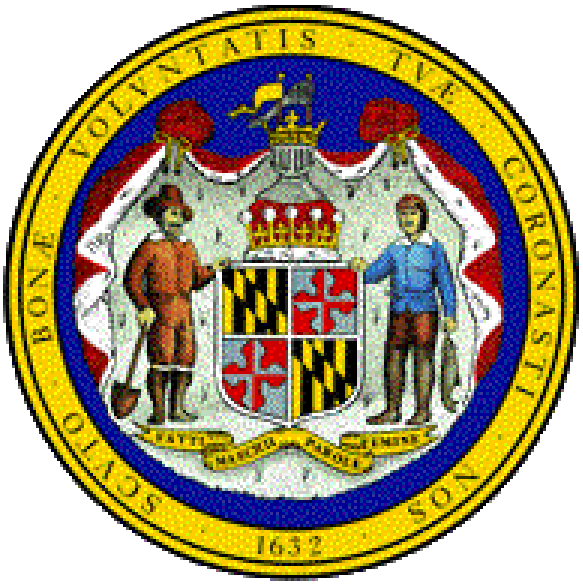

MARYLAND JUVENILE JUSTICE MONITORING UNIT

OFFICE OF THE ATTORNEY GENERAL

SECOND QUARTER 2014

NICK MORONEY
Director

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

August 2014

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

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

Members of the General Assembly

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

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

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

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

Enclosed please find the Second Quarter 2014 reports compilation from the Juvenile Justice Monitoring Unit (JJMU). The reports provide data and analysis concerning treatment of and services provided to youth in Department of Juvenile Services (DJS) directly run and licensed facilities throughout Maryland. The Department of Juvenile Services' response and a response from the Maryland State Department of Education are included, as indicated on the contents page. Also included is a Department of Human Resources response to the "Child Protective Services and DJS Youth" section.

The overview section acknowledges DJS success in significantly improving facility conditions for youth. At the same time, effort should be concentrated on providing non-residential evidence-based treatment for youth within their communities.

In “The Problem With Plans For New Facilities,” we note high recidivism rates among youth who have left state-run committed facilities at the same time as there is a scarcity of intensive non-residential treatment resources in local communities and yet the state proposes to spend $179 million on three new committed placement facilities to house young people.

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

The JJMU Second Quarter 2014 Reports were produced by Eliza Steele, Nick Moroney and Tim Snyder. Thanks to intern Peter Modlin and to Maria Welker, Taran Henley, Fritz Schantz, Margi Joshi and Jose Saavedra for assistance.

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

I am pleased to answer any questions you may have about these reports. I can be reached at nmoroney@oag.state.md.us.

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

Respectfully submitted,

Nick Moroney

Nick Moroney
Director
Maryland Juvenile Justice Monitoring Unit

Cc: The Honorable John B. Howard, Jr., Chief Deputy Attorney General
Ms. Susanne Brogan, Treasurer’s Office
Mr. Ronojoy Sen et al, StateStat Office
Deputy Secretary Linda McWilliams, Mr. Karl Pothier and Mr. Jay Cleary, DJS
Tim Snyder and Eliza Steele, JJMU

MARYLAND JUVENILE JUSTICE MONITORING UNIT
SECOND QUARTER 2014 REPORTS

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THE PROBLEM WITH PLANS FOR NEW FACILITIES

Maryland capital plans include $179 million for the construction of three new Department of Juvenile Services' (DJS) operated committed placement centers and an additional $46 million to replace outdated buildings in one of the five state-operated committed placement centers in western Maryland.[1]

This money, totaling $225 million, would be better spent on intensive services for high-risk youth within their own communities. The most recent (FY 2012) DJS recidivism data available[2] suggests that DJS-operated committed placement centers are not offering effective rehabilitative services to youth. There is no cohesive, evidence-based treatment program in state-operated committed placement centers and DJS workers are not trained treatment specialists.

Research shows that "institutional treatment programs generally have an unimpressive record for reducing reoffending and that large, overcrowded facilities with limited treatment programs (in which custody trumps treatment concerns) often have high recidivism rates."[3] The report, *Reforming Juvenile Justice: A Developmental Approach*, recommends that states "use confinement sparingly and only when needed to respond to and prevent serious reoffending."[4]

Community-based treatment resources are more effective than incarceration at rehabilitating youth and reducing recidivism.[5] According to a recent study evaluated by the John Jay College of Criminal Justice, in a sample of 3,523 high-risk kids in the juvenile justice system, "most youth (86%) remained free of arrest," while enrolled in intensive, non-residential community-based services. Such services "reduce the juvenile justice system's over-reliance on expensive and ineffective out-of-home placements."[6]

According to Maryland statute, the juvenile justice system is "to provide for a program of treatment, training, and rehabilitation," to "conserve and strengthen the child's family ties and to separate a child from his parents only when necessary for his welfare or in the interest of public safety."[7] Rather than building more residential facilities, the State of Maryland should expand community-based treatment resources in order to establish a continuum of care providing kids with intensive, evidence-based, and individualized services close to home.

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[1] Maryland Capital Budget FY 2015 http://dbm.maryland.gov/agencies/capbudget/Documents/2015CapBudgetVolume.pdf
[2] DJS FY 2013 Data Resource Guide, page 176. http://www.djs.state.md.us/drg/Full_DRG_With_Pullouts_2013.pdf
[3] Bonnie, R.J., Johnson, R.L., Chemers, B.M. , & Schuck, J.A. (2013) *Reforming juvenile justice: A developmental approach.* Washington DC: National Research Council. p 155.
[4] Ibid, p 10.
[5] Ibid, p 6.
[6] Douglas Evans and Sheyla Delgado, "Most High Risk Youth Referred to Youth Advocate Programs, Inc. Remain Arrest Free and in their Communities During YAP Participation." John Jay College of Criminal Justice. April 2014. http://www.yapinc.org/Portals/0/Documents/Fact%20Sheets/JJIB1.pdf
[7] Md. State Govt. Code Ann. §3-8A-02 (a)(4); Md. State Govt. Code Ann. §3-8A-02 (a)(5)

Maryland Juvenile Justice Monitoring Unit
Second Quarter 2014 Reports

OVERVIEW

The Department of Juvenile Services (DJS) has significantly improved the level of safety for youth and staff in the facilities it operates and licenses. As issues of physical abuse and mistreatment become more isolated, efforts should be concentrated on ensuring the delivery of meaningful, individualized and evidence-based treatment services to youth in non-restrictive settings. Intensive and individualized services should be available in the community.

Comparing the second quarter of 2014 to the same time last year:

- ✓ The average daily population (ADP) of youth in detention and DJS-operated committed placement centers decreased across the state.
- ✓ DJS continues to expedite the transfer of youth to placement post-adjudication.
- ✓ Incidents of aggression in detention facilities decreased at the Baltimore City Juvenile Justice Center (BCJJC), Cheltenham Youth Facility (CYF), Charles H. Hickey, Jr., School (Hickey), Thomas J.S. Waxter Children's Center (Waxter), Lower Eastern Shore Children's Center (LESCC) and Western Maryland Children's Center (WMCC).
- ✓ Physical restraints decreased at Waxter, LESCC, Hickey and CYF.
- ✓ Mechanical restraints decreased at Hickey and at the youth centers (committed placements) in western Maryland.
- ✓ There was no use of seclusion in detention at CYF or LESCC or at the J. DeWeese Carter (Carter) committed placement center.

- Incidents of aggression increased in detention at the Alfred D. Noyes Children's Center (Noyes) and at the Carter, Victor Cullen and youth camps committed placements.
- Physical restraints increased in detention at Noyes and WMCC and at the Carter and Cullen committed placement centers.
- Seclusions increased at BCJJC, Hickey, Waxter, Noyes, WMCC and Cullen.
- Mechanical restraints increased at WMCC, Waxter, CYF, BCJJC, and Cullen.
- There were 69 incidents of suicide ideation (30 of which occurred at Waxter) and 12 incidents of self-injurious behavior at DJS-operated facilities during the second quarter.
- Post-secondary education, vocational and employment opportunities are limited in DJS-operated committed placements (page 27).
- Family contact is limited at DJS-operated committed placements (page 7).
- DJS transports youth in treatment to and from appointments in mechanical restraints. All youth are subject to strip searches after visits and outings in the community (page 7).
- Not all youth in DJS facilities are covered by Child Protective Services (page 28).

COMMITTED PLACEMENT CENTERS

Youth and their families should have access to intensive and individualized services in the community in order to effectively address the challenges they face. The Department of Juvenile Services (DJS/the Department) should concentrate efforts on ensuring the delivery of individualized and evidence-based treatment services to youth in non-restrictive settings. Placement in a residential facility should only be used as a last resort for youth who cannot be served in a community setting.

The most recent (FY 2012) DJS recidivism data available[8] suggests that DJS-operated committed placement centers are not offering effective rehabilitative services to youth. There is no cohesive evidence-based treatment program in state-operated committed placement centers and DJS workers are not trained treatment specialists.

According to a report sponsored by the Office of Juvenile Justice and Delinquency Prevention at the United States Department of Justice, "the use of a clear treatment strategy (especially the use of cognitive-behavioral approaches) [and] a matching of the needs of [youth] and the program orientation…are…associated with larger reductions in rearrests."[9]

The Department should adopt an evidence-based, trauma-informed treatment model at its committed placement centers and train all staff accordingly. Individualized and evidence-based services to address issues of aggression, trauma, substance abuse, family needs, and mental health should be available.

Research indicates that "being handcuffed, restrained, and searched" can "reactivate memories of past traumatic violence."[10] However, current DJS policy requires all youth to be transported to and from medical and educational appointments in shackles and handcuffs fastened to belly chains and black boxes. Additionally, all youth are subject to strip searches after visits with families and lawyers, and after outings in the community earned as a reward. The Department should change these policies which are counter to the principles of trauma-informed care.

Department of Juvenile Services' data from 2010 indicates that 90% of girls and 75% of boys in out-of-home placements had a moderate-to-high family related need.[11] Family contact at the DJS-operated committed placement centers is usually limited to two 10-minute phone calls and one visit per week. Youth should have daily telephone contact with their families and the ability to participate in home passes of gradually increasing frequency and duration.

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[8] DJS FY 2013 Data Resource Guide, page 176. http://www.djs.state.md.us/drg/Full_DRG_With_Pullouts_2013.pdf
[9] Bonnie, R.J., Johnson, R.L., Chemers, B.M. , & Schuck, J.A. (2013) *Reforming juvenile justice: A developmental approach.* Washington DC: National Research Council. p 157.
[10] Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012. P. 175. http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf
[11] DJS Report on Female Offenders, February 2012, p.11.: http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf

Victor Cullen Center

The Victor Cullen Center (Victor Cullen) is a hardware secure (fenced and locked) committed placement facility owned and operated by the Department of Juvenile Services (DJS/the Department). The facility is located in Frederick County and houses up to 48 boys who have been committed to the Department. Security cameras were recently installed in the school building.

There is no cohesive treatment program at Victor Cullen and staffers are not trained treatment specialists. However, during the second quarter, additional mental health professionals were hired at Cullen. In addition to providing mental health services to youth through individual and group therapies, incoming clinicians should work alongside direct care staff to implement treatment based de-escalation and intervention techniques when incidents occur.

