard data verification methodology. Any discrepancy in population data would be temporary and is always resolved.**

b. Disproportionate Minority Contact (DMC)

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: "The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing." DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU.

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis include rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact as experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and collaborates with and provides technical assistance to DMC Coordinators in many jurisdictions across the state.

2. Staffing

b. Child Protective Services and Criminal Record Checks

**DJS RESPONSE**

Information in personnel files is confidential and therefore DJS will not comment about CPS and criminal background checks for specific employees. We will note that CPS and criminal background checks may have been requested but not yet received by the provider program and that documentation of these requests would be found in the personnel files. The JJMU Monitor was also made aware by Sykesville program staff that CPS and/or criminal background check documentation was available but was simply misfiled within personnel files.

**JJMU Comment:**

*The Monitor's office was created, in part, to ensure that youth in the custody of the Department of Juvenile Services "are not being abused." The office is also charged evaluating and reporting on the "adequacy of staffing" and compliance with COMAR regulations. Md. State Govt. Article §6-401 (Supp. 2007).*

*Maryland COMAR regulations prohibit employing as a childcare worker any person who has been convicted of an assault or drug-related offense within 5 years of applying for the job or anyone who has been "indicated" for child abuse or neglect. (See regulation text below.) The public policy reasons for prohibiting the hiring of staff with certain criminal and/or child abuse/neglect backgrounds is obvious.*

*In this quarter, JJMU Monitors examined employee records at a number of DJS-licensed programs to ensure compliance with regulations on this critical child well-being issue. By and large, the files at Sykesville were in order, but there was no evidence of a criminal background*

check or Child Protective Services clearance for one staff and no Child Protective Services clearance for a second staff. COMAR regulations require that both of these clearances be acquired before a prospective employee begins work with children – if it has not already, Sykesville should immediately ensure that all staff have been appropriately cleared. COMAR also requires that copies of the clearances be kept in employee's files.

No confidential information that would identify any individual employee is included in this report, consistent with a Maryland Attorney General's opinion setting parameters for disclosure of information by the Monitor in similar situations involving allegations of child abuse.

"(A)n Independent Monitor's report...should not include information from which the... the alleged abuser may be identified...In some instances... this will require eliminating references to the... the position classification and specific job assignment of an employee. As a general guideline, we suggest that the Independent Monitor's reports include only the degree of detail necessary for a reader to assess the adequacy of the public agency's investigation and response to a report of suspected child abuse." 89 Op. Att'y Gen. 31

### 3. Safety and Security

#### a. Reporting of Incidents

##### DJS RESPONSE

**This finding by the JJMU is incorrect. Complete and detailed information about this incident was reported by the Sykesville program to DJS on August 25, 2008, on the same day and shortly after it occurred. The program maintains a log to track submission of all incident reports. The JJMU may have asked DJS about the reporting of this incident in September but the program had at that time already reported it to DJS.**

### 4. Physical Plant and Basic Services

##### DJS RESPONSE

**The driveway repair has been completed.**

#### RECOMMENDATIONS

1. DJS should ensure the population count is accurate, submitted and properly entered into the ASSIST database on a daily basis.

##### DJS RESPONSE

**The Director of the DJS Program Evaluation Unit is working with our IT staff and the DJS Licensed Providers to provide access to the ASSIST database, which will enable more accurate and timely data entry. DJS and the Sykesville program are of course aware of the accurate population count at all times.**

2. DJS Child Advocates must visit the facility more frequently to ensure youth are having their needs met and to check for written grievances.

**DJS RESPONSE**

**DJS Child Advocates visit the facility every other week, ensure that youth are having their needs met and check for, investigate and resolve any written grievances. The program also contacts the Child Advocate if youth file any written grievances between visits to the program, so that an investigation can be promptly undertaken to address youth concerns.**

**UNABATED CONDITIONS**

1. Incidents must be reported according to DJS procedures in a timely manner.

**DJS RESPONSE**

**Incidents are reported immediately by the Sykesville program to the DJS Regional On-Call Administrator in accordance with DJS policy. This initial notification is followed by a written incident report, which is submitted to DJS and entered into the DJS Incident Reporting Database. The Director of the DJS Program Evaluation Unit is working with our IT staff and the DJS Licensed Providers to provide access to the ASSIST database, which will enable more accurate and timely data entry.**



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT**  
**THOMAS O'FARRELL YOUTH CENTER**  
**JULY - SEPTEMBER, 2008**

**Facility:** Thomas O'Farrell Youth Center (TOYC) of the  
North American Family Institute (NAFI)  
7960 Henryton Road  
Marriottsville, Md. 21104  
Facility Administrator: Bob Geddes

**Date(s) of Visit:** July 24, August 12 and 22, September 8 and 18, 2008

**Reported by:** Philip J. Merson  
Juvenile Justice Monitor

**Issues Monitored:** Closing of the Facility  
Population  
Staffing  
Safety and Security  
Education  
Programming  
Health/Medical  
Facility Maintenance  
Child Advocacy  
Investigations and Monitoring

**Persons Interviewed:** Various administrators, staff, teachers and youth,  
Investigators and administrators for Department of Juvenile  
Services Office of Inspector General (OIG), Maryland State  
Police (MSP), Carroll County Dept. of Social Services, Child  
Protective Services (CPS)

**Date of Report:** November 2008



## INTRODUCTION

The Thomas O'Farrell Youth Center (TOYC) is an unlocked, staff-secure, privately managed residential program for male youth who are committed to the Maryland Department of Juvenile Services with a focus on youth who need Special Education Services. This Monitor conducted five unannounced visits at the facility according to the procedures established for the Juvenile Justice Monitoring Unit. The facility is scheduled to close the end of November. Therefore, this report will be brief and focus only on the highlights of the quarter.

## SUMMARY OF CRITICAL FINDINGS

- The facility will close permanently in November 2008.
- An employee qualifications audit showed that at least nine staff had criminal records but none were disqualifying under current law.
- The facility is dilapidated and in need of serious repairs. Several youth received bites due to an infestation of spiders and other insects. An exterminator has made repeated visits to the facility in an effort to control the infestation.
- Incidents of Inappropriate Conduct/Comments by staff rose sharply.
- DJS OIG investigators failed to attend multi-disciplinary meetings regarding child abuse and neglect.

## FINDINGS

### 1. Population

TOYC has a capacity for 43 male youth. The population is dependent upon the number of youth who can qualify for admission based on MSDE criteria for GED and Special Education.

According to DJS ASSIST, on October 14, there were 22 youth in the program and 7 were leaving that week. Most of the youth were accelerated through the program and DJS is sending them home. However, there were 9 youth still there who needed to be placed in another facility.

As of November 8, according to ASSIST, there were 15 youth remaining at the facility.

#### a. Disproportionate Minority Contact (DMC)

- On July 1, there were 41 youth at the facility. Three were white, three were Hispanic, one was Native American and thirty-four were African American.
- According to the DJS ASSIST database, 14 youth were admitted during this quarter. Two were white and 12 were African American.
- As of November 8, according to ASSIST, there were 15 youth remaining at the facility. Fourteen of those youth were African American.

## 2. Staffing

During this quarter, this Office conducted an Employee Qualifications Audits, comprehensively reviewing approximately 16 personnel records.

### a. Criminal Records

Nine staff had past criminal records. Several had convictions for Possession of a Controlled Dangerous Substance with Intent to Distribute, and one had been convicted of Handgun Possession.

Many staff with criminal histories were still employed by TOYC; however, none of them had violations that disqualified them from employment according to COMAR regulations.

### b. Child Protective Services Clearance

All staff had Child Protective Services checks as required.

### c. Training and Evaluations

- Very few personnel had complete records of required training
- Some CPR and First-Aid certificates were expired
- Evaluations for employees were sporadic and incomplete

## 3. Safety and Security

### a. Aggregate Incidents

Incident Categories	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
1. Youth on Youth Assault	0	18	14/11
2. Youth on Youth Assault with Injury	0	9	5
3. Alleged Youth on Staff Assault	3	1	1
4. Alleged Youth on Staff Assault with Injury	0	0	0
5. Group Disturbances (with bodily harm or injury)	0	0	0
6. Group Disturbances (without bodily harm or property destruction)	0	0	1

7. Restraints	5	6	5
8. Restraints with Injury	0	4	1
9. Seclusions	0	0	0
10. Allegations of Child Abuse			
• Physical	2	2	0
• Sexual	0	0	0
11. Allegations of Child Neglect	0	1	0
12. Escapes/AWOL's	2	5	7
13. Suicide Attempts, Ideation, Gestures, Behavior	1	1	0
14. Alleged Inappropriate Staff Conduct/Comments	0	0	6

Overall, aggressive incidents declined between last quarter and this quarter. However, although previous quarters may have involved alleged inappropriate conduct by staff, this is the first quarter it was reported. There were six incidents involving inappropriate comments/conduct by staff for this quarter.

**b. Specific Incidents**

**i. Staff Arrest**

A staff was reportedly arrested in an incident involving youth this quarter but the information was not available on the DJS Incident Reporting Database. Although the Monitor requested information about the incident, DJS has declined to provide it.

**ii. Inappropriate Conduct by Administrative Staff**

Incident Number 66983 alleged an administrator at the facility was joking with 3 youth about them being arrested and being removed from the program. The youth did not realize it was a joke. One ran away and the other two became very nervous. The DJS internal investigative office investigated and issued a report. Based on the report's findings, the staff member was terminated.

**4. Physical Plant and Basic Services**

**a. Physical Plant**

- The facility is very outdated. The school trailers need to be replaced and the permanent buildings need renovation before youth are housed here in the future.
- The exterior was generally free of debris and environmental hazards.

**Applicable Standard**

**COMAR 14.31.06.07 Physical Plant.** *The licensee shall use a physical plant that is constructed and equipped in a manner consistent with the needs of the children and the goals of the program*

## 5. Education

### a. Classes

This Monitor observed a Math class and a Social Studies class at the facility on August 12. Youth were engaged and focused during both classes.

### b. Vocational Education

There are no hands-on vocational training programs at the facility.

## 6. Medical Health

### ▪ Insect Infestation

There was an infestation of bugs and spiders at the facility from August 1 through September. Several youth were bitten and one youth submitted Grievance Number 7024 to have the issue addressed. An exterminator came to the facility 6 times in an effort to address the situation. The problem was not corrected and youth were moved from the unit pending their release.

### ▪ Infirmary

The infirmary/medical suite area is entirely too small for professional examinations and medical treatment.

### **Applicable Standard**

**COMAR 14.31.06.07 Physical Plant.** *The licensee shall use a physical plant that is constructed and equipped in a manner consistent with the needs of the children and the goals of the program*

## 7. Youth Advocacy, Internal Monitoring and Investigation

### a. Youth Advocacy

This Office received 12 written DJS Grievances/Investigations for the quarter. A review of the grievances and investigations revealed the DJS Child Advocate had appropriately addressed all of the grievances. The grievances were in the following areas:

- Staff conduct (4)
- Food
- Unfair Point System (4)
- Right to Religious Practice
- Recreation
- Insect Infestation (See 'Other Issues' in Medical section above)

**b. Incident and Child Abuse Reporting and Investigation**

**i. Multi-Disciplinary Team Meetings**

On July 31, this Monitor attended a multi-disciplinary meeting at the Carroll County Department of Social Services. There were three serious abuse cases discussed. Members from the Carroll County Sheriff's Department, the States Attorney's Office, DSS, Carroll County Board of Education and the Carroll County Attorney's Office and this Monitor were present. However, there was no one present from DJS. CPS advised they did make notification.

A Special Notification Letter of concern regarding DJS's failure to appear at the meeting was sent to DJS on October 6. As of this report, DJS has not replied to the letter.

**Applicable Standards**

**Carroll County Interagency Agreement on the Investigation of Child Abuse and Neglect at the Thomas O'Farrell Youth Center, Section IV.** *Multi-disciplinary staffings will be scheduled and held at DSS on an as-needed basis and include representatives, as appropriate, of the Center, DSS, LEA, SAO, JJMU, OIA.*

**Department of Juvenile Services Policy for Reporting and Investigating Child Abuse and Neglect, 01.01.13.IV.C.** *DJJ employees reporting or receiving reports of suspected abuse or neglect shall cooperate with DSS and Law Enforcement personnel investigating the report, and the DJJ Inspector General. In this context, cooperation shall include:*

- 1. Sharing with authorized DSS or Law Enforcement personnel otherwise confidential materials and information on the case.*
- 2. Responding promptly to requests for additional information.*

**ii. Other Incidents**

In Incident Report Number 66579, a youth reported being abused on August 23 by staff as he was restrained. CPS was notified and initially screened the incident out. However, the DJS OIG investigator found a minor injury on the youth and CPS opened an investigation. Abuse was ruled out by DSS/CPS but the DJS investigation is still pending.

**RECOMMENDATIONS**

1. Private programs licensed by DJS should avoid hiring staff who may have a negative influence on youth.
2. DJS OIG investigators should attend multi-disciplinary meetings regarding child abuse and neglect.

## UNABATED CONDITIONS

1. The facility is dilapidated and in need of significant repairs before being used again for youth housing.
2. DJS should ensure programs are enhancing staff professionalism and reducing incidents of inappropriate interaction with youth.

**DJS RESPONSE  
THOMAS O'FARRELL YOUTH CENTER  
JULY - SEPTEMBER, 2008**

**1. Population**

**DJS RESPONSE**

DJS identified an appropriate transition plan for all youth in preparing for the closing of O'Farrell in November 2008. Youth were either returned home or placed in residential or community programs depending on their needs.

**2. Staffing**

**c. Training and Evaluations**

**DJS RESPONSE**

DJS believes that reporting of personally identifiable information from confidential personnel files by the JJMU is both contrary to law and inappropriate, and therefore we will not comment about CPS and criminal background check results for specific employees (Md. State Gov't Art. Section 10-611, et seq.). It is important to emphasize that the JJMU reports that its audit did not identify any employees with offenses that are exclusionary for employment under COMAR. The fact that the offenses or alleged offenses were not disqualifying makes their publication all the more questionable. There is simply no reason to subject persons who are now contributing members of society and gainfully employed to the oprobrium of having their past missteps publicized or to the innuendo that they should be denied employment because of their own, often youthful, indiscretions.

At the time of the JJMU audit, O'Farrell was conducting staff training to assure that all Direct Care staff met training requirements and that documentation of training in personnel files was current.

**JJMU Comment:**

*The Monitor's office was created, in part, to ensure that youth in the custody of the Department of Juvenile Services "are not being abused." The office is also charged evaluating and reporting on the "adequacy of staffing" and compliance with COMAR regulations. Md. State Govt. Article §6-401 (Supp. 2007).*

*Maryland COMAR regulations prohibit employing as a childcare worker any person who has been convicted of an assault or drug-related offense within 5 years of applying for the job or anyone who has been "indicated" for child abuse or neglect. The public policy reasons for prohibiting the hiring of staff with certain criminal and/or child abuse/neglect backgrounds are obvious .*

*In this quarter, JJMU Monitors examined employee records at a number of DJS-licensed programs to ensure compliance with regulations on this critical child well-being issue. Files at*

Thomas O'Farrell showed that all staff had appropriate Child Protective Services clearances, most required training records were missing, most required employee evaluations were missing, and several staff had convictions for serious crimes that do not disqualify them from employment under current COMAR regulations.

No confidential information that would identify any individual employee is included in this report, consistent with a Maryland Attorney General's opinion setting parameters for disclosure of information by the Monitor in similar situations involving allegations of child abuse.

"(A)n Independent Monitor's report...should not include information from which the... the alleged abuser may be identified...In some instances... this will require eliminating references to the... the position classification and specific job assignment of an employee. As a general guideline, we suggest that the Independent Monitor's reports include only the degree of detail necessary for a reader to assess the adequacy of the public agency's investigation and response to a report of suspected child abuse." 89 Op. Att'y Gen. 31

The Monitor's Office has recommended to DJS that COMAR regulations be tightened to be require that staff of DJS-licensed providers meet the more strict criminal background policy for DJS childcare staff.

3. **Safety and Security**

b. **Specific Incidents**

i. **Staff Arrest**

**DJS RESPONSE**

**The court dismissed the charge against a staff member, which did not occur at the workplace and was unrelated to work with youth. We consistently and promptly respond to numerous incident-related questions from the JJMU.**

**JJMU Comment:**

*The Monitor asked the DJS Office of Inspector General (OIG) to disclose the nature of the offense for which the staff member was arrested. OIG declined to do so, but said that the offense was not related to the staff member's work with youth. An arrest for an alleged assault, even if off grounds of the facility, is relevant to a staff member's fitness to work safely with youth and should have been disclosed.*

7. **Medical Health**

a. **Insect Infestation**

**DJS RESPONSE**

**Several youth complained of bug bites. It was unclear whether they were bitten while participating in outdoors activities or while in the dorm area. The exterminator was called to the facility numerous times to remedy the situation. Even though there was little evidence of an infestation in the dorm, the area was continually inspected and treated.**



8. Youth Advocacy, Internal Monitoring and Investigation

b. Incident and Child Abuse Reporting and Investigation

i. Multi-Disciplinary Team Meetings

DJS RESPONSE

DJS investigators regularly attend and actively participate in multidisciplinary team meetings in Carroll County and in jurisdictions throughout the state. This standard practice includes ongoing communication between DJS and law enforcement, social services, and other agencies including the provision of the results of DJS internal investigations to local departments of social services. Due to rescheduling of the one multidisciplinary meeting referenced by the JJMU, a DJS investigator was not able to attend. It is misleading for the JJMU to characterize the circumstances in this case as "failure to appear" thereby implying that DJS was unresponsive or uncooperative when the facts clearly substantiate our consistently high level of collaboration and involvement with our partner agencies in the multidisciplinary meeting process. DJS remained in close contact with law enforcement and social services about this case, as we do in every case, including providing full and detailed facts about the case prior to the multidisciplinary meeting. Two staff members from O'Farrell also participated in the meeting.

**JJMU Comment:**

*Multi-disciplinary meetings (Multi-D's) among social services agencies, law enforcement, JJMU, and DJS are held to ensure that child abuse does not occur in institutional environments, and if a child is abused, to be certain that all appropriate actions are taken to protect the victim child and all other youth in the facility. In child abuse cases, the DJS staff member who investigated the case is a critical voice at the table. The DJS investigator generally has personnel information and other facts not available to the other parties.*

*If the DJS investigator is unable to attend a Multi-D, s/he should request that the meeting be rescheduled. At the referenced meeting, Child Protective Services staff expected the DJS investigator and said s/he did not contact the office to say that s/he would be unable to attend.*

ii. Other Incidents

DJS RESPONSE

The DJS investigation of this allegation was promptly initiated and completed.

RECOMMENDATIONS

1. Private programs licensed by DJS should avoid hiring staff who may have a negative influence on youth.

DJS RESPONSE

Screening procedures are in place to recruit qualified employees. While most staff are dedicated and skillful, and programs provide training and supervision, staff who are not suited for employment in private programs would be subject to discipline up to and including termination.

