



---

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

**2<sup>nd</sup> QUARTER 2012 REPORTS**



**NICK MORONEY**  
*Director*

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

August 2012

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 Sam J. Abed, Secretary  
Department of Juvenile Services, One Center Plaza, 120 West Fayette Street  
Baltimore, Maryland 21201

Ms. Kim Malat, Interim 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. Abed, Ms. Malat, and State Advisory Board Members:

Enclosed please find the most recent Quarterly Reports from the Juvenile Justice Monitoring Unit (JJMU) at the Office of the Attorney General. This report covers the Second Quarter of 2012, from April 1 to June 30, 2012. The Department of Juvenile Services (DJS) Response is included as part of the present document.

I would be pleased to answer any questions you may have about these reports. I can be reached by email at [nmoroney@oag.state.md.us](mailto:nmoroney@oag.state.md.us) and by phone at 410-576-6599 (o) or 410-952-1986 (c). All current and prior reports of the Juvenile Justice Monitoring Unit are available through 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,

*Nick Moroney*

Nick Moroney  
Director  
Juvenile Justice Monitoring Unit

Cc: The Honorable James Brochin, Maryland State Senate  
The Honorable Joan Carter Conway, Maryland State Senate  
The Honorable Brian Frosh, Maryland State Senate  
The Honorable Lisa Gladden, Maryland State Senate  
The Honorable Nancy Jacobs, Maryland State Senate  
The Honorable Edward Kasemeyer, Maryland State Senate  
The Honorable Delores Kelley, Maryland State Senate  
The Honorable Nancy King, Maryland State Senate  
The Honorable James Mathias, Maryland State Senate  
The Honorable C. Anthony Muse, Maryland State Senate  
The Honorable Victor Ramirez, Maryland State Senate  
The Honorable Robert A. Zirkin, Maryland State Senate  
The Honorable Norman Conway, Maryland House of Delegates  
The Honorable Kathleen Dumais, Maryland House of Delegates  
The Honorable Adelaide Eckardt, Maryland House of Delegates  
The Honorable Ana Sol Gutierrez, Maryland House of Delegates  
The Honorable Susan Lee, Maryland House of Delegates  
The Honorable Anthony J. O'Donnell, Maryland House of Delegates  
The Honorable Samuel Rosenburg, Maryland House of Delegates  
The Honorable Luiz Simmons, Maryland House of Delegates  
The Honorable Nancy Stocksdales, Maryland House of Delegates  
The Honorable Joseph Vallario, Maryland House of Delegates  
The Honorable Jeff Waldstreicher, Maryland House of Delegates  
The Honorable Nancy Kopp, Treasurer's Office  
The Honorable Katherine Winfree, Chief Deputy Attorney General

Electronic Copies: Susanne Brogan, Treasurer's Office  
Ronojoy Sen, Governor's StateStat Office  
Linda McWilliams, Karl Pothier and Tammy Brown, DJS

JJMU REPORTS DURING FISCAL YEAR 2012	5
MONITOR'S OBSERVATIONS	6

**SECOND QUARTER 2012 - COMPREHENSIVE REPORTS**

1. Baltimore City Juvenile Justice Center	10
2. Cheltenham Youth Facility	21
3. J. DeWeese Carter Children's Center	31
4. Thomas J. S. Waxter Children's Center	40
5. Victor Cullen Center	48

**SECOND QUARTER 2012 - FACILITY UPDATE REPORTS**

1. Aunt CC's Shelter – notice of closure	56
2. Charles H. Hickey, Jr., School	56
3. Graff Center for Girls	58
4. Karma Academy – Randallstown	58
5. Kent Youth Boys' Group Home	59
6. Liberty House Shelter	59
7. Lower Eastern Shore Children's Center	59
8. Morningstar Youth Academy	61
9. Alfred D. Noyes Children's Center	62
10. One Love Group Home	63
11. Silver Oak Academy	64
12. The Way Home – Mountain Manor	65
13. Western Maryland Children's Center	67
14. William Donald Schaefer House	67
15. Youth Centers	67
JJMU Monitoring Responsibilities	68
DJS Response to JJMU Third Quarter Reports	69

## JJMU REPORTS DURING FISCAL YEAR 2012

During fiscal year 2012, the Juvenile Justice Monitoring Unit (JJMU) staff consisted of 3 fulltime monitors and a director-monitor who conducted 378 visits and produced 79 facility reports and an annual report covering the 2011 calendar year.

The unit also published (in October of 2011) a pictorial report covering all monitored facilities and a special report on an escape from the Cheltenham Youth Facility. All reports are available online at: <http://www.oag.state.md.us/JJMU/index.htm>

Reports during the year indicated:

- youth should not be stuck in detention facilities while waiting for placement
- use of non-residential community based treatment should be optimized
- appropriate alternatives to detention should be fully utilized
- lack of parity in services for female youth should be remedied
- shelter beds should be available as needed
- small, community based treatment facilities should be available
- smaller, purpose built physical plant should replace inappropriate facilities

Reports also indicated:

- ✓ So far in 2012, facility violence is down compared with 2011.
- ✓ Some positive changes have been instituted for female youth including the expansion of slots to include girls in reporting centers (a detention alternative) and the transfer of the committed program for girls out of the Waxter detention center.

## MONITOR'S OBSERVATIONS

### **Detention**

*The Department of Juvenile Services (DJS/the Department) can help troubled youth by promoting the expansion of appropriate alternatives to detention.*

The reports on larger detention centers illustrate both the challenges that DJS faces and advances made in recent years.

While violence remains unacceptably high in detention centers, aggressive incidents have decreased so far in 2012 compared with 2011. Detention center staff and DJS headquarters staff have worked to analyze, address and reduce violence.

At the same time, youth continue to cycle into, out of, and back into detention facilities. It is counter-productive to house youth who do not have a history of violence in a detention facility. Many kids could do better if they were not held in high security environments with other troubled youth. Support and treatment should be available to families and within communities before youth are in the deep end of the juvenile justice system.

Detention centers are not intended for long term stays and yet, in Maryland, detention populations are bloated because a large number of youth are stuck waiting to go to a program placement (40 to 50% of youth at BCJJC and Cheltenham are “pending placement”).

DJS should promote proven alternatives to detention and take the lead in planning and setting benchmarks to reduce Maryland's overreliance on detention centers as holding centers for kids both before and after they have been adjudicated.

To achieve long term successful reform of Maryland's juvenile justice system, the state, local communities and anyone willing to take an interest in the lives of young people and the wellbeing of families must work in partnership with youth to prevent any slide toward delinquency and intervene early and effectively if a slide has begun.

## **Treatment and Security**

*The Department of Juvenile Services must provide adjudicated youth a safe environment that emphasizes treatment.*

In accordance with Maryland Standards for Juvenile Detention Facilities (5.1.1 Security and Control), "[s]ecurity in a detention facility shall recognize and balance the legitimate need for security and safety felt by staff and society with the residents' need for a setting that provides them with safety and a reasonable quality of life."

Safety and security considerations are fundamentally important in treatment centers as well as in detention centers. However, sometimes safety and security measures can be out of proportion and can overwhelm an emphasis on treatment. Currently at the Carter center, the only DJS treatment facility for girls, youth are transported to and attend medical and dental appointments in shackles.

A young woman at Carter can earn the right to attend community events or go to a community center with supervision but without handcuffs or mechanical restraints of any kind. If the same young woman needs to visit a local practitioner for a supervised checkup or for oral surgery, she is subjected to shackling including metal handcuffs and a belly chain which secures her hands to her waist. The girl cannot so much as scratch an itchy nose.

The Department should stop this illogical, inconsistent and harmful shackling practice which was instituted over the past year and which has been addressed at the DJS-run youth centers but still occurs at Carter and also at the Victor Cullen Center, the only DJS-run hardware secure treatment center for boys. At Victor Cullen, as at Carter, all youth are shackled for medical and dental visits, regardless of progress made by the youth while at the center.

## **Treatment**

*The Department of Juvenile Services can help troubled youth by promoting the expansion of proven methods of treatment within communities.*

For youth who cannot be served at home, small facilities with caring staff can be successful where other approaches have failed. The Mount Clare group home in Baltimore City was a model in this regard. Most of the staff had worked with troubled youth at the home for at least a decade, many for two decades. Mount Clare offered individualized attention and a therapeutic atmosphere and leveraged local amenities and school systems to help serve 12 of the most difficult to place youth sent from three different state agencies.

The small facility was successful throughout its history in helping youth who suffered from a background of trauma and abuse and had not been able to succeed at home or in other placements.

While Maryland relies on large, long term treatment facilities located far from the communities of the youth housed there, Mount Clare offered an example of what people mean when they talk of the Missouri Model and also when they talk of the Maryland



Model – community-based, small, home-like, with individualized attention for youth and a proven track record. Youth succeeded while in Mount Clare and, more importantly, continued to succeed after being at Mount Clare.

In March of 2009, staff at Mount Clare were given four days' notice that the facility was closing. They continued to work without pay for as many days as it took to make certain that every youth at Mount Clare had another roof over their heads before the group home was shuttered.<sup>1</sup>

For youth who need treatment and, through necessity or by force of circumstances, cannot be served at home or in a foster home, DJS should be utilizing small and specialized community-based residential treatment facilities, similar to Mount Clare, rather than large facilities far from the community to which youth will be returning.

Most youth who come in contact with DJS and who may face challenges and need services, support, or even treatment do not need a Mount Clare or any kind of residential treatment program. The Department can best help these troubled youth, both female and male, by expanding the use of evidence based services which provide proven approaches to community based treatment and family therapy. The most recently available data shows that over 90% of DJS involved youth in Functional Family Therapy – an evidence based program – are in school or working and have not been rearrested. For more information, see:

[http://www.statestat.maryland.gov/reports/20120629\\_DJS\\_Meeting\\_Summary.pdf](http://www.statestat.maryland.gov/reports/20120629_DJS_Meeting_Summary.pdf)

---

<sup>1</sup> To read more about Mount Clare and its closure, see [http://www.oag.state.md.us/JJMU/reports/Mt\\_CLARE%20Closure.pdf](http://www.oag.state.md.us/JJMU/reports/Mt_CLARE%20Closure.pdf) and [http://www.oag.state.md.us/JJMU/reports/Mt\\_Clare%20House\\_4\\_2\\_09\\_DJS\\_Response.pdf](http://www.oag.state.md.us/JJMU/reports/Mt_Clare%20House_4_2_09_DJS_Response.pdf)



**NICK MORONEY**  
Director

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

**FACILITY REPORT**  
**BALTIMORE CITY JUVENILE JUSTICE CENTER**  
**APRIL – JUNE, 2012**

**Facility:** Baltimore City Juvenile Justice Center  
300 North Gay Street  
Baltimore, MD 21202  
Superintendent: Jeremy Smith

**Dates of Visits:** May 7 and 31,  
June 9, 12, and 26, 2012

**Reported by:** José D. Saavedra, Senior Monitor  
Eliza Steele, Monitor

**Persons Interviewed:** Superintendent, Assistant Superintendent, Direct Care staff,  
and Youth

**Date of Report:** July 2012

## INTRODUCTION

The Baltimore City Juvenile Justice Center (BCJJC) houses a 120-bed detention facility for male youth on the ground floor of a building complex that includes juvenile courts and other youth-related services. The Department of Juvenile Services (DJS/the Department) operates the detention center. The Maryland State Department of Education (MSDE) operates the facility school.

## SUMMARY OF CRITICAL FINDINGS

- Incidents are down significantly compared with the same period last year
- There was a spike in incidents on one living unit during the month of May
- African American youth represented 98% of the population at BCJJC during the second quarter, marginally less than the 99% representation during the same period in 2011
- There is evidence of inappropriate use of seclusion
- The Intensive Services and Transition Units continue to contribute to a reduction in violent incidents

## FINDINGS

### 1. Population

#### a. General (April through June, 2012):

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Population</b>	<b>Days Over Capacity</b>
120	123	85	110	4

The population at BCJJC fluctuated widely during the second quarter. When the facility population trends downward, mandatory overtime is reduced, staff are less tired, and safety and security is enhanced.

Over the course of the second quarter of 2012, 757 youth were admitted to BCJJC. Some youth spent less than a day at the facility, but numerous youth entered and exited more than once between April 1 and June 30.

To reduce the overreliance on detention facilities such as BCJJC, CYF and Hickey, the Department should ensure that alternatives to detention are recommended and facilitated in all appropriate circumstances. Youth who do not have a history of violence should not be held in detention centers (such as BCJJC, CYF and Hickey) which are expensive to operate and do not offer treatment services for youth.

**b. Pending Placement and Detention – Second Quarter 2012 vs. 2011**

Of the 106 youth at BCJJC on the last day of the quarter (June 30), 36% of the population - 38 youths – were awaiting transfer to placement. Time spent in pending placement status in a detention center does not count towards completion of a program.

A number of youth at BCJJC during the second quarter waited there for months before being placed, as shown by the table below.

<b>April 1 – June 30, 2012</b>	<b>60 days and over</b>	<b>90 days and over</b>
<b>Pending Placement</b>	23 youths (64, 64, 65, 68, 68, 69, 70, 70,* 72, 72,* 73, 75,* 76,* 77, 77, 84, 85, 86, 87, 88, 88, 89 and 89* days)	19 youths (90, 101, 102, 107, 108, 109, 111, 113, 114, 117,* 123, 133,* 135, 139, 142, 153,* 168*, 171 and 206 days)
<b>Detention</b>	20 youths (61,* 61, 62, 62, 62, 63, 63, 64, 66, 67, 69, 69,* 70, 70, 70,* 71,* 74, 76, 85 and 86 days)	17 youths (90, 91, 92, 93, 93, 99, 101, 103, 103, 106,* 117, 117,* 124,* 127,* 127,* 150 and 154* days)

\*Youth still at BCJJC as of data collection date (July 10, 2012).

Each number in parentheses in the pending placement boxes above represents the length of time a youth waited at BCJJC before leaving for placement in a program. Whether a youth spends 1 day or 206 days (or even longer) waiting at BCJJC, time waiting does not count toward court-mandated placement time.

A lasting solution to youth waiting at BCJJC and other detention facilities to go to a placement should include the utilization of non-residential community based treatment offered by providers with a proven track record.

For youth who need treatment and, through necessity or by force of circumstances, cannot be served at home or in a foster home, DJS should be utilizing small and specialized community-based residential treatment facilities rather than large facilities far from the community to which youth will be returning.

**c. Population by Race/Ethnicity**

The BCJJC population is 98% African American, down slightly (1%) from the second quarter last year.