Victor Cullen – Selected Incident Categories	Q2 2012	Q2 2013	Q2 2014
Average Daily Population (ADP)	**45**	**47**	**44**
1. Youth on Youth Assault/Fight	20	27	32
2. Alleged Youth on Staff Assault	9	8	10
3. Restraint	61	77	87
4. Use of Handcuffs and/or Shackles	43	42	61
5. Seclusion	17	34	38
6. Contraband	2	8	1
7. Suicide Ideation/Attempt	6	1	2

The average daily population during the second quarter of 2014 decreased by 6% compared to the same time last year. Over the same period, assaults increased by 19%, the use of physical restraints increased by 13%, the use of mechanical restraints increased by 45% and seclusions increased by 12%. The use of physical and mechanical restraints and

seclusion are counter to the principles of trauma informed care.[12] Mechanical restraints were used more times during the quarter at Cullen than any other single facility – including detention centers – in the state.

The Department's policy states that "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. The goal of a physical restraint should be to ensure safety."[13] There was an incident during the quarter in which a staffer inappropriately restrained one youth and attempted to strike another (#119508).

Video footage of the incident shows a youth standing by a table in the dayroom. According to an investigation (#14-119519) by the Department's Office of the Inspector General (OIG), the youth "moves his body to the left and appears to intentionally block [the staffer] from the table," at which point the staffer "wraps his arms around [the youth's] upper body pulling the youth backward. [The staffer] then turns his body to the right taking [the youth] to the floor in a suplex type move over his right shoulder. [The youth] lands on his backside and rolls onto his side."

Following the restraint, a second youth approaches the incident "yelling at [the staffer] in an aggressive manner." The staffer "moves face-to-face" with the youth and then "begins pointing a finger at [his] face." Additional staff intervene in an effort to separate the youth and the staffer. As the youth is being held against a wall, the staffer "can be seen pulling away from [another staffer] and then runs towards [the youth]." The youth "throws a punch hitting [the staffer] on the left side of his face. [The staffer] then draws back his right fist and appears to strike [the youth] in the face." The investigation states that there was "a large struggle against the wall and [the youth was] restrained on the floor…as [the staffer was] held against the sally port doors." The staffer, who was a trainee at the time of the incident, continues to work at Victor Cullen.

The nurse documented that the youth involved in the first restraint reported that he was restrained for no reason and slammed to the ground by a staffer. However, on the same document, the nurse checked the "no" box for the question, "Do the circumstances indicate that the youth may have been abused? If yes, report to CPS." Nursing staff in DJS facilities are statutorily mandated to report allegations of abuse.

A subsequent OIG investigation (#14-119519), noted that the "nursing report did not indicate any allegation of abuse and there was no notification made to Child Protective

[12] Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012. P 210. http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf
[13] Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 Crisis Prevention Management (CPM) Techniques Policy 4.a.(2)(ii)

Services." According to the OIG investigation, "Child Protective Services was subsequently notified [of the allegation] due to the manner in which [the youth] was physically restrained."[14]

The incident described above ultimately resulted in reports to CPS in reference to both youth. The local CPS unit declined to investigate either of the allegations because both youth were over the age of 18 (see CPS and DJS youth section on page 28).

The Department should ensure that nursing staff properly respond to situations where youth report allegations of abuse or the circumstances indicate that the youth may have been abused, as described in the instances above.

Youth Centers x4

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

Current staffing ratios at the youth centers allow for situations where a single staffer is responsible for supervising a group of youth. There is a need for increased direct care staff, particularly at Savage Mountain where the configuration of the dormitory makes it difficult to maintain comprehensive supervision. The Department should enhance staffing ratios to ensure that direct care workers are posted in sets of two or more. Individual staffers should not be responsible for supervising groups of up to eight youth.

Staff at the youth centers are not trained treatment specialists and there is no cohesive evidence-based, trauma-informed treatment program.

There is a mental health supervisor assigned to oversee the four centers and each center has a mental health counselor for up to 48 youth. Each youth center has one or more addictions counselors and Meadow Mountain, the dedicated substance abuse treatment program, has four. Addictions groups are held twice a week. There is no evidence-based aggression replacement treatment program available at the youth centers.

[14] In another incident (#118951), a nurse documented that a youth reported being put in a headlock by a staffer. However, on the same document, the nurse checked the "no" box for the question "Do the circumstances indicate that the youth may have been abused? If yes, report to CPS."

Combined Youth Centers (x4) – Selected Incident Categories	Q2 2012	Q2 2013	Q2 2014
Average Daily Population (ADP)	**162**	**144**	**140**
1. Youth on Youth Assault/Fight	49	41	42
2. Alleged Youth on Staff Assault	5	10	4
3. Restraint	66	84	65
4. Use of Handcuffs and/or Shackles	16	29	19
5. Seclusion	0	0	0
6. Contraband	12	15	10
7. Suicide Ideation/Attempt	4	3	3

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

Average daily population at the youth centers during the second quarter of 2014 decreased slightly in comparison to the same period last year. However, assaults remained high. Incidents involving the use of mechanical restraints decreased by 34%.

Installation of security cameras to enhance youth and staff safety at the youth centers was not completed during the fourth quarter of fiscal year 2014 as planned.[15]

Silver Oak Academy

Silver Oak Academy (Silver Oak/SOA) in Carroll County is a privately operated staff secure (not fenced) treatment center licensed by the Maryland Department of Juvenile Services. In June 2013, the license was expanded to allow Silver Oak to serve up to 96 boys. The average daily population for the second quarter of 2014 increased 34% compared to the same time last year.

[15] DJS StateStat Report. September 27, 2013. http://www.statestat.maryland.gov/reports/20130927_DJS_Meeting_Summary.pdf

The comprehensive program at Silver Oak employs an evidence-based treatment model in a school-like environment. Students may graduate from high school, prepare for and take the GED (General Educational Development) exam, and/or enroll in college or community college. Several vocational education programs leading to certification are available onsite. Youth hold jobs in the community and participate in interscholastic sports teams.

SOA – Selected Incident Categories	Q2 2012	Q2 2013	Q2 2014
Average Daily Population (ADP)	**48**	**47**	**63**
1. Youth on Youth Assault/Fight	2	6	10
2. Alleged Youth on Staff Assault	1	1	0
3. Restraint	6	7	22
4. Use of Handcuffs and/or Shackles	0	0	0
5. Seclusion	0	0	0
6. Contraband	7	6	16
7. Suicide Ideation/Attempt	1	0	0

Incidents at SOA involving the use of physical restraints increased substantially during the second quarter of 2014 compared to the same time last year (see selected incident category table above). Seventy-five percent of youth in the juvenile justice system have experienced traumatic victimization,[16] and the experience of being restrained can "reactivate memories of past traumatic violence."[17]

Silver Oak should expedite the installation of security cameras to ensure accountability and enhance staff training.

[16] Mental Health and Juvenile Justice Collaborative for Change, "Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System," January, 2014. p 2. http://cfc.ncmhjj.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf

[17] Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012. p 175. http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

The J. DeWeese Carter Center

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

Department of Juvenile Services' data shows that, in 2010, nearly 50% of all girls in residential placements had a history of physical or sexual abuse.[18] According to the United States Department of Justice (USDOJ) task force on children exposed to violence, "being handcuffed, restrained, and searched" can "reactivate memories of past traumatic violence."[19] However, current DJS policy requires all youth to be transported to and from medical and educational appointments in shackles and handcuffs fastened to belly chains and black boxes. Additionally, DJS policy requires all youth to be strip searched after visits with their families and lawyers and also after outings in the community which are earned as a reward. The Department should change these policies which are counter to the principles of trauma-informed care.

Carter – Selected Incident Categories	Q2 2012	Q2 2013	Q2 2014
Average Daily Population (ADP)	**11**	**12**	**10**
1. Youth on Youth Assault/Fight	2	0	2
2. Alleged Youth on Staff Assault	1	0	0
3. Restraint	8	8	13
4. Use of Handcuffs and/or Shackles	0	1	1
5. Seclusion	2	0	0
6. Contraband	0	0	0
7. Suicide Ideation/Attempt	9	2	4

[18] DJS Report on Female Offenders, February 2012, p.11. http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf
[19] Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012. P. 175. http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

During the second quarter of 2014, the use of physical restraints increased compared to the same time last year while the average daily population declined. According to the USDOJ report from the task force on children exposed to violence, the use of physical restraints is counter to the principles of trauma informed care.[20]

The GED (General Educational Development) exam now requires students to test over the course of two days. Currently the Hickey detention center for boys in Baltimore County is the only testing site available to students in DJS custody. Girls at Carter who wish to take the GED exam will be transported in shackles and required to spend the night at the Hickey detention center. Both DJS and the Maryland State Department of Education (MSDE) should work together to make other arrangements to prevent youth in committed placement from having to spend a night in a detention center and endure a 170-mile round trip in shackles in order to take an academic examination.

Vocational and post-secondary education programming opportunities are limited for girls placed at Carter. This deficiency is especially relevant for girls who have a high school diploma or earned a GED. Currently, there is a resident at Carter who earned her GED last year and has completed the available vocational education programs available at Carter. Her opportunities for meaningful education options are limited. Students already in possession of a high school diploma or GED should have access to higher education, a variety of robust vocational education programs and employment and apprenticeships in the community.

A youth was placed at Carter in November of 2013 after having spent ten months in detention. She successfully completed the Carter program in April of 2014. The Prince George's County Circuit Court sitting as a juvenile court denied a motion to rescind her commitment and, according to DJS case notes, ordered her to complete 18 months at Carter. The girl continues to be held at the Carter center although she has successfully completed available programming. Another girl currently at Carter was ordered by the Prince George's County Courts to stay 12 months at the facility (according to DJS case notes).

[20] Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012. P 210. http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

DETENTION CENTERS

The average daily population (ADP) of youth in Department of Juvenile Services' (DJS) operated secure detention facilities during the second quarter of 2014 decreased by 14% (from 352 to 303) compared to the same time last year. The Department has achieved this substantial reduction while at the same time accepting youth charged as adults in DJS-operated detention facilities.

Housing certain youth charged as adults has not resulted in an overall increase in population in DJS-operated facilities and has protected a substantial number of children from being held at adult detention centers.

During the second quarter, incidents involving aggression decreased compared to the same time last year in juvenile detention centers across the state, with the exception of the Alfred D. Noyes Children's Center. Restraints and seclusions also increased at Noyes.

There were 61 incidents of suicide ideation (30 of which occurred at Waxter) and 10 incidents of self-injurious behavior in detention centers during the second quarter. In a recent publication, the Office of Juvenile Justice and Delinquency Prevention concluded that "psychiatric services in detention facilities must be increased" and "detention center staff should be trained to recognize anxiety disorders" to reduce the risk of suicide attempts.[21]

Secure detention centers are inappropriate environments for children with mental health needs. Secure detention should not be used except as a last resort and only when youth are not eligible for alternatives. Research shows that "detention facilities and the justice system, through their routine practices, can bring additional harm to already traumatized youth."[22]

The average daily population of DJS youth in detention at the Baltimore City Juvenile Justice Center (BCJJC) during the second quarter decreased by 27% compared to the same time last year. This reduction is in part due to participation by the Department, the Courts and other stakeholders in the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI). The JDAI effort has worked to reduce the secure detention population by promoting the appropriate use of alternatives.