2. DJS OIG investigators should attend multi-disciplinary meetings regarding child abuse and neglect.

**DJS RESPONSE**

DJS investigators regularly attend and actively participate in multidisciplinary team meetings in Carroll County and in jurisdictions throughout the state. This standard practice includes ongoing communication between DJS and law enforcement, social services, and other agencies including the provision of extensive information and the results of DJS internal investigations to local departments of social services. Due to rescheduling of the one multidisciplinary meeting referenced by the JJMU, a DJS investigator was not able to attend.

It is misleading for the JJMU to characterize the circumstances in this case as “failure to appear” thereby implying that DJS was unresponsive or uncooperative when the facts clearly substantiate our consistently high level of collaboration and involvement with our partner agencies in the multidisciplinary meeting process. DJS remained in close contact with law enforcement and social services about this case, as we do in every case, including providing full and detailed information prior to the multidisciplinary meeting

**JJMU Comment:** *See discussion above, p. 9.*

**UNABATED CONDITIONS**

1. DJS should ensure programs are enhancing staff professionalism and reducing incidents of inappropriate interaction with youth.

**DJS RESPONSE**

DJS routinely and consistently works closely with its licensed programs to provide and coordinate training, consultation, evaluation and other strategies that support appropriate conditions and services for youth. DJS also conducts comprehensive on-site visits to licensed programs including direct observation of staff and youth interactions to ensure compliance with all applicable standards of care.



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT**  
**VICTOR CULLEN CENTER**  
**JULY - SEPTEMBER, 2008**

**Facility:** Victor Cullen Center  
6000 Cullen Drive  
Sabillasville, MD 21780  
Acting Superintendent: Helen Mency

**Date(s) of Visit:** July 3 and 17, August 7 and 29, September 8 and 19,  
2008

**Reported by:** Philip Merson

**Issues Monitored:** Population  
Staff  
Safety/Security  
Education  
Facility Maintenance  
Grievance/Incidents  
Program  
Medical/Health

**Persons Interviewed:** Superintendent, Assistant Superintendent, Various  
staff and youth

**Date of Report:** November 2008

## INTRODUCTION

The Victor Cullen Center ("VCC") is a State owned and operated secure treatment facility for adjudicated males. It is located in Frederick County, Maryland just north of Sabillasville. The facility will eventually accommodate 48 youth in four cottages.

## SUMMARY OF CRITICAL FINDINGS

- The Pre-Apprenticeship Program did not continue this quarter.
- Although DJS has addressed some security issues at the facility, there are still several outstanding concerns.
- Youth who require speech and language support may not be receiving adequate services.
- Religious groups are not providing services at the facility.
- The facility has not been performing fire drills as required by DJS policy and procedures.
- DSS/CPS should have investigated several incidents involving inappropriate conduct by staff. A written MOU dealing with reporting, responding to and investigating alleged abuse or neglect at the facility should be developed and implemented.

## FINDINGS

### 1. Population

#### a. General

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Daily Population</b>	<b>Average Monthly Population</b>	<b>Number of Days Over Capacity</b>
48	39	32	36	July - 34 August - 37 Sept. - 36	0

In September, VCC had an average of 36 youth enrolled and DJS plans to continue enrolling students until reaching capacity. Current staffing will not accommodate 48 youth.

#### b. Disproportionate Minority Contact (DMC)

	<b>1st Quarter, 2008</b>	<b>2<sup>nd</sup> Quarter, 2008</b>	<b>3rd Quarter, 2008</b>
<b>Confinement Incidents</b>	42	55	51

<b>White</b>	10	13	11
<b>African American</b>	30	38	35
<b>Latino</b>	2	3	4
<b>Asian</b>	0	1	1

The percentage of Latino, African American, and white youth at Victor Cullen relative to the total number of youth has remained consistent throughout the year.

## 2. Staffing

### a. General

	<b>1st Quarter, 2008</b>	<b>2<sup>nd</sup> Quarter, 2008</b>	<b>3<sup>rd</sup> Quarter, 2008</b>
<b>Total PINS (Positions with benefits)</b>		(June 30) 74	(Nov 7) 73
<b>Total Contractual Positions</b>		(June 30) 5.75	(Nov 7) 9
<b>Total Vacancies</b>		(June 30) 10.25	(Nov 7) 5
<b>Youth:Staff Ratios</b>	1:10	1:8.	1:8.

- **Vacancies:**  
As of the writing of this report, the Facility Administrator advised of the following vacancies:
  - Resident Advisors – 11-
  - Therapists – 2- Group Life Managers – 2-
  - Program Manager II – 1-
  - Fiscal Technician – 1 –Part-time Psychologist – 1-
  - Part-time Resident Advisor – 1
  
- Youth to Staff Ratios have decreased at the facility as more staff have been hired. This increase in ratio may partly account for the reduction in aggressive incidents.
  
- Staff Conduct Violations. See “Specific Incidents” under “Safety and Security” below.

### b. Staff Training

According to the Facility Administrator, as of September 19 there were three classes of Entry Level Training remaining. Seven staff started training September 10, seven started on September 24 and eight to ten started on October 8. The Facility Superintendent reported that 100% of staff would be up-to-date on required training by the end of October.

	<b>November 7 2008</b>
<b>Total Certified Staff</b>	46
<b>Total Uncertified Staff</b>	17
<b>Percent of Staff Completing Initial Training</b>	78%
<b>Percent of Staff Completing Annual Refresher Training</b>	62%

### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.1.5.5.** *(S)taffing levels (should) ensure the proper supervision and safety of residents.*

**COMAR 14.31.06.06.2.F. Minimum Staffing Requirements.** *The licensee shall ensure adequate staff coverage at all times based on the time of day, the size, and the nature of the program.*

### **3. Safety and Security**

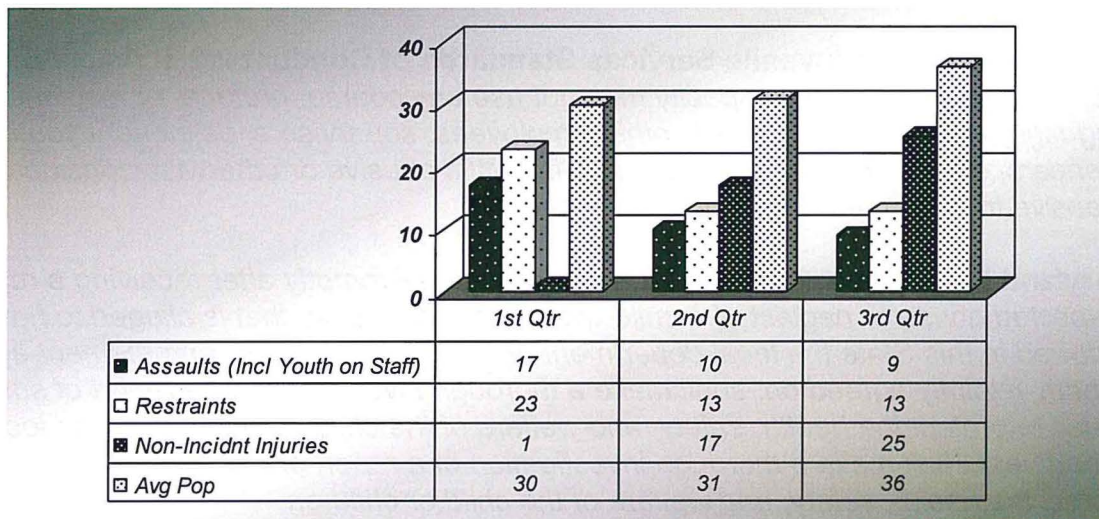
#### **a. Aggregate Incidents (Incident Count)**

Incident Categories	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
1. Youth on Youth Assault	10	6	7
2. Youth on Youth Assault with Injury	0	1	0
3. Alleged Youth on Staff Assault	7	4	2
4. Alleged Youth on Staff Assault with Injury	1	0	1
5. Group Disturbances (with bodily harm or injury)	0	0	0
6. Group Disturbances (without bodily harm or property destruction)	0	0	0
7. Restraints	23	13	13
8. Restraints with Injury	4	0	1
9. Seclusions	0	0	0
10. Allegations of Child Abuse			
• Physical	1	1	0
• Sexual	1	0	0
11. Allegations of Child Neglect	0	0	0
12. Escapes/AWOL's	0	2	0
13. Law Enforcement Response to Incidents	3	2	0

14. Suicide Attempts, Ideation, Gestures, Behavior	1	3	0
15. Alleged Inappropriate Staff Conduct/Comments	2	5	4
16. All Incidents Involving Injuries	6	21	33

**i. Analysis of data**

- Overall, incidents of assault and restraint remained consistent from 23 last quarter to 22 this quarter. However, when comparing the numbers with the increase in population the percentage of youth on youth assaults and restraints has actually declined. Incidents of assault and restraints have declined from 33 in the 1<sup>st</sup> quarter, 2008 to 22 this quarter – a 33% decrease.



Source: Department of Juvenile Service Incident Report Database and Office of Research and Evaluation.

**b. Specific Incidents**

**i. Inappropriate Conduct by Staff**

- DJS' Office of Inspector General completed investigation number 65707 on July 28 sustaining a complaint against a teacher for an inappropriate relationship with a youth. DJS advised that Child Protective Services screened out the report and that MSDE chose not to notify law enforcement.
- DJS Incident Report Number 66358 indicated on August 17, an off-duty Victor Cullen staff had been taking discharged youth from the facility to her home. The staff person did not deny her conduct. Allegedly, other staff observed one former facility youth sitting outside the staff person's home smoking a cigarette. This Monitor contacted the facility to determine follow-up action and administration advised that the staff was leaving employ with the facility.

DSS/CPS should have investigated both of the above incidents to determine if any form of sexual abuse was involved.

- o DJS Incident Report Number 67003 revealed staff had cursed at a youth and a youth's mother who was on a telephone call with her son, overheard it. According to DJS, the investigation is still ongoing.

### **Applicable Standards**

**Md. Department of Juvenile Services Standards of Conduct 2.2.1 Personal Conduct.** *Each employee shall conduct him or herself at all times, both on and off duty, in such a manner as to reflect most favorably on the Department.*

**Md. Department of Juvenile Services Standards of Conduct 2.2.3.** *An employee acting in his or her official capacity may not use any coarse, profane, or insolent language, or take action towards other employees, supervisors, delinquent youth, offenders, clients or members of the public that is abusive or otherwise considered offensive to contemporary community standards.*

**Maryland Family Law Code 5.706. a.** *In general.- Promptly after receiving a report of suspected abuse or neglect of a child who lives in this State that is alleged to have occurred in this State the local department or the appropriate law enforcement agency, or both, if jointly agreed on, shall make a thorough investigation of a report of suspected abuse to protect the health, safety, and welfare of the child or children; or the local department shall make a thorough investigation of a report of suspected neglect to protect the health, safety, and welfare of the child or children*

### **ii. Marihuana Plant**

On September 15, staff discovered a 4-foot tall marihuana plant growing next to the school building inside the campus area of the facility (DJS Incident Report Number 67191). The Maryland State Police responded to confiscate the plant and an investigation into the origins of the plant is ongoing.

### **c. Security Equipment and Practices**

- The fence is fully alarmed and operational. Cameras monitor the fence for viewing but they do not record activity for later review.
- Following the escape of two youth this summer, the facility began scheduling two staff on each unit during each shift.
- The siren is working properly.
- The facility has expanded the community notification system and it appears to be working properly.
- Staff still do not have distress alarms. The video monitors for the cameras did not have split-screen capabilities throughout the quarter, which made it



difficult for staff in control to monitor all the different areas. However, split screen capabilities were reportedly installed the end of October.

- There is currently no lobby area upon entry into the facility. This makes it difficult for visitors to be controlled and for them to wait in a comfortable area. This is also a security hazard due to youth being in the area and having access to the entrance into the facility.
- The Department should hire a staff member with specific training and experience with security operations to advise all secure facilities on these issues.
- The facility should assign two persons to Master Control during shift changes and times of high traffic/activity. It is very difficult for one person to manage the telephones, visitors, sign staff in and out and handle the key control. That one person is also responsible for answering the phone, radio control, monitoring the video monitors and maintaining gate control.

### **Applicable Standards**

**Maryland Standards for Juvenile Detention Facilities 6.9.** *The facility shall be controlled by appropriate means to ensure that youth remain within the perimeter.*

**Maryland Standards for Juvenile Detention Facilities 5.1.2.2.** *Security refers to the provision of staff and resident safety and to the prevention of escape from the facility... Means to ensure security shall consist of physical features of the buildings and grounds, policy and procedures, and staffing arrangements.*

#### **f. Restraints and Seclusion**

As noted above, restraints have remained consistent in number but the rate has actually declined when comparing to the increase in population. Seclusion is not used at Victor Cullen.

#### **g. Behavior Management Plan (BMP)**

According to the Facility Superintendent, the BMP consists of Positive Peer Culture and the completion of thirteen (13) specific Focus Areas. There are weekly and monthly meetings to determine youth progress. A point system is used in the school.

### **4. Physical Plant and Basic Services**

#### **a. Fire Safety**

This Monitor reviewed two separate binders for "Fire Drills." One binder contained the policy and procedure (OP 4.1) while the other contained the actual drills. Administration should clearly label the two binders in the event a staff person needs immediate access to the procedure.

There were three fire drills recorded for April, three for May, three in June, two in July, three in August and none for September. Fire drills were not consistent for each cottage, the gym and administration building each month.

### **Applicable Standards**

**COMAR 14.31.06.08.A. Emergency Planning.** *The licensee shall: (5) Hold emergency drills: (a) At least monthly; (b) On each shift, at least quarterly;*

**Victor Cullen Operations Procedure 4.1.** *Requires a 'Fire Safety Officer' and fire drills on each unit are required at least once a month.*

#### **b. Physical Plant**

The general condition of physical plant is very good. The exterior was free of debris and environmental hazards; however, the monitoring cameras are still not recording. The interiors of each building were clean and free of hazards and there were no problems observed with chemical and hazardous substance storage.

### **5. Education**

#### **a. Records**

According to the principal, she requests school records within 24 hours of a youth's arrival but there is sometimes a delay in obtaining records from the Baltimore City Juvenile Justice Center. The school expects replies within three days of each request and the requests are re-sent up to three times. The principal said records rarely take more than one to two weeks to arrive.

#### **b. Special Education**

- Individual Education Plans (IEP) for educational or learning disabilities are normally transferred to the facility from other school systems but there have been occasions where the IEP must be re-established due to expiration.
- Youth usually receive appropriate special education services to address educational or learning disabilities; however, there is a concern that some youth do not receive certain speech-language pathology services. Some staff feel there is a need for identification of children with speech or language impairments, and provision of speech and language services for the habilitation or prevention of communicative impairments.

### **Applicable Standards**

**United States Code (20 U.S.C. §1412(a)(3) Individuals with Disabilities Education Act (IDEA).** *Every school district is legally required to identify, locate, and evaluate children with disabilities. After the evaluation, the district may provide the child with specific programs and services to address special needs. IDEA identifies a speech or language impaired child as disabled.*

**Md. Department of Juvenile Services Detention Standards 4.1.3.2. Applicability of Special Education Law.** *If a resident has an identified disability, all state and federal laws pertaining to special education shall be followed. (i.e., Education Article, Title 8 and COMAR Title 13A).*

**c. Educational Plan**

- Youth do have individualized learning plans to meet their goals
- DJS and MSDE staff need to collaborate and cooperate more. The new principal from MSDE is issuing a memo for all staff to review Victor Cullen policies and procedures. The policies and procedures became effective July 1 and they identify numerous areas that require cooperation and collaboration between DJS and MSDE.
- MSDE Education and DJS Therapeutic Services also need to collaborate more. See “Therapeutic Programming” under “Rehabilitative and Recreational Programming” below.

**d. Classes**

- Youth participate in class within 24 hours of admission.
- Youth attend classes for at least 6 hours/day.
- Classrooms have sufficient space and skilled personnel to allow youth to pursue individual learning goals.

**e. General Educational Development Program (GED), College Courses**

The program provides youth with access to GED program.

**f. Vocational Education**

DJS’s new Pre-Apprenticeship Program ran for 10 weeks during the summer of 2008 and received positive feedback from participants. The program has not been repeated, however. Administrators explained that there were issues with retaining qualified instructors during the school year. The program will not return until sometime in the spring of 2009. If qualified instructors cannot be recruited during the school year, the program should be revamped so that all eligible youth moving through the Victor Cullen program have an opportunity to participate.

## 6. Rehabilitative and Recreational Programming

### a. Treatment Service Plans

- Several Individual Treatment Service Plans (ITSPs) were reviewed and they revealed the absence of community case managers' and parents' signatures.
- One ITSP reviewed by this Monitor was customized and focused on the individual treatment needs of the youth involved. Under the ITSP, the youth would need to achieve one goal before moving on to others. He was encouraged to develop long-term goals in lieu of short-term gratifications. It took 5 weeks for the youth to achieve one accomplishment; however, he learned to control his impulsive behavior before the treatment team added another goal. The clinical team's focus on this youth's individual achievement is encouraging as Victor Cullen continues to develop its rehabilitative programming.
- The Director of Clinical Services explained that he would like to see the Individual Therapy notes from the ITSP integrated with the Focus Goals of the Treatment Service Plan (TSP). Currently, the facility keeps the ITSP and TSP separate.

### b. Therapeutic Program

- *Level System Model versus Visions/Challenges Model*

There was a discussion with the Clinical Department personnel concerning replacing the levels system with a system that challenges youth to complete specific visions or goals that may be more relevant to their own personal situations. The current levels system employed throughout most DJS facilities does not address the immediate concerns and issues with each individual youth.

- *Collaborative Treatment and Education*

The Clinical Director discussed concerns among some staff that youth are too tired for individual therapy and/or group discussions after attending school for six hours. The Facility Administrator explained that DJS was contracting with a vendor to provide anger management and/or drug treatment to youth during Life Skills class, which occurs at night.

Victor Cullen may want to consider alterations to the class and therapeutic schedule that would allow youth to be less fatigued when participating in therapeutic sessions. Youth may more readily absorb and participate in education if they are making significant progress in dealing with their emotional, behavioral and psychological issues first.

### c. Recreational Programming

The youth receive 2 hours structured recreational and leisure programming and 1 hour of large muscle exercise daily.

**d. Opportunities to Practice Religious Beliefs**

DJS Grievance Number #7189 concerning the lack of church services was submitted by a youth on July 17. On September 25, the youth agreed to a resolution that allowed him 1 hour of "reflection" time on Sunday mornings. However, DJS policy requires youth be provided with worship services upon request. The facility administrator advised me they were still trying to identify a religious group to provide services.

**Applicable Standard**

**Md. Department of Juvenile Services Detention Services 4.6. Religious programs.** *Space and time shall be provided that may be used for religious purposes. Youth desiring to participate in such services may do so on a voluntary basis or may be taken to places of worship in the community, if doing so presents no risk to security.*

**e. Family Day**

The facility held a successful Family Day on August 23. Reportedly, there were 34 families present and there were no incidents

**7. Medical and Behavioral Health**

**a. Basic Medical Services**

There have been no reported or observed concerns regarding physical exams, mental health screenings, substance abuse screenings, suicide screenings, sick call services, medication administration, suicide watches or record keeping.