	<b>2<sup>nd</sup> Quarter 2011</b>	<b>2<sup>nd</sup> Quarter 2012</b>
<b>Total Admissions</b>	884	757
<b>African American</b>	875	740
<b>White/Caucasian</b>	8	12
<b>Hispanic/Latino</b>	1	4
<b>Asian</b>	0	1

**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.*

**JDAI Standards I (D) Population Management** *1. Written policies, procedures and actual practices (shall) ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or “stepped down” to non-secure settings. 2. Written policies, procedures and actual practices (shall) ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are “stepped down” to less restrictive settings, or transferred to other settings.*

**2. Staffing**

During the second quarter, a new superintendent took over operations at BCJJC. The new administrator stated that enhancing crisis intervention training for staff is a priority.

**3. Safety and Security**

**a. Aggregate Incidents**

Facility staff reported a total of 236 incidents in the second quarter of 2012, down significantly from the 321 incidents reported for the same time last year. The number of incidents involving injury was slightly down – from 114 in the second quarter of 2011 to 111 during the same period this year.

During May, there was a spike in incidents involving aggression at BCJJC. Seventeen of the thirty instances originated on the Pod E living unit. The pod supervisor was out due to an injury and challenges on the pod were not comprehensively addressed. Staff and management commented that the absence of a manager was exacerbated by staff call-outs and position vacancies. Incident rates on Pod E decreased in June, after the pod manager returned to work.

Incident Categories	Q2 2011	Q2 2012
1. Youth on Youth Assault	88	79
2. Youth on Youth Assault with Injury	55	44
3. Alleged Youth on Staff Assault	10	4
4. Alleged Youth on Staff Assault with Injury	5	3
5. Group Disturbances (injury/property destruction)	10	3
6. Group Disturbances (without injury/destruction)	4	0
7. Restraints	161	106
8. Restraints involving Injury	67	51
9. Restraints with Handcuffs and/or Shackles	63	27
10. Seclusions	155	94
11. Locked Door Seclusions over eight hours	5	0
12. Contraband	19	6
13. Suicide Ideation/Gesture/Attempt/Behavior	7	6
14. Suicide Ideation/ Gesture/Attempt/Behavior (injury)	0	3
15. Physical Child Abuse Allegations (DJS Custody)	0	1
16. Alleged Inappropriate Staff Conduct/Comments	1	4

**b. Seclusion**

On eight days between May and June, direct care staff placed 14 youth in seclusion. Although none of the youth were secluded for more than eight hours and there was a significant reduction in seclusions from the same quarter last year (40%), an examination of incident reports and seclusion observation logs indicates seclusion may be inappropriately used at BCJJC.

In two incidents, youth who were noncompliant and verbally threatening were secluded (DJS IR 02438 on June 1 and IR 102442 on June 2). While verbal threats must be taken seriously and addressed, DJS policy states that youth must “present an imminent threat of physical harm to themselves or other individuals” to warrant seclusion.

Additionally, duration of seclusion is to depend upon each individual youth’s readiness to process and presentation affect. Decisions to release youth from seclusion should not be made on a group basis as is indicated by DJS IR 102437 on June 1 and IR 102552 from June 4.

Finally, while refusal to process with staff may constitute grounds for continued seclusion, it is not grounds for the initiation of seclusion. In one case (IR 102562 on June 6), four youths involved in two separate incidents on the previous day were placed on seclusion at 7:30 a.m.

Three of the four youths had been secluded the day before as a result of involvement in the two incidents (IR 102552 and 102556), however, the youths involved in IR 102552 had both been released from seclusion the night before. The youths were put back into seclusion and another youth involved in IR 102556 - whose behavior apparently didn’t warrant seclusion the day before - was also secluded on the day following the incident. The youth were in seclusion for approximately two to four hours each.

Staff at BCJJC should be retrained on seclusion procedure and on de-escalation and other measures that can and should be taken before placing a youth on seclusion.

### **c. Intensive Services and Transition Units**

In 2009, DJS implemented an Intensive Services Unit (ISU) to serve youth who become involved in aggressive incidents at BCJJC. A Transition Unit was added later to serve these youth before returning to the general detained youth population. Since the ISU was implemented, violent incidents significantly declined.

The ISU model includes individualized behavioral and educational assessments and goal setting. The program incorporates guarded care plans. Teachers certified by MSDE, including a Special Education instructor, provide education services on the ISU dedicated unit. The Department provides specialized training to direct care staff who are chosen to work on the unit.

Representatives from the administration, direct care staff, case management, mental health and education staff meet weekly to review the progress of each ISU resident. At the meeting, strict and objective criteria are used to review progress toward set goals for each youth. The group also discusses referrals for the program and requests for release.

The ISU has proven to be a well-designed and effective behavior modification program at BCJJC and the model has the potential to other detention facilities facing similar challenges.

### **Applicable Standards**

**Md. Dept. of Juvenile Services Policy and Procedure RF-01-07 (4) (a) (7)** *Seclusion shall not be used as punishment and is limited to youth who: (i) Present an imminent threat of physical harm to themselves or other individuals; (ii) Have not responded to less restrictive methods of control or for whom less restrictive measures cannot reasonably be tried; or (iii) Have escaped or are attempting to escape.*

**Md. Dept. of Juvenile Services Policy and Procedure RF-01-07 (4) (a) (8)** *The length of seclusion shall not be a pre-determined time frame and shall be based on the criteria identified in section 4 (a) (7) of this policy. When these conditions are no longer present, youth shall be released from seclusion.*

**Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 (4) (b)** *A youth shall be released from restraint or seclusion when the Team Leaders indicates that the youth is calm, or the restraint is no longer needed to protect or prevent the youth from imminent injury to self or others, or to prevent overt attempts at escape.*

**Md. Standards for Juvenile Detention Facilities 5.1.1 Security and Control** *Security in a detention facility shall recognize and balance the legitimate need for security and safety felt by staff and society with the residents' need for a setting that provides them with safety and a reasonable quality of life.*

**Md. Department of Juvenile Services Policy and Procedure RF-02-07 Use of Crisis Management (CPM) Techniques Policy** *Employees of the Department of Juvenile Services (DJS) ... shall establish and maintain a safe and orderly environment within each facility.*



**c. Use of Mechanical Restraints**

The table below shows an overall decrease in the use of handcuffs during physical restraints, however, the Department continues to use metal handcuffs rather than the soft restraints recommended by the Juvenile Detention Alternatives Initiative (JDAI) and other experts.

**Use of Mechanical Restraints**  
**During Physical Restraint of Youth**

1 <sup>st</sup> and 2 <sup>nd</sup> Quarter 2011		1 <sup>st</sup> and 2 <sup>nd</sup> Quarter 2012	
<u>Q1 2011</u>	<u>Q2 2011</u>	<u>Q1 2012</u>	<u>Q2 2012</u>
<b>Mechanical Restraints Used During Physical Restraint</b>	<b>Mechanical Restraints Used During Physical Restraint</b>	<b>Mechanical Restraints Used During Physical Restraint</b>	<b>Mechanical Restraints Used During Physical Restraint</b>
45 Times	63 Times	31 times	27 Times

**Applicable Standards**

**Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 (4)(a)(2)(ii) Use of Crisis Prevention Management (CPM) Techniques Policy.** *Restraints shall be used as a last resort only when a youth displays behavior indicative of imminent injury to self or others, or makes an overt attempt to escape.*

**CHAPTERS Standards, Juvenile Detention Alternatives Initiative, Annie E. Casey Foundation, VI. Restraints, Isolation, Due Process, and Grievances (A)(2)(b)** *Except for handcuffs used during transportation or facility emergencies, the only mechanical restraints that staff may use in the facility are soft or “therapeutic” restraints: fleece-lined leather, rubber, or canvas hand and leg restraints, and only with physician or mental health authorization.*

### 3. Fire Safety and Physical Plant

BCJJC is in compliance with fire safety codes and hygienic food preparation standards.

#### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 5.2.1** *All detention facilities shall conform to State fire safety requirements.*

### 4. Education

Youth who return to the facility are placed in orientation upon re-entry to BCJJC. The Department should consider foregoing orientation status for such youth who have completed the orientation program. Quick movement to general population is important so that youngsters can begin regular school activities. However, the administration has alleviated the problem to some extent by allowing some classes on the orientation units.

#### **Applicable Standard**

**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.*

### 5. Rehabilitative and Recreational Programming

The Boys Club delivers two hours of programmed activities to youth every week. Residents who achieve higher levels on the behavior management program may play video games and watch movies inside the Ravens Lounge.

Youth are afforded one hour of large muscle exercise daily in the gym only. The outdoor recreation space is still not appropriate for use by residents. Several areas remain problematic, namely:

- The brick walls need to be power cleaned;
- Rubber flooring should be installed to cover the concrete surface of the 96'x128' outdoor area;
- 12' stainless steel bench seating needs to be installed to improve safety security to the building surface;
- Vinyl-covered padding behind goals need to be bolted and;
- Creative mural-type vinyl banners need to be bolted, for security, safekeeping and visual appeal.

At the end of the second quarter of 2012, these improvements remain unaccomplished.

### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.1.5.4** ... *Exercise and recreation ... services shall be maintained at a sufficient level to accommodate the number of youth at the facility.*

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

**Md. Dept. of Juvenile Services Policy and Procedure RF-08-07 Recreational Activities Policy** *The Department of Juvenile Services (DJS) shall provide recreation and leisure activities to youth in DJS residential facilities and programs to promote skill development and prevent idleness. Recreation shall be available to all youth each day. Leisure activities shall be provided to alleviate boredom, provide positive reinforcement and develop skills of cooperation, teamwork and sportsmanship.*

### **6. Medical**

The facility is able to house youth who may need to be separated from the general population for medical reasons in the infirmary. Medical unit services are available 24/7. Dental and psychiatric services are also provided.

### **Applicable Standard**

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

## **RECOMMENDATIONS**

1. Staff at BCJJC should be retrained on seclusion procedure and on de-escalation and other measures that can and should be taken before placing a youth on seclusion.
2. The Department should continue the expansion of the ISU and Transition program model to other DJS facilities.
3. Handcuffs should only be used for transport. If mechanical restraint is unavoidable during an incident in the facility, soft restraints and not bare metal should be used.
4. Improvements to outdoor recreation should be undertaken.

## **UNABATED CONDITIONS**

1. BCJJC remains unsuitable for housing youth for extended periods of time.
2. The Department continues to hold youth in pending placement status for long periods of time at BCJJC.



**NICK MORONEY**  
*Director*

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

**FACILITY REPORT**  
**CHELTENHAM YOUTH FACILITY**  
**APRIL – JUNE, 2012**

**Facility:** Cheltenham Youth Facility  
11001 Frank Tippet Road  
Cheltenham, MD 20623  
Superintendent: Anthony Wynn

**Dates of Visits:** April 19  
May 3, 7, 9 (offsite), 15, 29 (offsite) and 30  
June 13, 20 (offsite), and 21 2012

**Reported by:** Nick Moroney

**Persons Interviewed:** Superintendent, Assistant Superintendents, Security Staff, Group Life Managers, School Principal, School Staff, Residential Adviser Management and Staff, Youth, Glass Mental Health Management and Staff, Head Nurse and Infirmary Personnel, Case Management Supervisor, Vocational Education Staff, Incident Reporting Manager, Procurement Manager, Office Administrators, DJS-HQ Staff

**Date of Report:** July 2012

## INTRODUCTION

Cheltenham Youth Facility (CYF) is operated by the Maryland Department of Juvenile Services (DJS/the Department) and located in Prince George's County. CYF serves young men from 12 to 18 years old. Until 2010, the facility included three separate components. The detention component at CYF consists of youth awaiting trial, adjudication or committed placement. The ReDirect program for committed youth housed in Murphy Cottage was closed following the death of a staff member in February 2010. The third component, a small group home shelter program for youth who do not require secure confinement, was also shut down. Since early 2010, all youth sent to Cheltenham are housed in aged detention units inside a security fence.

## SUMMARY OF CRITICAL FINDINGS

- The number of reported instances of aggression at CYF was down significantly compared to the same period last year.
- The dilapidated residential cottages at CYF continue to be severely overcrowded and remain an inappropriate physical environment for youth.
- The Department of Juvenile Services continues to use an outdated population capacity figure for the Cheltenham Youth Facility.
- 51% of youth at CYF on the last day of the second quarter were in pending placement status (waiting for a program placement to open up elsewhere).
- The facility is not fully staffed. Mandatory overtime continues to be used.

## FINDINGS

### 1. Population

#### a. General (April through June, 2012)

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Population</b>	<b>Days Over Capacity</b>
115	125	85	105	13 (14%)

Over the course of the second quarter of 2012, there were 604 youth entries to CYF. Some youth spent less than a full day at the facility while other youth entered and exited more than once between April and June of 2012.

With an average of 105 youth in the facility, the average population at CYF was lower during the second quarter than during the first quarter of 2012, when the average population was 115. In addition, the facility was over the DJS official capacity rate less of the time - 14% of the second quarter compared with 52% of the time during the first quarter.

However, the population at CYF continues to fluctuate widely. On July 12, 2012, there were 92 youths at CYF – on July 20, the number was 105. Additionally, the chart above is based on an outdated population capacity figure of 115 set by DJS before cottage closures and never changed downward to account for closures in early 2010 that resulted in the loss of 29 youth beds. Infirmary capacity should not be but is also included by the Department in order to arrive at a CYF capacity figure of 115. Deducting the infirmary (14) and closed units (29) would leave a 72-youth facility capacity for CYF.

The extent of overcrowding is shown when the individual rated capacity of the three remaining residential cottages is compared with the number of youth assigned to the cottages. Although CYF was not as chronically overcrowded as it was during the first quarter, the table on the next page shows that two of the three residential units were still significantly overcrowded as measured on the last day of the second quarter.

CYF BY UNIT on June 30, 2012	YOUTH COUNT	RATED CAPACITY
Rennie Cottage	38 (+58%)	24
Henry Cottage	33 (+37%)	24
Cornish Cottage	22	24
Infirmary	5	14
Re-Direct (closed since February 2010)	0	24
Shelter Care Program (closed since February 2010)	0	5
<b>Total Youth at CYF</b>	<b>98</b>	<b>115</b>

Source: DJS ASSIST database – data collected on July 20, 2012

In the Rennie and Henry residential units, a substantial number of youths had to share a cell. One of the two youth in each shared cell had to sleep in a plastic boat bed with a mattress inserted. The boat bed was placed on the cell floor. Of the 98 youth at CYF on the last day of the quarter (June 30), 51% of the population, 50 youths, were there awaiting transfer to placement. Despite the overall decrease in population compared with the first quarter, the percentage of youth at CYF in pending placement status was higher – 51% on June 30, compared with 45% on March 31 of this year.

Despite an overall 7.4% decrease in CYF youth entries during the second quarter of 2012 compared with the same period last year, the number and percentage of youth who had been adjudicated and were waiting to transit to a program increased as shown in the table below.