Plans to launch JDAI statewide should go forward. Although JDAI has been launched in Prince George's County, the number of Prince George's County youth in secure detention at Cheltenham remains high and some youth had to be sent to other detention centers in order to accommodate their housing needs. The Department and other stakeholders, including the Prince George's County Courts, should utilize alternatives to secure detention.

[21] Abram, K., et.al, "Suicidal Thoughts and Behaviors Among Detained Youth," July, 2014. p 8 http://ojjdp.gov/pubs/243891.pdf
[22] Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012. p 175. http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

Baltimore City Juvenile Justice Center

The Baltimore City Juvenile Justice Center (BCJJC) is a 120-bed secure detention center for boys owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). African American youth represented 94% of youth entries to BCJJC in the second quarter of 2014 compared to 97% in the same period last year.

The overall average daily population (ADP) at BCJJC during the second quarter of 2014 increased by 9% compared to the same time last year. The increase in ADP is the result of an agreement between the Department of Juvenile Services (DJS) and the Department of Public Safety and Correctional Services (DPSCS) whereby certain youth who are charged as adults in Baltimore City are detained at BCJJC, as opposed to at the adult jail.

Department data shows the average daily population (ADP) of DJS youth at BCJJC decreased by 26% (from 80 to 59) in the second quarter of 2014 compared to the same time last year while the ADP of youth charged as adults held at BCJJC increased twelvefold (from three to 36). The agreement to house certain youth charged as adults at BCJJC is a positive development that has protected a substantial number of youth from being held at the adult detention center in Baltimore.

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

BCJJC – Selected Incident Categories	Q2 2012	Q2 2013	Q2 2014
Average Daily Population (ADP)	**110**	**87**	**95**
1. Youth on Youth Assault/Fight	79	71	68
2. Alleged Youth on Staff Assault	4	3	12
3. Restraint	106	104	104
4. Use of Handcuffs and/or Shackles	27	34	46
5. Seclusion	94	68	72
6. Contraband	6	4	11
7. Suicide Ideation/Attempt	6	4	2

Assaults decreased slightly while the use of physical restraints remains high and the use of mechanical restraints increased by 35%.

According to DJS policy RF-02-07, “restraints or seclusion may be used as a last resort” in situations when a youth presents “an imminent threat to self or others.” The policy also states that staff “may not use…restrains or seclusion as a means of punishment, sanction…or program maintenance (enforcing compliance with directions).”

Restraints should not be used to enforce compliance and seclusion should not be used as punishment. The incidents below highlight instances where restraints and seclusion were used in violation of DJS policy.

Video footage of incident report #120308 shows two youth sitting at a table on a living unit. One of the youth got up and attempted to throw a trash can at a staffer. After he was restrained and put on seclusion, the other youth who remained sitting at the table during the incident was placed on seclusion for allegedly “attempting to incite.”

Video footage of #120493 shows a youth sitting on the floor outside of his cell on the top tier of a living unit. According to the incident report, the youth was refusing to go to school. After several unsuccessful attempts to process with the child, staffers turned him onto his stomach, handcuffed him and dragged him down the stairs by his feet while he remained in a seated position. Subsequent incident reviews by the shift commander and by a supervisor failed to address inappropriate behavior by staff during the incident.

Video footage of #121016 shows a youth exit the shower area of the Intensive Services Unit and throw away a t-shirt. He then returned to the shower area and, according to the written incident report, made inappropriate comments directed at a staffer. The staffer then ripped down the shower curtain, entered the shower and pulled the youth out. Two additional staffers also grabbed onto the youth and pulled him around the unit in a struggle. The three staffers held the child to the ground and handcuffed him as other staffers responded. Once on his feet, the child spat blood into the face of the staffer who originally pulled him from the shower. The staffer then charged after the child, who was being restrained by another staffer, and attempted to strike him. As the child moved to avoid being hit, the child and a staffer holding him fell backwards over a railing. Neither the youth nor the staff was seriously injured. Subsequent Incident reviews by the shift commander and by a supervisor failed to address the inappropriate behavior by staff during the incident.

Cheltenham Youth Facility

The Cheltenham Youth Facility (CYF/Cheltenham) in Prince George's County is a secure detention center for boys owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). African American youth represented 80% of total entries during the second quarters of 2014 and 2013.

CYF – Selected Incident Categories	Q2 2012	Q2 2013	Q2 2014
Average Daily Population (ADP)	**105**	**98**	**78**
1. Youth on Youth Assault/Fight	76	48	33
2. Alleged Youth on Staff Assault	8	6	4
3. Restraint	111	88	44
4. Use of Handcuffs and/or Shackles	8	3	9
5. Seclusion	17	3	0
6. Contraband	3	6	2
7. Suicide Ideation/Attempt	21	7	5

The average daily population at CYF during the second quarter of 2014 decreased by 20% compared to the same time last year. However, due to intermittent overcrowding and the lack of infirmary space, some youth who would have otherwise been held at CYF had to be sent to other detention centers in order to accommodate their housing needs.

Incidents of aggression and physical restraints decreased substantially. However, the use of mechanical restraints increased. The use of mechanical restraints and seclusion are harmful to children and run counter to the principles of trauma informed care.[23]

Construction to replace the Cheltenham detention center has begun. Upon completion of that project, the currently utilized aged and decrepit buildings should be demolished.

[23] Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012. p 175. http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

Charles H. Hickey, Jr., School

The Charles H. Hickey, Jr., School (Hickey) is a secure detention center for boys located in Baltimore County. Hickey is owned and operated by the Maryland Department of Juvenile Services (DJS/the Department) and has a DJS rated housing capacity of 72. African American youth represented 68% of youth entries during the second quarter of 2014, compared to 70% in the same time in 2013.

Hickey – Selected Incident Categories	Q2 2012	Q2 2013	Q2 2014
Average Daily Population (ADP)	**71**	**53**	**39**
1. Youth on Youth Assault/Fight	35	47	29
2. Alleged Youth on Staff Assault	6	5	3
3. Restraint	65	101	64
4. Use of Handcuffs and/or Shackles	5	9	6
5. Seclusion	11	22	32
6. Contraband	2	2	3
7. Suicide Ideation/Attempt	9	13	2

Average daily population and youth on youth assaults at Hickey during the second quarter of 2014 both decreased by 26% compared to the same time in 2013. However, seclusions increased by 45%. According to an assistant attorney general at the U.S. Department of Justice in a 2002 letter to the governor of Maryland "juveniles experience symptoms of paranoia, anxiety, and depression even after very short periods of isolation."[24]

Nearly half (44%) of the seclusions in the second quarter occurred on the Intensive Services Unit (ISU). The ISU is a designated living unit intended to provide enhanced

[24] Boyd, R. (2002, August). *Letter to Governor Parris N. Glendening from Assistant Attorney General Ralph F. Boyd, Jr.* United States Department of Justice, Civil Rights Division, Washington, D.C. Retrieved from http://www.justice.gov/crt/about/spl/documents/baltimore_findings_let.php

education and mental health services to youth who struggle with issues of aggression. The high proportion of seclusions on the ISU indicates a need for Hickey administrators to enhance the delivery of intensive and individualized services to youth on the ISU.

Thomas J.S. Waxter Children's Center

The Thomas J.S. Waxter Children's Center (Waxter) is a detention center for girls located in Anne Arundel County. Waxter is owned and operated by the Maryland Department of Juvenile Services (DJS/the Department) and has a DJS rated housing capacity of 42. African American youth represented 77% of total youth entries during the second quarter of 2014, compared to 76% during the same time last year.

Waxter – Selected Incident Categories	Q2 2012	Q2 2013	Q2 2014
Average Daily Population (ADP)	**34**	**29**	**28**
1. Youth on Youth Assault/Fight	17	25	16
2. Alleged Youth on Staff Assault	5	3	5
3. Restraint	53	34	30
4. Use of Handcuffs and/or Shackles	4	1	9
5. Seclusion	6	5	9
6. Contraband	1	3	0
7. Suicide Ideation/Attempt	32	19	30

The average daily population at Waxter decreased slightly during the second quarter of 2014 compared to the same time last year. There was a 36% decrease in assaults and a 13% decrease in restraints over the same period. However, the use of mechanical restraints and seclusion increased. Efforts should be made to reduce the use of mechanical restraints and seclusion as these practices are harmful to children and run counter to the principles of trauma informed care.[25]

[25] Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012. p 175. http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

Incidents involving suicidal behavior during the quarter increased by 58% compared to the same time last year. A high security detention center such as Waxter is an inappropriate environment for children with mental health needs.

In a recent publication, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) concluded that among children in detention, "[r]ecent suicide attempts were most prevalent in female detainees and youth with anxiety disorders."[26] The Department should increase psychiatric services at Waxter and provide enhanced training to direct care staff in recognizing anxiety disorders, as recommended by the OJJDP publication.[27]

During the quarter, low staffing at Waxter required two staffers per shift from two other detention centers to be placed in coverage at Waxter. At the time of writing (July 15, 2014), three staff from Cheltenham had been temporarily reassigned to Waxter and there were seven unfilled positions remaining. The Department should address staffing shortages at Waxter expeditiously.

Alfred D. Noyes Children's Center

The Alfred D. Noyes Children's Center (Noyes), located in Montgomery County, is a secure detention center for boys and girls owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). The Department rates housing population capacity at 57, however, that count includes multiple occupancy cells. African American youth represented 75% of total entries during the second quarter of 2014, compared to 70% during the same time last year.

The average daily population at Noyes during the second quarter of 2014 decreased significantly, however, incidents of aggression increased substantially. The table on the following page enumerates instances of alleged inappropriate behavior, aggression, or potential self-harm which were detailed in incident reports.

[26] Abram, K., et.al, "Suicidal Thoughts and Behaviors Among Detained Youth," July, 2014. p 1 http://ojjdp.gov/pubs/243891.pdf
[27] Ibid, p. 8.

Noyes – Selected Incident Categories	Q2 2012	Q2 2013	Q2 2014
Average Daily Population (ADP)	**51**	**42**	**27**
1. Youth on Youth Assault/Fight	19	7	15
2. Alleged Youth on Staff Assault	3	4	0
3. Restraint	34	17	30
4. Use of Handcuffs and/or Shackles	1	0	5
5. Seclusion	2	1	5
6. Contraband	2	2	1
7. Suicide Ideation/Attempt	3	8	8

While the average daily population decreased by 36%, assaults doubled and physical restraints increased by 76% in the second quarter of 2014 compared to the same time last year. The use of mechanical restraints and seclusions also increased. Incidents related to suicidal behavior remained high.