**b. Medical Staff**

The facility has received but has not filled another permanent PIN for a nursing position.

**8. Youth Advocacy, Internal Monitoring and Investigation**

**a. Youth Advocacy**

The Child Advocacy and Grievance Process appear to be working well at the facility. This monitor received five DJS grievance investigations for this quarter. The grievances were:

- o Poor food selection (3)
- o Lack of staff assistance in program

- Mail not being opened in front of youth

All of the grievances were investigated and properly handled by the DJS Child Advocate.

**c. Internal Monitoring**

The Maryland Department of Juvenile Services, Office of Quality Assurance and Accountability, Quality Improvement Unit has completed no Quality Improvement Reports on Victor Cullen to date.

**RECOMMENDATIONS**

1. A comprehensive and ongoing vocational program should be implemented and made consistently available for all youth.
2. The facility should perform fire drills as required by DJS policy and procedures.
3. Youth with speech and language difficulties need thorough assessments, evaluations, treatment and services.
4. The facility should provide religious services to youth when requested.

**UNABATED CONDITIONS**

1. A written MOU dealing with reporting, responding to and investigating alleged abuse or neglect at the facility should be developed and implemented. DSS/CPS should investigate all incidents involving alleged inappropriate sexual conduct by staff.
2. Security measures should be enhanced as follow:
  - Cameras should be able to record activity throughout the facility for subsequent review when necessary.
  - Staff should be provided with distress alarms.
  - The video monitors for the cameras should have split-screen capabilities for efficient monitoring.
  - The facility should have a lobby area upon entry into the facility for visitors to be controlled and for them to wait in a comfortable area. This would also reduce a security hazard due to youth being in the area and having access to the entrance into the facility.
  - The Department should hire a staff member with specific training and experience with security operations to advise all secure facilities on these issues.
  - The facility should assign two persons to Master Control during shift changes and times of high traffic/activity.

**DJS RESPONSE  
VICTOR CULLEN CENTER  
JULY - SEPTEMBER, 2008**

**1. Population**

**b. Disproportionate Minority Contact (DMC)**

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: "The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing. DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU.

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis are rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and collaborates with and provides technical assistance to DMC Coordinators in many jurisdictions across the state.

**2. Staffing**

**b. Staff Training**

**DJS RESPONSE**

The training data referenced above in this JJMU Report is as of November 7, 2008 and was provided to the JJMU by DJS on November 15, 2008. DJS provides training classes on an ongoing basis to facility staff at Victor Cullen and all other DJS facilities to ensure that staff meets annual in-service training requirements. This ongoing training program ensures that facility staff work toward meeting the annual training requirements throughout the calendar year. As a result, the rate of compliance with training requirements also continually increases. As of December 22, 2008, the date of the DJS response to this JJMU Report, 100% of mandated Victor Cullen staff is fully or provisionally certified and has completed all annual training requirements in accordance with MCTC standards.

**JJMU Comment:**

*All training data reported herein was supplied by DJS Headquarters in response to a written information request from JJMU. The training data is reported verbatim from two charts titled "Current Certification and ELT Status of Mandated Facility Employees as of November 7,*

2008" and "In-Service Training Status of Current Mandated Facility Employees as of November 7, 2008." This material was supplied to JJMU by DJS Headquarters on November 15, 2008.

3. Safety and Security

b. Specific Incidents

i. Inappropriate Conduct by Staff

DJS RESPONSE

DJS conducts investigations and reports findings for all incidents meeting criteria for investigation including fully cooperating with Child Protective Services and Maryland State Police as applicable.

ii. Marihuana Plant

DJS RESPONSE

The Department continues to employ staff with specific training and experience in security operations and they work closely with Victor Cullen administration on an ongoing basis.

Two staff are assigned to operate the control room during the first and second shift changes. Split screen capability on video cameras is currently in place.

5. Education

a. Records

DJS RESPONSE

MSDE has identified the need for additional records staff at the Baltimore City Juvenile Justice Center and is currently recruiting for that position.

b. Special Education

DJS RESPONSE

Students who qualify for special education, including speech/language services as identified in their IEP, are always provided those services by MSDE. MSDE has systems in place for identification of all youth requiring speech/language services at Victor Cullen. MSDE special education personnel will meet with all school staff at the facility to re-emphasize information previously provided about these procedures. It is possible that staff not directly involved in the evaluation process or the delivery of special education speech/language services may not be fully aware of the sometimes complex issues involved in determining eligibility for these services in conformity with applicable federal and state regulations. It is not atypical that IEPs for youth in DJS schools are out-of-timeline (e.g., beyond the annual review date) when received from sending schools, because many youth involved with juvenile justice agencies have been out of school for extended periods. Schools in DJS facilities utilize the same procedures as public schools to update IEPs as appropriate to student needs.



**JJMU Comment:**

*Education and clinical staff at Victor Cullen recommended in interviews that speech/language services and identification of youth needing those services be improved.*

**f. Vocational Education**

**DJS RESPONSE**

The Department continues to experience complete and enthusiastic cooperation from union officials and the Maryland Department of Labor, Licensing and Regulations to provide the pre-apprentice program at Victor Cullen. To our knowledge, this is the first program of its kind in the country. A fall program was not possible for the Union Training Directors and Facilitators that conducted the 80-hour core curriculum, and the program will be offered in spring 2009 to accommodate their schedule. Participating youth receive three college credit hours from the National Labor College, and eligibility for direct entry into many Union Apprenticeship Programs, and certificates for completion of CPR /First Aid and OSHA training.

**RECOMMENDATIONS**

1. A comprehensive and ongoing vocational program should be implemented and made consistently available for all youth.

**DJS RESPONSE**

Vocational preparation for youth at Victor Cullen includes an innovative pre-apprenticeship program in collaboration with trade unions and the Department of Labor, Licensing and Regulation that is described in our response to an earlier section of this report. Additional vocational programs are being established.

2. The facility should perform fire drills as required by DJS policy and procedures.

**DJS RESPONSE**

Fire drills will be consistently performed as required.

3. Youth with speech and language difficulties need thorough assessments, evaluations, treatment and services.

**DJS RESPONSE**

Students at Victor Cullen who qualify for any special education services, including speech/language services as identified in their IEP, are always provided those services by the Maryland State Department of Education.

4. The facility should provide religious services to youth when requested.

**DJS RESPONSE**

**The facility is examining options for provision of religious services.**

### **UNABATED CONDITIONS**

1. A written MOU dealing with reporting, responding to and investigating alleged abuse or neglect at the facility should be developed and implemented. DSS/CPS should investigate all incidents involving alleged inappropriate sexual conduct by staff.

### **DJS RESPONSE**

**DJS works collaboratively on an ongoing basis with social services and law enforcement. Any allegation of child abuse or neglect is promptly and extensively investigated by DJS and by Child Protective Services and the Maryland State Police as appropriate to each situation.**

2. Security measures should be enhanced as follow:
- Cameras should be able to record activity throughout the facility for subsequent review when necessary.
  - Staff should be provided with distress alarms.
  - The video monitors for the cameras should have split-screen capabilities for efficient monitoring.
  - The facility should have a lobby area upon entry into the facility for visitors to be controlled and for them to wait in a comfortable area. This would also reduce a security hazard due to youth being in the area and having access to the entrance into the facility.
  - The Department should hire a staff member with specific training and experience with security operations to advise all secure facilities on these issues.
  - The facility should assign two persons to Master Control during shift changes and times of high traffic/activity.

### **DJS RESPONSE**

**DJS has state-of-the-art comprehensive security systems in place at Victor Cullen including fence alarms and multiple cameras recording activities throughout the facility. Cameras have split screen capabilities. The Department continues to employ numerous senior staff with extensive experience in facility security operations, and these staff work closely with Victor Cullen on an ongoing basis. Two staff are assigned to Master Control for first and second shift changes.**



MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT**  
**THOMAS J.S. WAXTER CHILDREN'S CENTER**  
**JULY – SEPTEMBER, 2008**

**Facility:** Thomas J.S. Waxter Children's Center  
375 Red Clay Road, SW  
Laurel, MD 20724  
Superintendent: Mark Hamlett

**Date(s) of Visit:** July 1, 8, 17, and 28, August 12 and 21, September 12, 23,  
and 30, 2008

**Reported by:** Moira Lee & Claudia Wright  
Juvenile Justice Monitors

**Persons Interviewed:** Administrators, Case Managers, Residential Care Staff,  
Nurses, Youth

**Date of Report:** November 2008

## INTRODUCTION

Thomas J. S. Waxter Children’s Center is a State owned and operated detention/residential treatment facility in Laurel, Maryland. The facility is comprised of one detention unit, one pending placement unit, and one secure committed program for young women under the age of 22. According to the Superintendent, the current maximum population capacity is 34.

## SUMMARY OF CRITICAL FINDINGS

- No changes in services provided to committed youth since last quarter report.
- Staff request additional training.
- 42% of staff have not completed initial training.
- Inaccuracy and delays with incident reporting.
- Increased activities.
- Decrease in population and incidents due to bathroom project.

## FINDINGS

### 1. Population

B-Unit, one of the three units at Waxter, has been closed since June due to renovation of the bathrooms. The bathroom renovation has affected the population capacity at Waxter. Throughout the quarter the population at Waxter has decreased. Administrators report this is due to increased efforts to divert youth into community programs and referral to other girls’ programs across the state.

#### a. General

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Daily Population</b>	<b>Average Monthly Population</b>	<b>Number of Days Over Capacity</b>
34*	49	24	37	July 40 August 29 September 31	30

\*Facility capacity is typically 45. As of June, and the closure of the B-Unit, the capacity is 34.

Waxter has been over population capacity for one third of the quarter.

#### b. Detention and Pending Placement

	Number of Youth in Status 60+ Days	Number of Youth in Status 90+ Days	Average Length of Stay
<b>Detention</b>	3 (61, 61, 66 days)	1 (122 days)	11.56 days
<b>Pending Placement</b>	2 (69, 77 days)	1 (106 days)	29 days

While the population at Waxter has decreased, administrators have no ability to classify youth based on offense, age or size. All youth in pending placement and detention status reside on the same unit.

**c. Disproportionate Minority Contact (DMC)**

	1st Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3rd Quarter, 2008
<b>Total Population</b>	201	241	237
<b>White</b>	57	58	58
<b>African American</b>	137	169	167
<b>Latino</b>	6	7	8
<b>Other</b>	1	7	4

Over 70% of youth at Waxter are African American. During the last three quarters the percentage of African American girls at Waxter has consistently been around 70%.

**Applicable Standards**

**Maryland Rules, Rule 11-112. Detention or shelter care.** *Maximum period of detention or shelter care – continued detention or shelter care pending the adjudicatory or waiver hearing may not be ordered for a period of more than thirty days.*

**2. Staffing**

**a. General**

	1st Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3 <sup>rd</sup> Quarter, 2008
<b>Total PINS (Positions with benefits)</b>			79
<b>Total Contractual Positions</b>			4
<b>Total Vacancies</b>			9
<b>Staff:Youth Ratios</b>	1: 7.33	1: 7.62	1: 5.98

No staff have been released since the closure of the B-unit. Staff report that a smaller population makes it easier to manage youth behavior.

Staff working with the youth in pending placement and detention report they work excessive overtime. Staff working with the committed girls report they work little overtime. Administrators report that overtime hours are due to additional activities being provided to youth. Staff report they work overtime because there are numerous untrained employees who cannot be alone with youth.

The clinical psychologist position working with youth in the committed program was filled after the last day of the 3<sup>rd</sup> quarter. The committed youth did not have a clinician dedicated to their unit for the past year. Youth received individual therapy, but they were not receiving any group therapy led by a licensed clinician. The new clinician should be able to improve therapeutic services to the committed girls.

The facility reports a 1:6 staff to youth ratio, but staff say the staff:youth ratio is often not that low. Staff report they are often alone with 7-10 youth. Youth with behavior problems, on suicide watch and other related reasons need a "one-on-one," one staff to monitor one youth. Staff report the large numbers of youth needing one-on-one care, and the large number of untrained staff, account for the 1:7-10 staff to youth ratio. Staff suggest a "floater" staff position be created to aid in monitoring youth during the day.

#### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.1.5.5** *(S)taffing levels (should) ensure the proper supervision and safety of residents.*

**COMAR 14.31.06.06.2.F Minimum Staffing Requirements.** *The licensee shall ensure adequate coverage at all times based on the time of day, the size, and the nature of the program.*

#### **b. Staff Training**

	<b>3<sup>rd</sup> Quarter, 2008</b>
<b>Total Certified Staff</b>	38
<b>Total Uncertified Staff</b>	7
<b>Percent of Staff Completing Initial Training</b>	57.78%

44% of employees required to have 40 hours of in-service training per year have less than 18 hours and less than 2 months left to complete their hours.

Some staff report that the gender responsive training is helpful while others report the training only offered “common sense” information and was not very helpful. Some staff report that no changes have occurred in their dealing with youth after the gender responsive training course. One staff reported that she has a better understanding of the youth.

Staff report they would like additional trainings on report writing and better techniques to prevent youth from fighting. When a training program geared toward fostering better communication among staff and youth was suggested to staff, there was an enthusiastic response.

### **3. Safety and Security**

There were a total of 97 incidents at Waxter this quarter. There were a total of 153 incidents 2<sup>nd</sup> quarter and 183 1<sup>st</sup> quarter. Incidents declined in the 3<sup>rd</sup> quarter after a sharp spike in the 2<sup>nd</sup> quarter.

#### **a. Aggregate Incidents**

It is impossible determine the accuracy of the following incident report numbers due to lengthy delays in entering incidents into the Incident Reporting Database. For example, at least five incidents were not entered into the database for over one month, six incidents were not entered into the database for two and a half months and in one case the incident was not entered into the database for nearly three months after the date of the incident.

At the time of writing of this report, at least five incidents that occurred over 2 months ago still had not been completely entered into the database.

A new person was assigned to enter incidents into the Incident Reporting Database to improve the timeliness of reporting. To date it remains a problem.

**b. Alleged Child Abuse in DJS Custody<sup>1</sup>**

In one incident, a youth was restrained after not following directives. The youth became combative and was placed in mechanical restraints. She was then carried down a hallway to her room with staff carrying her by the mechanical restraints.

The youth complained of arm pain, shoulder pain and the inability to move her arm. The youth visited the hospital and her doctor diagnosed the youth with a possible elbow fracture. Upon a follow-up appointment the doctor found the youth did not have a bone fracture.

A DJS investigation of the case resulted in a substantiated finding against staff. The DJS investigation stated that staff members used an improper restraint technique when they carried youth down the hall.

Incident Categories	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
1. Youth on Youth Assault	20	22	17
2. Youth on Youth Assault with Injury	2	10	4
3. Alleged Youth on Staff Assault	15	15	10
4. Alleged Youth on Staff Assault with Injury	2	6	5
5. Group Disturbances (with bodily harm or injury)	0	0	0
6. Group Disturbances (without bodily harm or property destruction)	0	3	0
7. Restraints	60	77	40
8. Restraints with Injury	4	24	15
9. Seclusions	21	21	12
10. Allegations of Child Abuse			
• Physical	4	2	2
• Sexual	0	0	0
11. Allegations of Child Neglect	0	0	0
12. Escapes/AWOL's	0	3	0
13. Law Enforcement Response to Incidents	24	14	9
14. Suicide Attempts, Ideation, Gestures, Behavior	38	19	11

This incident was not videotaped. The report states that the “camera [was] broken.” In fact, the facility did not have cameras available to staff in the beginning of July.

In one grievance a youth complained of the use of mechanical restraints around her stomach because she was pregnant and worried they would harm her baby. This grievance was resolved by the youth agreeing to let someone know if the chains were too tight. Staff interviewed by the Monitor could not identify a policy or procedure relating to use of mechanical restraints on pregnant girls but agreed that they should not

<sup>1</sup> This incident is labeled as “inappropriate comment/conduct by youth” in the Incident Reporting Database.



be used to transport pregnant girls. No policy on use of mechanical restraints on pregnant girls was created after the grievance was filed.

**Applicable Standards**

**Videotaping of Incidents Policy RF-05-07** *DJS employees shall videotape room extractions, escorts to seclusions, use of restraints, or other critical incidents that relate to the safety and security of a residential facility. Incidents shall be videotaped unless videotaping of the incident compromises the safety and/or security of youth and/or employees.*

**c. Security Equipment and Practices**

There are no stationary surveillance cameras at Waxter. After the last day of the 3<sup>rd</sup> quarter Waxter acquired one hand-held video camera to videotape incidents. The camera is to be carried by the shift commander. No incidents were videotaped during this quarter.

**d. Restraints and Seclusion**

DJS policy prohibits use of seclusion as punishment and states administrators should only authorize seclusion as a last resort to prevent youth from harming themselves or others. At least one incident, #67033, reported the use of seclusion “to deter any more negative behavior.” DJS policy prohibits the use of seclusion “as a means of punishment, sanction...or program maintenance (enforcing compliance with directions.”

Mechanical restraints have been used without staff knowing proper procedure. See § 3 b above.

**Applicable Standards**

**Md. Dept. of Juvenile Services Policy and Procedure RF-02-07** *Employees of the Department of Juvenile Services (DJS) and DJS-licensed private residential facilities shall establish and maintain a safe and orderly environment within each facility. Crisis Prevention Management (CPM) techniques may be used only by staff who have completed a DJS-approved training program and who provide documentation of completion of semi-annual refresher training. Crisis Prevention Management techniques may be utilized only to: protect or prevent a youth from imminent injury to self and others or to prevent overt attempts at escape. In the event that a youth remains an imminent threat to self or others and the youth’s behavior has escalated, restraints or seclusion may be used as a last resort. Employees may not use CPM techniques, including restraints or seclusion, as a means of punishment, sanction, infliction of pain or harm, demonstration of authority, or program maintenance (enforcing compliance with directions).*

e. **Behavior Management Plan**

There is a new written point-based behavior management plan based on positive incentives. The head clinician and the administrator worked together to develop the new system. Weekly incentives are posted on each unit for the youth. One regular incentive is the ability for youth to shop in the new commissary – youth are very excited about this incentive. Youth seem to be able to articulate the system well.

Youth complain that staff take away points arbitrarily. This was reported to administrators and the problem has reportedly been resolved.

**Applicable Standards**

**Md. Dept. of Juvenile Services Policy and Procedure RF-10-07** *The Department of Juvenile Services (DJS) shall utilize an incentive-based level system of behavioral management for detained youth which promotes the reinforcement of pro-social behaviors. The goal of the system is to emphasize pro-social interactions while consistently encouraging positive behaviors and modifying non-compliant, maladaptive behaviors.*

4. **Physical Plant and Basic Services**

a. **Fire Safety**

There is currently an emergency evacuation plan, but it is not posted in the facility because Waxter is in the midst of developing a new plan.

There are three fire drills per month.

b. **Physical Plant**

Administrators anticipate the bathroom project will be completed in late December.