### Youth Entries to CYF

<u>2<sup>nd</sup> Quarter 2011</u> 652 entries		<u>2<sup>nd</sup> Quarter 2012</u> 604 entries (-7.4%)	
Pending Placement Status	Detention Status	Pending Placement Status	Detention Status
169	483	188 (+11%)	416



The table below shows that a total of 43 youths who were at CYF during the second quarter spent 2 months or even three months or more stuck at the facility waiting for a slot in a program elsewhere. Whether a youth spends 1 day or 188 days waiting at CYF, time waiting does not count toward court mandated placement time. Each number in parentheses represents a youth and the length of time the youth waited at CYF before leaving for placement in a program.

<b>April 1 – June 30, 2012</b>	<b>60 days and over</b>	<b>90 days and over</b>
<b>Pending Placement</b>	25 youths (60, 60*, 62, 62, 65, 66, 67*, 67*, 68, 69, 69, 70, 71, 72*, 77, 78, 78, 79, 79, 80*, 84, 84, 86, 86 and 87 days)	18 youths (92*, 93, 93, 99, 99, 108, 108, 109, 112, 114, 117, 118, 133, 137*, 144, 157, 160 and 188 days)
<b>Detention</b>	14 youths (60, 60, 65, 67, 68, 70, 70, 71, 72, 72, 74, 75, 80 and 80 days)	4 youths (95, 96, 100 and 111 days)

\*Youth still at CYF as of data collection date (July 12, 2012).

More in-state community-based and residential treatment options should be available for youth. Increased usage of appropriate detention alternatives and of a wider range of treatment resources would lower detention center population, alleviate overcrowding of youth, and reduce mandatory overtime for staff. Detention services are costly and are not individualized or beneficial to youth. The Department should continue working to facilitate expansion of available community-based treatment and appropriate alternatives to detention throughout Maryland.

**c. Population Breakdown by Race/Ethnicity**

	<b>2<sup>nd</sup> Quarter 2011</b>	<b>2<sup>nd</sup> Quarter 2012</b>
<b>Total Youth Entries</b>	652	604 (-7.4%)
<b>African American</b>	512	479 (-6.5%)
<b>White/Caucasian</b>	91	82 (-10%)
<b>Hispanic/Latino</b>	46	37 (-19%)
<b>Other/Unknown</b>	3	6

Admissions decreased by 7.4%. Hispanic/Latino entries were significantly down while African American entries declined at a lesser rate.

### **Applicable Standards**

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

**Md. Standards for Juvenile Detention Facilities 5.1.5.1** *The provision of ... living space shall be sufficient to adequately meet the needs of the detained youth.*

**JDAI Standards I (D) Population Management** *1. Written policies, procedures and actual practices (shall) ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or “stepped down” to non-secure settings. 2. Written policies, procedures and actual practices (shall) ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are “stepped down” to less restrictive settings, or transferred to other settings.*

## **2. Staffing**

Since the arrival of a new administrative team in September of 2011, operations at CYF have improved and violent incidents have decreased in frequency.

However, there continues to be an insufficient number of staff available to work to assure safety and security, and provide programming for approximately 120 residents, without the imposition of mandatory overtime.

In addition to having a negative effect on services to youth, staff shortages and fatigued workers increase safety and security risks. The expense associated with overtime wages is high.

The Department continues to hire and train new staffers but retention of staff continues to be a major challenge and an obstacle to progress for the Department at Cheltenham and in other facilities throughout much of the system.

### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 5.1.5.5 Staffing** *Staffing levels shall ensure the proper supervision and safety of the residents.*

### 3. Safety and Security

#### a. Aggregate Incidents

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

Incident Categories	Q2 2011	Q2 2012
1. Youth on Youth Assault	108	76
2. Youth on Youth Assault with Injury	33	36
3. Alleged Youth on Staff Assault	4	8
4. Alleged Youth on Staff Assault with Injury	1	2
5. Group Disturbances (injury/property destruction)	20	5
6. Group Disturbances (without injury/destruction)	0	1
7. Restraints	163	111
8. Restraints involving Injury	42	33
9. Restraints with Handcuffs and/or Shackles	11	8
10. Seclusions	39	17
11. Locked Door Seclusions over eight hours	7	0
12. Contraband	3	3
13. Suicide Ideation/Gesture/Attempt/Behavior	15	21
14. Suicide Ideation/ Gesture/Attempt/Behavior (injury)	1	0
15. Physical Child Abuse Allegations (DJS Custody)	3	4
16. Alleged Inappropriate Staff Conduct/Comments	3	0

The number of incidents involving violence or aggression continued to decline at CYF during the second quarter when compared with the same period in 2011 and also when compared with the first quarter of 2012.

Total incidents (including sports related injuries) reported for CYF in the second quarter of 2012 were 229. Total incidents reported during the same period in 2011 were 302. Total incidents involving injury numbered 85 during the second quarter of 2012 versus 104 during the same period in 2011.

Mental health professionals at Cheltenham continue to work effectively on a case-by-case basis to address many behavioral health challenges at Cheltenham. In addition, the Department has begun the implementation of an Intensive Services (ISU) and Transition Units model for operation in CYF – a systemic approach that has helped drive down the number of violent incidents at the Baltimore City juvenile detention facility (BCJJC).

#### **b. Security Equipment and Practices**

During the second quarter, additional cameras and monitoring screens were added to the security system at CYF. Cameras have been added to those already in use inside residential units and have also been installed in the outdoor recreation areas at the back of the units. Classrooms as well as hallways in the school are now camera covered, as is the outdoors portion of the Cheltenham campus.

#### **4. Physical Plant**

Building renovations to facilitate a centralized laundry are under way.

Roof repairs continued during the second quarter and fulfillment of a management request made in the fall of 2011 for furniture for youth was fulfilled.

Because the three residential units which remain open would be unfit for youth residency even if the CYF youth population remained below set capacity, Cheltenham is first in line for DJS facility replacement. Construction of a purpose-built detention center is set to begin in 2013. There is still no definitive decision as to whether or not a treatment facility will also be constructed at Cheltenham. In the meantime, close to half the youth at CYF await a treatment placement and all youth at CYF continue to be housed in an inappropriate physical environment.

The CYF shelter building has been closed for over two years, despite a statewide shortage of shelter slots for DJS-involved youth. With fire-suppression sprinklers installed, the shelter could accept up to 12 youth. The Department should re-open the shelter program which offered a home-like and well-managed environment.

#### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 5.1.5.1** *The condition of the physical plant The provision of lighting, heat, plumbing, ventilation, living space, noise levels and recreational space shall be sufficient to adequately meet the needs of the detained youth.*

## 5. Education

The Maryland State Department of Education (MSDE) assumed responsibility for education services at CYF in October of 2011. Unannounced classroom observations indicate that education services are being provided appropriately.

### **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. Programming

Graphic Arts classes were available to small groups of youth during the quarter. Cheltenham administrators continue to work on plans to re-institute woodworking class and horticulture projects.

The Treatment Orientation Program (TOP) offers comprehensive information to youth about program expectations at the Department's Youth Centers. Successful completion of TOP can result in a more successful and possibly shorter length of stay in placement for youth sent to the Youth Centers. The TOP initiative is not yet online at CYF, reportedly due to lack of space.

## 7. Medical and Behavioral Health

Per best practices, the infirmary should not be counted in the CYF overall facility capacity figure.

Infirmary overcrowding, a major problem during the first quarter, has been addressed for the present. There were six youth in the infirmary at time of writing (July 23, 2011), which allows for a cell for each youth.

Glass Mental Health Services provides behavioral health services and has been effective in helping youth and staffers address issues of concern.

### **Applicable Standard**

**Md. Standards of Juvenile Detention Facilities 4.3.2 Mental Health Services** *The Department shall be responsible for acquiring, either directly or by agreement or contract with a public or private mental health agency, necessary mental health care and services for youth within facilities operated by the Department and its vendors. All mental health services shall be provided in accordance with guidance from the Department of Health and Mental Hygiene.*

## **RECOMMENDATIONS**

1. Cheltenham's youth population should not exceed 72 and each youth in the infirmary and in the residential units should have an individual cell. No youth should have to sleep in a plastic bed placed on the floor.
2. Ensure sufficient staffing to cover all aspects of operations and maintain appropriate staff-to-youth ratio at CYF without mandatory overtime.
3. Continue the intensive services and transition units initiative at CYF.
4. Institute a comprehensive schedule of constructive activities to ensure youth are appropriately occupied outside of school hours.
5. Renovate the run-down bathrooms on the residential units.
6. Complete the centralized laundry.
7. Ensure the TOP program is available to qualifying youth at CYF.

## **UNABATED CONDITIONS**

1. The cottages at Cheltenham continue to be severely overcrowded. The DJS rated capacity for CYF fails to reflect the loss of 29 beds with the 2010 closure of the Murphy and Shelter cottages. The rated capacity should be set at a maximum of 72 youth (The infirmary should not be included in facility population rating calculations).
2. The construction of long-planned, purpose-built treatment and detention facilities at Cheltenham has not started.
3. The facility is not fully staffed – mandatory overtime continues to be used.
4. The CYF Shelter remains closed amid a statewide shelter facility shortage.



**NICK MORONEY**  
*Director*

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

**FACILITY REPORT**  
**J. DEWEESE CARTER CHILDREN'S CENTER**  
**April - June, 2012**

**Facility:** J. DeWeese Carter Children's Center  
300 Scheeler Road  
Chestertown, MD 21620  
Superintendent: Derrick Witherspoon

**Dates of Visits:** April 5  
May 22  
June 5, 22, 27, 2012

**Reported by:** Claudia Wright, Senior Monitor  
Tim Snyder, Senior Monitor

**Date of Report:** July 2012

## INTRODUCTION

The J. DeWeese Carter Youth Facility (Carter) is a 12-bed secure treatment program for committed girls on Maryland's Eastern Shore. It is located in Chestertown, Kent County. It is operated by the Maryland Department of Juvenile Services (DJS/the Department). Education is provided by the Maryland State Department of Education (MSDE).

## SUMMARY OF CRITICAL FINDINGS

- More daily programming and activities should be provided
- Ongoing staff training on the effects of trauma and gender responsive programming needs to be instituted
- The behavior program is implemented inconsistently
- Youth should not have to be transported to and from medical appointments and wait to be treated while secured in hand cuffs and shackles including belly chains

## FINDINGS

### 1. Population

#### a. General

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Population</b>	<b>Days Over Capacity</b>
14	13	6	11	0

### 2. Safety and Security

#### a. Aggregate Incidents

During the first quarter of 2012, the Carter Center reported only 19 incidents as some staff members recorded reportable incidents on forms called Special Behavior Reports (SBR's) rather than following the DJS Incident Reporting Policy. This practice has been discontinued. During the second quarter of 2012, staff reported 41 incidents.



Incident Categories	1st Quarter 2012	2nd Quarter 2012
1. Youth on Youth Physical Assault	0	2
2. Youth on Youth Physical Assault with Injury	0	0
3. Alleged Youth on Staff Physical Assault	4	1
4. Alleged Youth on Staff Physical Assault with Injury	1	0
5. Restraints	9	8
6. Restraint involving injury	1	0
7. Restraints with Handcuffs and/or Shackles	1	0
8. Seclusion	5	2
9. Locked Door Seclusion over eight hours	0	0
10. Contraband	0	0
11. Suicide Ideation, Gesture, Attempt or Behavior	1	9
12. Suicide Ideation/Gesture/Attempt/Gesture (injury)	0	0
13. Physical Child Abuse Allegations (DJS Custody)	1	2
14. Alleged Inappropriate Staff Conduct/Comments	2	2

Twenty three of 41 incidents this quarter were reported as allegations of inappropriate conduct/comments by youth. None of the 9 reported incidents of restraint included use of handcuffs or leg irons. Seclusions were significantly down. One youth was involved in 7 of the 9 reported incidents of suicide ideation.

The bed in the room used for seclusion and social separation now has a mattress, blanket and pillow with pillow case per DJS policy.

## **Applicable Standards**

**Md. Dept. of Juvenile Services Policy and Procedure MGMT-03-07 Incident Reporting Policy.** *The Department of Juvenile Services (DJS) employees 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.*

**Md. Dept. of Juvenile Services Policy and Procedure RF-01-07(4)(a)(6) Seclusion Policy** *Youth shall be provided with (i) a mattress and pillow and (ii) Sheet, pillow case, and blanket.*

### **b. Physical Restraint and Mechanical Restraints**

A trauma-informed and gender-responsive treatment model should avoid the use of physical restraint as it is re-traumatizing. Physical restraint should not be used except in the last resort, that is, when a youth's behavior becomes dangerous to self or others. Carter leadership and staff should visit residential treatment facilities that effectively implement trauma-informed care and gender responsive treatment programming.

The Department persists in transporting all youth to and from all medical and dental appointments using debilitating security apparatus. Regardless of a youth's treatment progress in the program, she is shackled and cuffed with the use of steel belly chains and black boxes fastened by padlocks. The handcuffs are attached to the waist chain, and the black box is placed over the handcuffs and padlocked. The apparatus is uncomfortable and dangerous in situations where youth are not seat belted and therefore have no way of protecting themselves in case of a sudden stop or accident.

Although constantly supervised by DJS staff, the girls are required to remain in the apparatus while waiting for appointments to begin and during examinations. This practice is completely unnecessary, humiliating and counter to a treatment model which seeks to reward progress and normalize a youth's sense of self.

All 8 girls interviewed during this reporting period complained about this embarrassing and hurtful practice.



### **Applicable Standard**

**Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 (4)(a)(2)(ii) Use of Crisis Prevention Management (CPM) Techniques Policy.** *Restraints shall be used as a last resort only when a youth displays behavior indicative of imminent injury to self or others, or makes an overt attempt to escape.*

#### **b. Cameras**

Security cameras are needed in the school classrooms and hallway.

#### **3. Staffing**

Staff members commented that they did not receive adequate training in the Challenge program before it began. This has led to staff not implementing the structure consistently from person to person and from shift to shift. This situation persists and all of the youth interviewed commented on the problems it causes. Additionally, staffers lack training in trauma informed care and gender responsive programming.

There are several vacancies that must be filled, including Group Life Manager.

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

There are no doors on the bathrooms. There is an unobstructed view from the corridor into the toilet stalls, sinks and the showers. The original shower curtains were only waist high but that problem has been addressed and an additional curtain has been installed to ensure that girls are not exposed to view while showering.



## 5. Education

The Maryland State Department of Education (MSDE) provides education services at Carter. The education building is clean, spacious and provides a constructive learning environment.

Youth are in class for six hours each day. Youth interviewed indicated that school was one of the best aspects of the overall program. Classroom observations indicated youth are academically engaged.

Additional vocational programming should be available to residents at Carter.

### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities<sup>2</sup> 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. Therapeutic Program

The Challenge program that the current DJS leadership put in the place of the Growing Great Girls is an adaptation of the Virginia “Reach” behavioral management program and involves a system of points and levels. Challenge is not gender-specific or designed for use with traumatized girls.

Some gender responsive activities have taken place and Carter administrators say more are planned. A Girls’ Circle is held on Fridays. Activities scheduled in June included several off-grounds incentive/recreational trips for residents who have enough points built up in the behavior program.

Regarding everyday programming, all 8 residents interviewed said a lack of available activities and excessive down time is a problem that leads to boredom and altercations.

### b. Recreational Programming

Carter youth participate in a variety of leisure activities including crochet, board games and cards. The basketball court is used for outdoor activities when the weather

---

<sup>2</sup> The Department has not promulgated commitment care standards that specifically address the unique culture of a treatment program as opposed to a detention center. JJMU therefore currently utilizes DJS detention standards and COMAR as applicable.

permits. There is no gymnasium for recreation during inclement weather. There is, however, a small exercise room with exercise equipment.

**c. Parental Involvement**

Parents and guardians can visit twice per week and youth receive at least two phone calls over the course of a week. Parents and guardians are encouraged to attend treatment and education-related meetings for youth.

Rewards for youth who excel at Carter need to be attainable as well as meaningful. Girls who have reached Honors level in the behavior program are eligible to have a home visit. Only one youth became eligible during the second quarter and she was unable to go on the home visit because of the instability of her mother's living situation. No alternative visit site or arrangement was made for the youth.

**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.*

**Md. Department of Juvenile Services Policy and Procedure RF-08-07(4)(a)(3)** *Youth shall be provided a minimum of two hours of structured activities and one hour of leisure activities daily.*

**7. Medical and Behavioral Health**

Medical services are provided on-call on the third shift and on weekends. A physician is on grounds one day per week and a psychiatrist is available one day per week for medication management. There were two Case Managers but one of the positions was eliminated as of July 1, 2012. There is a master's level LCSW therapist available to provide counseling services to the youth.

There is need for nursing services to be provided on a 24/7 basis.

## RECOMMENDATIONS

1. Staff should receive extensive training in a number of areas including: implementation of the Challenge program, active listening skills, trauma-informed care, non-physical crisis intervention, and gender responsive programming.
2. Programming should be gender specific and trauma-informed.
3. Use of handcuffs, shackles and belly chains for youth transport to, from and during medical appointments should not be used for girls that are in the facility over 30 days and have not been involved in aggressive incidents.
4. Girls at Carter should be provided with a reasonable degree of privacy, especially while engaged in bathroom activities.
5. The administration should employ qualified experts to create a gender-responsive program for committed girls.
6. Down time should be greatly reduced by increasing activities of interest for the youth at all levels in the program.
7. Cameras should be installed in the school building.
8. Additional vocational programming should be added to the school curriculum.
9. All staff vacancies should be filled without delay. Additionally, on-going recruitment and training of direct care staff should be undertaken by the Department to develop a cadre of staffers in each regional area that are ready to fill vacant positions. The long time lag in filling positions seriously hampers recruitment efforts.
10. Large muscle exercise options should be increased in the facility. The outdoor recreation area should be enclosed to provide a year-round venue for recreational activities.
11. Full time nursing should be provided.



**NICK MORONEY**  
*Director*

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

**FACILITY REPORT**  
**THOMAS J.S. WAXTER CHILDREN'S CENTER**  
**APRIL – JUNE, 2012**

**Facility:** Thomas J.S. Waxter Children's Center  
375 Red Clay Road  
Laurel, Md. 20724  
Superintendent: Terra Harris

**Dates of Visits:** April 23  
May 9  
June 5 and 22, 2012

**Reported by:** Eliza Steele  
Monitor

**Persons Interviewed:** Superintendent, Assistant Superintendent, and Youth

**Date of Report:** July 2012



## INTRODUCTION

The Thomas J.S. Waxter Children's Center (Waxter) is the only all-female detention center owned and operated by the state. The facility is located in Laurel, Maryland, and has a rated capacity of 40 girls. During the second quarter, the superintendent of Waxter was transferred. That position has since been filled and new leadership has taken over facility administration.

## SUMMARY OF CRITICAL FINDINGS

- There has been a reduction in violence compared with the first quarter
- Girls at Waxter should have access to intensive mental health services
- The condition of the physical plant poses significant barriers to the maximization of the program's functionality

## FINDINGS

### **1. POPULATION – Second Quarter (April through June, 2012):**

#### **a. General**

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Population</b>	<b>Days Over Capacity</b>
40	42	25	34	4 (4%)

#### **b. Pending Placement/Detention**

Over the course of the second quarter of 2012, there were 240 youth entries to Waxter. Some youth spent less than a full day at the facility while other youth entered and exited more than once between April and June of 2012.

Of the 240 youth entries during the quarter, 201 were classed as detention status entries and 39 were classed as pending placement (adjudicated and waiting to transit to a program). During the second quarter, six girls spent over two months pending placement while another youth spent 107 days waiting for placement. Four girls spent sixty days or more in detention status and two other girls spent 97 and 119 days respectively in detention status at Waxter.

### c. Population by Race/Ethnicity

During the second quarter of 2012, approximately 77% of youth entries were for African American youth, up 9% over the first quarter of this year.

	Q1 2012	Q2 2012
<b>Total Admissions</b>	224	240
<b>African American</b>	152	184
<b>Caucasian</b>	63	51
<b>Latina/Hispanic</b>	8	4
<b>Other</b>	1	1

### 2. Staffing

The new superintendent at Waxter has made it a priority to provide staff support and onsite training on appropriate responses to behavior challenges of youth with diagnosed/undiagnosed/untreated mental health conditions.

#### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.3.2.03** *Mental health professionals shall provide consultation services to other facility health care professionals and facility staff as required.*

### 3. Safety and Security

There has been a significant reduction in violence at Waxter. Assaults decreased by nearly 50% compared with the first quarter of this year (22 compared to 41 last quarter). Assaults involving injury are down by two-thirds. Restraints are also down (by over 25%) but the number of restraints (53) remains high. Incidents involving suicide ideation increased significantly.

Total incidents (including sports related injuries) reported for Waxter in the second quarter of 2012 were 157. Total incidents reported during the first quarter in 2012 were 170.<sup>3</sup> Incidents involving injury numbered 51 during the second quarter versus 79 during the first quarter. The table below enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm which were detailed in incident reports.

Incident Categories	Q1 2012	Q2 2012
1. Youth on Youth Assault	32	17
2. Youth on Youth Assault with Injury	22	6
3. Alleged Youth on Staff Assault	9	5
4. Alleged Youth on Staff Assault with Injury	2	2
5. Group Disturbances (injury/property destruction)	0	1
6. Group Disturbances (without injury/destruction)	0	0
7. Restraints	73	53
8. Restraints involving Injury	32	15
9. Restraints with Handcuffs and/or Shackles	2	4
10. Seclusions	10	6
11. Locked Door Seclusions over eight hours	0	0
12. Contraband	7	1
13. Suicide Ideation/Gesture/Attempt/Behavior	12	32
14. Suicide Ideation/ Gesture/Attempt/Behavior (injury)	1	5
15. Physical Child Abuse Allegations (DJS Custody)	10	7
16. Alleged Inappropriate Staff Conduct/Comments	2	1

<sup>3</sup> Incidents from this quarter (Q2, 2012) are not directly comparable to those from the same quarter last year because of the transfer of the committed girls program from Waxter to Carter in November of 2011.

A number of suicide ideation related incidents occurred during the second quarter in which staff did not have immediate access to a cut-down tool and had to call for assistance to get one.

In one case (DJS IR 102133), a youth was able to stand on her bed with a sheet tied around neck, tight enough that the staff member could not loosen it by hand. Three days earlier a similar incident occurred involving the same youth (DJS IR 02079).

Cut-down tools were ordered on June 1. Two further suicide ideation related incidents (DJS IR 102408 and 102454) occurred before the tools were delivered.

The Department must assure that staff carry cut down tools at all times in all DJS facilities.

Nineteen of the suicide related incidents reported involved girls who were involved in more than one such incident. Three girls were involved in ten separate incidents of suicidal ideation during the second quarter.

The rise in suicide ideation related incidents reflects the growing need for on-site access at Waxter to professional mental health staff that specialize in treating girls.

Youth with severe mental health concerns should not be sent to or held in detention. They often are, however, and so it is in the best of interest of residents and staff that young women at Waxter have access to intensified mental health services.

#### **Applicable Standard**

**Md. Dept. of Juvenile Services Policy and Procedure HC-01-07 (4) (a) (4)** *All direct care staff shall carry a cut-down tool. The tool shall be transferred from staff being relieved to staff providing relief and documented in the shift log book. Management shall ensure control of cut-down tools to prevent the loss or the introduction of the tools into the facility as a weapon.*

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

The physical plant at Waxter is outdated and inappropriate for youth residence. The medical office is too small to serve properly as designated. Peeling paint in several areas of the facility present immediate health risks to residents - in the honors unit dormitory, paint is peeling from the wall immediately above a bed.

Acoustics cause noise in the “cafenasium,” where youth are expected to both eat and exercise, to be close to intolerable. Youth at Waxter should have access to a quiet eating area that is separate from an indoor recreation space – such areas are provided at other detention centers.

The replacement of Waxter with a small, purpose-built center should be a top priority for the Department. Aside from posing immediate health risks to the residents at Waxter, the physical condition of the facility severely limits the administration in the services and opportunities that can be provided to the young women who have to stay in the decrepit physical environment.

Camera coverage is inadequate and needs to be extended to ensure video coverage of the entire facility. The education trailers, the C-Unit hallway, the B-Unit jewel room, the stairwell and the courtyard need to be camera covered.

Health inspections for Waxter are current and the facility is in compliance with fire safety regulations. Concerns about the quality of the food at Waxter were raised by youth and staff during the quarter. The concerns were addressed by the superintendent.

### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.1.5.1** *The provision of lighting, heat, plumbing, ventilation, living space, noise levels and recreational space shall be sufficient to adequately meet the needs of the detained youth.*

**JDAI Standards VI (C) Food 8.** *Youth eat meals in a cafeteria or common area.*

**JDAI Standards VI (D) Environmental Issues 3.** *Noise levels in the facility are comfortable and appropriate at all times.*

## **5. Education**

Education at Waxter continues to be administered by DJS, however, the Maryland State Department of Education is to assume control of the program in August.

Opportunities for short-term vocational education must be expanded at Waxter where youth sometimes reside for months at a time. Residents have expressed interest in trades such as hairstyling. Vocational programs should be established so that residents can work toward certification that would help in gaining employment in the future. The Department should consider the input and suggestions of the youth in selecting additional vocational programming and job-related activities.

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

### **a. Mental Health Services**

Waxter staffing must include full time professional mental health specialists, comparable to private providers at other detention centers. The Department needs to address and treat youth at Waxter who require intense supervision and mental health treatment. Services should be provided and overseen by behavioral health

professionals who are specifically trained to offer intensive services to young girls. If intensive mental health services cannot be offered on-site, girls at Waxter who require them should be referred to the care of behavioral health providers so that girls needing treatment or behavioral health support can receive the help they need.

#### **b. Basic Medical Services**

The University of Maryland's midwifery program continues to provide gynecological services for young women at Waxter. Those services include valuable education in sexual health for residents and staff at the facility. The Department should support the continuation of this program and its expansion to other facilities that house female youth.

Staff at Waxter should ensure that youth access to health services is confidential and unimpeded. During the quarter, a resident was questioned by staff about the particulars of her request for medical attention before it was honored (DJS IR 102309). Youth should not have to disclose any private information about their medical conditions before being taken to the medical unit.

#### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.1.5.4** ...[M]ental health care...shall be maintained at a sufficient level to accommodate the number of youth in the facility.

**Md. Standards for Juvenile Detention Facilities 4.3.2.2 Transfers to mental health agencies** – *When a youth demonstrates behavior that is indicative of severe emotional disturbance that indicates a need for more intensive services than can be provided on site, the youth shall be seen by the designated facility health professional. If the health professional determines that a youth's behavior is a risk to himself or others, the health professional shall authorize the youth to be transferred to an area hospital for evaluation.*

**JDAI Standards II (E) Mental Health Services** 6. *Staffing for psychiatric care is adequate for the number and anticipated needs of youth in the facility, including regular on-site services.* 7. *On-site staffing for psychological care is adequate for the number and anticipated needs of youth in the facility.*

**Md. Standards for Juvenile Detention Facilities 4.3.1.1** *Each youth shall have unimpeded access to sick call services on a regularly scheduled basis.*

**JDAI Standards II (C) Health Care Services** 3.b. *Youth may request to be seen without disclosing the medical reason, and without having non-health care staff evaluate the legitimacy of the request.*

## 8. Youth Advocacy, Internal Monitoring and Investigation

### a. Youth Advocacy

There were 16 grievances from youth at Waxter during the second quarter.

### b. Incident and Child Abuse Reporting and Investigation

Of the seven allegations of physical child abuse in DJS custody, one resulted in DJS-Office of the Inspector General and Department of Social Services investigations. Ultimately, a multi-disciplinary case consultation team ruled out that allegation.

The number of allegations highlights the need for additional cameras which could provide useful information in such cases. Three of the seven incidents that involved an allegation of abuse were not filmed due to blind spots or a lack of cameras in an area.

## RECOMMENDATIONS

1. The replacement of Waxter (with its outdated and inappropriate physical plant) by a smaller, purpose built facility should be a top priority for DJS.
2. Resident access to intensive mental health services should be expanded.
3. The Department must assure that staff who supervise youth carry cut down tools at all times in all DJS facilities.
4. An alternative to the “cafenasium” should be identified for youth dining.
5. The Department should provide more opportunities for vocational education.
6. Security cameras should be installed in areas not currently camera covered.



**NICK MORONEY**  
*Director*

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

**FACILITY REPORT**  
**THE VICTOR CULLEN CENTER**  
**April – June, 2012**

**Facility:** The Victor Cullen Center  
6000 Cullen Drive  
Sabillasville, MD 21780  
Superintendent: James Washington

**Dates of Visits:** April 18  
May 5, 24  
June 6, 14 and 29, 2012

**Reported by:** Tim Snyder  
Senior Monitor

**Persons Interviewed:** Administrators, Group Life and Case Managers,  
Maryland State Teachers, Direct Care Staff and Youth

**Date of Report:** July 2012



## INTRODUCTION

The Victor Cullen Center (Victor Cullen) is a hardware secure (fenced) treatment facility owned and operated by the Department of Juvenile Services (DJS/the Department). The facility is located north of Sabillasville, in Frederick County, and houses adjudicated males between the ages of 14 and 19. The population capacity is 48, spread over four cottage units.