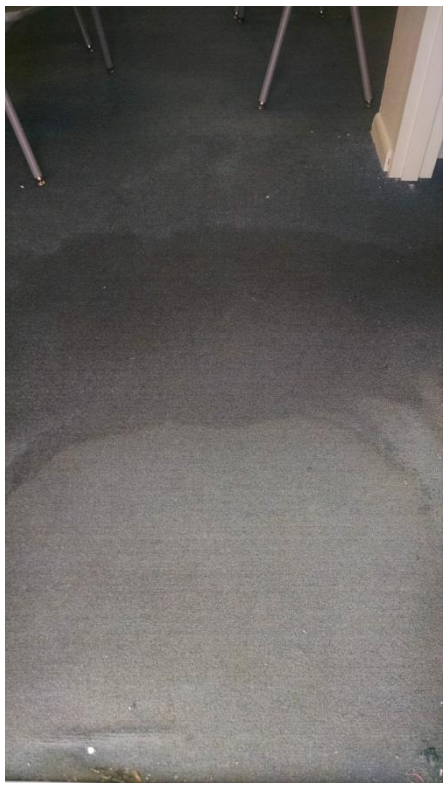
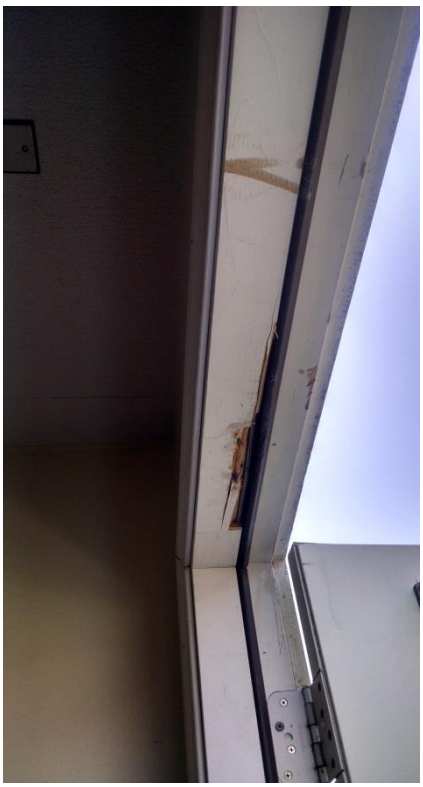
Cameras were not installed at Noyes as planned during the fourth quarter of FY 2014.[28]

Residents at Noyes receive education services in three modular trailers which were not designed to be permanent structures and have deteriorated significantly in physical condition (see the pictures on the following page). Furthermore, the trailers do not provide adequate space to hold each of the four housing units at once. The Department should fund the acquisition of new education space at Noyes (the DJS capital planning budget currently includes $225 million for new physical plant projects [see page 5]).[29]

[28] http://www.statestat.maryland.gov/reports/20130927_djs_meeting_summary.pdf
[29] Maryland Capital Budget FY 2015 http://dbm.maryland.gov/agencies/capbudget/Documents/2015CapBudgetVolume.pdf



The interior and exterior of the education trailers at Noyes


Lower Eastern Shore Children's Center

The Lower Eastern Shore Children's Center (LESCC) in Salisbury is a secure detention center owned and operated by the Maryland Department of Juvenile Services (DJS/the Department) with 18 cells for boys and six cells for girls. During the second quarter of 2014, African American youth represented 59% of total entries compared to 63% during the same time last year.

LESCC – Selected Incident Categories	Q2 2012	Q2 2013	Q2 2014
Average Daily Population (ADP)	**27**	**22**	**17**
1. Youth on Youth Assault/Fight	10	7	4
2. Alleged Youth on Staff Assault	4	0	1
3. Restraint	37	48	22
4. Use of Handcuffs and/or Shackles	8	0	1
5. Seclusion	9	3	0
6. Contraband	1	1	0
7. Suicide Ideation/Attempt	4	9	12

The average daily population at LESCC decreased by 23% during the second quarter of 2014 in comparison to the same period last year. Assaults and physical restraints also decreased and there were no seclusions of youth during the quarter. Incidents involving suicidal behavior increased.

There continues to be an open position for a mental health and addictions counselor at LESCC. The Department should expedite the hiring process and, in the meantime, contract with a local behavioral health provider to help ensure that mental health and substance abuse needs of children at LESCC are addressed.

Additional security cameras were installed at LESCC during the quarter.

Western Maryland Children's Center

The Western Maryland Children's Center (WMCC), located in Hagerstown, is a 24-bed secure detention center for boys owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). During the second quarter of 2014, African American youth represented 55% of total entries, compared to 51% in the same period last year.

WMCC – Selected Incident Categories	Q2 2012	Q2 2013	Q2 2014
Average Daily Population	**24**	**24**	**19**
1. Youth on Youth Assault/Fight	4	7	6
2. Alleged Youth on Staff Assault	2	0	0
3. Restraint	15	20	26
4. Use of Handcuffs and/or Shackles	3	1	3
5. Seclusion	2	1	4
6. Contraband	2	0	2
7. Suicide Ideation/Attempt	1	0	2

The average daily population at WMCC during the second quarter of 2014 decreased by 21% compared to the same period last year. However, restraints and seclusions increased. Efforts should be made to reduce the use of restraints and seclusion as these practices are harmful to children and run counter to the principles of trauma informed care.[30]

[30] Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012. p 175. http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

SMALLER FACILITY UPDATES

Karma Academy

The Karma Academy in Baltimore County is a privately operated group home licensed by the Maryland Department of Juvenile Services to serve up to eight boys in need of treatment related to low-level sex offenses. Incidents remained low in the second quarter.

Kent Youth Boys' Group Home

Kent Youth Boys' Group Home, located on the eastern shore, is a privately operated group home licensed by the Department of Juvenile Services to serve up to 10 boys. Incidents remained low in the second quarter and Kent Youth continued to provide treatment services to boys in a safe, non-restrictive and homelike environment.

Liberty House

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

Morning Star Youth Academy

Morning Star Youth Academy, located on the eastern shore of Maryland, is a privately operated treatment facility licensed by the Department of Juvenile Services. Incidents remained low during the second quarter. Education services should be bolstered at Morning Star and plans to relocate to a facility in better physical condition should be expedited.

One Love Group Home

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

The Way Home

The Way Home is temporarily closed while the Mountain Manor facility undergoes renovations. The program is expected to re-open in late fall, 2014.

William Donald Schaefer House

The William Donald Schaefer House (WDSH) in Baltimore City is a DJS-operated staff secure substance abuse treatment facility for up to 19 boys. Incidents of aggression remained low during the second quarter.

THE MARYLAND STATE DEPARTMENT OF EDUCATION IN DJS FACILITIES

The Maryland State Department of Education, Juvenile Services Education program, (MSDE-JSE) provides education services in each of the treatment and detention centers operated by the Maryland Department of Juvenile Services (DJS). The MSDE-JSE program brings educational resources and expertise to DJS-operated facilities, however, much remains to be done to ensure that students leave detention and treatment having made tangible progress in their academic careers.

Currently, schools in the community to which students return have discretion about whether to accept transfer credits and whether to apply them towards graduation requirements. Therefore, credits earned in MSDE-JSE schools are not necessarily applied towards students' high school diplomas. Guidance counselors at JSE schools should coordinate with their counterparts at receiving schools before students return home to ensure credits are appropriately applied to a student's diploma. A consistent and systematic approach should be developed by MSDE-JSE in order to improve communication with receiving schools and to track whether credits are applied to a student's diploma.

Youth in DJS-operated committed placement centers are not able to pursue employment or internships in the community and vocational education offerings are limited, particularly for students who have already earned a high school diploma or passed the GED exam (see page 14). Participation in higher education is limited to a small number of boys at one of the youth centers in western Maryland. The Department of Juvenile Services and MSDE-JSE should collaborate to ensure that students, particularly those who have earned a high school diploma or passed the GED test, have ongoing access to a wide range of educational and professional options on site and in the community.

Additionally, MSDE-JSE should follow up on plans to ensure that Individualized Education Plans (IEPs) are being appropriately revised, and to collaborate with DJS to develop educational aftercare plans prior to a student's release. Students enrolled in JSE schools should also be able to earn a high school diploma while in placement.

Please see page 45 for MSDE's response to the above concerns.

CHILD PROTECTIVE SERVICES AND DJS YOUTH

The Maryland Department of Human Resources has a dedicated Child Protective Services (CPS) unit in each county that is empowered to investigate allegations of child abuse and neglect. If CPS declines to investigate an allegation, there can be no official finding as to whether or not abuse occurred.

According to Maryland statute, the purpose of child abuse and neglect laws are "to protect children who have been the subject of abuse or neglect by…requiring prompt investigation of each reported suspected incident of abuse" [(Md. Family Code Ann. § 5-702 (3)]. There were incidents from the second quarter of 2014 that demonstrate a need to enhance mechanisms to ensure that all children are protected under state child abuse and neglect laws.

In incident #120199, a girl returned to detention alleging that sheriffs at the courthouse had abused her. A facility nurse documented injuries including contusions to the forehead and left hairline, scratches and bruising. Detention center staff reported the alleged abuse to CPS. No investigation was opened by CPS. The reason given was that the sheriffs did not qualify as caretakers. However, Maryland statute defines abuse as being caused by "any parent or other person who has permanent or temporary care of custody or responsibility for supervision of a child" [Md. Family Code Ann. § 5-701 (b) (1)].

In incident #119519, a child was inappropriately restrained by a Department of Juvenile Services (DJS) staffer who then became involved in an altercation with another child. The local CPS unit declined to investigate the incident. The reason given was that both children were over the age of 18. Maryland State Police did not press charges against the staffer and he continues to work with children at a DJS facility. While youth can remain in DJS custody through the age of 21, the statute governing child abuse and neglect defines a child as anyone younger than 18 years of age. Therefore not all children in DJS facilities are protected by child abuse and neglect laws [Md. Family Code Ann. § 5-701 (e)].

In incident #119790 a DJS staffer was assaulted by a child. The staffer then grabbed the child by the waist, picked him up over his head and with the child upside down, dropped him to the ground. The local CPS unit declined to investigate the case despite being contacted on three separate occasions by DJS personnel.

Please see page 50 for DHR's response to the above concerns.

August 25, 2014

DJS Response to the Juvenile Justice Monitoring Unit's 2nd Quarter Report for 2014

The Department has closely reviewed the JJMU's 2nd Quarter Report. The Department's responses are organized by section as presented in the report.

JJMU - THE PROBLEM WITH PLANS FOR NEW FACILITIES DJS RESPONSE

The JJMU cites the report, "Reforming Juvenile Justice: A Developmental Approach," Washington DC: National Research Council, page 155, and states that "institutional treatment programs generally have an unimpressive record for reducing reoffending, and that large, overcrowded facilities with limited treatment programs (in which custody trumps treatment concerns) often have high recidivism rates. The Department supports this position and in accordance with legislation only operates small treatment programs, limited to 48 beds. The planned new committed facilities will be small and staffed appropriately to meet the needs of the youth they serve. These facilities will be reserved for youth who pose the highest risk to the community because, "there are empirically sound and convincing reports indicating that theoretically grounded, adequately staffed, and well documented programs for seriously violent youth that involve institutional care can produce impressive and fiscally advantageous effects," (Barnoski, 2004; Caldwell, Vitaceo and Van Rybrock, 2006; Caldwell et. Al, 2006)[1]

The Department supports that where appropriate, intensive, community based services are preferable to out of home placements. This is why the department has invested $25 million to stand up and support evidence based community located services like Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). We also maintain slots for the statewide Care Management Entity (CME) which uses a community based wrap around service model.