New metal detectors have been installed, but as of the last day of the quarter were not operational.

c. **Basic Services**

Waxter passed their most recent health inspection on July 8, 2008

5. **Education**

Nursing staff report they offer pregnant youth parenting advice, but no formal parenting or sex education classes are offered to youth.

**6. Rehabilitative and Recreational Programming**

**a. Therapeutic Program**

On a recent visit to Waxter this Monitor sat in on a scheduled group therapy session to be led by the case manager. No structured therapeutic group meeting occurred. The case manager played cards with some girls while others played video games and knitted.

**b. Recreational Programming**

In the beginning of the quarter, youth and staff on the committed unit stated youth were not getting 1 hour of large muscle exercise consistently. This problem has reportedly been rectified.

There have been numerous activities this quarter for youth. Staff report around 22 program activities were scheduled for youth this quarter. Some examples include: an ice cream social, a dance performance, and visits from New Horizons (a community group offering life skills to youth on the detention and pending placement units). The contract with New Horizons expires in November.

Denise Bray has been working with Waxter to develop gender specific programming for the detention unit. Her contract expires in November. Staff report she is helpful and gives new energy and commitment to girls programming to the facility.

There have been numerous activities for staff this quarter. Administrators report additional activities for staff create a more collegial environment and show staff appreciation and therefore aid in creating a better environment to serve youth.

A facility improvement team has been created. The team is comprised of residential care staff, dietary staff, education staff, and recreational staff. Anyone working at Waxter can participate on the team, but spaces are limited. Staff members will rotate throughout the year. The team discusses ways to improve staff/youth relationships, staff morale and general ways to improve the facility and services provided to youth.

**Monitor's Observation:**

*On almost every visit this Monitor made to Waxter the Superintendent was on the units talking and spending time with the youth. There are many activities for the youth. He is dedicated to improving the services provided, but needs additional resources and space in order to develop curriculum, vocational training programs, and a therapeutic model for youth.*

## **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 4.5** *A well-defined and structured recreation program shall be provided for each resident.*

**Md. Standards for Juvenile Detention Facilities 4.5.1.3** *A minimum of one hour of large muscle activity and one hour of leisure time activity shall be provided daily.*

### **c. Parental Involvement**

One to two times a year Waxter hosts "Family Day" for parents to visit Waxter and learn more about the programs offered to their child. Staff reported that 80%-90% of families attended the event this year.

Shortly after the end of the 3<sup>rd</sup> quarter Waxter hosted a Mother-Daughter brunch, which including a motivational speaker.

### **7. Medical and Behavioral Health**

Youth receive prescribed medications within 24 hours of being admitted to Waxter.

### **8. Youth Advocacy, Internal Monitoring and Investigation**

Grievances are often received by the JJMU months after the date they were filed. For example, the four grievances received on October 15<sup>th</sup> were filed in May, June, July and September.

## **RECOMMENDATIONS**

1. Continue to divert more youth to community programs and maintain a lower population until the bathroom project is complete.
2. Create additional residential care staff positions to accommodate the frequent need for staff to monitor youth on a one-on-one basis.
3. Parenting classes should be offered to youth.
4. Extend and expand contracts for gender specific training and life skills courses.
5. Promptly and accurately enter incidents into the Incident Reporting Database.
6. DJS should offer additional trainings on report writing and de-escalation techniques.

7. DJS should create policy and procedure relating to the use of mechanical restraints on pregnant youth to address their unique physical needs.

### **UNABATED CONDITIONS**

1. Fully implement an evidence-based treatment program specifically designed for girls.
2. Ensure that Waxter staff adheres to a regular treatment program schedule.
3. Provide additional staff training and/or hire additional credentialed staff at Waxter to ensure that group and program meetings are meaningful and that the treatment model is fully and appropriately implemented.
4. Develop vocational programs.
5. Provide further training to ensure that staff know facility procedures and policies.
6. Increase the frequency of gender responsive training courses. Ensure that all Waxter staff are trained.

**DJS RESPONSE  
THOMAS J.S. WAXTER CHILDREN'S CENTER  
JULY – SEPTEMBER, 2008**

1. Population

a. General

**DJS RESPONSE**

Waxter has not had a population of 49 residents due to the closure of one housing unit (B-Unit) to accommodate bathroom renovations during this third quarter.

c. Disproportionate Minority Contact (DMC)

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: "The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing. DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU.

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis are rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and coordinates with DMC Coordinators in many jurisdictions across the state.

2. Staffing

a. General

**DJS RESPONSE**

It is unclear whether the JJMU relied only on a staff statement or further investigation through review of employee training records, log book entries or other documentation to determine the number of youth on one-to-one supervision and whether there were or were not enough staff to cover the shifts in question. We note that the JJMU's own calculations indicate that Waxter had a youth to staff ratio at about 1:6 for this quarter – which meets or exceeds the national average for comparable facilities.

The facility typically remains in compliance with the Department's standard staff to youth ratio of 1:8. While the 1:8 staffing ratio is safe and within professionally accepted standards, Waxter does strive to maintain an even lower, 1:6 ratio. The facility is clearly complying with standards, however, when it is operating with the 1:8 ratio.

b. Staff Training

DJS RESPONSE

Several Waxter staff attended Gender Responsive Training with Denise Bray, an independent consultant contracted by DJS. In addition, the Department has a certified Gender Responsive Training which all staff must attend to obtain certification.

Waxter will be sending out a staff survey asking for suggested trainings they feel would be helpful to them in their jobs. The survey responses will be sent to the Department's Professional Development and Training Unit to identify areas of interest for additional training.

3. Safety and Security

b. Alleged Child Abuse in DJS Custody<sup>1</sup>

DJS RESPONSE

The incident report stated that a pregnant youth filed a grievance about having to wear mechanical restraints around her waist. Waxter does make use of mechanical restraints when transporting youth, but does not use waist chain restraints at any time in the facility. The use of a waist chain referenced by the JJMU was at a Baltimore City court and used by transportation officers at that location.

d. Restraints and Seclusion

DJS RESPONSE

If the JJMU is making the case that seclusion is used improperly at Waxter, the Department requests whether JJMU has evidence that this is a pattern or practice, or if, after searching through many incident reports, the monitor identified only one instance of alleged improper use of seclusion referenced in this report.

4. Physical Plant and Basic Services

b. Physical Plant

DJS RESPONSE

DJS maintenance staff will re-locate electrical outlets to accommodate use of the metal detector.

8. Youth Advocacy, Internal Monitoring and Investigation

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<sup>1</sup> This incident is labeled as "inappropriate comment/conduct by youth" in the Incident Reporting Database.

**DJS RESPONSE**

The grievances in question were not provided promptly to the DJS Youth Advocates. This was discussed with staff and should not occur again.

DJS has an Office of the Inspector General that investigates any allegations of child abuse or violations of DJS Standards of Conduct on an ongoing basis.

DJS also has an internal Quality Improvement Unit that monitors compliance with 45 standards for Protection from Harm, Safety and Security, Suicide Prevention, Behavioral Health, Medical Care and Education, including standards related to the youth grievance process.





MARLANA R. VALDEZ  
*Director*

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

**FACILITY REPORT**  
**THE WAY HOME – MOUNTAIN MANOR**  
**JULY- SEPTEMBER, 2008**

**Facility:** The Way Home-Mountain Manor  
3800 Frederick Avenue  
Baltimore, MD 21229  
410 233 1400  
Administrator: Leah Simmons

**Date(s) of Visit:** July 2, August 20, September 11, 17 and 19, 2008

**Reported by:** Claudia Wright, Moira Lee, Tanya Suggs  
Juvenile Justice Monitors

**Persons Interviewed:** Administrators, Staff, Youth

**Date of Report:** November 2008

## INTRODUCTION

The Way Home is a 17-bed, non-secure group home for girls who are committed to the Department of Juvenile Services. It is located within the Mountain Manor complex of therapeutic programs in west Baltimore. The Way Home closed for several months during 2008. The program re-opened in May and now provides services to seven residents.

## FINDINGS

### 1. Staffing

#### a. Staff Credentials

A complete staff qualifications audit was conducted at The Way Home on September 11 and September 29, 2008. Records revealed that one employee had been convicted of a drug related offense within five years of application for the position. When this matter was brought to the attention of the CEO, it was discovered that he was using an outdated copy of the COMAR standards for initial screening of employees.

A number of files included requests for Child Protective Services (CPS) background checks for employees with no response from CPS. The HR director indicated that it often takes between 6 months and 1 year to receive a response from CPS.

#### Applicable Standards

**COMAR 14.31.06.05 (A)(4)(d)** *A licensee may not appoint as an employee ... any individual who has a conviction within 5 years of applying for a job with the program for assault or a drug-related offense.*

**COMAR 14.31.06.05 (A)(4)(b)** *A licensee may not appoint as an employee ... any individual who has an indicated child abuse or neglect finding.*

### 2. Safety and Security

#### a. Incidents

According to the DJS Data Base, five incidents were reported during the quarter. One youth went AWOL (and was later returned to the program), three involved contraband (2 cigarettes and 1 unidentified pills), and one involved inappropriate conduct by youth when three girls were accused of drinking alcohol.

### 3. Physical Plant and Basic Services

#### a. Fire Safety

The Way Home is located on the third floor of the main Mountain Manor building. This building has sprinklers, and all fire certifications are in order.

**b. Basic Services**

Staff and youth have indicated difficulty in obtaining clothing for the girls from the Department of Juvenile Services in a timely manner.

**4. Education**

Youngsters at The Way Home go outside the program to school. Some of the girls go to specialized schools, which have been determined to meet their needs, and some attend the local public school. The Director has indicated a degree of frustration resulting from her inability to ensure that girls are able to go to a school that best meets individual needs.

Girls at The Way Home come from several DJS regions of Maryland. Some regions make funds available for the girls to go to specialized schools. Some do not, and those girls have no alternative but to go to the assigned school for the Mountain Manor neighborhood. Because The Way Home incorporates a therapeutic model, interventions are important throughout the day. The school program takes up the largest part of the day, and when the school program does not support, or interferes with, the therapeutic model, intervention is inconsistent and success is more difficult or impossible.

**5. Recreational Programming**

Girls participate in a wide variety of activities both on campus and off campus. In the evenings, there are community groups, NA meetings and individual counseling. Parents visit twice per week. Weekend activities include field trips and shopping.

**6. Youth Advocacy**

During the 3<sup>rd</sup> quarter, youth filed eight grievances. At the end of the quarter, three had been adequately resolved.

**RECOMMENDATIONS**

1. Administrators and DJS case managers should develop a clear policy regarding clothing to be sure that youth do not go without adequate clothing.
2. Administrators, DJS Headquarters staff and regional directors should develop a policy that insures that each girl attends the school best suited to her needs.

**DJS RESPONSE  
THE WAY HOME – MOUNTAIN MANOR  
JULY- SEPTEMBER, 2008**

1. **Staffing**

a. **Staff Credentials**

**DJS RESPONSE**

DJS believes that reporting of personally identifiable information from confidential personnel files by the JJMU is both contrary to law and inappropriate, and therefore we will not comment about CPS and criminal background check results for specific employees (Md. State Gov't Art. Section 10-611, et seq.). It is important to emphasize that the JJMU reports that its audit did not identify any employees with offenses that are exclusionary for employment under COMAR. The fact that the offenses or alleged offenses were not disqualifying makes their publication all the more questionable. There is simply no reason to subject persons who are now contributing members of society and gainfully employed to the opprobrium of having their past missteps publicized or to the innuendo that they should be denied employment because of their own, often youthful, indiscretions.

**JJMU Comment:**

*The Monitor's office was created, in part, to ensure that youth in the custody of the Department of Juvenile Services "are not being abused." The office is also charged evaluating and reporting on the "adequacy of staffing" and compliance with COMAR regulations. Md. State Govt. Article §6-401 (Supp. 2007).*

*Maryland COMAR regulations prohibit employing as a childcare worker any person who has been convicted of an assault or drug-related offense within 5 years of applying for the job or anyone who has been "indicated" for child abuse or neglect. (See regulation text below.) The public policy reasons for prohibiting the hiring of staff with certain criminal and/or child abuse/neglect backgrounds should be obvious .*

*In this quarter, JJMU Monitors examined employee records at a number of DJS-licensed programs to ensure compliance with regulations on this critical child well-being issue. Files at the Way Home showed that numerous staff had not been cleared as required for past records of child abuse or neglect, and that one staff was ineligible to work as a childcare worker because the staff member had been convicted of a drug violation within the past five years. As the report indicates, the Way Home's Administrator appeared to have made an honest mistake, using an outdated copy of the regulations.*

*No confidential information that would identify any individual employee is included in this report, consistent with a Maryland Attorney General's opinion setting parameters for disclosure of information by the Monitor in similar situations involving allegations of child abuse.*

*"(A)n Independent Monitor's report...should not include information from which the... the alleged abuser may be identified...In some instances... this will require eliminating references to the... the position classification and specific job assignment of an employee. As a general guideline, we suggest that the Independent Monitor's reports include only the degree of detail necessary for a reader to assess the adequacy of the public agency's investigation and response to a report of suspected child abuse." 89 Op. Att'y Gen. 31*

**3. Physical Plant and Basic Services**

**b. Basic Services**

**DJS RESPONSE**

Upon a formal acceptance of a new resident, The Way Home clinical team is in immediate contact with the parents/guardians, DJS workers and workers from other agencies as applicable. At admission, we assess the clients' clothing needs. Youth can "go shopping" in the program's Clothing Closet. Per DJS contract specifications, providers are responsible for purchasing clothing. However, on a case-by-case basis, DJS Resource Specialists may reimburse clothing purchases for youth.

**4. Education**

**DJS RESPONSE**

The Baltimore City Public School System is responsible for identifying educational services and placements and enrolling youth who are of school age and who reside at The Way Home. School systems have the expertise to determine educational placements that are appropriate for each student. DJS regularly collaborates with school systems, students, parents and provider programs in Baltimore and throughout the state to assist with enrollment and to support academic and behavioral progress. DJS and DHR recently co-hosted a forum for licensed programs, including The Way Home, that included technical assistance regarding enrollment of youth in those programs to local public schools.

**RECOMMENDATIONS**

1. Administrators and DJS case managers should develop a clear policy regarding clothing to be sure that youth do not go without adequate clothing.

**DJS RESPONSE**

Upon a formal acceptance of a new resident, The Way Home clinical team is in immediate contact with the parents/guardians, DJS workers and workers from other agencies as applicable. At admission, we assess the clients' clothing needs. Youth can "go shopping" in the program's Clothing Closet. Per DJS contract specifications, providers are responsible for purchasing clothing. However, on a case-by-case basis, DJS Resource Specialists may reimburse clothing purchases for youth.

2. Administrators, DJS Headquarters staff and regional directors should develop a policy that insures that each girl attends the school best suited to her needs.

**DJS RESPONSE**

**Maryland regulations specify requirements for enrolling youth in licensed residential childcare programs in local public schools. Local school systems determine and provide educational placements and services that are appropriate for the individual needs of school-age youth. Youth who meet age and educational criteria may pursue a GED program as an alternative method for obtaining a high school diploma. The Way Home works with several GED programs in the Baltimore area including Chesapeake Youth Development, YO Baltimore and Baltimore City/County Community College.**



MARLANA R. VALDEZ  
*Director*

STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL  
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**FACILITY REPORT**  
**WILLIAM DONALD SCHAEFER HOUSE**  
**JULY-SEPTEMBER, 2008**

**Facility:** William Donald Schaefer House  
907 Druid Park Lake Drive  
Baltimore, MD 21217  
Administrator: Martin Callum

**Date(s) of Visit:** July 3, August 11 and 27, September 15, 2008

**Reported by:** Claudia Wright, Moira Lee, Kenya Wilson  
Juvenile Justice Monitors

**Persons Interviewed:** Administrators, Staff, Youth

**Date of Report:** November 2008

## INTRODUCTION

William Donald Schaefer House (WDSH) is a 19-bed, 90-day substance abuse treatment program for committed boys. It is located near Druid Hill Park in northwest Baltimore City, Maryland.

## SUMMARY OF CRITICAL FINDINGS

- Difficulty with maintaining optimum population

## FINDINGS

### 1. Population

#### a. General

Facility Capacity	High Population	Low Population	Average Daily Population	Average Monthly Population	Number of Days Over Capacity
19	19	9	14	July 17 August 15 September 11	0

Population declined at WDSH over the quarter. Staff indicate that population has declined because youth are often referred to the program with inadequate referral packets that result in placement delays.

#### b. Disproportionate Minority Contact (DMC)

	1st Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3rd Quarter, 2008
<b>Average Daily Population</b>			14
<b>White</b>	10	7	7
<b>African American</b>	22	25	20
<b>Latino</b>	5	6	3



**2. Staffing**

**a. General**

	<b>2<sup>nd</sup> Quarter, 2008</b>	<b>3<sup>rd</sup> Quarter, 2008</b>
<b>Total PINS (Positions with benefits)</b>	31	33
<b>Total Contractual Positions</b>	4	1
<b>Total Vacancies</b>	5	2

**b. Staff Training**

	<b>3<sup>rd</sup> Quarter, 2008</b>
<b>Total Certified Staff</b>	19
<b>Total Uncertified Staff</b>	1
<b>Percent of Staff Completing Initial Training</b>	55%

**3. Safety and Security**

**a. Incidents**

Only three incident reports were filed at WDSH this quarter. One was for inappropriate comments by a staff person, one was for inappropriate comments by a youth, and one was for a youth on youth assault. Restraint and seclusion are not used at WDSH.

**4. Physical Plant and Basic Services**

**a. Fire Safety**

This facility is equipped with fire sprinklers. Necessary inspections are accomplished in a timely manner. Youth and staff participate in fire drills once per month.

**b. Physical Plant**

The facility is consistently clean and well maintained. WDSH provides a comfortable and safe environment for youth.

c. Basic Services

Food is transported to WDSH from the Baltimore city Juvenile Justice Center. Youth have few complaints about meals, but do complain about the monotony of the snacks that are provided. Both youth and staff indicate that they would benefit from the ability to prepare some food, particularly for snacks, bag lunches, and to provide food for youth who may arrive after regular meals have ended.

5. Rehabilitative and Recreational Programming

a. Therapeutic Program

WDSH is a drug treatment program for boys who have been committed to the Department of Juvenile Services. Counselors indicate that they do not use any particular treatment model other than the one they have created for themselves. The program includes informational groups and therapeutic groups held every evening during the week as well as both in-house and off campus NA and AA meetings. Each youth has an extensive file that includes a treatment service plan developed by the counseling staff. The staff also prepares extensive discharge summary plans to assist with transition back to the community. Youth and staff remain concerned about the lack of communication and assistance from community case managers.

b. Recreational Programming

Youth participate in a number of structured recreational and leisure programs. Youngsters would benefit from a wider variety of athletic activities - only basketball is available at the facility. There is a posted schedule of activities. Youth are allowed to go on off-campus trips, including to off-campus NA meetings.

c. Parental Involvement

Parents are allowed to visit once per week. There is no structured family therapy.