## SUMMARY OF CRITICAL FINDINGS

- The recently instituted behavior management program (Challenge) is inconsistently applied by staff who also vary in their approach to basic facility routines, order and structure.
- Intensive staff training is needed in the areas of basic youth supervision, communication skills, relationship building skills, and conflict resolution skills.
- One third of the youth released during the quarter were discharged without successfully completing the facility program.
- There is a disconnect between the MSDE managed education component and the DJS direct care staff which leads to differences in approach to communicating expectations to youth.
- There are no security cameras in the school buildings. This is a long unabated issue.
- DJS should develop a profile of youth to be served at the facility and institute programming specifically designed to meet targeted treatment needs.
- Current levels of aftercare and post placement treatment and supervision are inadequate

## FINDINGS

### 1. Population

#### a. General

Shortly after Victor Cullen staff received initial training in the newly instituted Challenge behavior management program, and while a number of new staff were beginning work at the facility following completion of entry level training, DJS increased the population at Victor Cullen from 38 to its maximum of 48 youth.

The sudden influx of residents as staff were attempting to adjust created a situation of instability. The program has remained full though some youth have been removed from the program following alleged involvement in aggressive incidents.

### 2. Staffing

#### a. General

The recent appointment of a new superintendent at Victor Cullen has helped bring a sense of hope that the facility will become more stable and has produced a positive effect on both staff and youth.

Facility management has assigned resident advisor supervisors to manage each cottage. However, there are four direct care staff vacancies and a group life manager position and two assistant superintendent positions have yet to be permanently filled. An assistant recreational specialist position is also open.

The long timeline involved with the recruiting process should be addressed. It can take a minimum of 4 to 6 months for a new recruit to be processed and fully trained for work. In some cases, it has taken a year or more to fill a vacant position.

#### b. Overtime Due to Vacancies and Staff Calling Out

Staff vacancies and call-outs continue to necessitate the holding over of staff for a second shift. Staffers continue to report that, when they come to work, they do not know for sure when they will be able to go home.

#### c. Training

Staff training is needed at Victor Cullen. Staff members are inconsistent in their ability to maintain routine and order. The Department should provide intensive skill training for all staff members which emphasizes how to gain respect and maintain routine and order, active listening, positive communication, trust building, and interpersonal conflict resolution. Trainers should provide role playing exercises in conflict resolution as well as in managing routine and maintaining order.

Maryland State Department of Education staff and DJS staff should meet and collaborate so that all staff can present a unified program at Victor Cullen.

### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.1.3** *Staffing arrangements shall aim to provide a safe, humane, and caring environment.*

**Md. Standards for Juvenile Detention Facilities 5.1.3.1 Staffing Plan** *Each facility shall develop a staffing plan which shall be reviewed and reassessed annually consistent with changes in population, facilities, activities and services.*

**Md. Department of Juvenile Services Standards of Conduct 2.10 Performance of Duties** *An employee of the Department shall be responsible for his or her own actions, as well as the proper performance of his or her duties ... Examples of unsatisfactory performance include ... unwillingness or inability to perform assigned tasks, failure to conform to work standards established for the employee's classification or position, or failure to take appropriate action to ensure compliance with Department regulations.*

**COMAR<sup>4</sup> 16.05.03.02** *In addition to complying with the training standards set by the Maryland Correctional Training Commission: A. Program staff may participate in courses of study approved by the Department's Office of Professional Development.*

---

<sup>4</sup> The Department has not promulgated commitment care standards that specifically address the unique culture of a treatment program as opposed to a detention center. JJMU therefore currently utilizes DJS detention standards and COMAR as applicable.

### 3. Safety and Security

#### a. Aggregate Incidents

Incident Categories	Q2 2011	Q1 2012	Q2 2012
1. Youth on Youth Assault	21	11	20
2. Youth on Youth Assault with Injury	4	1	4
3. Alleged Youth on Staff Assault	23	9	9
4. Alleged Youth on Staff Assault with Injury	1	0	0
5. Group Disturbances (injury/property destruction)	0	0	0
6. Group Disturbances (without injury/destruction)	0	0	0
7. Restraints	84	100	61
8. Restraints involving Injury	9	2	2
9. Restraints with Handcuffs and/or Shackles	46	65	43
10. Seclusions	1	21	17
11. Locked Door Seclusions over eight hours	0	0	0
12. Contraband	10	5	2
13. Suicide Ideation/Gesture/Attempt/Behavior	1	0	6
14. Suicide Ideation/ Gesture/Attempt/Behavior (injury)	0	0	0
15. Physical Child Abuse Allegations (DJS Custody)	1	2	0
16. Alleged Inappropriate Staff Conduct/Comments	2	1	0

The total number of incidents (including sports related injuries) have declined with 110 in the second quarter compared with 136 during the same period last year. The total is a significant improvement over the first quarter of 2012, when there were 158 reported incidents. Youth on youth assaults remain approximately as high as last year and they have increased significantly in frequency compared with the first quarter of 2012.

Alleged youth on staff assaults have declined dramatically compared with the same period last year. Physical restraint of youth is also down, but the percentage of physical restraints that involve the use of handcuffs or shackles remains very high at 71%. The practice of using mechanical restraints should be reviewed as it appears to be normal protocol in restraint situations. Additional staff training is needed to aid in de-escalation skills.

The Department continues to handcuff, shackle and chain youth from Victor Cullen on the way to, during, and on the way back from medical appointments. This is done regardless of progress youth may have made in the Victor Cullen program.

**b. Seclusion of Youth**

Seclusion of youth has declined in frequency compared with the first quarter of 2012, but seclusions are far more frequent than they were this time last year.

Time out or social separation is also frequently used. Some youth said time outs can be helpful, however, ongoing review is needed to ensure that seclusion and social separation are never used to punish youth.

**c. Security Surveillance**

Cameras for the school have long been planned but are not yet installed. The entire facility should be security camera covered.

**Applicable Standards**

**Md. Department of Juvenile Services Policy and Procedure RF 05-07** *Department of Juvenile Services (DJS) employees shall video room extractions, escorts to seclusion, use of restraints or other critical incidents that relate to the safety and security of a residential facility.*

**Md. Department of Juvenile Services Standards of Conduct 2.24.1** *An employee shall be fair, firm and impartial in relationships with youth and ... shall maintain a humane objective and professional interest in the welfare of youth and clients ...* **2.24.2** *Every employee has a responsibility to ensure a safe and humane environment for youth and to respect the individual rights of youth and other clients.*

#### 4. Physical Plant and Basic Services

There is a walk-through metal detector at the facility entrance. Visitors and staff should be patted down to reduce the likelihood of contraband being brought into the facility. Searches frequently do not occur and facility managers cite staffing shortages as a contributory factor. Some staff bring snacks or other items into the facility and onto the residential cottages in violation of policy and procedure.

##### **Applicable Standard**

**Md. Department of Juvenile Services Standards of Conduct 2.13.2 Breach of Security:** *An employee may not take any action or fail to take any action when the action or failure to act causes a breach of security or a potential breach of security by jeopardizing the safety or security of any employee, delinquent youth, offender, client, visitor or member of the public.*

#### 5. Education

The Maryland State Department of Education (MSDE) operates the school at Victor Cullen. Youth are expected to attend 90 minute classes, a long period for youth to be expected to sit and attend to classwork.

Educators need to work more closely with DJS staff to ensure that all are working together to provide treatment and education that best meets the needs of the youth in a setting that facilitates learning, appropriate behavior, and treatment progress.

##### **Applicable Standard**

**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 Programming

Consistent application of the new Challenge behavior management program may result in more stability and predictability for youth at Victor Cullen. Youth also need support in integrating positive changes to successfully transition back to their home community. The Department is assessing the need for step down programs to facilitate successful transitions.

##### **Applicable Standard**

**Md. Dept. of Juvenile Services Policy and Procedure CJ-1-05. ... (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.*

## RECOMMENDATIONS

1. The Department should institute intensive staff training on basic youth supervision, effective communication and conflict resolution.
2. All vacancies should be filled without delay. DJS should review the hiring process in order to expedite filling vacancies in a timely manner.
3. MSDE should work closely and cooperatively with DJS at Victor Cullen to coordinate education with the treatment needs of the youth.
4. Cameras should be installed in the school building and throughout the rest of the campus.
5. All staff and visitors should be searched upon entrance to the facility.
6. The use of physical and/or mechanical restraints must be within approved policy and procedure.
7. The use of seclusion and social separation must also be in adherence to approved policy and procedure.

# **FACILITY UPDATE REPORTS**

## **Aunt CC's Harbor House – CLOSURE NOTICE**

The North American Family Institute, Inc. (NAFI) terminated its program at Aunt CC's Harbor House youth shelter on June 20, 2012. The shelter provided short-term residential treatment for up to 15 young men on the east side of downtown Baltimore. More recently, it had begun initiatives to provide evidence based therapy to residents.

Aunt CC's staff were also recently trained to begin serving youth in the Department's Step Down program designed to help youth re-acclimate to their communities toward the end of their term of commitment to DJS. The program also functioned as an alternative to detention.

The loss of Aunt CC's is a significant one, especially in the context of limited available alternatives to detention resources that are based in the community. The Department should replace Aunt CC's with a comparable program that can appropriately help alleviate high populations in detention centers.

## **The Charles H. Hickey, Jr., School**

The Charles H. Hickey, Jr., School for Boys (Hickey) is a detention center owned and operated by the Department of Juvenile Services (DJS/the Department) for male youth ages 12 to 18. Located in eastern Baltimore County, the facility housing capacity is 72. The Maryland State Department of Education (MSDE) operates on-site education services in modular buildings. Problems faced by Hickey during the second quarter of 2012 included staff shortages and a need to address security camera blind spots. Violent incidents were down compared with the same period last year.

Population varied widely during the second quarter and exceeded the 72-youth DJS rated capacity 51% of the time. However, every youth that resided at Hickey during the second quarter was provided an individual room. The total number of youth admitted decreased in the second quarter 2012, compared to the same period last year. There were 353 youth entries to Hickey. Of the total number of youth entries, 96 (or 27%) were classified as pending placement (i.e., adjudicated and waiting to transit to a program). During the quarter, 18 youth waited at Hickey to go to a placement for between 60 and 129 days. Sixty-nine percent of entries to Hickey were for African-American youth - a 6% decrease compared with the same period in 2011.

Hickey faced significant staffing challenges. While five new direct care staff completed Entry Level Training between April and June 2012, Hickey had 11 direct care staff vacancies and an opening for an assistant superintendent.



A total of 188 incidents (including sports related injuries) were reported in the second quarter of 2012, down from 280 for the same time period in 2011. Eighty seven incidents involved an injury, versus 166 in 2011.

Incidents involving violence were significantly down during the second quarter when compared with the same period last year. The table below enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm that were detailed in incident reports.

THE HICKEY SCHOOL	Q2 2011	Q2 2012
1. Youth on Youth Assault	68	35
2. Youth on Youth Assault with Injury	42	13
3. Alleged Youth on Staff Assault	4	6
4. Alleged Youth on Staff Assault with Injury	2	1
5. Group Disturbances (injury/property destruction)	2	1
6. Group Disturbances (without injury/destruction)	1	1
7. Restraints	67	65
8. Restraints involving Injury	37	20
9. Restraints with Handcuffs and/or Shackles	5	5
10. Seclusions	14	11
11. Locked Door Seclusions over eight hours	0	0
12. Contraband	14	2
13. Suicide Ideation/Gesture/Attempt/Behavior	16	9
14. Suicide Ideation/ Gesture/Attempt/Behavior (injury)	5	3
15. Physical Child Abuse Allegations (DJS Custody)	6	4
16. Alleged Inappropriate Staff Conduct/Comments	5	1

A couple of security cameras have been found to have blind spots preventing clear video recording – details have been provided to DJS. The Department should reposition cameras or move obstructions as necessary to avoid problems with identifying people or occurrences on video (DJS IR 101870).

### Graff Center for Girls

The Dr. Henry F. and Florence Hill Graff Shelter for Girls (Graff) is a short-term shelter program located in Washington County. The Department of Juvenile Services (DJS/the Department) and the Department of Human Resources license the shelter to provide residential treatment for up to 12 female youth between 13 and 18 years old. DJS and the Department of Social Services refer girls to Graff and they may stay for up to 90 days.

A total of 42 girls resided at Graff during the second quarter 2012. The length of stay ranged from less than one full day to 206 days. Approximately 74% were Baltimore City residents, with the remainder coming from Anne Arundel, Carroll, Frederick, Harford, Montgomery, and Washington counties. As of July 27, twelve girls were residing at Graff.

The facility is fastidiously maintained and is in compliance with state fire prevention and health safety standards. Graff staff provide regular education and GED training onsite and coordinate opportunities for youth to take the GED test.

Professional therapists are available to Graff residents and a licensed social worker holds weekly group meetings. A contracted psychiatrist provides for medication assessments and needs.

Shelter staffers provide a wide range of activities such as visits to the local library, participation in service learning, and involvement in arts & crafts at a local nursing home. Youth are provided at least one hour daily for large muscle exercise and can also exercise at a local gym, and by swimming and hiking.

No serious incidents occurred at Graff during the second quarter.

### Karma Academy for Boys - Randallstown

The Karma Academy for Boys in Randallstown is a staff secure treatment program licensed by the Maryland Department of Juvenile Services and privately operated by KHI Services, Inc. The Karma program offers therapeutic services in a residential setting to up to eight boys aged 14 to 18 who require sex-offender treatment. Successful completion of the program takes six to nine months. On July 1, 2012, KHI Services, Inc. merged with Family Services, Inc. With the change in private provider, management at the program at Karma expects to benefit from increased funding for computers that residents will be able to use for schoolwork.

Karma remained at or near capacity during the quarter. Facility administrators hired full time morning and afternoon counselors - positions which had previously been part time. There were no serious incidents reported during the second quarter and DJS licensing and monitoring staff commended staff at Karma for their high morale. The Department should continue to refer young men to Karma, as appropriate.

### **Kent Youth Boys' Group Home**

Kent Youth Boys Group Home is located in a home like setting in Chestertown Maryland and is licensed by DJS to serve up to 10 adjudicated boys from 14 to 18 years old. The facility provides a consistently effective alternative resource for youth that might otherwise extend their involvement within the Department of Juvenile Services system.

The program is designed for a six month to year-long placement. Youth attend a number of treatment groups to address emotional, behavioral and substance issues. Youth also receive individual counseling. Family participation is encouraged and built into the program and youth can earn home visits as they progress.

Youth must be able to attend public school as the facility utilizes the Kent County educational system to meet the academic needs of residents. While at Kent Youth, residents can play basketball and use a weight room and recreation room. Off grounds outings are frequent and include fishing trips and visits to libraries, parks, a community center, bowling alleys, movie theaters and a nearby skating rink.