Maryland DJS has engaged in and continues to engage in reform efforts designed to keep the lowest risk youth out of secure confinement. This includes detention reforms achieved through the Juvenile Detention Alternatives Initiative (JDAI), an Annie E. Casey Foundation program as well as legislative reforms such as SB 122 which requires an intake officer who authorizes detention of a child for a violation of community detention to immediately file a petition to authorize the continued detention

[1] Bonnie, R.J., Johnson, R.L, Chemers, B.M., & Schuck, J.A. (2013) *Reforming Juvenile Justice: A Developmental Approach*. Washington DC: National Research Council. P. 155.

of a child. The juvenile court must hold a hearing on the petition no later than the next court day unless extended for no more than five days by the court on good cause shown.

Despite the success we have enjoyed as evidenced by falling crime rates, in driving down detention populations as well as a massive reduction in the number of youth arrested for crimes, a population of committed youth still remains in committed programs out of state because we do not have enough space in Maryland to accommodate them. These youth are ordered into these programs by a court and DJS is obligated to serve those youth in the setting which was determined by the court. Our view is that it is far better for those youth to be treated in Maryland rather than an out of state program and therefore, we will continue to pursue the implementation of our capital program.

JJMU – OVERVIEW DJS RESPONSE

We appreciate the JJMUs recognition of the Department's achievements in improving the level of safety for youth and staff in state-operated facilities. These achievements have been accomplished through a comprehensive approach that includes the implementation of CHALLENGE, a behavior modification program that uses evidence based principles to change behavior and develop pro-social skills, with a strong emphasis on developing positive youth and staff relationships, staff training, physical plant security enhancements, and the establishment of a supervisory structure to improve accountability of staff performance. The outcomes have been monitored and reported by DJS and JJMU in categories of acts of aggression involving youth on youth and youth on staff, not as incidents of abuse and maltreatment as stated by the JJMU in this section.

JJMU - COMMITTED PLACEMENT CENTERS DJS RESPONSE

JJMU reports that the Department should concentrate efforts on ensuring the delivery of individualized and evidence-based treatment services to youth in non-restrictive settings, with placement in a residential facility only as a last resort. The Department supports this position and works diligently to achieve this goal in decision making for each youth's case.

In fiscal year 2013, the Department of Juvenile Services handled 27,510 complaints through the intake office. Of those, only half were forwarded to the State's Attorney's Office for formal court action consideration. The Department uses the Maryland Comprehensive Assessment & Service Planning (MCASP) intake screening tool to guide decision making for which youth will be diverted from court and handled in the least restrictive manner, this could include informal supervision, counseling, community service and/or victim education programs. When youth require immediate supervision pending court action, the Department utilizes alternatives to detention to supervise youth in the least restrictive manner. These programs include community detention, electronic monitoring, day and evening reporting centers, and shelters.

For the other half or approximately 14,100 complaints that were forwarded to the States Attorney for court action only 24% or 3,380 received a probation disposition and even fewer, 10% or 1400 were committed to the department. To help formulate the Department's recommendation to the court, a comprehensive assessment is completed for each youth. In July 2013, the Department established the evaluation initiative known as MAST, Multi-Disciplinary Assessment Staffing Teams. The MAST initiative standardized evaluations based on best practices to provide the courts' at pre-disposition a report to assist in determining the commitment of a youth. When determining an out of home placement for youth, it is critical that the decision is based on a thorough assessment and diagnosis in

order to make the best placement match to meet the needs of the youth. The MAST process includes completion of a psychological, psycho-social, educational testing, substance abuse, trauma assessment and medical screening.

As noted, the majority of youth in FY 2013 received probation with supervision from the Department. Many youth successfully complete supervision without the need of supportive services. As needed, the Department provides the following contracted community based supportive services: Functional Family Therapy, Multi-Systemic Therapy, Care Management Entity, Institute for Family Centered Services, Choice, day treatment programming, individual and group counseling, substance abuse treatment, and family preservation. Families and youth are also referred to local resources. These services support in-home treatment of youth who can be safely managed in the community.

In FY 2013, 10% of all court actions resulted in a commitment. The placement decisions are once again guided by the risk level of the youth as indicated on the MCASP and the treatment needs of youth as identified by the MAST evaluations. The Department contracts with the following community based residential services: 14 foster care providers, 23 group homes, 8 therapeutic group homes, 6 independent living programs, 2 Intermediate Care Facilities for Addiction, 12 residential treatment centers and 5 diagnostic centers.

Within the Department's continuum of care, the most at-risk youth are provided services in one of the five state-operated staff secure residential facilities and two hardware secure programs (14 beds for girls, 48 beds for males), or one of the 25 out of state contracted placements.

Beginning at intake, the Department screens youth to determine the appropriate level of services that can be provided within the least restrictive setting. Within the continuum of services described above the Department makes recommendations to the court, who determines the security level of placements for youth.

JJMU asserts that recidivism data suggests that DJS operated committed placement centers are not offering effective rehabilitative services to youth. The Department's residential program recidivism rates when compared to like programs are very similar to rates nationwide. The Department's efforts to reduce recidivism include the following strategies: make decisions at initial court involvement based on the use of screening tools and comprehensive assessments, use a continuum of services to serve youth in the least restrictive setting, develop and provide evidence based services using a cognitive behavior approach in department operated residential facilities, develop a well trained work force, supervise for fidelity of program implementation and service delivery, and develop a strategic re-entry plan.

The JJMU Report cites the Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence", December 2012 report, and quotes "being handcuffed, restrained, and searched" can "reactivate memories of past traumatic violence," page 175. This quote is repeated when JJMU references to searches, and increases in the use of restraints in state operated facilities. There is no research being done in the report regarding the efficacy of handcuffing,

searching, or restraining youth in a committed facility. Rather, the report was advocating that youth who have been exposed to violence (like sex trafficking, or having been the victim of child abuse or neglect) at an early age be funneled into different systems that don't use confinement.

The Department agrees with the actual premise that the Attorney General's report forwards and to that end, we are collaborating with the Georgetown University and Prince George's County Courts to implement a Crossover Youth Practice Model which brings the social services system and the juvenile justice systems together so that the agencies can jointly plan how to work with these youth. Additionally, DJS screens all youth for victimization for human trafficking or sex trafficking and partners with prosecutors to move youth to a shelter where they can receive appropriate services in an appropriate setting.

In the staff secure and hardware secure facilities the use of physical restraints and mechanical restraints are the last options utilized to protect youth and staff from physical harm. The Department's training, policy and procedures requires the use of de-escalation, as practical, and positive youth and staff relationships as the first tools of intervention.

The Department strongly disagrees with the JJMU assertion that DJS workers are not trained treatment specialists. The Department's organizational structure in residential facilities is comprised of direct care staff who are responsible for ensuring a safe and secure environment, and behavioral health staff who provide clinical services to address the treatment needs of youth. At the time of hire, all direct care residential staff receive a minimum of six weeks of classroom instruction and must receive entry level certification from the Maryland Correctional Training Commission (MCTC) prior to working with youth. Training topics include motivational interviewing, adolescent development, youth and staff relationships, communication skill building, de-escalation and behavior management techniques, safety and security. Thereafter, direct care staff receives a minimum of 48 hours of in-service training annually. All behavioral health staff are certified and/or licensed to provide services in their areas of specialty, to include substance abuse counseling, psycho-educational groups, individual, group and family therapy. Additionally, all newly hired behavior health staff (licensed social workers, professional counselors, addictions counselors, psychologists) receives three weeks of entry level training for MCTC certification. Thereafter, behavior health staff is required to complete 20-30 hours of training annually to maintain their license. They also participate in ongoing departmental training.

The Department is committed to continuously assessing and improving the level of services to youth through program development and staff training. In June 2014, the Department began training all direct care staff in Youth Mental Health First Aid, USA for Adults Assisting Young People (YMHFA), an evidenced based model designed to teach lay people methods of assisting a young person who may be in the early stages of developing mental health problems or in a mental health crisis. Youth Mental Health First Aid, USA for Adults Assisting Young People is comprised and supported by the Maryland Department of Health and Mental Hygiene, Missouri Institute of Mental Health, and the National Council for Community Behavioral Healthcare.

Presently, the Department is researching a trauma informed care model that will be implemented system-wide and include training for all staff working directly with youth. The Department is also researching additional programming to address anger management interventions. Given the established training requirements for direct care staff, certification and licensure requirements for behavioral health staff and the ongoing training efforts, Department staff is prepared to serve our youth.

The Department also disagrees with the JJMU assertion that DJS does not provide comprehensive and cohesive programming. Youth in DJS operated residential facilities participate in the CHALLENGE Behavioral Management Program which incorporates evidence-based behavioral principles. CHALLENGE supports trauma informed care by establishing a structured and predictable environment for the delivery of treatment services. The program incorporates peer-guided group work and the Forward Thinking Interactive Journaling Series; a cognitive-behavioral series that uses evidence-based strategies to assist youth to articulate and change their thoughts, beliefs and feelings; develop problem-solving and decision-making skills; understand and improve interpersonal relationships, including conflict resolution and aggression management skills; and develop goals relevant to being successful when they return to their communities. Youth screened for substance abuse treatment needs participate in 7 Challenges; an evidence based substance abuse program administered by certified addictions counselors and/or licensed behavioral health staff. Behavioral health staff provides crisis interventions, psycho-educational groups, individual, and group therapy.

Family therapy is also provided by clinical staff. Youth are afforded home visits as a therapeutic tool to assist with re-integration with their families. Youth also maintain contact with their families via facility visits, letter writing, video conferencing and phone calls. Transportation assistance is also provided to families. The Department funds two postage stamps and two phone calls weekly for each youth.

Comprehensive services to youth also include daily recreation and participation in the C.H.A.M.P.S. (Changing Habits and Making Progressive Strides) Program, an intramural sports, arts, and academic challenge program. Activities include competitions in basketball, baseball, soccer, tennis, bowling; art, poetry and creative writing contest; academic bowl competitions, and camping experiences. The C.H.A.M.P.S. Program gives staff an opportunity to interact with youth in a coaching and mentoring role, which supports the development of healthy and respectful relationships. Intramural activities are scheduled among facilities, and with Job Corps youth. Youth are also afforded opportunities to participate in community service projects that include assisting at food banks, cleaning of community parks and neighborhoods, donation of knitted baby blankets and hats to local hospitals, making of dresses for youth in Haiti, and jewelry making for battered women and children shelters. Youth are given opportunities to build employability skills and participate in an on-site World of Work Program where they earn wages. Youth are also given the opportunity to interact with mentors and faith based volunteer groups routinely.