6. Youth Advocacy

No grievances were filed at WDSH during the 3<sup>rd</sup> quarter. The child advocate visits WDSH regularly and reports that conflicts generally are worked out informally between staff and youth.

RECOMMENDATIONS

1. WDSH is one of the few residential substance abuse programs for youth in Maryland. It also provides a safe and humane short-term residential program for youngsters who do not require secure placement. The Department should ensure that available bed space is assigned in a timely manner.

**DJS RESPONSE  
WILLIAM DONALD SCHAEFER HOUSE  
JULY - SEPTEMBER, 2008**

**1. Population**

**b. Disproportionate Minority Contact (DMC)**

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: "The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing. DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU.

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis are rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and employs a full-time statewide DMC Coordinator who collaborates with and provides technical assistance to DMC Coordinators in many jurisdictions across the state.

**5. Rehabilitative and Recreational Programming**

**c. Parental Involvement**

**DJS RESPONSE**

Parent/guardian visitation is always scheduled more than once per week.



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**FACILITY REPORT**  
**WESTERN MARYLAND CHILDREN'S CENTER**  
**JULY – SEPTEMBER, 2008**

**Facility:** Western Maryland Children's Center  
18420 Roxbury Road  
Hagerstown, Maryland 21740  
Ed King, Acting Facility Administrator

**Date(s) of Visit:** July 16, August 20, 25, September 2, 10 and 25, 2008

**Reported by:** Tim Snyder & Moira Lee  
Juvenile Justice Monitors

**Issues Monitored:** Staffing  
Incidents  
Programming

**Persons Interviewed:** Acting Facility Administrator, Supervisors of Group Living,  
Resident Advisors, Various Youth

**Date of Report:** November 2008

## INTRODUCTION

The Western Maryland Children’s Center (WMCC) is a State owned and operated detention facility located in Washington County just outside of Hagerstown. WMCC is designed to accommodate a total of 24 youth in two 6 bed pods and one 12 bed pod. At present only males are housed at the facility.

## SUMMARY OF CRITICAL FINDINGS

- DJS is not following the Department’s recommended staffing pattern at WMCC.
- Nine direct care vacancies need to be filled.
- Inaccurate reporting of incidents.
- Fencing additions needed.
- Insufficient programming.
- Facility Advisory Board incorrectly advised regarding reporting of suspected child abuse.

## FINDINGS

### 1. Population

#### a. General

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Daily Population</b>	<b>Average Monthly Population</b>	<b>Number of Days Over Capacity</b>
24	29	14	22	July – 26 Aug. – 20 Sept. – 23	July – 21 Aug. – 1 Sept. - 8

When WMCC is over-populated the additional youth must sleep in the day room in “boats” (fiberglass sleeping containers into which a mattress is placed). The facility was over-populated most days in the month of July (21 days).

Frederick County has sent youth to WMCC as a consequence (punishment) called “flexible detention” for probation infractions. In August, for example, WMCC staff

reported that a Frederick County judge gave a youth the choice of going to shelter, or to WMCC for two days because he did not go to class.

The legality of the practice of returning youth to secure detention without a due process hearing is questionable, and the Monitor first raised the issue in the 1<sup>st</sup> Quarter, 2007 report. Beyond agreeing that the issue would be “discussed” with judges, the Monitor is not aware of any further steps that DJS has taken to resolve the issue.

**b. Detention and Pending Placement**

	<b>Number of Youth in Status 60+ Days</b>	<b>Number of Youth in Status 90+ Days</b>	<b>Average Length of Stay</b>
<b>Detention</b>	0	0	21
<b>Pending Placement</b>	1 (62)	1 (92)	29

A number of youth from outside Region III continue to be transferred to WMCC by DJS Headquarters. For example, on September 10<sup>th</sup>, this Monitor noted that out of the total population of 24, 8 youth were from other jurisdictions. Two youth had been transferred from Baltimore City Juvenile Justice Center because they were having behavioral problems there. One youth, from Baltimore City, had escaped from Victor Cullen. Another had run away from a private program in western Maryland but was from Montgomery County. Two additional youth detained at WMCC were from the District of Columbia and had been arrested on charges in Region III. Transferring problem youth to WMCC complicates the dynamics at the Center which houses a number of youth without long involvement in the juvenile system, and increases the number of incidents. WMCC is designed to be a regional detention center, and should be housing primarily Region III youth.

**c. Disproportionate Minority Contact (DMC)**

	<b>1<sup>st</sup> Quarter, 2008</b>	<b>2<sup>nd</sup> Quarter, 2008</b>	<b>3<sup>rd</sup> Quarter, 2008</b>
<b>Incidents of Confinement</b>	141	132	122
<b>White</b>	80 (57%)	70 (53%)	72 (59%)
<b>African American</b>	55 (39%)	56 (42%)	45 (37%)
<b>Latino</b>	3 (2%)	2 (2%)	4 (3%)

Other	4 (3%)	2 (2%)	1 (1%)
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### Applicable Standards

**Maryland Standards for Juvenile Detention Facilities, Part II, Purposes, Values and Goals of Juvenile Detention Facilities.** *Detention is the temporary care of youth who, pending court disposition, require secure custody for the protection of themselves or the community in physically restricting facilities. The major goals of a juvenile detention facility are: the protection of the public, the provision of a safe, humane, caring environment, and access to required services for youth.*

## 2. Staffing

### a. General

	1 <sup>st</sup> Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3 <sup>rd</sup> Quarter, 2008
<b>Total PINS (Positions with benefits)</b>			61
<b>Total Contractual Positions</b>			7
<b>Total Vacancies</b>			9.5
<b>Staff: youth Ratios</b>	1/ 5.29 avg.	1/4.86 avg.	1/5.51 avg.

WMCC needs 9 Resident Advisors and one half-time nurse. DJS did approve 12 additional direct care positions earlier this year (from 29 to 41) and filled some of the positions. The new staff on board received Entry Level Training (ELT) during this period, and in September returned to the facility.

It is unclear from talking with DJS officials and in reviewing DJS reports how many staff positions are assigned to WMCC. Figures from DJS Human Resources can change from day to day. "DJS Facility Position Counts for June 30, 2008" counts a total of 47 Mandated positions and 20 Non-Mandated positions, totaling 67 for WMCC. However, the same report for November 7<sup>th</sup> notes only 42 Mandated positions and 21 Non-Mandated positions, totaling 63 positions.

Only one staff member works on the two 6 bed pods. Even when over-populated (8 youth in 6 rooms on the pod), WMCC provides only one staff, saying that a 1:6 or 1:8 staff:youth ratio is industry standard and therefore sufficient. In practice, however, having only one person on the locked pod, especially when 8 youth are present, presents a risk to safety and security because 2 youth have to be kept in the day room, and cannot be secured in a sleeping room.

WMCC should also maintain extra staff on second shift and on weekends when administrative staff and teachers are not on grounds to help out when needed. Many competing duties during these times keep staff busy, and often leave the facility short handed. In addition to youth supervision, staff must facilitate youth intakes, which is supposed to be attended by two staff, handle medical calls, family visitation, do laundry, complete paperwork, and be available to attend to youths' special treatment needs and/or help resolve a crisis. Staff members report that 20% to 30% of the time there is only one staff available to handle a youth intake, though DJS Headquarters says two staff always conduct intake.

The current staffing pattern consists of 7 direct care staff on 1<sup>st</sup> and 2<sup>nd</sup> shifts, consisting of 4 Residential Advisors to provide coverage, and one rover plus one Supervisor or Residential Advisor Lead. The Department's own recommended staffing pattern calls for 10 direct care staff on 1<sup>st</sup> and 2<sup>nd</sup> shifts, and 6 on 3<sup>rd</sup> shift. The highest priority for the Department should be to invest in quality and quantity of staffing, and to live up to its stated staffing pattern.

A position for the second Addictions Counselor has reportedly been assigned to WMCC, but the position has not been filled. The second Social Worker position has not been filled. DJS Quality Assurance and Accountability personnel recommend that a Training Coordinator be provided at WMCC, but the position has not been approved.

**b. Staff Training**

	<b>3<sup>rd</sup> Quarter, 2008</b>
<b>Total Certified Staff</b>	28
<b>Total Uncertified Staff</b>	9
<b>Percent of Staff Completing Annual Refresher Training</b>	96.15% as of 11-07-08

**Applicable Standards**

**WMCC Procedure Manual, Intake Procedure, p. 3.** *The admission process shall operate on a twenty-four hour a day basis. Two staff members are required to conduct the intake process. All youth shall be brought to the intake area within the facility for processing.*

**Maryland Standards for Juvenile Detention Facilities 5.1.5.5.** *(S)taffing levels (should) ensure the proper supervision and safety of residents.*

**COMAR 01.04.04.10.A.3** *The licensee shall maintain adequate staff coverage at all times based on the time of day, the size and nature of the program.*



### 3. Safety/Security

#### a. Aggregate Incidents

<b>Incident Categories</b>	<b>1<sup>st</sup> Quarter</b>	<b>2<sup>nd</sup> Quarter</b>	<b>3rd Quarter</b>
1. Youth on Youth Assault	8	7	8
2. Youth on Youth Assault with Injury	5	3	2
3. Alleged Youth on Staff Assault	4	3	2
4. Alleged Youth on Staff Assault with Injury	1	2	2
5. Restraints	26	20	29
6. Allegations of Physical Child Abuse	3	2	1
7. Seclusions	0	0	6
9. Law Enforcement Response to Incidents			1
10. Suicide Attempts, Ideation, Gestures, Behavior	6	0	8

#### b. Incident-Related Procedures, Practices, and Reporting

WMCC staff have been focusing more on utilizing de-escalation techniques rather than moving too quickly to physical intervention.

When an incident does occur, the reporting has not always been accurate and/or thorough. Staff have received instruction to provide complete and accurate information on the incident reports. A Training Coordinator for the facility could greatly enhance overall training and practice.

#### c. Security Equipment and Practices

The Department has not made any further improvements to the fencing at WMCC. Staff at the facility identified the fencing vulnerability three years ago, and JJMU has noted their concerns in numerous reports. Vitreous china fixtures have also not been replaced even though the Department agreed to do so in 2004.

On several occasions during visits to WMCC, this Monitor observed while entering or exiting a pod that both the inner and outer doors are open at the same time. Additionally, some of the doors do not shut completely without assistance. This Monitor expressed these concerns to the Facility Administrator.

#### d. Restraints and Seclusion

Staff members commented to this Monitor on several occasions that the DJS training in Crisis Prevention and Management (CPM) is inadequate in several respects.

First, the CPM techniques taught do not prepare staff members to physically control youth of significant size and weight. Many DJS detained youth are large and strong, while many of DJS direct care staff are not large or strong. Subsequently, the bigger and stronger staff members tend to be called upon to handle situations involving larger, more aggressive and stronger youth. Also staff comment that they need more training in de-escalation and in report writing.

On one occasion at WMCC a youth was handcuffed and shackled, but was not continuously monitored as required by policy. At times, staff have described restraints as passive restraint, when in fact the youth was taken to the floor in a full restraint.

Seclusions have rarely been used at WMCC, but historically, staff locked youth their rooms during showers. During shower time staff are less available for supervision as they are busy with attending to the details of making sure everyone has everything needed for showers. DJS has required the discontinuance of this practice, even though no youth have complained. Subsequently, there have been several incidents when a youth has taken advantage of the open doors and the diversion of staff attention.

**e. Behavior Management Plan**

WMCC has a creative and effective behavioral management plan, consisting of youth earning different levels, five in all, which are color coded and worn as an armband. Each higher level has increased privileges, and a youth may move up quickly or down through the levels. This makes rewards or consequences timely, an important aspect of effective behavior management. Youth interviewed generally comment favorably on the system. Youth also express satisfaction about the way in which they are treated by the staff members at WMCC.

**4. Physical Plant and Basic Services**

**a. Fire Safety**

WMCC holds fire drills as required. The Fire Marshall conducted an inspection on 3-11-2008. No fire safety deficiencies were found.

**b. Physical Plant**

Pod C needs the addition of sound dampening material. DJS has acknowledged this problem and has reportedly sought estimates. As of this writing, DJS has taken no further action to make this needed improvement.

**c. Basic Services**

WMCC does not have a current health inspection. The last inspection was held in August of 2007, and is due every six months.

### **Applicable Standards**

**Maryland Standards for Juvenile Detention Facilities 5.1.2.2.** *Safety and security refers to the provision of staff and resident safety and to the prevention of escape from the facility... Means to ensure security shall consist of physical features of the building and grounds, policy and procedures and staffing arrangements.*

**Maryland Standards for Juvenile Detention Facilities 6.2.4.** *(Building design) shall not present an expectation of abusive behavior and vandalism and invite challenge by residents, nor shall it be assumed that every youth behaves in a violent and destructive manner. Security and safety of residents dictate construction materials designed to prevent injury or suicidal conduct.*

**DJJ Standards of Conduct 2.25.2** *An employee may only use the minimum force necessary to take the individual into custody or gain control of the situation. Force may never be used as a form of punishment*

Staff and youth report that the food at WMCC is good and sufficient in quantity.

### **Applicable Standards**

**Maryland Standards for Juvenile Detention Facilities 5.2.1** *All detention facilities shall conform with state fire safety requirements.*

**COMAR 01.04.07.10 B (7)** *(The licensee shall) Observe the applicable requirements of the Department of Health and Mental Hygiene and local health departments.*

## **5. Education**

### **a. School Records**

WMCC requests records within 24 hours, and generally receives records within 5 days.

### **b. Special Education**

Generally, about 30% to 50% of the youth at WMCC require some level of special education. Educational staff review records and administer assessments using the Child Find system to determine if admitted youth are in need of supportive educational services. WMCC has two special education teachers who address youths' special education issues.

### **c. Education Plan**

Youth have an Individualized Learning Plan, and special education youth have an Individualized Education Plan. It has not always been possible for WMCC to get parents to the IEP meeting, especially when the youth is from out of Region III.

**d. Classes**

WMCC now provides 6 hours of instruction per school day. The facility has sufficient classroom space unless the population is over capacity. At times youth have had to receive instruction on the pods. This has generally resulted in youth getting less from the class, especially on Pod C where the acoustics are very poor because of lack of noise dampening material.

**e. General Educational Development Program (GED), College Courses.**

WMCC does not offer a GED, a Pre-GED program, or a post-GED program. Youth who have completed the GED have complained that school does not meet their needs.

Youth in Pending Placement status work out of texts in core curriculum subjects so that they can earn credit hours.

A career exploration class is scheduled every school day. Youth work on career research, resume writing, writing a cover letter, and completing applications.

**f. Vocational Education**

WMCC does not offer vocational education.

**Applicable Standards**

**Maryland Standards for Juvenile Detention Facilities 4.1.** *The Department shall ensure that educational services provided within detention facilities are consistent with State and Federal requirements and meet the individual needs of the youth. Educational services shall be provided on an individual or small group basis. Personnel shall be deployed on the basis of identified instructional needs. A comprehensive educational program that addresses individual learning styles and special education needs shall be provided to every youth admitted to a detention facility. A continuum of comprehensive, quality educational programs and services shall be multifaceted and with a continuous integrated multi-disciplinary process for educating all youth that reflects diversity and commonality. The educational program shall adhere to all applicable educational regulations as established by the Maryland State Department of Education and the Code of Maryland Regulations (COMAR), 13A, Code of Maryland Annotated, Article 49D, United States Code, Title 20 – Education, IDEA, as well as federal guidelines.*

**6. Rehabilitative and Recreational Programming**

**a. Therapeutic Program**

WMCC uses an effective level system described above. Positive behaviors are rewarded and negative behaviors are confronted. The staff members at WMCC have become known for displaying respect for youth and expecting of positive behavior on the part of youth. The day's routine is generally predictable, which helps provide security.

Multidisciplinary staff at WMCC develop a Treatment Plan for residents, however, youth sign off on the plan at intake, without participating in the planning session. The Confinement Review Unit, along with Residential Case Managers, and DJS Area III Community Services personnel hold a joint meeting every Tuesday to review each youth and develop a plan to facilitate his post-detention placement, and Transition Plan.

The Substance Abuse Counselor holds a group on each pod once a week when she is available. During times attending to training requirements, taking annual leave and sick leave there is no second Substance Abuse Counselor to provide this treatment programming.

**b. Recreation Programming**

WMCC now has a full time Recreational Director on duty Tuesdays through Saturdays. There is need of another staff dedicated to assist in providing programming activities for the other two days, and to fill in during vacations, training, etc. WMCC provides recreational programming, using the outdoor facility when weather and sufficient staff are available, and using the indoor gym at other times. The weight room has six exercise machines, and youth who have reached the highest level in the Behavior Management Plan are permitted to use the exercise machines and weights. WMCC also has a ping pong table that is used at times in the gym.

Generally, there has been a lot of "down time" at WMCC when youth are on the pods playing cards, watching TV, or sleeping. On Wednesday August 20<sup>th</sup> this Monitor made a visitation and noted that there was no school because the teachers were at a teambuilding retreat. This Monitor observed that the youth were on the pods with little to do. Out of the 10 youth on Pod C, 6 were taken to the gym to play basketball, and the other 4 were allowed to sleep on the pod.

EQUIP had been utilized for a short time in the spring, but was discontinued. The skills programming has recently been reinstated.

The new Recreation Director organized a cookout on Labor Day, which included arts & crafts, and a basketball tournament. In September, the activity programming increased and there were fewer hours of idle time. As emphasis on programming continues, the issue of excessive youth down time should diminish significantly if DJS recommended staffing levels are achieved, and maintained.

Parents/guardians are permitted to visit youth at WMCC on Wednesday evenings and on weekends. Parents/guardians are invited to IEP meetings, but not to the treatment planning meetings.

### **Applicable Standards**

**Maryland Standards for Juvenile Detention Facilities 4.5.1.** *A well developed and articulated recreational program whose purpose is understood by the program staff and residents shall be established.*

**Maryland Standards for Juvenile Detention Facilities 4.5.1.2.** *The recreational program shall provide a variety of planned structured large muscle and leisure activities. These activities shall include, but need not be limited to the following: organized sports and games that require large muscle activity and permit equal opportunity for participation, supervised small group leisure activities, creative activities, quiet individual leisure activities, activities adapted for physically and developmentally challenged residents.*

## **7. Medical and Behavioral Health**

### **a. Basic Medical Health**

Health and medical services at WMCC are provided as needed. There is good cooperation and communication between the direct care staff and medical personnel. Physical exams are completed within 72 hours of admission, youth are seen within 1-2 hours following an incident, and sick call requests are responded to in a timely manner.

When staff members admit youth to WMCC they are given the FIRST screening tool, and if they score too high, admittance is denied and the youth is taken to the hospital for evaluation. After a youth is admitted he is administered the MAYSI and the SASSI within 2 hours. If the youth scores high on the MAYSI staff refer to the Behavioral Health clinician, and the youth is placed on 1 to 1 watch until he is cleared to be taken off this intensive supervision.

### **b. Mental Health Services**

WMCC uses the services of a psychiatrist who sees most of the youth. WMCC also has a Social Worker who meets with individuals and holds group sessions.