There were no serious incidents at Kent Youth during the second quarter.

### **Liberty House Shelter for Boys**

Liberty House in Baltimore City began operating as a shelter-care facility licensed by the Department of Juvenile Services during the second quarter of 2011. The facility primary serves youth from Baltimore and offers a 24-hour residential alternative to detention for boys 13 to 18 years old.

The program emphasizes therapy and tutoring in life skills and coordinates with local providers for medical, behavioral health and legal services as needed.

There were no reported instances of violence at Liberty during the second quarter. Liberty continues to offer valuable help to youth in a home like environment that is less restrictive, less dangerous and less expensive than a detention center.

### **Lower Eastern Shore Children's Center (LESCC)**

The Lower Easter Shore Children's Center (LESCC) in Salisbury is a 24-bed maximum-security detention facility owned and operated by DJS. The facility opened in 2003 and is designed to house 18 male and 6 female youth awaiting adjudication or placement. Youth are separated according to gender and security considerations. Problems faced by LESCC during the second quarter of 2012 included staff shortages and a need to install additional security cameras and monitors. Population spikes and the movement of youth to out-of-region detention facilities also need to be addressed.

There were 135 youth entries to LESCC during the second quarter and the facility was over DJS set population capacity 92% of the time (84 of 91 days). Approximately 68% of youth entries were of African-American youth, down 1% from the same period last year.

A total of fifty incidents (including sports related injuries) were reported for LESCC during the second quarter of 2012 versus 57 during the same period in 2011. There were 18 incidents involving injury versus 22 during the same period in 2011. Youth on youth assaults including those involving injury dropped more than 50% compared to the same time last year, however, physical restraints of youth by staff increased by over 50% as did restraints involving injury.

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

LESCC	Q2 2011	Q2 2012
1. Youth on Youth Assault	22	10
2. Youth on Youth Assault with Injury	10	4
3. Alleged Youth on Staff Assault	2	4
4. Alleged Youth on Staff Assault with Injury	0	1
5. Restraints	18	37
6. Restraints involving Injury	5	12
7. Restraints with Handcuffs and/or Shackles	1	8
8. Seclusions	2	9
9. Locked Door Seclusions over eight hours	0	0
10. Contraband	3	1
11. Suicide Ideation/Gesture/Attempt/Behavior	7	4
12. Suicide Ideation/ Gesture/Attempt/Behavior (injury)	0	0
13. Alleged Inappropriate Staff Conduct/Comments	2	1

The Department has committed to installing eight additional security cameras at LESCC and also replacing the old monitors, including one that has been broken for many months, in the control room.

LESCC needs more staff. Staff shortages at LESCC negatively impact services including the intake process. Two staff members are required to process youth into the facility, however, when youth are brought to LESCC, two staff members are not always available to report to intake. LESCC had an assistant superintendent position but DJS has not filled the position which has been vacant for a number of years. A Group Life Manager position has also been vacant for a long time and remains unfilled.

When DJS does begin recruiting to fill positions, often long after vacancies are created, it can take months or even a year for the Department to complete the hiring process. Services suffer and prospective employees are lost during this period. DJS should offer contractual positions that the department could fill without delay, and convert to merit positions as appropriate at a later date.

DJS moves eastern shore youth from LESCC to other detention facilities such as Noyes, Hickey or Waxter when the population spikes. Parents and guardians have difficulty visiting youth that are sent out of area.

### Morningstar Youth Academy

Morning Star Youth Academy (Morning Star) is a private residential treatment program operated by Vision Quest National in rural Dorchester County. DJS licenses the facility to serve up to 40 youth, ages 14 to 19, who exhibit substance abuse and behavioral concerns. The program census has rarely exceeded 30.

The facility utilizes a cognitive behavioral approach in helping youth make positive changes. Youth at Morning Star follow a treatment plan including participation in a number of therapeutic elements: Cognitive Behavior Therapy (CBT); Aggression Replacement Training (ART); Seven Challenges substance abuse counseling; individual therapeutic sessions; group process intervention; and equestrian-based therapy.

Morning Star operates a private on grounds school which offers ninth grade and GED preparation courses. The school adheres to the Dorchester County Schools curriculum and meets Maryland State Department of Education (MSDE) standards.

The Administrative staffing team has remained stable at Morning Star for the past two years, but there has been considerable turnover in the direct care staff. The leadership staff continue to work to establish consistency in implementation of the routine and structure and in programming. Managers note that it has been difficult to recruit and retain qualified staff.

Vision Quest leases the facility that houses the Morning Star program. The facility is old and in need of ongoing maintenance work. This past year Vision Quest has been investing time and money in maintenance and in providing upgrades to the physical plant, however, much remedial physical plant work remains. Youth interviewed at Morning Star said more activities are needed to cover daily down time.

### Alfred D. Noyes Children's Center

The Alfred D. Noyes Children's Center (Noyes) is a state owned and operated detention center located in Montgomery County. The facility has three male housing units and one female unit with an overall rated population capacity of 57. The Department of Juvenile Services (DJS/the Department) operates the school at Noyes. There is no dedicated infirmary at the facility.

The overall youth population at Noyes exceeded the DJS rated housing capacity 23% of the time during the second quarter of 2012. For residents who are not able to sleep in a room, staff provides a plastic bed with a mattress inserted, bed sheets, and a pillow and the plastic bed is placed on a unit dayroom floor.

Youth continue to be housed two residents per cell, instead of one youth to a cell per best practices. On June 18, a resident witnessed his roommate attempt to commit suicide (DJS IR 102763). Administration officials found the young witness to be "distraught" the following day.

The total number of youth admitted to Noyes increased in the second quarter of 2012, compared to the same time last year. There were 291 youth entries to Noyes. African Americans youth constituted 74% of admissions.

Eighty five entries were of adjudicated youth awaiting placement in a program. Six of these residents were stuck at Noyes for over two months while three others were there for over three months. The time these youths spent "pending placement" at Noyes does not count towards treatment time and unjustifiably increases their length of stay in DJS custody.

In May, the Department confirmed the acting superintendent, a former assistant superintendent at the Victor Cullen treatment facility, as the new permanent superintendent for Noyes. Significant staff vacancies remain to be filled including two case manager positions and four direct care worker openings.

A total of 61 incidents (including sports related injuries) were reported for Noyes during the second quarter of 2012 - down from 100 for the same period in 2011. Incidents involving injury decreased to 29 from 52 at the same time last year.

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

NOYES	Q2 2011	Q2 2012
1. Youth on Youth Assault	33	19
2. Youth on Youth Assault with Injury	21	9
3. Alleged Youth on Staff Assault	7	3
4. Alleged Youth on Staff Assault with Injury	2	1
5. Group Disturbances (injury/property destruction)	1	0
6. Group Disturbances (without injury/destruction)	1	1
7. Restraints	47	34
8. Restraints involving Injury	75	16
9. Restraints with Handcuffs and/or Shackles	1	1
10. Seclusions	4	2
11. Locked Door Seclusions over eight hours	0	0
12. Contraband	3	2
13. Suicide Ideation/Gesture/Attempt/Behavior	9	3
14. Suicide Ideation/ Gesture/Attempt/Behavior (injury)	2	0
15. Physical Child Abuse Allegations (DJS Custody)	2	1
16. Alleged Inappropriate Staff Conduct/Comments	0	2

The data in the table above indicates violent incidents are down substantially at Noyes compared with the same period last year.

Security camera coverage needs to be extended to cover all highly utilized areas including the gymnasium and the education trailers located outside the main plant.

During May, some direct care staffers were found to have implemented unauthorized additions to the Noyes behavior management program. Youths were made to perform push-ups as punishment. The Superintendent halted the practice and admonished the staff and supervisors responsible.

### [One Love Group Home for Boys](#)

The One Love Group Home is located in the Northwood community in Baltimore City. The facility is operated by Building Communities Today for Tomorrow, Inc. and began accepting admissions during the first quarter of 2011.

One Love provides a comfortable, home-like environment for up to 7 adjudicated boys ages 14 to 17. Youth are referred to the home by DJS, which also licenses the facility.

Youth at One Love attend local schools. The program includes a case manager who works with youth and local school administrators in assuring youth receive appropriate education services. The One Love program encourages individual development and includes individualized and group therapy, academic tutoring, conflict resolution, and money management.

There were no incidents involving violence at One Love during the second quarter and the program continues to provide personal attention and mentoring within a less restrictive setting than youth would experience in an institution.

### Silver Oak Academy

The Silver Oak Academy (SOA) is a staff secure (non-fenced) residential program for boys which opened in July of 2009 and is owned and operated by Rite of Passage, Inc. The Department of Juvenile Services licenses the facility to house up to 48 boys.

The facility is located in northern Carroll County in Keymar, Maryland, on the grounds of the former Bowling Brook Academy. SOA reached full capacity early in 2010, and has remained at its rated capacity since that time.

In addition to group therapy, programming at SOA includes comprehensive and well-structured regular, vocational and technical education components and an emphasis on athletics, teamwork, personal development and community service. Youth enjoy and excel in the athletic programs that are offered at the facility.

The value of the program offered at SOA has grown significantly since inception in 2009 and it has become an important resource in aiding youth who otherwise might become more involved with the justice system.

SOA management, staff and youth have worked together to form constructive relationships with local education and job resources. In addition to facility-based staff, SOA employs staff to help transition youth back into their communities after graduation.

Incidents numbers were low at SOA throughout 2011 and the facility continued to provide a safe and therapeutic environment for youth throughout the first and second quarter of this year. However, the facility would benefit from the installation of security cameras which would further enhance safety and security and also serve as a training tool for staff.



### **The Way Home – Mountain Manor**

The Way Home (TWH) is a residential group home licensed by DJS to treat up to 15 girls who have been committed to the Department. The home is located in the Mountain Manor complex of Maryland Treatment Centers, Inc.

Because of its location, the girls at The Way Home have access to a number of mental health services on-site. The group home is a staff-secure facility and the girls attend local public schools for education and eligible residents can enroll in community colleges and universities in the area. Some girls participate in summer semesters at high school or college level. Day activities are scheduled for girls not enrolled in summer courses and many take on volunteering responsibilities while school is out.

Although there is no formal vocational education on-site at TWH, programming includes job searches around Baltimore. The addition of a formal vocational curriculum at The Way Home could further enrich the educational experience of its residents. In addition to the mental health services available in the Mountain Manor complex, girls participate in several therapeutic programs that include the “Sista 2 Sista” mentoring group and W.A.R. (Women Accepting Responsibility), an empowerment and sexual education group. Residents also participate in regularly held individual and group therapy sessions, including Narcotics Anonymous.

The program at TWH offers a wide variety of options for recreation and takes full advantage of its ability as a small program in Baltimore to plan frequent off-campus trips. Outings include visits to area universities, swimming pools, festivals in Baltimore and Annapolis and to the zoo in Washington, D.C. Such excursions provide youth opportunities to experience Maryland and Washington, D.C. in ways they might not otherwise have the chance to enjoy.

There were no serious incidents during the second quarter at TWH which continued to offer a secure, home-like environment. The Department should continue to refer girls to The Way Home as appropriate.

### **Western Maryland Children’s Center**

The Western Maryland Children’s Center (WMCC) is a state owned and operated detention center for male youth, located in Hagerstown. The facility population capacity is 24. The Maryland School Department of Education operates the onsite school.

The population at WMCC exceeded the DJS-established rated capacity 51% of the time during the second quarter of 2012. When the facility is overpopulated, some youth have to sleep on plastic beds which have mattresses inserted and are placed on the floor. Over the course of the second quarter of 2012, there were 129 youth entries to WMCC of which 26% (33) were youths who had been adjudicated and were waiting to transit to a program. Five of these youth spent more over 2 months waiting at WMCC while three others waited for over 3 months.

The time these youths spent at WMCC does not count toward court-mandated treatment time and increased the time they will have to stay in DJS custody.

Although a case manager and a treatment specialist were hired during the second quarter, WMCC suffers from a staffing shortage. There are four vacant direct care staff positions (including a supervisory level position) and the facility does not have a recreation coordinator. WMCC did maintain a 1:8 staff-to-youth ratio at all times.

Violent incidents were down considerably during the second quarter compared to the second quarter of 2011. There were 50% fewer total reported incidents (including those involving sport-related injuries). Incidents involving injury declined by 38%.

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

WMCC	Q2 2011	Q2 2012
1. Youth on Youth Assault	14	4
2. Youth on Youth Assault with Injury	10	2
3. Alleged Youth on Staff Assault	1	2
4. Alleged Youth on Staff Assault with Injury	1	0
5. Group Disturbances (injury/property destruction)	0	0
6. Group Disturbances (without injury/destruction)	2	0
7. Restraints	27	15
8. Restraints involving Injury	18	7
9. Restraints with Handcuffs and/or Shackles	6	3
10. Seclusions	6	2
11. Locked Door Seclusions over eight hours	0	0
12. Contraband	2	2
13. Suicide Ideation/Gesture/Attempt/Behavior	5	1
14. Suicide Ideation/ Gesture/Attempt/Behavior (injury)	2	0
15. Physical Child Abuse Allegations (DJS Custody)	2	3

The DJS Maintenance unit recently replaced one of the porcelain toilets at WMCC with a suicide resistant stainless steel one - the remaining 23 toilets need to be similarly replaced.

### The William Donald Schaefer House

The William Donald Schaefer House (WDSH) is a 19-bed facility located in the Reservoir Hill neighborhood of Baltimore City. WDSH offers 90-day substance abuse treatment for boys committed to the Department which owns and operates the facility.

There is currently no on-site education offered at WDSH. The Maryland State Department of Education will assume responsibility for education services at the Schaefer house in October of 2012. DJS must ensure that, in the meantime, the education services that youth receive at a nearby evening reporting center is appropriate. The superintendent has several ideas for on-grounds improvements to the outside of the facility and has also tried to arrange for off-grounds field trips for youth but has had difficulty in gaining permission from headquarters, even for nearby and expensive or free outings. The Department should support such initiatives.

The population at WDSH reached 15 by the end of the second quarter. There were no serious incidents at the facility and the Department should take full advantage of the Schaefer House as a community-based residential treatment placement for boys.

### Department of Juvenile Services Youth Centers

The Maryland Department of Juvenile Services (DJS/the Department) Youth Centers provide commitment care services in four separate staff secure (non-fenced) facilities. Safety and security is dependent on the quality and quantity of staffing. The combined population capacity of the Youth Centers is 164 youths. During the first quarter of 2012, 20 youth were removed from the Centers and returned to DJS detention centers. Another 20 youth were removed and sent back to detention in the second quarter. Staff interviewed said the youths were expelled because they were involved in aggressive incidents.