Educational services are provided by the Maryland State Department of Education (MSDE), Juvenile Services Education (JSE) division. Each youth receives six hours of academic instruction daily. Programming includes instruction in core academic content subjects, Life Skills, Computer Literacy, and Career and Technology Education (CTE). Library Media services, special education services, and General Equivalency Diploma (GED) preparation programs are also provided. The CTE classes provide students with opportunities to prepare for careers in the construction, communication, business, and hospitality sectors of the economy. Participation in CTE programs results in students acquiring industry certification such as ServSafe (hospitality), OSHA 10 and NCCER Core (construction), C-Tech (telecommunications) and IC3 (IT business applications). CTE programs in the JSE schools are aligned with those offered by the 24 local school systems to facilitate students' transition back to their community schools. Students in a JSE program can earn high school credits toward a Maryland High School Diploma that they may earn upon their return to their home schools. Alternately, some students are enrolled in GED programs to prepare them for the GED examination. A student who passes the GED examination receives a Maryland High School Diploma. There are two GED sites within

JSE for students who reside in DJS detention and treatment facilities.

Youth in placement at the Youth Centers who have earned a high school diploma or GED have the opportunity to earn semester credits towards a college degree through participation in the Garrett College Program. Last year 19 youth enrolled in the program; of those enrollees, 14 successfully completed. MSDE is exploring the establishment of a similar program for the girls placed at the Carter Youth Facility.

The Department, in partnership with the University of Maryland Institute for Innovation and Implementation completed a Residential and Community-Based Services Gap Analysis in December 2013. The Department is developing and implementing plans to address the identified gaps in services.

In March 2014, the Department hired a PhD. psychologist who is responsible for directing the research implementation, evaluation and supervision of programming for youth in committed state operated residential programs.

Victor Cullen

JJMU – There is no cohesive treatment program at Victor Cullen and staffers are not trained treatment specialist. …incoming clinicians should work alongside direct care staff to implement treatment based de-escalation and intervention techniques when incidents occur...

Response: The Department disagrees with the JJMU's assertion that there is no cohesive treatment programming and staff are not trained specialist. There are four living units with a population of twelve youth each. A behavior health therapist is assigned to each unit; the ratio of one therapist for twelve youth meets best practices and has been established to enhance the delivery of services to youth. Additionally, a multi-disciplinary Treatment Team is assigned to work with each living unit of youth. The Treatment Team consists of a behavior health therapist, case manager, direct care staff, and education staff. This Team meets weekly to assess youth's progress towards achieving goals of their individualized service plan.

A detailed report of programming and staff training is listed in the Committed Placement Centers section of the Department's response.

JJMU - Assaults increased by 19%, the use of physical restraints increased by 13%, the use of mechanical restraints increased by 45%, and seclusions increased by 12%.

Response: Victor Cullen is the only hardware secure, committed facility operated by the Department of Juvenile Services. In that capacity, it provides services for some of the highest risk and most aggressive youth in the state.

The Department makes every effort to serve youth committed by the court to out of home placements in the least restrictive setting; subsequently, a significant number of youth at Victor Cullen are youth who have been ejected from community based and staff secure programs for aggressive behaviors toward youth and staff. The increase in incidents of assault and use of restraints and/or seclusion is a direct result of Victor Cullen's efforts to engage and work with these youth. Staff receive extensive

training in verbal de-escalation, and policy and procedure directs its use as the first intervention as appropriate. When verbal de-escalation is unsuccessful and youth exhibit out of control behavior, staff must physically restrain youth for their safety and the safety of others. Mechanical restraints are used to safely remove youth to a location conducive for de-escalation. This removal may require placement in seclusion. The average length of stay in seclusion during this quarter was 2 hours. While youth are in seclusion they are counseled by mental health professionals, case managers, and/or supervisors in an attempt to quickly and safely return them to the treatment milieu.

The Department's response to the JJMU's citing of the "Defending Childhood Initiative, Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012, is listed in the Committed Placement Centers section of the Department's response.

JJMU - There was an incident during the quarter in which a staffer inappropriately restrained one youth and attempted to strike another.

Response: This incident was referred to CPS, Maryland State Police and the Department's Office of the Inspector General for investigation. One of the youth involved was criminally charged for assaulting staff. The Department took corrective action to address staff performance issues.

JJMU – The Department should ensure that nursing staff properly respond to situation where youth report allegations of abuse or the circumstances indicate that the youth may have been abused, as described in the instances above.

Response: All staff who have direct contact with youth are mandated reporters. The Department has established a system of multiple reviews of incidents to ensure screening for abuse and adherence with operating policy and procedures. As required by procedures, in all instances of physical restraint youth must receive a medical assessment, and the incident must be reviewed by a shift commander, assistant superintendent and/or superintendent. The review by administrators includes a mandated review of video surveillance when available. The JJMU report cites two occurrences at Victor Cullen when youth, following a physical restraint, was medically assessed and the nurse did not make a referral to Child Protective Services (CPS), however, after review of the video by administrators a referral was made to CPS. In these instances, medical staff and administrators made independent judgments based on the information available to them. CPS did not accept these cases for investigation.

The redundant practices of review for all incidents of physical restraint at Victor Cullen and at all state operated facilities serve as a system of checks to support the Department's obligation to protect youth from harm. The incidents cited by JJMU were fully investigated and corrective action was taken.

Youth Centers

JJMU - Current staffing ratios at the youth centers allow for situations where a single staffer is responsible for supervising a group of youth – and – there is a need for increased direct care staff, particularly at Savage Mountain.

Response: Current staffing ratios at the Youth Centers require one staff for every 10 youth. An additional staff is assigned at Savage Mountain Youth Center to enhance security due to the physical

plant design of three wings versus the one dorm design at the three remaining sites. The additional staff makes ongoing checks on each corridor/wing of the living unit. In 2017, the federal mandate of the Prison Rape Elimination Act (PREA) will require a staffing ratio of one staff for every eight youth. The Department has submitted a budget request for additional staffing to meet this mandate.

Incidents of physical and mechanical restraints at the Youth Centers decreased during this quarter when compared to the same time in 2013. Incidents of fights and assaults averaged 10 per Youth Center. While the goal is to have zero incidents of aggression, a review of incidents indicates that staff is utilizing programming measures and intervention techniques appropriately to provide for the protection of youth and staff.

JJMU – There is no evidence-based aggression replacement program available at the Youth Centers.

Response: Programming to address aggression issues is provided in the CHALLENGE, behavior management program, Forward Thinking- Interactive Journaling Series, and the 7 Challenges, substance abuse program. This programming uses a cognitive-behavioral approach and is supported by evidence-based principles. Additionally, the Department is continuing to research aggression programming to determine if additional services should be added.

JJMU – Cameras to enhance youth and staff safety at the Youth Centers were not installed during the fourth quarter of fiscal year 2014 as planned.

Response: An Invitation for Bids has been completed for this project.

Carter Youth Facility

JJMU - During the second quarter of 2014, the use of physical restraints increased compared to the same time last year while the average daily population declined. JJMU's reference to the 'Defending Childhood Initiative, Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012, page 175.

Response: The Carter Youth Facility is the only state operated hardware secure facility providing treatment services to some of Maryland's most challenging female offenders. The profiles of these youth include poor impulse control, aggression and histories of AWOL and escape from previous placements. Restraints are used during transport to provide for public safety and the safety of youth and staff. Searches of youth are a required security measure to limit and eliminate the introduction of contraband that may be harmful to youth and staff.

Incidents of physical restraints at the facility increased from 8 to 13 when compared to the same quarter last year. The fluctuation in incidents is driven by the behaviors of youth in custody. Physical restraints are used only as a last resort for the protection of youth and others, and only after other preventive measures are unsuccessful in de-escalating aggressive behaviors. All restraints are reviewed by facility administrators utilizing video surveillance recordings to ensure adherence to departmental policy and procedures. There were no incidents during this quarter in which disciplinary action was taken due to staff's failure to adhere to restraint procedures.

The Department's response to the JJMU's reference to the "Defending Childhood Initiative, Report of
the Attorney General's National Task Force on Children Exposed to Violence," December 2012, page
175, is addressed in the Committed Placement Centers section of this response.

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

Youth at Carter are securely transported to Hickey to take the GED exam. The Department supports the Maryland State Department of Education efforts to expand GED testing sites.

JJMU - reports "A youth was placed at Carter in November of 2013 after having spent ten months in detention. She successfully completed the Carter program in April of 2014. The Prince George's County Circuit Court sitting as a juvenile court denied a motion to rescind her commitment and, according to DJS case notes, ordered her to complete 18 months at Carter. The girl continues to be held at the Carter center although she has successfully completed available programming. Another girl currently at Carter was ordered by the Prince George's County Courts to stay 12 months at the facility (according to DJS case notes)."

Response: The Department makes recommendations to the juvenile court regarding youth's progress and response to treatment services; the court is in no way bound by those recommendations. In this circumstance, the court has exercised its' discretion and declined to follow DJS recommendations.

DETENTION CENTERS

The monitor cites a 2002 letter from the Assistant Attorney General at the U. S. Department of Justice to Governor Parris N. Glendening and quotes "juveniles experience symptoms of paranoia, anxiety, and depression even after short periods of isolation." The letter reported on conditions at the Department of Public Safety, Baltimore City Detention Center in which youth were sometimes placed in segregation for several months, confined up to 22 and 23 hours per day in single cells. The Department concurs that this is an inappropriate use of seclusion. Department policy and procedures uses seclusion only as therapeutic intervention to allow youth an opportunity for "time-out" to regain self-control. Seclusion is not used as punishment, and is limited to incidents when youth present an imminent threat of physical harm to themselves or others, they have not responded to less restrictive methods of control or for whom less restrictive measures cannot

reasonably be tried; or when youth have escaped or are attempting to escape. Youth are not placed in seclusion for a pre-determined amount of time. While in seclusion, staff check the youth every 10 minutes and counsel with the youth to return him/her to the treatment milieu as soon as possible. Staff who meet with the youth may be case managers, behavioral health, and/or supervisors. Procedures permit facility administrators to authorize up to 8 hours of seclusion; authorization beyond eight hours and up to 72 hours must be approved by the assigned program Executive Director at DJS headquarters. The average length of seclusion in facilities cited by JJMU during this quarter was 2.5 hours.

The JJMU cites a publication, "Suicidal Thoughts and Behaviors Among Detained Youth," July, 2014, page 8, that states "psychiatric services in detention facilities must be increased." The bulletin states that 43% of juvenile residential facilities do not assess all youth for mental health needs according to the Office of Juvenile Justice and Delinquency biennial Juvenile Residential Facility Census. The Department screens **all** youth at admissions utilizing the Massachusetts Youth Screening Instrument (MAYSI) to identify youth who may require immediate mental health care. A more extensive evaluation is completed by mental health staff as part of the Multi-Disciplinary Assessment Staffing Team (MAST) process. Throughout a youth's stay in detention behavioral health staff are available and responsive to the needs of youth. When behavioral health staff determine a youth has intensive mental health needs that cannot be meet at the facility, the youth is referred for hospitalization and/or placement in an intensive mental health services facility.