## **8. Youth Advocacy, Internal Monitoring and Investigation**

### **a. Youth Advocacy**

Youth have access to grievance forms on the units. The Child Advocate had not visited WMCC youth as frequently as is optimal, but recently with the help of an additional Child Advocate, two visits are made to the facility per week.

**b. Internal Monitoring**

The DJS Office of Quality Assurance and Accountability conducted a 3-day multi staff audit of WMCC in late June 2008, and submitted its report on July 17<sup>th</sup> 2008. The development of this unit is a needed addition to the Department as it seeks to address deficiencies long noted in the JJMU reports.

According to the report, WMCC achieved either a "Superior Performance" or "Performance" level in 50% of the areas reviewed. The facility achieved "Partial Performance" in 36% of the areas reviewed and "Non-Performance" in 14% of the areas reviewed. The area of most concern in "Non-Performance" was the lack of use of de-escalation strategies.

**c. Community Advisory Board**

DJS has sought to increase the participation and the role of the Advisory Board in the operation of WMCC, and all DJS facilities. To this end, board members are encouraged to visit the facility, meet with youth and staff, and report on observations. This invitation is positive in that it provides other interested individuals the opportunity to observe the operations and conditions in DJS facilities.

Of concern, however, is that at the August, 2008 Advisory Board Meeting, members were instructed to report observations of suspected child abuse internally to DJS. The law requires that suspected child abuse or neglect be reported directly to Child Protective Services, and the Department should so instruct Board members.

**Applicable Standard**

**Md. Family Law Code §5-705 (a) (1) - a person in this State- who has reason to believe that a child has been subjected to abuse or neglect shall...notify the local department (of social services) or the appropriate law enforcement agency...(emphasis added)..**

**d. JJMU Monitoring**

Approximately one year ago, DJS Headquarters instructed all facility administrators to escort JJMU Monitors during visits to the facility. Staff members, including supervisory staff, have reported to the Monitor that they perceive that the intent of the new "escort" policy is to inhibit staff and youth from divulging information that might negatively reflect on DJS.

This policy compromises the ability of the monitor to gather crucial information regarding safety and security of youth. DJS standards require that monitors be provided the “broadest possible access...to staff and youth.”

### **Applicable Standard**

**DJS Detention Standard 7.3.2 Access to Information:** *The Department shall ensure that internal and independent monitors and auditors are afforded the broadest possible access, relevant to their particular function and consistent with notions of privacy, to all appropriate information, records, data, and to staff and youth of the facility that is being monitored.*

### **RECOMMENDATIONS**

1. On second shift and weekends a Resident Advisor Lead or Resident Advisor **and** a rover, **and** a recreation/program staff should be provided.
2. A Training Coordinator should be provided as recommended by the DJS Office of Quality Assurance and Accountability.
3. Incident reports should be thorough and accurate.
4. CPM training should be enhanced to include the safe control of large youth, the application and use of mechanical restraints, and more focus on de-escalation techniques.
5. A health inspection should be conducted immediately and scheduled in advance with the Washington County Department of Health.
6. Youth should not sign blank treatment plans, but be involved in the process of planning their treatment and then sign the finished document.
7. Parents/guardians should be invited to treatment planning meetings.
8. Advisory Board members should be clearly informed of their lawful duty to report suspicion of child abuse or child neglect directly to the local Department of Social Services.
9. DJS should cease the policy of hampering the work of the JJMU Monitors by escorting Monitors on their visits to DJS facilities.



## UNABATED CONDITIONS

### **1. Population**

- a. The purpose of detention should be maintained and not used as weekend consequence or punishment.

### **2. Staffing**

- a. Recruiting, hiring and training should continue at WMCC so that adequate staffing levels can be maintained without requiring overtime even when the facility is overpopulated.
- b. Double staffing should be maintained on all units, with three staff on pod C when the population is over 12, especially on second shift and weekends when administration and education staff members are not available.
- c. The intake of youth into the facility should be attended by two staff as required.
- d. The second Addictions Counselor should be filled in order to provide the necessary addictions and assessment services.
- e. The second Social Worker position should be filled.

### **3. Safety/Security**

- a. The outside recreation area should receive additional fencing to provide security so that youth can receive regular outdoor recreation.
- b. Vitreous china fixtures should be replaced with a substance that cannot be broken or used by youth to harm self or others.
- c. The pods should have acoustic material installed to dampen the excessive noise created by the removal of carpeting.

### **4. Education**

- a. A GED, Pre-GED, and post GED program should be offered.

### **5. Rehabilitative and Recreational Programming**

- a. Additional programming is needed during evenings and weekends.

**DJS RESPONSE  
WESTERN MARYLAND CHILDREN'S CENTER  
JULY – SEPTEMBER, 2008**

1. Population

a. General

**DJS RESPONSE**

Detention of youth as described above by the JJMU is a judicial decision. In the three-month period reported by the JJMU, only one youth was detained at WMCC by the court as a short-term consequence for violating the conditions of his Community Detention Order. DJS considers its ongoing discussion with the court about this and many other topics to be important and productive.

b. Detention and Pending Placement

**DJS RESPONSE**

The data and conclusions reported by the JJMU about transferring youth to WMCC are not accurate. Of eight youth detained at WMCC on September 10, 2008 (the date that the JJMU Report references above) who were not from the Western Region, only two were transfers from other DJS detention centers. Other youth from out of the region had pending charges in the region. Decisions to transfer youth are based on systematic consideration of factors related to youth welfare and facility operations.

c. Disproportionate Minority Contact (DMC)

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: "The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing. DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU."

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis are rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and provides technical assistance to DMC Coordinators in many jurisdictions across the state.

2. Staffing

a. General

DJS RESPONSE

DJS follows a systematic process for allocation of staffing positions to WMCC and other facilities. As noted by JJMU, the average staffing ratio for WMCC is just more than 1:5 – a staffing pattern that is significantly better than industry standards for comparable detention facilities. WMCC also has sufficient clinical staff positions and all youth needing addictions or social work services receive those services.

JJMU Comment:

*It should be noted that DJS counts all "mandated" staff in determining staffing ratios. This total includes the Administrator, Counselors, Group Life Manager, and other staff who are typically not supervising youth on the units. Actual direct care youth supervision ratios are higher.*

b. Staff Training

DJS RESPONSE

The training data referenced above in this JJMU Report is as of November 7, 2008 and was provided to the JJMU by DJS on November 15, 2008. DJS provides training classes on an ongoing basis to facility staff at the Western Maryland Children's Center (WMCC) and all other DJS facilities to ensure that staff meets annual in-service training requirements. This ongoing training program ensures that facility staff works toward meeting the annual training requirements throughout the calendar year. As a result, the rate of compliance with training requirements also continually increases. As of December 22, 2008, the date of the DJS response to this JJMU Report, nearly 100% of mandated WMCC staff is fully or provisionally certified and has completed all annual training requirements in accordance with MCTC standards. WMCC had only one uncertified Resident Advisor, a recent employee who will complete certification in the timeframe required by the Maryland Correctional and Training Commission.

3. Safety/Security

b. Incident-Related Procedures, Practices, and Reporting

DJS RESPONSE

WMCC has continued to improve documentation of incidents and applicable training is provided for all staff. Trainings are conducted by central-office and regional staff (as well as by trainers with expertise in specific areas from outside the agency).

c. Security Equipment and Practices

DJS RESPONSE

The facility administrator has explained to the JJMU Monitor that a temporary malfunction of the doors poses minimal security risk because 1) a second door on the sally port is fully operational, 2) the pod opens to the main hallway which is itself secure, 3) staff does not use the end hall doorway, and 4) the Control Room is aware of all youth movement and only the staff in the Control Room can open the doors.

DJS currently has processed an order for locks to replace the main door locks on all pods through the only authorized supplier and we expect the replacement parts in about January 2009.

d. Restraints and Seclusion

DJS RESPONSE

The JJMU concludes that “CPM techniques taught by DJS do not prepare staff members to physically control youth of significant size and weight” because “many of DJS direct care staff are not large or strong” and therefore only “bigger and stronger” staff responds to situations that may require physical restraint. This is a very misleading conclusion. During the JJMU reporting period, supervisory staff in the facility who would be called to assist in such situations as a standard practice happened to be men. A female supervisor of smaller stature who recently retired, for example, also routinely responded to such incidents. The Crisis Prevention and Management training is inclusive of techniques to physically manage youth of any size as necessary to maintain safety. The training focuses primarily on de-escalation strategies to manage potentially volatile situations without physical intervention.

DJS does regularly evaluate training courses based on input from direct care staff and will continue to offer appropriate safe crisis management technique training to staff at WMCC and other DJS facilities.

With regard to the incident involving staff failure to maintain constant monitoring of a youth during use of handcuffs, the facility administrator responded to this violation of DJS policy in accordance with the Department’s Standards of Conduct.

c. Basic Services

DJS RESPONSE

The facility requested that the Washington County Health Inspector’s Office conduct a health inspection prior to the six-month due date of August 2007. The facility has a history of maintaining current inspections and good ratings that apparently lowered its priority for inspection. However, the Health Inspector’s Office did conduct a review at the facility on December 1, 2008, found no violations and issued a current health inspection.

5. Education

c. Education Plan

DJS RESPONSE

The WMCC arranges for parents/guardians who cannot attend IEP meetings at the facility to participate via conference telephone calls. A recent review by the Department's Quality Improvement Unit documented exemplary levels of parent participation in IEP meetings either in-person or through telephone conferencing. The WMCC complies fully with applicable federal and state regulations that require school systems to support parent/guardian participation in IEP meetings through alternative methods such as telephone calls when attendance in person is not possible.

e. General Educational Development Program (GED), College Courses.

DJS RESPONSE

WMCC began offering GED preparation classes in October 2008. Previously, eligible students received GED preparation materials and instruction in addition to their daily class activities. Eligible students include those age 16 or older with few high school credits and/ or gaps in schooling that would compromise their ability to obtain a diploma in a traditional school setting within a reasonable timeframe. GED students receive text and computer-assisted instruction.

f. Vocational Education

DJS RESPONSE

WMCC offers career preparation as a component of its educational program, which is organized to address the needs of youth with short stays in a detention facility.

6. Rehabilitative and Recreational Programming

a. Therapeutic Program

DJS RESPONSE

Treatment Team Meetings are conducted for all youth who remain in the facility for two weeks or longer. Staff members from all disciplines within the facility, as well as the youth's community case manager and parents, attend these meetings and contribute to constructing and evaluating treatment plans. Assessments and other input necessary to develop a meaningful treatment plan are completed during the youth's first two weeks in detention.

b. Recreation Programming

DJS RESPONSE

The JJMU incorrectly reports the facility visitation schedule and treatment team meeting participation. Parents/guardians can visit on two days during the week and on weekends. Parents/guardians are invited and encouraged to participate in treatment team meetings.

7. Medical and Behavioral Health

b. Internal Monitoring

**DJS RESPONSE**

DJS welcomes the JJMU's recognition of the importance of the Department's Quality Improvement Unit. We will clarify that this Unit was established to integrate evaluation and technical assistance for continuous improvement of facility operations to ensure high-quality conditions and services for youth, not in reaction to JJMU reports.

c. **Community Advisory Board**

**DJS RESPONSE**

The Department encourages Advisory Board members to visit WMCC and other DJS facilities to observe and become familiar with routines and activities, and to talk with youth and staff about conditions and services. Advisory Board members can play an important role in ensuring appropriate conditions for youth. For this reason, the facility administrator should be informed immediately if an Advisory Board member or any other individual has reason to suspect abuse. The Department therefore does encourage Advisory Board members to bring suspicions of abuse or any other issue of concern to the immediate attention of the facility administrator.

There is no law prohibiting the use of a chain of command to make reports of abuse/neglect allegations to Child Protective Services. Family Law Article requires in Section 5-704 that certain "mandated" reporters (health professionals, police officers, educators, human service workers) are required to report to the local department of social services or law enforcement any suspicion of abuse or neglect. Section 5-705 imposes the same requirement on everyone else, who are considered non-mandated reporters.

School systems and hospitals use chain of command reporting structures for child/abuse neglect allegations all the time by requiring that CPS referrals be made through pupil personnel workers or hospital social workers or administrators. The chain of command system is not intended to prohibit a reporter from making the report directly to CPS, rather it serves as an important safeguard and mechanism for insuring that the facility (school, hospital, detention center) administration is made aware of the problem as soon as possible and can therefore act on it and protect the youth in their care and custody even before the Department of Social Services arrives (which may be 24 hours following the report of an abuse allegation and 5 days for neglect). Particularly in the case of a detention center where youth live 24/7 the facility should not have to wait up to 5 days for CPS to arrive to let it know it know there is a possible problem.

9. **JJMU Monitoring**

**DJS RESPONSE**

DJS has explained to the JJMU that monitors are escorted in juvenile facilities for security purposes. DJS follows this protocol with all visitors and monitors, including attorneys and monitors from the U. S. Department of Justice. It is important to emphasize that the JJMU has full access to records, data, staff and youth consistent with the scope of their authority. DJS ensures that the JJMU is able to speak privately to youth and staff as requested by the JJMU Monitors and agreed to by the youth or staff.

**RECOMMENDATIONS**

1. On second shift and weekends a Resident Advisor Lead or Resident Advisor **and** a rover, **and** a recreation/program staff should be provided.

**DJS RESPONSE**

**WMCC operates with a minimum of six Group Life staff and a control room staff during the first and second shifts, resulting in a ratio of at least 1:5, which is better than professional standards for comparable facilities nationally.**

2. A Training Coordinator should be provided as recommended by the DJS Office of Quality Assurance and Accountability.

**DJS RESPONSE**

**Trainings are conducted by central-office and regional staff. Nearly 100% of WMCC staff are certified by the Maryland Correctional and Training Commission.**

3. Incident reports should be thorough and accurate.

**DJS RESPONSE**

**WMCC continues to focus on improving documentation of incidents through training, supervision and quality improvement reviews.**

4. CPM training should be enhanced to include the safe control of large youth, the application and use of mechanical restraints, and more focus on de-escalation techniques.

**DJS RESPONSE**

**Crisis Prevention and Management (CPM) training is inclusive of techniques to physically manage youth of any size as necessary to maintain safety, including use of mechanical restraints. The training focuses primarily on de-escalation strategies to manage potentially volatile situations without physical intervention.**

5. A health inspection should be conducted immediately and scheduled in advance with the Washington County Department of Health.

**DJS RESPONSE**

**WMCC has an excellent track record maintaining current health inspection certificates and was found in full compliance with all applicable requirements by the Washington County Health Inspector's Office on December 1, 2008.**

6. Youth should not sign blank treatment plans, but be involved in the process of planning their treatment and then sign the finished document.

**DJS RESPONSE**

**Youth do not sign blank documents and as explained previously in this response, youth are fully involved in treatment planning sessions held after they are in the facility for 13 days.**

7. Parents/guardians should be invited to treatment planning meetings.

**DJS RESPONSE**

**Parents/guardians are invited and encouraged to participate in treatment planning meetings.**

8. Advisory Board members should be clearly informed of their lawful duty to report suspicion of child abuse or child neglect directly to the local Department of Social Services.

**DJS RESPONSE**

**The Department encourages Advisory Board members to visit WMCC to observe facility routines and activities, and to talk with youth and staff about conditions and services. Advisory Board members can play an important role in ensuring appropriate conditions for youth. For this reason, the facility administrator should be informed immediately if an Advisory Board member or any other individual has reason to suspect abuse. The Department therefore does encourage Advisory Board members to bring suspicions of abuse or any other issue of concern to the immediate attention of the facility administrator.**

**There is no law prohibiting the use of a chain of command to make reports of abuse/neglect allegations to Child Protective Services. Family Law Article requires in Section 5-704 that certain "mandated" reporters (health professionals, police officers, educators, human service workers) are required to report to the local department of social services or law enforcement any suspicion of abuse or neglect. Section 5-705 imposes the same requirement on everyone else, who are considered non-mandated reporters.**

**School systems and hospitals use chain of command reporting structures for child/abuse neglect allegations all the time by requiring that CPS referrals be made through pupil personnel workers or hospital social workers or administrators. The chain of command system is not intended to prohibit a reporter from making the report directly to CPS, rather it serves as an important safeguard and mechanism for insuring that the facility (school, hospital, detention center) administration is made aware of the problem as soon as possible and can therefore act on it and protect the youth in their care and custody even before the Department of Social Services arrives (which may be 24 hours following the report of an abuse allegation and 5 days for neglect). Particularly in the case of a detention center where youth live 24/7 the facility should not have to wait up to 5 days for CPS to arrive to let it know there is a possible problem.**

**JJMU Comment:**

*See Md. Family Law section above and discussion on pp 17-18. DJS must correctly inform its Advisory Board members of their obligation to report suspected child abuse directly to Child Protective Services rather than to facility staff.*

9. DJS should cease the policy of hampering the work of the JJMU Monitors by escorting Monitors on their visits to DJS facilities.



**DJS RESPONSE**

Escorts of JJMU Monitors are for security purposes and do not hamper monitoring activities. JJMU Monitors have full access to documents and can directly observe facility practices and speak privately with youth and staff. DJS provides escorts for security purposes in its juvenile facilities for all monitors, including those from the U.S. Department of Justice.

**UNABATED CONDITIONS**

**1. Population**

- a. The purpose of detention should be maintained and not used as weekend consequence or punishment.

**DJS RESPONSE**

Detention decisions are made by the judiciary. In the three-month period reported by the JJMU, only one youth was detained at WMCC by the court as a short-term consequence for violating the conditions of his Community Detention Order.

**2. Staffing**

- a. Recruiting, hiring and training should continue at WMCC so that adequate staffing levels can be maintained without requiring overtime even when the facility is overpopulated.
- b. Double staffing should be maintained on all units, with three staff on pod C when the population is over 12, especially on second shift and weekends when administration and education staff members are not available.

**DJS RESPONSE**

WMCC maintains at least a 1:5 staffing ratio from 7am to 11pm, which is better than the standard for staffing ratios in comparable facilities nationally.

- c. The intake of youth into the facility should be attended by two staff as required.

**DJS RESPONSE**

As noted in our response to other sections of the JJMU Report, WMCC maintains required staffing ratios. One staff is typically needed to perform night intake functions. The night supervisor assures that a second staff member is present during strip searches or that the search is completed while the police officer, sheriff, or DJS transportation officer is still present in the facility.

- d. The second Addictions Counselor should be filled in order to provide the necessary addictions and assessment services.
- e. The second Social Worker position should be filled.

**DJS RESPONSE**

**The WMCC has sufficient clinical staff positions and all youth needing addictions and social work services at the facility receive these services.**

**3. Safety/Security**

- a. The outside recreation area should receive additional fencing to provide security so that youth can receive regular outdoor recreation.
- b. Vitreous china fixtures should be replaced with a substance that cannot be broken or used by youth to harm self or others.
- c. The pods should have acoustic material installed to dampen the excessive noise created by the removal of carpeting.