The Centers, which operate with different configurations of supervisory staff at each location, continue to be understaffed overall. The Department needs to make sure each center has adequate supervisory and line staff. Each group in each center should have a resident advisor supervisor and a case manager. In addition to a superintendent and assistant superintendent, group life managers are also needed for each center's management team. According to a DJS report to StateStat on June 29, 2012, the Youth Centers had a 36% increase in staff overtime during the second quarter (from April 3 through May 15). Direct care staff overtime issues are exacerbated by direct care staff having to fill in for transportation staff and for the cooks. Transportation service and food service personnel should provide staffing to cover their own overtime needs.

## JJMU Monitoring Responsibilities

In 1999, the Maryland Department of Juvenile Justice (precursor to the Maryland Department of Juvenile Services/DJS) received national media coverage over the treatment of youth in its boot camp facilities. A Task Force investigation concluded that the Department lacked oversight and recommended creation of an external monitoring agency to report to the Governor and members of the General Assembly on conditions in DJS facilities as well as on the safety and treatment of youth in DJS custody. As a result, the Office of the Independent Monitor was established in 2000.

Legislation to codify the Office of the Independent Juvenile Justice Monitor was passed into law in 2002. The Independent Juvenile Justice Monitor was originally housed in the Governor’s Office of Children, Youth, and Families. In 2006, the monitoring unit was moved to the Office of the Attorney General and renamed the [Juvenile Justice Monitoring Unit](#) (JJMU).

<ul style="list-style-type: none"> <li>• Cheltenham Youth Facility</li> <li>• Liberty House Shelter</li> <li>• One Love Group Home</li> <li>• Silver Oak Academy</li> </ul>	<p><b>Nick Moroney:</b> (410) 952-1986</p> <p><a href="mailto:nmoroney@oag.state.md.us">nmoroney@oag.state.md.us</a></p>
<ul style="list-style-type: none"> <li>• Alfred D. Noyes Children's Center</li> <li>• Baltimore City Juvenile Justice Center</li> <li>• Charles H. Hickey School</li> <li>• Graff Shelter for Girls</li> <li>• Western Maryland Children's Center</li> </ul>	<p><b>José Saavedra:</b> (410) 576-6968</p> <p><a href="mailto:jsaavedra@oag.state.md.us">jsaavedra@oag.state.md.us</a></p>
<ul style="list-style-type: none"> <li>• Backbone Mountain Youth Center</li> <li>• Green Ridge Youth Center</li> <li>• J. DeWeese Carter Children's Center</li> <li>• Lower Easter Shore Children's Center</li> <li>• Meadow Mountain Youth Center</li> <li>• Morningstar Youth Academy</li> <li>• Savage Mountain Youth Center</li> <li>• Victor Cullen Center</li> </ul>	<p><b>Tim Snyder:</b> (410) 591-2009</p> <p><a href="mailto:tsnyder@oag.state.md.us">tsnyder@oag.state.md.us</a></p>
<ul style="list-style-type: none"> <li>• Karma Academy for Boys Randallstown</li> <li>• Kent Youth Boys Group Home</li> <li>• The Way Home - Mountain Manor</li> <li>• Thomas J.S. Waxter Children's Center</li> <li>• William Donald Schaefer House</li> </ul>	<p><b>Eliza Steele:</b> (410) 576-6563</p> <p><a href="mailto:esteele@oag.state.md.us">esteele@oag.state.md.us</a></p>
<p><b>Nick Moroney</b> Director (410) 576-6599 <a href="mailto:nmoroney@oag.state.md.us">nmoroney@oag.state.md.us</a></p>	



Maryland Department of  
**Juvenile Services**  
Treating • Supporting • Protecting

**August 22, 2012**

**DJS Response to the Juvenile Justice Monitoring Unit (JJMU)  
2012 1st Quarter Report**

DJS appreciates the time and care the JJMU has taken to provide DJS with their findings in the JJMU - 2012 2nd Quarter Report. DJS has thoughtfully considered the reporting and suggestions provided. We will take corrective action in areas in need of our attention and response. The Department appreciates JJMU's acknowledgement that overall in 2012, facility violence is down compared to 2011. The Department closely monitors incidents of violence and takes corrective actions as appropriate to reduce incidents.

As reported in JJMU's current report instances of aggression are significantly down at Cheltenham Youth Facility (CYF) as compared to the same period last year. In response to JJMU's previous report, DJS indicated that it would look into the feasibility of expanding the Intensive Service Unit (ISU) to additional facilities because of its success in helping to curb incidents at the Baltimore City Juvenile Justice Center (BCJJC). The Department has since implemented intensive service components at CYF that is modeled after the services received by youth in ISU programs. Youth who are exhibiting a pattern of aggression are placed in intensive service groups where they receive anger management services provided by mental health and casework staff. Identified youth are placed in group after school daily. All programming and evening activities are provided to these youth separate from the general population. When these youth transition back to the general population they are given support through development of individualized care plans. Physical plant restrictions and limited staffing resources at this time prohibit dedication of a living unit required to fully implement an ISU program at CYF.

The staff at Victor Cullen have also maintained improved structure and facility stability throughout the second quarter. Compared to the incident numbers from the previous quarter and the second quarter of 2011 when the facility was not at full capacity, Victor Cullen has shown significant positive improvement. In addition to the implementation of Challenge in March 2012, the facility has implemented a committee review process for the most difficult youth cases. Facility staff, the youth, the community case manager and the parent/guardian participate in this meeting to develop intervention strategies to target the youth's acting out behavior.

JJMU's report also highlights the positive changes that have been instituted for female youth, including the expansion on slots for girls in the day and evening reporting centers. The

Department also continues to develop gender specific and trauma informed care services for girls. During this quarter DJS provided a two-day training in a trauma services model called Attachment, Self- Regulation, and Competency (ARC). The training was co-sponsored by the University of Maryland School of Medicine, Psychiatry Department. Training was provided by Dr. Margaret Blaustein, a developmental psychologist who is the co-developer of the model.

ARC (Kinniburgh & Blaustein, 2005; Blaustein & Kinniburgh, 2010) is a core-components treatment model, developed to provide a guiding framework for thoughtful clinical intervention with complexly traumatized youth and their caregiving systems.

Sixty staff attended that included all DJS mental health and addiction clinicians and an expanded team from Carter (Superintendent, Assistant Superintendent, case manager, 2 mental health therapists, 3 group life managers, school psychologist, and one facility nurse). Follow-up consultation by the trainer will occur with the Carter team to assist with the implementation of the model at Carter.

The JJMU report also highlights the three areas below which we will first address followed by responses to specific facilities.

1. *The Department of Juvenile Services (DJS/the Department) can help troubled youth by addressing pending placement and promoting the expansion of appropriate alternatives to detention.*
2. *The Department of Juvenile Services must provide adjudicated youth a safe environment that emphasizes treatment.*
3. *The Department of Juvenile Services can help troubled youth by promoting the expansion of proven methods of treatment within communities.*

### ***Addressing Pending Placement and the use of Alternatives to Detention***

Though there are occasionally times when every facility has more youth in residence than the rated capacity, the Department requires that each facility increase staffing to maintain supervision standards.

As the JJMU are aware, Juvenile Court Judges and Masters issue detention orders (after arguments from both State's Attorneys and Public Defenders) with which we must comply. We do our very best, using a variety of methods (including detention case reviews) to keep detention populations low, but the population is often a result of factors we cannot control but still have to manage. Our primary concern is for staff and youth safety and security; which are not compromised on the occasional days that we have higher populations.

Additionally, all of our Regional Directors work hand-in-hand with our facility staff to communicate about population spikes and move youth when necessary to avoid overcrowding.

Both the population and pending placement concerns the JJMU lists are limited to DJS' detention facilities. The Department agrees and can fully appreciate the JJMU's remarks and frustration with youth remaining in detention centers waiting for a placement to treatment.

Accordingly, the Department has developed a System of Care reform plan to help decrease the number of youth in pending placement.

The first component of the plan is the creation of a system of care out of the committed placements available in our system. The Department operates five facilities for committed youth with a combined capacity of 245. In addition, DJS contracts with 64 private providers accounting for 142 programs for additional committed beds. There are 665 youth in placement with private providers in Maryland. Youth who cannot be managed within the range of options available in Maryland are placed with out of state contractors.

The concept of a system of care contemplates taking all of the placements available and arranging them into a continuum based on their treatment delivery and their security level. At the shallow end of the continuum are the placements for youth with the lowest level of security and the least restrictive environments and at the high end, are the most secure facilities. Placements will be grouped by security level and within each group.

The Department also proposed and the Maryland General Assembly approved Senate Bill 245 last session that promotes the system of care model and provides the Department the authority to transfer youth to a placement that can better meet the treatment needs of the children rather than ejecting the youth and having them return to the detention population. The Department drafted and implemented a policy on July 19, 2012 that established an interdisciplinary team responsible for case reviews and placement decision made in accordance with the statute. Now when youth struggle within a placement, rather than ejecting them back into detention, the system of care approach will move them into another placement to continue their treatment thereby reducing their length of stay.

The second component of the plan is the development of a mobile assessment process for evaluation and placement of youth. The goals of the DJS mobile assessment process are:

- 1) Administer evaluations of youth committed to DJS to expedite placement into appropriate facilities;
- 2) Coordinate placements so youth are sent to facilities that best meet their treatment, educational, medical and security needs;
- 3) Develop a standardized assessment process under a best practices method that insures consistent, quality recommendations to the court and other requesting agencies;
- 4) Prepare youth to understand and become initiated into DJS' system of care that would facilitate the youth's transition into his/her appropriate placement;
- 5) Provide monitoring of the youth's progression and placement in various settings to ensure that the services he/she receive are appropriately maintained and transferred if the youth's needs change during the course of treatment intervention; and
- 6) Provide further evaluation/assessment to those youth who are released from locations unsuccessfully and require transfer to an alternative placement.

### *Providing a Safe Environment that Emphasizes Treatment*

This section of the JJMU report specifically discusses DJS procedures regarding the secure transport of youth who are placed in hardware secure treatment facilities, the highest level of care provided by the department. In keeping with DJS Policy and Procedures RF-1-05, 4 (1), effective September 2005, all secure transports require placement of youth in restraints, this includes transports to outside medical appointments. These transports are generally completed by transportation unit staff who have no working knowledge or relationship with the youth they are transporting. Beginning November 2011, the Department implemented Challenge, a behavior management program that affords youth the opportunity to earn program privileges for demonstrating pro-social skills, engaging in treatment and educational services. Youth who earn off campus program privileges are transported by program staff and are not placed in restraints. DJS does not think that the current operating practices for off ground transports create an environment that jeopardizes the treatment milieu but rather balances the public safety needs of the youth, staff and the community.

### *Promoting the Expansion of Proven Methods of Treatment within Communities*

DJS agrees that when possible youth should be treated in the least restrictive environment. Accordingly, DJS utilizes Evidences Based Services and has reduced group home slots that were previously serving this population outside of their homes.

Two of the Evidence Bases Practices that have been implemented in Maryland are Functional Family Therapy (FFT) and Multisystemic Therapy (MST). FFT is a well-documented and highly successful family intervention for at-risk and juvenile justice involved youth. The major goal of FFT is to improve family communication and supportiveness while helping families adopt positive behavior change and parenting strategies. Data has shown that when applied as intended, FFT can reduce recidivism between 25-60% and JJMU correctly notes that over 90% of DJS involved youth in FFT are in school or working and have not been rearrested.

MST is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in youth at imminent risk of out-of-home placement. The multi-systemic approach promotes behavior change in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change. Evaluations of MST have demonstrated reductions of 25-70% in long term rates of re-arrest for serious juvenile offenders, as well as 47-64% reductions in out-of-home placements.



## **Facility Specific Responses**

### **Baltimore City Juvenile Justice Center (BCJJC)**

All BCJJC Staff have completed the yearly requirement for seclusion and de-escalation techniques training. The incidents listed in the *Key Findings* section of the JJMU's report have all been reviewed and warranted seclusion based on the youth being an imminent physical danger to himself or others and failure to respond to less restrictive methods of control. Staff met with all the youth while on seclusion to help them process and understand their behavior that led to their seclusion. This is done routinely to help improve the future behavior of the youth.

De-escalation techniques and the seclusion process will continue to be reviewed consistently in training, meetings and shift briefings and through the Department's Incident Audit Review process. Prior to seclusion being used, the Superintendent or designee is contacted immediately to obtain authorization to place a youth in seclusion. A designee is used only when the Superintendent is unavailable.

BCJJC meets the standard requirements for recreation and often exceeds the minimum hour requirements for utilizing indoor and out-door areas. Currently, there are no safety and security risks in the outdoor recreation yards. Improvements to the visual appeal of the outdoor recreation areas have begun.

D Pod outdoor recreation area has been power washed and painted as of April 15, 2012.  
F Pod outdoor recreation area has been power washed and painted as of May 15, 2012. Vinyl covered padding behind the goals of both outdoor recreation areas have been installed. An alternative plan has replaced the rubber flooring suggestion. The flooring will be painted and outlined with the standard basketball court design. A supplier for the appropriate steel bench seating is still being researched. One mural will be installed by Volunteer Services. Anticipated completion date is September, 2012.

DJS appreciates the JJMU's acknowledgements that BCJJC has continued to drive down their incidents and that both the Boys Club as well as the Intensive Service Unit (ISU) continue to be positive programs to assist with these accomplishments.

### **Cheltenham Youth Facility (CYF)**

The average population at CYF was lower during the second quarter than during the first quarter of 2012. The Department has met with several judges/masters of the Circuit Courts system to help manage the number of youth detained. In addition, CYF has taken a more active role in ensuring that community electronic monitoring (EM) workers are aware of youth that come in eligible for release to EM/GPS. The facility is able to accommodate the present population. The facility does not control the number of youth that are detained; this is a function of the courts. CYF continues to help manage population by sending court progress reports, conducting court-ordered evaluations and other services to help manage the population.

The number of youth detained fluctuates daily based on the needs of the courts. The facility is large enough to accommodate the current population appropriately within a safe and secure

environment. The facility consistently meets appropriate staff-youth ratios and is actively recruiting to fill all vacant positions.

During times when there is a surge in the population youth are housed with a roommate. The facility uses a “housing classification” tool that provides a validated systematic approach when classifying youth on admission to not only determine their ability to be housed with a roommate, but their supervision level and special needs if any are identified. CYF maintains appropriate staff-youth ratios to ensure proper supervision of all youth.

CYF has taken steps to help manage the expeditious placement of youths. Providers who may receive a youth in placement are sent progress reports detailing youth’s behavior while at the facility. Video conference equipment is used by providers and community case-managers to help facilitate placement interviews. CYF also sends a case-manager to the weekly detention meeting to collaborate on the pending placement population at CYF.