All staff is trained to refer youth in crisis, to include any youth involved in a restraint, to mental health staff for an assessment. All direct care staff are trained in the department's Suicide Prevention Policy and Procedures. Staff is trained to respond to all verbalizations, self-injurious behaviors and suicide gestures by providing one to one direct supervision, and all youth receive a mental assessment by clinical staff. To improve the skills of direct care staff for screening youth mental health behaviors, the Department, on June 1, 2014 began training in the Youth Mental Health First Aid, USA for Adults Assisting Young People, an evidence based model managed, operated and disseminated by the Maryland Department of Health and Mental Hygiene, Missouri Department of Mental Health, and the National Council for Community Behavioral Healthcare. Youth Mental Health First Aid is designed to teach staff how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.

Baltimore City Juvenile Justice Center

JJMU - the use of physical restraints remains high and the use of mechanical restraints increased by
35%" . . . Restraints should not be used to enforce compliance and seclusion should not be used as punishment.

Response: Department procedure prohibits the use of seclusion for punishment. Physical restraints occur in response to prevent injury of youth and/or staff and are only utilized when attempts at engagement, redirection and de-escalation have been unsuccessful. As required by procedures, all incidents of restraint are reviewed by the shift commander, assistant superintendent, and/or superintendent. One incident during this quarter required disciplinary action to be taken with the staff involved (incident #121016). In the other two instances cited, a review by management determined that the restraint was necessary to maintain facility order and safety, and to provide for the programming needs of the other youth.

Cheltenham Youth Facility

JJMU - the use of mechanical restraints increased.

Response: During this reporting period incidents of aggression decreased significantly when compared to the same time last year. Incidents of youth on youth assaults and/or fights declined by 31%; incidents of youth on staff assaults declined by 33%; restraints declined by 50%; and there were no uses of seclusions. The use of mechanical restraints increased from 3 to 10. In keeping with Department procedures, incidents of physical restraint require multiple levels of review to determine adherence to departmental procedures.

JJMU - The use of mechanical restraints and seclusion are harmful to children and run counter to the principles of informed trauma care.

Response: This issue is addressed in the Department's response in the Committed Placement Center section of this response.

Charles H. Hickey, Jr. School

JJMU - "Average daily population and youth on youth assaults at Hickey during the second quarter of 2014 both decreased by 26% compared to the same time in 2013. However, seclusions increased by 45%."

Response**:** During this reporting period incidents of aggression decreased significantly when compared to the same time last year. Incidents of youth on youth assaults and/or fights declined by 38%; and incidents of youth on staff assaults declined by 40%. The use of physical restraints declined 36%. As reported by JJMU, the use of seclusion increased by 45%, with the majority of incidents of seclusion occurring on the Intensive Services Unit (ISU). Youth who cannot be successfully maintained in the general population due to aggressive behaviors are placed in the intensive services program. In this program youth receive increased mental health services and individualized treatment plans are developed and monitored by the interdisciplinary team. Seclusion within the unit is used only when all other efforts to de-escalate youth have failed. During periods of seclusion mental health staff, case managers, and/or supervisory staff meet with youth in an

effort to reintegrate them back into the population as quickly as possible. The average length of time used for seclusion during this reporting period was two (2) hours.

Waxter

JJMU - the use of mechanical restraints and seclusion increased.

Response: During this reporting period a youth in placement presented with unusually aggressive behaviors. Her interactions with peers and staff precipitated over 50% of the incidents requiring seclusion and the use of mechanical restraints. Administrative review of the incidents requiring seclusion and mechanical restraints indicated compliance with Departmental procedures.

JJMU - Incidents involving suicidal behavior during the quarter increased by 58% . . .” . . . and . . . “The Department should increase psychiatric services at Waxter and provide enhanced training to direct care staff in recognizing anxiety disorders . . .

Response: At admissions, all youth are administered the Massachusetts Youth Screening Instrument (MAYSI) to identify youth who may require immediate mental health care. Youth who are unstable at admissions are not accepted, and law enforcement must secure services. A more extensive evaluation is completed by mental health staff as part of the Multi-Disciplinary Assessment Staffing Team (MAST) process. Throughout the youth’s stay in detention behavioral health staff are responsive to the needs of youth. When behavioral health staff determine a youth has intensive mental health needs that cannot be addressed at Waxter, that youth is referred for hospitalization and/or placement in an intensive mental health services facility or program.

The facility is staffed with trained mental health professionals to address the youth’s immediate need and provide guidance to the direct care staff. Direct clinical and evaluation services are provided by one full-time licensed professional counselor, one full-time psychologist, one full-time social worker, and two full-time addictions counselors. The youth also receive psychiatric services (medication and psychiatric evaluations) through a contracted vendor.

All direct care staff are trained in the Department’s Suicide Prevention Policy and Procedures. To improve the skills of direct care staff for screening youth mental health behaviors, the Department, on June 1, 2014 began training in the Youth Mental Health First Aid, USA for Adults Assisting Young People, an evidence based model managed, operated and disseminated by the National Council for Behavioral Health, Maryland Department of Health and Mental Hygiene, and Missouri Department of Mental Health. Youth Mental Health First Aid, USA for Adults Assistant Young People is designed to teach staff how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.

The increase in incidents at Waxter involved youth who arrived at the facility with court orders placing them on suicide watch because of events that occurred in court; youth verbalizations of self-harm while at the facility, and two instances of self-injurious behavior involving youth scratching themselves. In all instances, youth were supervised closely by direct care staff, and youth received assessments by behavioral health staff.

Recruitment is in progress to fill existing vacancies at Waxter. In the interim, the Department is supplementing coverage by voluntarily re-assigning staff from other locations.

Noyes

JJMU – the Department rates the housing population capacity at 57, however, that count includes multiple occupancy rooms.

Response: The Noyes facility is designed with single and multiple occupancy rooms for a total of 57 beds.

JJMU - While the average daily population decreased by 36%, assaults doubled and physical restraints increased by 76% in the second quarter of 2014" . . . and . . . The use of mechanical restraints and seclusions also increased.

Response: The increase of incidents involved a number of youth with significant behavioral issues. Administrative and behavioral health staff worked closely with the direct care staff to identify and develop behavioral plans to address these youth's behaviors.

JJMU - Cameras were not installed at Noyes as planned during the fourth quarter of FY 2014.

Response: Equipment needed to complete the installation is being procured.

JJMU - Residents at Noyes receive education services in three modular trailers which were not designed to be permanent structures and have deteriorated significantly in physical condition . . Furthermore, the trailers do not provide adequate space to hold each of the four housing units at once. The department should fund the acquisition of new education space at Noyes . . .

Response: The Department will request funding for replacement of the trailers.

Lower Eastern Shore Children Center

The Department appreciates JJMU's acknowledgment that assaults and physical restraints decreased and there were no seclusions of youth during this quarter.

JJMU - Incidents involving suicidal behavior increased.

Response: There were **no incidents of suicide attempts** during this reporting period. In seven of the twelve incidents reported youth scored high on the Massachusetts Youth Screening Instrument (MAYSI), a mental health screening tool administered at admission. Department policy and procedures require that youth who score high on the MAYSI be placed on suicide watch status pending an evaluation by mental health staff to determine services. Four incidents involved youth verbal remarks of self-harm. There was one incident of self-injurious behavior involving head banging; this youth was evaluated at the local hospital and then placed in a mental health facility.

JJMU - There continues to be an open position for a mental health and addictions counselor at LESCC. The Department should expedite the hiring process and, in the meantime, contract with a local behavioral health provider to help ensure that mental health and substance abuse needs of children at LESCC are addressed.

Response: The social worker position has been filled. Recruitment continues for the vacant addictions counselor position and interviews are scheduled in August, 2014. In the interim, the completion of substance abuse evaluations have been assigned to other department substance abuse staff. Additionally, a psychologist assigned half time at LESCC provides evaluations and mental health services, and two community social workers provide support services.

Western Maryland Children's Center

JJMU - restraints and seclusions increased. JJMU cites the "Defending Childhood Initiative, Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012, page 175, "Defending Efforts should be made to reduce the use of restraints and seclusion as these practices are harmful to children and run counter to the principles of trauma informed care".

Response: Fluctuation in interventions to manage behavior is representative of the presenting population. Seventy four percent (74%) of the restraints (17 of 26) involved three very young, immature, and difficult to manage youth. These three youth were also involved in all four seclusions that occurred in the quarter, all three uses of mechanical restraints, and five of the six youth on youth assaults/fights. These youth met on a regular basis with behavioral health and case management staff who worked with each youth to develop intervention strategies to address their behaviors. All incidents were reviewed by the facility administrators to ensure compliance with Departmental procedures.

The Department's response to the JJMU's citing of the "Defending Childhood Initiative, Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012, page 175, is located in the Committed Placement Center section of this response.

Contracted Programs

Silver Oak Academy

JJMU - Incidents at SOA involving the use of physical restraints increased substantially during the second quarter of 2014 compared to the same time last year.

Response: Silver Oak Academy experienced an increase in ADP and advises there were more youth in their population requiring psychotropic medications for mood stabilization and impulse control. They are working to enhance programming in the evening hours and have put in place additional staff training geared to improving the program culture and enforcing norms.

JJMU - Silver Oak should expedite the installation of security cameras to ensure accountability and enhance staff training.

Response: Silver Oak Academy is attending to technical issues and has made substantial progress in the procurement process. They expect all of the security cameras to be in place within four months.

Morning Star Youth Academy

JJMU - Education services should be bolstered at Morning Star and plans to relocate to a facility in better physical condition should be expedited.

Response: A new English teacher was hired in July who was also named Interim Education Director. Unfortunately, the Social Studies teacher has resigned with an August 2014 effective date. The program will continue recruitment efforts to fill teaching vacancies.

The administration has been working diligently to identify a new location for their program. The Program Administrator has toured two sites on the eastern shore, and there is a meeting scheduled in August, 2014 to discuss additional location options.

JJMU - CHILD PROTECTIVE SERVICES AND DJS YOUTH

DJS RESPONSE

The Department has established a system of multiple reviews of incidents by supervisory and administrative staff to screen for incidents of possible abuse. The Department closely screens all incidents and allegations of abuse, and errors to over report versus under report. All suspected incidents of abuse and all youth allegations of abuse are reported to Child Protective Services (CPS) and Maryland State Police (MSP) for investigation. Additionally, incidents are investigated by the Department's Office of the Inspector General (OIG) to determine violations of Department policy and procedures. The Department uses the outcomes of investigations by CPS, MSP and OIG to determine appropriate staff disciplinary actions up to and including termination.

JJMU sites several instances in which the Department made referrals to Child Protective Services (CPS) and the agency screened the incidents out. Cases that are screened out due to the youth having attained age 18 are investigated by the Maryland State Police for determination of criminal charges. In all instances, the Department completes an OIG investigation and takes corrective actions as appropriate.

CONCLUSION

In conclusion, the Department welcomes the independent critique of our system. We support data- driven and research-based policy decisions. Critical to good decision-making is the analysis of research within its full context. The Department is committed to providing the best care and services to youth.

Maryland State Department of Education

Juvenile Services Education

MSDE Responses to JJMU Second Quarter 2014 Monitoring Reports

Page 6

JJMU Comment

"Post-secondary education, vocational and employment opportunities are limited in DJS operated committed placements"

MSDE Response

MSDE provides a comprehensive education program for youth in DJS residential facilities. The program consists of instruction to allow students to achieve the credit requirements and assessment necessary to progress towards the standards for graduation from a public high school in Maryland. The program also prepares students to successfully obtain a Maryland High school Diploma by Examination.