**DJS RESPONSE**

**Enhanced fencing will be completed as funding allows.**

**The vitreous china fixtures have not caused or been involved in any safety or security issue nor have they been implicated in any youth injury in several years.**

**The Department has examined noise dampening solutions for the units. However the JJMU should clarify why they consider what they describe as “excessive noise created by the removal of carpeting” to be a safety or security concern.**

**4. Education**

- a. A GED, Pre-GED, and post GED program should be offered.

**DJS RESPONSE**

**WMCC began offering GED preparation classes in October 2008. Previously, eligible students received GED preparation materials and assistance in addition to their daily class activities.**

**5. Rehabilitative and Recreational Programming**

- a. Additional programming is needed during evenings and weekends.

**DJS RESPONSE**

**WMCC continues its focus on providing additional structured programming in the evenings and weekends.**



MARLANA R. VALDEZ  
*Director*

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

**FACILITIES REPORT**  
**DEPARTMENT OF JUVENILE SERVICES YOUTH CENTERS**  
**JULY - SEPTEMBER, 2008**

**DJS Youth Centers Headquarters**      326 Queen City Drive  
Cumberland, Maryland 21502  
Dale Schroyer, Regional Director  
Bob McKelvie (McElvie), Acting Deputy  
Regional Director

**Facilities**

**Green Ridge YC**  
10700 15 Mile Creek Road NE,  
Flintstone, MD 21530  
Judy Hodel, Supervisor  
Visits: July 21, 24, August 7  
September 6, 2008

**Meadow Mountain YC**  
234 Recovery Rd,  
Grantsville, MD 21536  
Bill Pickerel, Supervisor  
Visits: July 17, August 12,  
September 4, 2008

**Savage Mountain YC**  
164 Freedom Lane  
Lonaconing, MD 21539  
Steve Northcraft, Supervisor  
Visits: July 31, August 26  
September 5, 2008

**Backbone Mountain YC**  
24 Camp 4 Road  
Swanton, MD 21562  
Dick Gero, Supervisor  
Visits: July 14, 22, August 22,  
September 7, 2008

**Reported by:**                      Tim Snyder, Juvenile Justice Monitor

**Persons Interviewed:**        Various staff including: Superintendent, Center  
Supervisors, Case Managers, Residential Advisors,  
Support Staff, and Youth

**Date of Report:**                November 2008

## INTRODUCTION

The DJS Youth Centers provide commitment care services in four separate facilities: Green Ridge, located in Allegany County near Flintstone, provides 40 beds and serves western Maryland male youth in three separate programs – Mountain Quest, a 90-day intensive adventure based treatment impact program; Revelations, a substance abuse program lasting a minimum of 120 days, and a therapeutic program averaging six to eight months.

Savage Mountain, located in Garrett County near Lonaconing, provides 36 beds in a six to eight month treatment program, and serves male youth primarily from non-western Maryland counties. Backbone Mountain provides 48 beds. Thirty-two beds are currently dedicated to the six to eight month treatment program, and 16 beds are dedicated to youth in the college program.

Backbone Mountain serves male youth residing primarily in non-western Maryland counties. Meadow Mountain provides 40 treatment program beds and specializes in treatment of addictions in a six to nine month program. Meadow Mountain serves male youth residing primarily in non-western Maryland counties.

## FINDINGS

### 1. Population

#### a. General

The combined population capacity of the Youth Centers is 164. The population in the four Youth Centers as a whole averaged 159.66 youth for the third Quarter. The July average was 162, 159 in August, and 158 in September. On six days during the third quarter, the Youth Centers were over capacity with Backbone having 49 youth on three days and Savage Mountain having 37 youth on three days.

<b>Youth Center</b>	<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Daily Population</b>	<b>Average Monthly Population</b>	<b>Number of Days Over Capacity</b>
<b>Green Ridge</b>	40	40	27	34	July - 38 Aug. - 37 Sept. - 34	0
<b>Savage Mountain</b>	36	37	34	36	July - 36 Aug. - 35 Sept. - 35	3
<b>Meadow Mountain</b>	40	40	36	38	July - 39 Aug. - 38 Sept. - 38	0
<b>Backbone</b>	48	49	43	46	July - 48	3

<b>Mountain</b>					Aug. – 47 Sept. - 46
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The Youth Centers continue to enroll youth who do not meet their acceptance criteria, including violent youth, and some youth who are in the borderline or mildly retarded IQ range. Additionally, according to Center estimates, approximately a quarter of the youths in the Centers have been identified as gang members.

**b. Disproportionate Minority Contact (DMC)**

<b>Green Ridge Youth Center – 6-9 month program.</b>	1 <sup>st</sup> Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3 <sup>rd</sup> Quarter, 2008
Total Quarterly Population	69	71	67
White	(24)-35%	(23)-32%	(21)-31%
African American	(33)-48%	(35)-49%	(34)-51%
Latino	(7)-10%	(7)-10%	(9)-13%
Other	(5)-7%	(6)-9%	(3)- 5%

<b>Savage Mountain Youth Center</b>	1 <sup>st</sup> Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3 <sup>rd</sup> Quarter, 2008
Average Daily Population	55	54	52
White	(6)-11%	(7)-13%	(11)-21%
African American	(43)-78%	(44)-81%	(40)-77%
Latino	(5)-9%	(2)-4%	(1)-2%
Other	(1)-2%	(1)-2%	

<b>Meadow Mountain Youth Center</b>	1 <sup>st</sup> Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3 <sup>rd</sup> Quarter, 2008
Average Daily Population	59	58	65
White	(21)-36%	(24)-41%	(26)-40%
African American	(36)-61%	(31)-53%	(37)-57%
Latino	(2)-3%	(3)-6%	(2)-3%
Other			

<b>Backbone Mountain Youth Center</b>	1 <sup>st</sup> Quarter, 2008	2 <sup>nd</sup> Quarter, 2008	3 <sup>rd</sup> Quarter, 2008
Average Daily Population	73	72	66
White	(13)-18%	(20)-28%	(20)-30%
African American	(54)-74%	(46)-64%	(39)-59%
Latino	(3)-4%	(3)-4%	(4)-6%
Other	(3)-4%	(3)-4%	(3)-5%

**2. Staffing**

**a. General**

<b>Green Ridge</b>	3 <sup>rd</sup> Quarter, 2008
Total PINS (offers benefits)	31
Total contractual Positions	11
Total Vacancies	5
Staff: Youth Ratios	8.5 to 1
Overtime Hours	439.7

<b>Savage Mountain</b>	3 <sup>rd</sup> Quarter, 2008
Total PINS (offers benefits)	41
Total contractual Positions	1
Total Vacancies	8
Staff: Youth Ratios	8 to 1
Overtime Hours	204.45

<b>Meadow Mountain</b>	3 <sup>rd</sup> Quarter, 2008
Total PINS (offers benefits)	35
Total contractual Positions	11
Total Vacancies	9
Staff: Youth Ratios	8 to 1
Overtime Hours	255

<b>Backbone Mountain</b>	3 <sup>rd</sup> Quarter, 2008
Total PINS (offers benefits)	42
Total contractual Positions	9
Total Vacancies	5
Staff: Youth Ratios	8 to 1
Overtime Hours	152

The Youth Centers have hired additional direct care staff for each Center. Most of the new staff attended Entry Level Training in August. The Centers experienced staff shortages in July and August but now have an influx of newly certified, if inexperienced staff. In July and August, many off campus trips had to be cancelled because of staff shortages.

The Case Manager Supervisor at Savage Mountain Youth Center has been out on extended medical leave. This position is critical to the operation of the Center. DJS should fill the role by assigning an interim Active Case Manager Supervisor.

The Educational Program at Meadow Mountain does not have a math or a social studies teacher. Green Ridge is in need of a Physical Education Instructor.

### Applicable Standards

**Department of Juvenile Services Case Management Policy CJ-1-05** identifies the position and responsibility for the Facility Case Management Specialist Supervisor.

**Department of Juvenile Services Detention Standards 5.1.3.** Staffing arrangements shall aim to provide a safe, humane, and caring environment.

**Department of Juvenile Services Detention Standards 4.1.** The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.

#### **b. Staff Training**

The Youth Centers have maintained mandatory initial and annual training. The process of bringing new staff aboard, and providing the certification and training continues to be lengthy, however. It is still not uncommon for new staff to wait for six or more months to obtain provisional certification, and for Entry Level Training (ELT). Additionally, sometimes, DJS Headquarters fails to notify the Youth Centers when a staff has been provisionally certified, and/or has passed ELT and could be scheduled to begin work or begin working alone with youth.

### Applicable Standards

**Department of Juvenile Services Detention Standards 2.2.1.** The Department shall ensure that designated classes of departmental and vendor employees are trained according to the standards established by the Maryland Correctional Training Commission.

**Maryland Correctional Training Commission Standards 12.10.1.02.B.3** An individual may not legally exercise the duties of a mandated position until the individual has met selection and training standards of the Commission.

### **3. Safety and Security**

#### **a. Aggregate Incidents**

**Green Ridge (GR), Savage Mountain (SM), Meadow Mountain (MM), Backbone Mountain (BB)**

**Note:** The table below does not reflect the actual total number of incidents as some categories, such as "Inappropriate Conduct Comments by Youth" are not reported. Additionally, some incidents involve more than one category above. For example, a youth on youth assault may also include a restraint.

<b>Incident Categories</b>	<b>1<sup>st</sup> Quarter</b>	<b>2<sup>nd</sup> Quarter</b>	<b>3rd Quarter</b>
1. Youth on Youth Assault	GR - 7 SM - 1 MM - 3 BB - 5	GR - 10 SM - 7 MM - 2 BB - 2	GR - 6 SM - 3 MM - 8 BB - 4
2. Youth on Youth Assault with injury	GR - 5 SM - 1 MM - 1	GR - 4 SM - 4 MM - 1	GR - 2 SM - 3 MM - 3
3. Alleged Youth on Youth Sexual Assault			SM - 1
3. Alleged Youth on Staff Assault	SM - 1	SM - 1 MM - 2 BB - 1	SM - 1 MM - 4 BB - 1
4. Alleged Youth on Staff Assault with Injury			MM - 1
5. Group Disturbance (without bodily harm or property destruction)		SM - 1	
6. Restraints	GR-10 SM - 2 MM - 2 BB - 5	GR-7 SM - 3 MM - 1 BB - 2	GR-13 SM - 4 MM - 5 BB - 6
7. Restraints with Injury	GR-6	GR-1	GR-1 MM - 2
8. Allegations of Physical Child Abuse	MM - 2		MM - 1
9. Outcomes of Child Abuse Investigations <ul style="list-style-type: none"> <li>● DJS</li> <li>● Child Protective Services/DSS</li> <li>● Police</li> </ul>	#1- DJS-Sustained #2-DJS-Not sustained  #1-CPS-Ruled Out #2-CPS-Screened Out  #1-No Criminal Intent #2- Closed		DJS- Sustained  CPS-Ruled Out  Police - Closed
10. Escapes from Staff Secure Facility	GR-2 BB - 2	GR-1	GR-1 MM - 1
11. Law Enforcement Response to Incidents		GR-4 MM - 1	GR-2 MM - 2



12. Suicide Attempts, Ideation, Gestures, Behavior	GR-1 MM - 1	GR-1 SM - 2	GR-1 MM – 2 BB – 2
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Most types of incidents decreased or remained stable between the 2<sup>nd</sup> and 3<sup>rd</sup> quarters. The exception in youth on youth assaults was Meadow Mountain’s increase from 2 in the 2<sup>nd</sup> quarter to 3 in the 3<sup>rd</sup> quarter.

Restraints increased at all 4 youth centers. At Meadow Mountain restraints increased from 1 to 5; at Backbone Mountain from 2 to 6; at Green Ridge from 7 to 13 and at Savage Mountain from 3 to 4. These numbers do not tell the entire story, however. Consideration must also be given to the level of restraint, the many factors that lead up to a restraint, and how the crisis is handled.

For example, in August the Department sent a large number of staff to Entry Level Training, leaving a shortage of staff. At the same time, many new youth entered the Centers. Having new youth always changes the dynamics in a group, especially as the new youth go through the necessary process of testing the program and the staff. The combination of having fewer staff on hand and having new youth in the groups is a factor that may have led to increased restraints during the 3<sup>rd</sup> quarter.

Green Ridge has generally a experienced higher number of incidents, but upon visitation, the campus has appeared settled, with youth expressing that they have good relationships overall with staff. The Mountain Quest program at Green Ridge has a much more frequent youth turnover rate, and the group does not usually solidify as much as the longer term groups. These factors no doubt impact the rate of incidents. Additionally, in the experience of this Monitor, Green Ridge staff generally strive to achieve more depth in their treatment contact with youth. This necessitates pressing harder for youth to face underlying issues, and the resulting feelings, which may well lead to episodes of acting out behavior.

**b. Incident-Related procedures, Practices, and Reporting**

The Youth Center Staff do not video tape incidents and do not have video taping capability. It is impractical for staff to carry cameras with them as the groups move about. It is also impractical for staff to videotape an incident because if they are on the scene, they are likely to be involved in efforts to resolve the problem with the least amount of force needed. The DJS video taping policy is impractical for the Youth Centers to follow. Stationary surveillance cameras should be installed instead.

**Applicable Standards**

**Maryland Department of Juvenile Services Policies & Procedures RF-05-07.** *The Department of Juvenile Services (DJS) employees shall video tape room extractions, escorts to seclusion, use of restraints or other critical incidents that relate to the safety*

*and security of a residential facility. Incidents shall be videotaped unless videotaping of the incident compromises the safety and/or security of youth and/or employees. The Department encourages the video taping of incidents to de-escalate incidents and to prevent further misbehavior and the use of physical restraint.*

The Department lacks Commitment Care Standards. DJS directs the Youth Centers to follow the Youth Center Procedure Manual and DJS Policies and Directives. DJS Policy requires that employees video tape incidents

#### **4. Physical Plant and Basic Services**

##### **a. Fire Safety**

The Youth Centers hold fire drills as required. All of the Centers hold current Fire Marshall Inspection Reports. The Fire Marshall's Office inspected Green Ridge in January of 08, Savage Mountain in July of 08, Meadow Mountain In April of 08, and Backbone Mountain in March of 08.

##### **b. Physical Plant**

The driveways at Backbone Mountain and Savage Mountain are in need of resurfacing. The shower facility at Green Ridge is in need of replacement, and the gym floor is also in need of replacement. These four physical plant issues have been identified by the Youth Centers. Requests have been submitted, but funding has not yet been identified.

#### **Applicable Standard**

**COMAR 14.31.06.07.C(1).** *The licensee shall maintain all structures and grounds in good condition, free from health or safety hazards.*

##### **c. Basic Services**

All of the Youth Centers have current Health Department inspections. Green Ridge was inspected in April of 08, Savage Mountain in January of 08, Meadow Mountain in January of 08, and Backbone Mountain in September of 08.

The youth and staff in the Centers consistently comment that the tennis shoes and boots are of low quality and wear out very quickly. Frequently this Monitor has seen youth wearing shoes and boots that are worn beyond reasonable usability.

#### **5. Education**

##### **a. Special Education**

The Centers enroll many youth who require special educational services. Typically, about a quarter to a third of the youth in the Centers, require some level of special education. Youth Center staff report that senior leadership within DJS has said that; "There is no youth whose educational needs the Centers cannot meet." While this may or may not be the case educationally, in terms of treatment it is very difficult to integrate youth who do not possess the cognitive abilities needed to participate fully in the group process. Some youth are at such a low level of cognition and reading that they cannot read or understand the basic questions presented during intake. These youth require much more individualized treatment intervention, and tend to become scapegoats, and the target of others' frustrations in the group.

**b. Classes**

The Youth Centers Educational Program provides 4 hours of classroom instruction each day that school is in session. Additionally, youth receive some vocational instruction, and drug/health education. Physical Education is provided and credit is given at Green Ridge, Savage Mountain, and Backbone Mountain. Meadow Mountain is in need of a Physical Educational Instructor.

The youth in the Centers typically do well in the education program, gaining on the average between two and four months for every month that they would expect to gain in public school.

Classroom space, particularly at Savage Mountain and Meadow Mountain is limited. DJS Youth Center Headquarters may move to a larger building. When and if that happens, DJS will convert the building at Savage Mountain that now houses the Youth Center Educational Administration to provide additional classroom/computer space.

The Meadow Mountain School is not only lacking space, but is also lacking teachers, as there is no math or social studies teacher, and no permanent English teacher.

**d. General Educational Development Program (GED), College Courses**

Typically, about 30% of the youth in the Centers enter the General Educational Development Program. The GED program in the Youth Centers has generally been very successful, with approximately 70-75% of the youth that take the exam, passing the test and earning their diploma.

Backbone Mountain is home to The Honor Academy, a Learning Opportunities Partnership between Garrett County Community College and DJS. The Honor Academy currently enrolls sixteen selected youth who work toward obtaining their GED while also beginning a college course curriculum. The youth in the program have a separate cabin on the property. Students who successfully complete the program are eligible for additional funding to help them pursue higher education after leaving the Youth Centers.

## **Applicable Standards**

**Maryland Department of Juvenile Services Detention Standards 4.1.4.3** *The content and curriculum design shall address the residents' educational needs including strengths, weaknesses, and interests as identified in the educational plan.*

**COMAR 14.31.06.12.A. Education.** (1) *Each licensee shall collaborate with the placing agency to: (a) Ensure that each child of mandatory school age who has not earned a high school diploma or certificate of completion under COMAR 13A.03.02.02 is receiving an appropriate elementary or secondary school education; (b) If the child is a student with disabilities, cooperate with the team constituted under COMAR 13A.05.01 as appropriate to ensure that the child receives special education and related services as provided for in the child's individualized education program....*

## **6. Rehabilitative and Recreational Programming**

### **a. Therapeutic Program**

The therapeutic intervention modality at the Youth Centers is Positive Peer Culture, (PPC), and EQUIP. EQUIP is a social skill development program utilized as an addition to PPC. Youth also receive substance abuse treatment and individual counseling as needed. Meadow Mountain Youth Center's primary focus is to serve youth whose primary need is to address substance abuse issues.

Youth Center treatment staff members conduct monthly interdisciplinary team meetings to review the treatment needs of each youth. Direct care staff team members from each group meet on a weekly basis to review the progress and issues concerning each individual in the group.

The implementation of PPC varies considerably from Center to Center and group to group depending on the make up of the youth in the group, and the skills of the staff members. There is a need for on-going PPC training and modeling by trainers and experienced staff.

Aftercare planning has typically not begun until a youth was nearing release from the Centers. Green Ridge Youth Center has however, generally implemented aftercare planning earlier in youths' placement. DJS staff now report that there is increased emphasis on aftercare, and that initial planning for aftercare is taking place in all Centers at the time of enrollment.

Community Case Managers' participation in aftercare and visitation of youth in the Centers has increased somewhat since the Department has placed more emphasis on this crucial aspect of integrated treatment.

A review of Community Case Manager Center visitation for the 3<sup>rd</sup> Quarter revealed the following for youth at the DJS Youth Centers: Adjusted percents are listed below. DJS is not aware of how the JJMU arrived at the statistic.