The CYF shelter does remain closed but additional shelters are utilized as alternatives for youth who do not require detention. Currently, there are no youth presently in detention at CYF that are awaiting a shelter bed. Since the closure of the Shelter House, the Department has sufficiently placed youth in other available shelter beds.

The facility is able to safely house its population. As the Infirmary is a housing unit for youth in need of medical attention or to provide safe housing for youth who exhibit mental health issues, its capacity is included because serves the need of the entire facility.

The facility has a well-established “Behavioral Management System” to help promote positive behavior for youth at the facility, including those youth who are awaiting placement. Facility case-managers also keep youth informed of their current placement status.

CYF meets the required staff-youth ratio. The draft system is utilized to prevent staff burnout and ensures appropriate facility coverage. CYF is constantly recruiting for additional facility staff. Interviews are conducted bi-weekly and a “pre-screening” is held monthly for potential staff. CYF currently has a new shift commander and case-manager as well as 16 new resident advisors who started in August. This will help reduce/eliminate staff vacancies and overtime. In addition, there are 4 new resident advisors that are scheduled to start August 29, 2012.

CYF has implemented components of the Intensive Services Unit (ISU) Program used at the Baltimore City Juvenile Justice Facility. This intervention strategy designed to serve youth who display aggressive and assaultive behaviors. Youth participating in the program are placed in group after school and receive intensified mental health services. The facility has noted a decrease in violent incidents since implementation. Additionally, the facility has increased program incentives to reinforce positive behavior. CYF administrators personally address the most problematic residents on a daily basis to help manage negative youth behavior.

The facility has a comprehensive schedule of structured activities. The Graphic Designs Shop is providing evening programming for youth. Two staff members are assigned to recreation to provide large muscle activities after school and on weekends. The pool opened during this quarter and will be in operation until after Labor Day. Youth receive commissary items twice

per week. There are also weekly and monthly special events to reinforce positive behavior and reward youth who have done well. MSDE also provides incentives to youth who academically excel and serve as positive peers within the educational environment.

CYF maintenance has confirmed that the bathroom renovations will begin in early September. All three of the housing units will have the bathrooms remodeled. The electrical and plumbing work has been completed in the centralized laundry. The Department continues to move forward with plans to construct new facilities at Cheltenham and is presently working with an architect on the design.

### **J. DeWeese Carter Children's Center (Carter)**

The J. DeWeese Carter Youth Facility (Carter) is a 14-bed secure treatment program for committed girls. During the intake process, a Trauma Symptom Checklist for Children (TSCC) is administered. Mental health clinicians along with the Treatment Team members develop service plans to address the trauma, mental health and behavioral needs of the youth. Trauma informed care, gender specific, and behavior management training is ongoing for staff. As previously stated, Carter staff received training in the ARC model of addressing trauma needs of youth. Implementation of this model at Carter is in progress. Youth receive individual and group therapy and substance abuse services. Mental health clinicians are available on weekends to meet with families during visitation. Dialectical Behavioral Therapy (DBT) group is held on a weekly basis to address the specific needs of the young ladies.

The facility utilizes a daily schedule to plan treatment, academics and structured recreation activities. Most recently youth participated in a three day camping trip at Meadow Mountain Youth Center. Additional activities have included Mother's Day Orioles game(Governor's Box), trips to the local recreation center, movies, bowling, swimming, game tournaments, and special projects such as making dresses to donate to youth in Haiti and crocheting baby caps and blankets which are donated to Peninsula Regional Medical Center. To maintain a well-structured schedule the Department is seeking to reclassify a position to establish a full time recreation specialist at the facility. Recreation space at Carter consists of an outdoor recreation courtyard and a smaller exercise room in the facility. The facility has also contracted with the local recreation center, which houses a pool and large gymnasium.

Training that is gender specific and trauma informed is ongoing. Oversight of Challenge program implementation is monitored by the assigned executive director. The assistant director for behavior health monitors the delivery of treatment services. Staff has received refresher training in the Challenge program and as reported earlier staff recently participated in ARC training, a model of trauma informed care.

Recruitment and hiring efforts are ongoing: 1 resident advisor (RA) started in August, 2 additional RAs are in the prescreening process and the interview process has begun for a group life manager.

The Carter Center has been placed on the Department's approved list to receive additional cameras to improve video surveillance. MSDE is aware of the need for additional vocational programming as part of the school curriculum.

Currently, the nursing coverage adequately meets the needs of a 14 bed facility. Carter has two full time nurses and a contractual nurse who provides coverage from 7:00 a.m. to 10:00 p.m. seven days a week. Coverage on weekends is provided by a contractual agency.

### **Thomas J.S. Waxter Children's Center (Waxter)**

Changes were made to the leadership at Waxter during this quarter. The newly recruited Superintendent assumed her duties on May 2, 2012. In addition, an assistant superintendent's position was established at the facility. The Assistant Superintendent was promoted from within DJS and began her assignment at Waxter on March 26, 2012. The new structure provides for improved administrative oversight. The individuals selected bring extensive knowledge and experience in security, case management and female programming.

Waxter has two full time psychologists, a licensed clinical psychologist who is available three days a week, and a psychiatrist, who is available one day each week to provide mental health services. The Mental Health staff conduct groups weekly and provide individual therapy sessions. Groups provided by mental health staff address topics such as anger management, trauma, abuse, healthy relationships, risk taking behaviors, emotion regulation, distress tolerance, parenting, family issues and assertiveness training.

Substance abuse education is provided by two addictions counselors. Assigned case managers conduct groups twice a week and meet with the youth daily to address individual concerns.

Youth receive indoor and outdoor recreation. An assigned recreation specialist is developing an expansion of the fitness program.

The Maryland State Department of Education will assume full responsibility of Waxter's educational program effective August 22, 2012.

The Department's maintenance unit in addition to contractors, as needed, continue to maintain the physical plant at Waxter. A new detention facility for girls is included in the Department's Capital Plan.

### **Victor Cullen Center (VCC)**

The implementation of any new program requires ongoing oversight and training to improve consistency of implementation. Program implementation issues have been addressed through staff meetings, counseling sessions and bi-weekly administrative oversight committee meetings. A DJS trainer was assigned to the facility to provide additional support. Program refresher training is scheduled for August 15 – September 14, 2012.

There is video surveillance in the vocational building which is monitored daily. The installation of cameras in the school has been placed on the Department's approved project list.

Treatment Teams at Victor Cullen work with each youth to develop services to meet their individual needs. The Treatment Teams also work with community case managers to develop aftercare plans for each youth. Youth are afforded the opportunity for family therapy and home visits to begin the process of transitioning back to the community.

The staff at Victor Cullen have maintained improved structure and facility stability throughout the second quarter. Compared to the incident numbers from the previous quarter and the second quarter of 2011, Victor Cullen has shown significant positive improvement. In addition to the implementation of Challenge in March 2012, the facility has implemented a committee review process for the most difficult youth cases. Facility staff, the youth, the community case manager and the parent/guardian participate in this meeting to develop intervention strategies to target the youth's acting out behavior.

The facility continues to actively recruit to fill staff vacancies utilizing local job fairs. Since the time of this report, the four direct care vacancies have been filled and staff are currently in entry level training. A recreational specialist has been selected and will be starting in August. Selection for both assistant superintendent vacant positions has been made and is currently being processed. The facility continues to aggressively pursue candidates to fill the group life manager vacancy.

Overtime continues to decline at Victor Cullen due to increased hiring and retention of staff. There has been a steady decline in overtime since April. Overtime decreased in June by 54%.

The security post at the main entrance is now staffed full time. This is made possible because of recent new hires.

Incidents involving physical restraints and the use of mechanical restraints continue to decline. In keeping with Department directives, all incidents of restraint are reviewed by a facility administrator and the assigned OIG investigator to ensure that proper crisis prevention techniques have been used.

The seclusion of youth has declined since the last quarter. The average length of stay in seclusion in the 2<sup>nd</sup> quarter was 3.75 hours. Seclusion is used only if the youth pose an imminent threat to self, others or to the safety and security of the facility.

### **Charles H. Hickey Jr. School (Hickey)**

The Charles H. Hickey, Jr., School for Boys (Hickey) is a detention center owned and operated by the Department of Juvenile Services for male youth ages 12 to 18. Youth at Hickey reside in individual rooms.

Since April, the facility has welcomed 14 new staff.

DJS continues to improve upon safety and security features at all facilities. The concern cited regarding blind spots for existing cameras has been corrected.

## **Lower Eastern Shore Children's Center (LESCC)**

The increase in restraints during the second quarter were related to an increase in population and the placement of aggressive youth. Restraints were used to prevent and intervene in acts of aggression. A significant number of incidents were attributable to five youth with significant behavioral issues. The administration intervened appropriately to manage the behavior of these youth.

Installation of cameras and an upgrade of the monitoring system at LESCC have been placed on the Department's approved project list.

LESCC has maintained compliance with staffing ratios. When LESCC is at capacity, youth are transferred to other facilities or the facility places youth who demonstrate they can bunk with another youth together in a room that meets regulation standards for housing two youth. The population and movement of youth is monitored through a weekly meeting with the Assistant Regional Director. When the facility has available space, youth placed at other facilities are transported back to LESCC.

## **Alfred D. Noyes (Noyes)**

The Alfred D. Noyes Children's Center (Noyes) is a state owned and operated detention center located in Montgomery County. Although Noyes does not have an infirmary, it has a Health Center and all youth have access to adequate medical care.

The facility uses a "housing classification" tool that affords a validated system for classifying youth on admission to not only determine their ability to be housed with a roommate, but their supervision level and special needs if any are identified.

The incident on June 18<sup>th</sup> (DJS IR 102763) was a suicidal gesture not a suicide attempt. The youth sustained no visual or physical injury and was responsive during the incident. Staff followed all required policies and procedures to ensure the youth received the appropriate mental health services. The youth's roommate expressed concern for her friend and was referred for supportive counseling by mental health staff.

The Department actively seeks to move youth to appropriate placements in a timely manner. Overall the number of youth awaiting placement at Noyes over the three month period is lower than the second quarter of 2011.

The facility is actively recruiting and interviewing to fill all of the vacant positions. Recently the facility participated in a job fair in Frederick to recruit new staff.

The installation of additional cameras at Noyes has been placed on the Department's project list.

The new superintendent has established a committee to review and revise the behavior management program. The facility management will ensure that appropriate actions are taken to address staff performance issues.

## **Western Maryland Children's Center (WMCC)**

WMCC exceeded the DJS established rated capacity during the second quarter of 2012. When the facility is overpopulated, some youth have to sleep on plastic beds which have mattresses inserted and are placed on the floor for temporary accommodations. The Department also makes arrangements to send youth to the next closest facility to minimize the use of temporary beds when possible.

Recruitment of staff is ongoing. Interviews have been completed for two of the four vacant direct care staff positions. Applicants have been interviewed and selected. A resident advisor has been assigned to serve as the recreation specialist full time.

Maintenance recently replaced one of the porcelain toilets at WMCC with a resistant stainless steel model. The remaining stainless steel toilets have been ordered and are currently in fabrication.

## **William Donald Schaefer House (WDSH)**

In April, 2012, the Department revised guidelines for off campus trips at WDSH. Prior to that time, off-campus trips had been suspended for a brief period to address security concerns. DJS fully supports structured activities for youth. Since the second quarter, youth have experienced regular educational and incentive based outings. In July 2012, the Department contracted with the YMCA of central Maryland to expand recreation opportunities.

Educational services are provided on site at WDSH. Some youth were served at the Day and Evening Reporting Center school located next door due to teacher vacancies and the increase in population. On October 3, 2012, MSDE will assume educational services at the facility.

The Department has improved the screening process for placement of youth at WDSH which has resulted in the program operating at full capacity during the past several months.

## **Youth Centers**

The Department has conducted a staffing analysis and identified the need for additional supervisors and staff. In the interim, all staff serving as supervisors are required to complete training to ensure they are well versed in safety and security operations.

Direct Care Staff are covering after hours transports when needed at their respective Youth Centers. Transportation Officers have the primary responsibility of transporting youth to and from court.

The Department has addressed the vacancies in dietary at each of the Youth Centers.

## **DJS Licensed Residential Child Care Program Responses**

The Department licenses eight residential child care programs that provides valuable services to appropriate youth in a home like environment, that is less restrictive than a detention center. There have not been increases with incidents in these programs during the 2012 second quarter.

### **The Graff Residential Program**

The Graff Residential Program formerly the Graff Shelter (The Dr. Henry F. and Florence Hill Graff Shelter) is a short-term residential program solely licensed by the Department of Juvenile Services (DJS). The Graff Residential Program continues to provide adolescent girls with short-term residential care for up to 12 female youth, between 12 and 18 years of age.

### **Silver Oak Academy**

Silver Oak Academy has not identified a need to install security cameras on campus at this time however it is a discussion item for their management team to enhance campus security to control the perimeter. The camera system inside buildings creates more of a detention milieu versus a school milieu.

### **Vision Quest Morning Star Youth Academy**

The Morning Star Youth Academy continues in its attempt to increase the amount of programming and activities available to the youth. The program is currently developing an activity schedule in an attempt to provide more structure to the allotted free time and ensure that youth have access to a variety of activities. This year we have purchased a table tennis table, futsal table and additional weight equipment for the recreation center. During the summer the pool has been opened and is used daily by all the youth and will remain available until the weather turns colder in the fall. The basketball court remains open to the youth, as does the baseball field where the youth are taken to play softball, kickball and quick cricket. In October the youth will begin training for the opportunity to travel to Florida to participate in the Disney half marathon. On August 3rd, six of our youth traveled with staff to Pennsylvania to take part in the Vision Quest 40th anniversary congress. During congress the youth participated in team games that they have brought back and shared with their peers. The staff that attend the congress participated in and learned how to conduct many of our ceremonies. As a result we plan to increase the number of these important activities with the youth. We continue to expose as many youth to extraordinary experiences as possible. We have a close relationship with Tri-Columbia, a local organization that stages multisport events throughout Maryland. Over the past few months our youth have run volunteer stations at six of their events. This gives the youth an opportunity to give back to their community, complete community service and restitution hours, while rubbing shoulders with some of the world's top triathlon professionals. In the late summer we will work at the Chesapeake Man, an event where the athletes will swim 2.4 miles, ride 112 miles and then run 26.2 miles without break as they attempt to qualify for the world championships in Hawaii. Without our youths work to keep the athletes feed and watered many of the competitors could not finish the 17 hour event. The youth at Morning Star also work with



our local chapter of the American legion, assist the YMCA with their community events, and bake cookies for and meet with the residents of our local assisted living community.

As part of physical plant upgrades the recreation center is scheduled to be remodeled.