In order to meet the special needs and circumstances of students in the DJS residential facilities, the Department's JSE program collaborates with DJS and Garrett College to provide a post-secondary education program for youth housed at the Backbone Mountain Youth Center. This program serves youth in four of the seven committed programs operated by DJS. Eligible youth from each of the four Western Maryland Youth Centers are offered the opportunity to apply and be accepted into the Garrett College program. Over the past year, there has been a notable decrease in the numbers of youth from the Youth Centers who meet the academic requirements for inclusion in the program.

Youth in the other three committed programs can be provided with individualized options for postsecondary education. These youth would need to possess a high school diploma and meet the academic requirements for placement in credit bearing coursework. Youth in need of developmental education are better served by JSE teachers who can assist students with preparing for the placement tests that document readiness for college-level credit bearing coursework.

At present, JSE is working with a student with high school diploma from one of the remaining three committed programs to ready that student for success on the Accuplacer (college placement) tests. Initial testing revealed that the student needed additional developmental coursework before the college would offer registration for "credit-earning" courses.

MSDE is willing to work with DJS and the JJMU to explore postsecondary opportunities for other committed students who possess a high school diploma and demonstrate readiness and interest in postsecondary education opportunities.

MSDE JSE has just completed a significant expansion and updating of the Career and Technology Education (CTE) offerings in its schools in both committed and detention facilities across the state. CTE coursework is now

aligned to the programs of study being offered in the Local School Systems so that students can return to their community schools with credit towards CTE graduation requirements in Business Administrative Services, Construction, and Career Research and Development. JSE also offers specific coursework to prepare youth for direct entry into the telecommunication and hospitality industries. Students can leave with the following industry certifications: ServSafe, OSHA 10, C-Tech, NCCER Construction and Office Systems Management.

As JJMU has observed in the past, JSE's ability to further expand CTE offerings is severely compromised by space constraints within the DJS facilities.

MSDE is also willing to collaborate with DJS to provide appropriate employment opportunities within the community prior to a youth's release. At present, placement in employment is not within JSE's purview.

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JJMU Comment

"The GED (General Educational Development) exam now requires students to test over the course of two days. Currently the Hickey detention center for boys in Baltimore County is the only testing site available to students in DJS custody. Girls at Carter who wish to take the GED exam will be transported in shackles and required to spend the night at the Hickey detention center. Both DJS and the Maryland State Department of Education (MSDE) should work together to make other arrangements to prevent you in committed placement from having to spend a night in a detention center and endure a 170-mile round trip in shackles in order to take an academic examination."

MSDE Response

Currently, MSDE and DJS are partnering to open an additional GED test center in one of the Western Maryland Youth Centers for the committed youth at the Youth Centers and other DJS facilities in that region. This test center will provide GED testing for a total of six facilities which have historically had a minimum of 75 youth tested during a typical fiscal year.

According to MSDE data from FY 14, five students from Carter took the GED at Hickey. Of these five tested, all were tested prior to January 2014 when the GED was changed to a two day test. Since 2009, the number of youth tested from Carter has not risen above nine youth.

Test Centers require space and a substantial investment of resources. As such, demand must be taken into consideration prior to establishing additional testing centers. MSDE is exploring the feasibility of other testing options that might reduce travel time and overnight stays. MSDE is not in a position to comment on DJS procedures for transporting youth other than it understands the need to ensure the safety of the youth and staff involved in any transport.

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JJMU Comment

"Vocational and post-secondary education programming opportunities are limited for girls placed at Carter."

"Students already in possession of a high school diploma or GED should have access to higher education, a variety of robust vocational education programs and employment and apprenticeships in the community."

MSDE Response

Youth assigned to the Carter Center can participate in CTE courses leading to certifications in C-Tech, ServSafe, and Office Systems Management.

Please also see MSDE Response under Page 6 JJMU Comment regarding post-secondary and CTE offerings.

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JJMU Comment

"Therefore, credits earned in MSDE-JSE schools are not necessarily applied towards students' high school diplomas."

MSDE Response

As previously shared in MSDE's response to the JJMU's First Quarter 2014 Reports, MSDE has taken actions to promote the acceptance of credits being applied towards students' graduation requirements. Course names and content for academic and required classes have been revised to be consistent with the core subjects in the local school systems. These include: English (9-12), History (United States, Government, and World History), Math (Concepts of Algebra, Algebra I/II, Geometry, and Pre-Calculus), and Science (Biology, Physical Science, Concepts of Chemistry, and Environmental Science). Credits earned during a youth's enrollment in JSE are documented on the standardized State Record Transfer Forms. Pursuant to procedures, the reports are forwarded to the receiving school system when the youth is released from DJS custody. The receiving school is responsible for applying the credits earned in the JSE programs towards the student's graduation requirements.

JSE's new Student Information System (SIS) was launched in July, 2014. It is expected that the improved data collection will not only facilitate the transfer of student records but result in a better understanding of instances where local school systems might not have awarded students with credits earned while enrolled in a JSE school. A recently appointed (May 2014) JSE Coordinator for Guidance and Student Records is providing the program with enhanced oversight of the student records functions and will establish a JSE point of contact for local school systems to address and resolve issues.

MSDE JSE continues to seek improved communication with receiving schools. MSDE and DJS have collaborated on the development of new transition planning procedures that will include more immediate feedback on youth's community placements so that JSE can directly follow-up with school systems to address credit transfer issues. These new procedures should be finalized in August 2014.

MSDE would again request the JJMU to advise the JSE Program Director when it becomes aware that a local school system has not accepted credits earned in a JSE school. A recent poll of JSE principals revealed no one knowing of any such instances at the present time. MSDE would ask that the JJMU provide it with student and school names, a description of the course credits not accepted and the date on which the student was informed by the school system that course credits were not being accepted.

JJMU Comment

"A consistent and systemic approach should be developed by MSDE-JSE in order to improve communication with receiving schools and to track whether credits are applied to a student's diploma."

MSDE Response

JSE's new Student Information System (SIS) was launched in July, 2014. It is expected that the improved data collection will not only facilitate the transfer of student records but result in a better understanding of instances where local school systems might not have awarded students with credits earned while enrolled in a JSE school. A recently appointed (May 2014) JSE Coordinator for Guidance and Student Records is providing the program with enhanced oversight of the student records functions and will establish a JSE point of contact for local school systems to address and resolve issues.

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JJMU Comment

"Additionally, MSDE-JSE should follow up on plans to ensure that Individualized Education Plans (IEPS) are being appropriately revised, and to collaborate with DJS to develop educational aftercare plans prior to a student's release."

MSDE Response

The JSE program follows the procedural requirements of IDEA and State Law to revise IEPs as appropriate for student with disabilities to receive special education in the least restrictive environment and progress in the general curriculum. When the program learns that an IEP has not been revised appropriately it reviews the error and determines needed corrective action if the student has failed to have the IEP implemented or failed to benefit from instruction.

In addition, JSE has a comprehensive monitoring system both at the program and school level. The Special Education Coordinator's program monitoring team regularly schedules monthly monitoring visits to the program's school sites throughout the year. The program monitoring team provides feedback to each school principal which includes specific information on IEP revisions/changes. Principals are required to conduct regular school-based monitoring of records and practices to ensure adherence to special education policies and procedures, including IEP revisions. Feedback from both the program and school monitoring is used to correct deficiencies and inform ongoing professional development.

MSDE JSE works with DJS actively and routinely to assist with the development and implementation of educational aftercare plans. At the agency level, MSDE JSE currently participates weekly with DJS on the Central Review Committee. At the school level, MSDE JSE staff participate on treatment team meetings which plan student aftercare and transition specifics. Additionally, MSDE and DJS are collaborating on devising and implementing transition process steps/procedures for both detention and treatment youth to ensure a smooth transition to students' home schools upon release from DJS custody.

JJMU Comment

"Students enrolled in JSE schools should also be able to earn a high school diploma while in placement."

MSDE Response

Students who meet graduation requirements are able to be awarded a diploma from a local school system. Also, youth enrolled in JSE schools are able to earn a high school diploma by examination in both committed and detention facilities.

DHR Response:

The Department of Human Resources appreciates the opportunity to respond to the section of the draft Second Quarter

2014 report entitled "Child Protective Services and DJS Youth". Child Protective Services screening and investigations are handled by the local departments of social services and overseen by the Social Services Administration within the Department. As with all cases, staff utilize a standardized decision making tool to determine whether a report meets the criteria under Maryland law to be accepted as an allegation of child abuse and neglect.

The draft report identifies four incidents (#120199, #119519, #119508, and # 119790) where local child protective services did not accept reports for investigation.

- Incidents # 119519 and # 119508: As the draft report accurately points out, the individuals being reported were both 18 years of age at the time of the alleged incident. Family Law 5-701 defines a "child" as being under the age of 18 at the time of the incident. Persons over the age of 18, regardless of their commitment to DJS or DHR, are not considered a child under the child abuse and neglect statute. Therefore, Child Protective Services has no authority to investigate allegations when the alleged victim is not a child at the time of the incident. Law enforcement can and should investigate such incidents to determine if a crime was committed. As a result, you may wish to consider removing these incidents from the draft report.

- Incident #119790: This incident involved a youth at the Victor Cullen Center who had an altercation with a staff member. The report was appropriately screened out based on the lack of an allegation of, or suspicion of, an injury to the child resulting from the incident as per Family Law § 5-701 (b)(1). A determination of child abuse must contain evidence of an injury and when allegations contain information making it clear that no injury resulted from an action of a caretaker the allegation is screened out from investigation. As a result, you may wish to consider removing these incidents from the draft report.

- Incident # 120199: This incident involved an allegation that a sheriff at the Prince George's County Circuit Court caused injury to a youth from the Thomas J. S. Waxter Children's Center while attending a hearing at the Courthouse. In this instance, we agree that the case should have been screened in for investigation. In order for an incident to be considered child abuse, the person causing the injury has to have responsibility for care and supervision of the alleged victim. In situations where a child resides in a facility with a care provider or attends a program such as a school where it is clear that care and supervision responsibilities are assigned to staff, the relationship is clear. In situations where law enforcement arrests a child or has authority over a child in the court setting the relationship is not as clear cut. In this incident it appears that the sheriff did have supervision responsibilities and the case should have been screened in for investigation. The Department will review its policy on such allegations and provide immediate clarification to our local departments for proper screening of such allegations.

In order to address these types of issues as they arise in the future, we recommend that the In-Home Services manager at the Social Services Administration be contacted immediately when it appears that a local department did not respond appropriately to an allegation of child abuse or neglect. His contact information is: Stephen Berry, sberry@maryland.gov. The Department can then more quickly determine if there has been a misinterpretation of law or policy and ensure that prompt action is taken to investigate allegations that meet our law. This Department is prepared to provide training to our local department screening staff if is determined that their interpretation of law, regulation or policy was incorrect as it relates to the handling of child protective services reports.