<b>% of youth visited</b>	<b>July, 2008</b>	<b>August, 2008</b>	<b>September, 2008</b>
<b>Green Ridge</b>	58% (69%)	56% (74%)	78% (90%)
<b>Savage Mountain</b>	76% (78%)	80% (79%)	73% (75%)
<b>Meadow Mountain</b>	57% (56%)	76% (76%)	57% (61%)
<b>Backbone Mountain</b>	93% (92%)	85% (85%)	91% (94%)

Prince Georges County sends one Community Case Manager out to see all of the youth in the Centers from that county. Considering travel time, and the need to see 7 youth in two different Centers, it is hard to imagine that the meetings are very long or meaningful. Youth and staff comment that some Community Case Manager meetings with youth are very short and do not meet the needs of youth for contact and information. Additionally, when Community Case Managers conduct "courtesy visits" for other Community Case Manager, the quality of youth contact is diminished. (Refer to PG County Regional Director)

It is important for continuity, relationship development, and communication that the same Community Case Manager follow youth through the entire process of involvement with the Department. Regular and frequent contact with youth and family is crucial to the overall success of the treatment experience.

Of all the jurisdictions that place youth in the Centers, Baltimore City has by far the worst visitation record. In July, only 7 of 21 youth were seen in the Centers. In August, only 4 of 27 were seen. In September, 8 out of 23 youth were seen. (Refer to Baltimore City Mgt)

In Carroll County, all but one worker went on vacation in August. Out of the 11 youth placed in the Centers from Carroll County, only 1 was seen in August. (Refer to Carroll County Mgt)

### **Applicable Standards**

**Maryland Department of Juvenile Services Policy & Procedures CJ-1-05.1.** *Youth who are committed to the Department of Juvenile Services (DJS) for placement, and youth committed to community based residential programs shall be assigned a Community Justice Case Management Specialist. DJS operated residential programs shall also assign a Facility Case Management Specialist. The Facility Case Management Specialist shall maintain daily contact with the youth and be responsible*

*for the coordination of all services within the facility. In collaboration with the Community Justice Case Management Specialist and the facility Interdisciplinary Treatment Team, the Facility Case Management Specialist shall develop a Treatment Service Plan (TSP) and ensure that prescribed services are made available and delivered in accordance with the Department's Treatment Service Plan (TSP) Policy.*

*(2) The Community Justice Case Management Specialist shall: (vi) Meet at least monthly with youth who are in residential care in Maryland to assess treatment progress and plan for community reintegration.*

**b. Recreational Programming**

The Reflections/Ropes Program is fully staffed once again. During the Third Quarter, the Centers used the facility infrequently, but with the additional Youth Center staffing, and the dedicated Reflections/Ropes Staff, groups are now able to take full advantage of this valuable resource.

The Centers have been active to the extent possible with limited staff. All of the Centers participated in inter-center softball and basketball tournaments. Some other activities included:

**Green Ridge:**

Green Ridge staff took youth to see a Shakespeare play at the Rocky Gap Resort. The entire Center went for a two-day campout where the groups undertook learning challenges and played games. As part of community service, youth from Green Ridge helped the Department of Natural Resources work on opening the Great Eastern Trail. They also helped set up for the Allegany County Fair. Green Ridge youth help with many local organizations. In September they contributed over 700 community service hours.

**Savage Mountain:**

Youth at Savage Mountain regularly cut the grass at the Friendsville Cemetery. They also helped set up for the Frostburg Soapbox Derby Day, and they helped the Allegany County Girls Group Home by cutting brush away from the roadway. Savage Mountain staff took youth to New Germany State Park for fishing and swimming on several occasions. Also, a ping pong tournament was held at Savage Mountain.

**Meadow Mountain:**

Meadow Mountain staff took youth to Big Run State Park for a campout. While there they participated in hiking canoeing and biking, and they went on a nature walk with a DNR Naturalist. Several youth from Meadow Mountain were taken to the Pittsburgh Zoo, and one group attended a Pittsburgh Pirates game. New Germany Park, was used for fishing and swimming activities. Community service hours were

spent in helping the town of Grantsville reclaim a 250-yard ditch. The youth graded, raked and seeded the area. A few youth from Meadow Mountain participated with a local church choir and sang at a local nursing home.

### **Backbone Mountain:**

Backbone Mountain held a field day in July. Youth participated in a scavenger hunt and also played volley-ball and softball. Youth from Backbone also visited Rocky Gap for fishing and swimming. One of the groups was taken to West Virginia and explored caves. Groups also visited Swallow Falls and New Germany State Park. Some youth from Backbone Mountain Youth Center volunteered to go to a nursing home to play bingo with the residents.

### **c. Parental Involvement**

All of the Youth Centers now permit youth to earn home visits particularly as they near completion of the program. This has been a very positive treatment experience for the youth and a needed addition to the overall program. Home visits enable the youth and family to test out the changes that they have been working toward before actual release. Problems that come up provide direction for the youth, family and treatment staff to address during the remaining time in the Center. Each Center also holds "family days" to give family members the chance to visit the Center, participate in activities and talk with staff.

## **7. Medical and Behavioral Health**

The DJS Youth Centers contract with the Allegheny Health Department for health services. Nurses make weekly rounds to the Centers. Youth are seen as needed. Youth who need more urgent care are either seen at the Health Department or referred to the local emergency room. Each Center has a copy of the Allegheny County Health Department First Aid Manual, and medical supplies are ordered through the Health Department and picked up at the clinic.

One concern voiced to this Monitor is that medications frequently do not accompany youth when they come from detention centers, and this results in missed medication doses which can be a health threatening event.

### **Applicable Standards**

**COMAR 14.31.06.13 .C. Medication Management. (2)** *For a newly admitted child, the licensee shall continue any current medications that the child is receiving at the time of admission to the program; and within 3 days of admission, consult with the licensee's medical care provider or the child's physician concerning the continuation of a current medication.*

## **8. Youth Advocacy, Internal Monitoring and Investigation**

The Child Advocate makes weekly rounds to each Center. The grievances received by this Monitor indicated that the Child Advocate addressed the issues appropriately. DJS assigns an Office of Investigations and Audits (OIA) Investigator to the Youth Centers, and he responds as needed.

### **RECOMMENDATIONS**

#### **1. Staffing**

- a. DJS should fill the role of Case Manager Supervisor at Savage Mountain by assigning an interim Active Case Manager Supervisor.
- b. Meadow Mountain should have a math teacher, a social studies teacher and a physical education teacher.

#### **2. Rehabilitative and Recreational Programming**

- a. Community Case Managers should make site visits to see the youth in their caseload rather than having one Community Case Manager see all of the youth from their county.
- b. Community Case Managers should follow the same youth through their entire involvement with the Department of Juvenile Services.
- c. Focus should be placed on all jurisdictions to ensure that monthly Case Manager visitations are made as required and special emphasis should be placed on Baltimore City Community Case Managers to improve their visitation record.

#### **3. Medical and Behavioral Health**

- a. Youth must receive all medications as prescribed without experiencing medication misses.

### **CONDITIONS UNABATED FOR MORE THAN 30 DAYS**

#### **1. Population**

- a. Youth admitted into the Youth Centers should meet the written admissions criteria cited. Youth with significant juvenile crime histories and those not meeting the IQ, behavioral or mental health criteria should not be admitted.



## **2. Staffing**

- a. DJS should seek to be removed from MCTC training so that more appropriate and timely training can be provided.
- b. DJS Headquarters should notify the Youth Centers immediately when a staff member's background check has been completed and the staff is eligible to be provisionally certified.

## **3. Safety and Security**

- a. The Department should finalize Commitment Care Standards for review.

## **4. Physical Plant and Basic Services**

- a. The driveways at Savage Mountain and Backbone Mountain should be resurfaced.
- b. The shower house at Green Ridge should be remodeled.
- c. The gym floor at Green Ridge should be upgraded.
- d. The tennis shoes purchased for the youth should be of better quality.

## **5. Education**

- a. Extensive vocational training, certification, and job placement should be provided to facilitate entry into the work force.

## **6. Rehabilitative and Recreational Programming**

- a. Groups should be limited to nine youth (maximum of ten) as prescribed in the PPC model.
- b. Intensive training in PPC should be scheduled by DJS trainers.
- c. Modeling of PPC should be undertaken by senior experienced group process staff for the newer staff to emulate.

**DJS RESPONSE**  
**DEPARTMENT OF JUVENILE SERVICES YOUTH CENTERS**  
**JULY - SEPTEMBER, 2008**

1. Population

**DJS RESPONSE**

The JJMU should state factual data as the basis for conclusions about the extent of gang affiliation among youth. The JJMU Report cites "Center estimates" as the basis for concluding that one-fourth of youth in the Centers are gang members. It isn't clear whether the JJMU is asserting that the Youth Centers should not serve gang-affiliated youth, but DJS would not agree with that conclusion. Gang affiliation is not infrequently among the presenting issues of youth involved in the juvenile justice system.

The Youth Centers has extensive experience screening referrals and continues to utilize a comprehensive process as the basis for admission decisions including review of all relevant documentation and one or more personal interviews with each youth referred. The admission screening process also includes assessment of mental health and medical needs of youth by local Health Departments, which must concur that they can provide appropriate treatment to the youth during their stay at the Youth Centers for admission to be approved. The intake review process is based on specified criteria that involve careful consideration of factors relevant to each youth. The substantial majority of youth who have been accepted through this rigorous case-by-case evaluation and admissions process have done very well at the Youth Centers. Youth who do not meet the admission criteria are rejected. Occasionally youth do not adjust satisfactory to the program, and the Youth Centers has a process for discharging those youth in a timely and effective manner.

b. Disproportionate Minority Contact (DMC)

**DJS RESPONSE**

The Standard Operating Procedure between the JJMU and DJS states: "The JJMU evaluates at each facility the Child Advocacy Grievance process, the DJS monitoring process, the treatment of and services provided to youth, the physical plant condition and the adequacy of staffing. DJS believes, therefore, that reporting on DMC does not fit within the statutory authority of the JJMU.

DJS will also point out that reporting of population and ethnicity figures as JJMU has done in the chart above does not conform to the accepted standard for establishing, measuring or analyzing DMC. Rather, best practice in identifying and effectively addressing DMC recognizes confinement in a correctional facility as one decision point contributing to disproportionate representation; other important points of analysis are rates of arrest, diversion, referral to court and court disposition. DMC is expressed as a Relative Rate Index (RRI) as a means of comparing juvenile justice contact experienced by various racial and ethnic groups of youth and that takes into account comparison to general population data.

DJS actively participates in best practice models for DMC reduction and collaborates with and provides technical assistance to DMC Coordinators in many jurisdictions across the state.

2. **Staffing**

a. **General**

**DJS RESPONSE**

It is important to point out that while some trips could not occur due to the large number of staff enrolled in mandated training, quality recreational events including off campus trips continued to be provided for youth throughout the months of July and August.

**DJS RESPONSE**

A Case Manager Specialist was transferred to Savage Mountain Youth Center in the acting capacity of a Case Manager Specialist Supervisor to cover this function while a staff member is on medical leave.

**DJS RESPONSE**

The educational program at Meadow Mountain provides daily instruction in math and social studies. While Meadow Mountain, like many other small schools in Maryland and across the country, may not employ secondary teachers certified in every academic subject, instruction is typically provided by teachers certified in a related subject area. Middle school teachers are not required to be certified in all specific subject areas. Math teachers at other Youth Center schools have assisted with delivery of math instruction to youth at Meadow Mountain. Many youth at Meadow Mountain attend Garrett College and as appropriate to their needs may enroll there in math courses.

b. **Staff Training**

**DJS RESPONSE**

Youth Centers staff receives Entry Level Training in accordance with the standard established by the Maryland Police and Correctional Training Commission, which requires completion of the training within one year of provisional certification. The JJMU is not correct that DJS Headquarters fails to notify the Youth Centers when staff completes certification or training requirements. The DJS personnel and professional development units have refined the process for regularly providing reports and updates to Youth Centers administrators and to the Western Regional Training Coordinator. The effectiveness of this procedure for timely notification was confirmed with Youth Centers staff in preparation of this response.

**JJMU Comment:**

*In interviews with the Monitor, a number of professional staff at the Youth Centers have said that Headquarters' failure to provide notification regarding hires continues to be a problem.*

4. **Physical Plant and Basic Services**

c. **Basic Services**

**DJS RESPONSE**

During July and September 2008 the Youth Centers experienced a temporary shortage of tennis shoes due to a backorder in most sizes. A large order was received in September which rectified this problem. The main area of concern with the tennis shoes has been the insoles, which tend to wear rapidly. The Youth Centers have ordered insoles that can be placed inside new shoes in order to extend their usability. There have been no recent complaints regarding the quality of boots.

**5. Education**

**a. Special Education**

**DJS RESPONSE**

The percentage of students eligible for special education services at the Youth Centers is very much in line with national prevalence data. At least thirty to fifty percent of youth in juvenile detention and treatment facilities across the country are eligible for special education services. Youth in all DJS facilities including the Youth Centers receive educational programs tailored to their strengths and needs, including students with educational disabilities who require special education services to support their academic progress. Special education services may include individualized instruction in reading and other subject areas to assist comprehension. Youths' capacity to participate fully and effectively in treatment at the Youth Centers would be assessed as part of the extensive screening criteria for admission explained more fully in our response to an earlier section of this report.

**c. Classes**

**DJS RESPONSE**

Students attend school at the Youth Centers for between five and six hours daily including academic and vocational courses.

**6. Rehabilitative and Recreational Programming**

**a. Therapeutic Program**

**DJS RESPONSE**

Modeling of PPC by experienced and supervisory staff is a basic and continuous expectation and is consistently provided. On-going PPC training has been implemented.

**DJS RESPONSE**

DJS policy requires that community case managers visit the students at the Youth Centers.

**JJMU Comment:**

*The Juvenile Justice Monitoring Unit is charged with evaluating "at each facility" (emphasis added) "the treatment of and services to youth." Md. State Govt. Article §6-404*

(Supp. 2007). DJS policy requires that preliminary youth Treatment Service Plans be developed by their Community Case Managers. If a youth moves on to residential placement, the Community Case Manager becomes an active member of the interdisciplinary treatment team, both assisting in adjusting the Treatment Service Plan and working with residential program staff to develop an Aftercare and Transition Plan for the youth. In addition, DJS policy requires that Community Case Managers visit youth at least monthly while in residential placement.

The role of the Community Case Manager is central to the services received by youth in residential placement and relevant to the Monitor's responsibilities.

JJMU does not monitor or report on delivery of Community Case Management services to youth not in residential placement.

## **7. Medical and Behavioral Health**

### **DJS RESPONSE**

**The Youth Centers receive medical records for youth on admission from detention facilities, and medication is received the same day or the next day for continuation of services. Medication orders for youth admitted from home may take a little longer to complete the process of contact with the youth's physician. These procedures are monitored by the DJS Medical Director.**

### **JJMU Comment:**

*The Department should develop a system to ensure that medications arrive with youth or that a physician is on call to temporarily prescribe medications until the youth's primary physician can be contacted. Even brief gaps in medication administration may have detrimental effects on youth health.*

## **RECOMMENDATIONS**

### **1. Staffing**

- b. Meadow Mountain should have a math teacher, a social studies teacher and a physical education teacher.

### **DJS RESPONSE**

**A Case Manager Specialist was transferred to Savage Mountain Youth Center in the acting capacity of a Case Manager Specialist Supervisor to cover this function while a staff member is on medical leave.**

**Students at Meadow Mountain receive math and social studies instruction each day from teachers certified in related fields or through enrollment in Garrett College courses.**

### **3. Medical and Behavioral Health**

- a. Youth must receive all medications as prescribed without experiencing medication misses.

**DJS RESPONSE**

The Youth Centers receive medical records for youth on admission from detention facilities, and medication is received the same day or the next day for continuation of services. Medication orders for youth admitted from home make take a little longer to complete the process of contact with the youth's physician. DJS continues to refine procedures to ensure the most efficient system for transfer of medication orders. The DJS Medical Director monitors these procedures.

**UNABATED CONDITIONS**

**1. Population**

- a. Youth admitted into the Youth Centers should meet the written admissions criteria cited. Youth with significant juvenile crime histories and those not meeting the IQ, behavioral or mental health criteria should not be admitted.

**DJS RESPONSE**

The Youth Centers has extensive experience screening referrals and continue to utilize a comprehensive process as the basis for admission decisions including review of all relevant documentation and one or more personal interviews with each youth referred. The admission screening process also includes assessment of mental health and medical needs of youth by local Health Departments, which must concur that they can provide appropriate treatment to the youth during their stay at the Youth Centers for admission to be approved. The intake review process is based on specified criteria that involve careful consideration of behavioral, cognitive and other factors relevant to each youth. The substantial majority of youth who have been accepted through this rigorous case-by-case evaluation and admissions process have done very well at the Youth Centers. Youth who do not meet the admission criteria are rejected.

**2. Staffing**

- a. DJS should seek to be removed from MCTC training so that more appropriate and timely training can be provided.

**DJS RESPONSE**

DJS does not agree with this recommendation. MCTC is an oversight and accreditation agency of the Maryland Department of Public Safety and Corrections that works closely with DJS to approve and grant credit for entry level and in-service courses provided by the Department. MCTC does not prescribe training courses for DJS employees. The identification of courses appropriate for DJS employees in various classifications is accomplished by DJS staff who have specialized expertise in curriculum development, adult learning and professional development, with input from facility and program staff. MCTC approval and certification in no way limits our capacity to provide appropriate course content.

- b. DJS Headquarters should notify the Youth Centers immediately when a staff member's background check has been completed and the staff is

eligible to be provisionally certified.

**DJS RESPONSE**

**Notification about background check results and provisional certification is standard practice.**

**JJMU Comment:** *See discussion above.*

**4. Physical Plant and Basic Services**

c. The gym floor at Green Ridge should be upgraded.

**DJS REPSONSE**

**The gym floor is able to be utilized by the youth. During the summer an outdoor court was used. Staff monitors gym activities closely and the floor is kept well swept and dry. New sinks were recently installed in the shower house at Green Ridge. Maintenance projects are completed as funding is available.**

d. The tennis shoes purchased for the youth should be of better quality.

**DJS RESPONSE**

**State contracts are utilized according to policy to purchase tennis shoes. Youth are issued new pairs of shoes as needed.**

**5. Education**

a. Extensive vocational training, certification, and job placement should be provided to facilitate entry into the work force.

**DJS RESPONSE**

**Vocational and post-secondary classes are available at the Youth Centers.**

**4. Rehabilitative and Recreational Programming**

- a. Groups should be limited to nine youth (maximum of ten) as prescribed in the PPC model.
- b. Intensive training in PPC should be scheduled by DJS trainers.
- c. Modeling of PPC should be undertaken by senior experienced group process staff for the newer staff to emulate.

**DJS RESPONSE**

**Positive Peer Culture can be effective with groups of 10 to 12. PPC training has been enhanced and is currently a component of Entry Level Training for Youth Center staff. Ongoing PPC training will also be provided. Modeling and coaching of PPC skills by senior staff is already in place.**