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**JUVENILE JUSTICE MONITORING UNIT  
STATE OF MARYLAND**

**2018 THIRD QUARTER REPORT**

## **The Maryland Juvenile Justice Monitoring Unit (JJMU)**

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

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

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

### **JJMU 2018 Third Quarter Report**

The JJMU issues public reports covering each calendar quarter that include data and analysis concerning treatment of and services provided to youth in DJS directly run and licensed facilities throughout Maryland. Enclosed please find the unit's compilation of 2018 third quarter reports.

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

The JJMU 2018 Third Quarter Report was produced by Margi Joshi, Nick Moroney, Tim Snyder, Eliza Steele and Marvin Stone. Thanks to Taran Henley, Fritz Schantz and Maria Welker for technical assistance.

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

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

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



**NICK MORONEY**  
*Director*

STATE OF MARYLAND  
JUVENILE JUSTICE MONITORING UNIT

December 2018

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

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

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

Members of the General Assembly

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

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

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

Enclosed is the Juvenile Justice Monitoring Unit's 2018 third quarter report which offers an update on conditions in Department of Juvenile Services' operated and licensed facilities.

Research indicates that programs with a therapeutic culture, rather than ones with an emphasis on control and compliance, have been shown to reduce recidivism. While the Maryland Department of Juvenile Services (DJS) continues to expend significant effort in pursuing accreditation for its congregate facilities from the American Correctional Association, DJS should be focused on improving youth outcomes through trauma-informed and evidence-based therapeutic programming and ongoing staff training which takes into account adolescent development and the challenges faced by young people in contact with the juvenile justice system.

In situations where youth are sent out of home, State resources would be better utilized by ensuring the availability of proven treatment programs at small and specialized sites located in the areas where youth live and where appropriate local resources (including family engagement) and services can be leveraged to bolster the success of youth, their families, and the community at large.

Youth need proper tools and effective strategies to succeed. If DJS facilities continue to operate in their present form, they must provide - at a minimum - a comprehensive variety of mentally and physically engaging activities to keep youth occupied outside of school hours every day and on weekends. It is also critical that DJS and the Maryland State Department of Education work together to create targeted and comprehensive rehabilitative, educational and recreational programming for all youth incarcerated in placement and detention facilities.

Respectfully submitted,

*Nick Moroney*

Nick Moroney  
Director  
Maryland Juvenile Justice Monitoring Unit

Cc: Attorney General Brian Frosh  
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# JUVENILE JUSTICE MONITORING UNIT 2018 THIRD QUARTER REPORT

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## Hardware Secure Detention Centers

Short-term, pre-disposition/pending placement

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

## Committed Placement Centers

Long-term, post-disposition

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

## Incident and Population Trends

Third quarter 2018 population and incident trends versus third quarter 2017:

- ✓ Average daily populations (ADP) of DJS youth decreased at BCJJC and WMCC secure detention centers and in committed placement at Cullen, Carter and SOA.
- ✓ Fights and assaults decreased at BCJJC, CYDC, Noyes, and WMCC secure detention centers and in committed placement at Cullen.
- ✓ Physical restraints decreased in secure detention at BCJJC, CYDC, Waxter, and LESCC and in committed placement at Cullen, the four youth centers, and SOA.
- ✓ The use of mechanical restraints decreased in secure detention at Waxter, Hickey, Noyes, and WMCC and in committed placement at Cullen and the four youth centers.
- ✓ The use of seclusion decreased in secure detention at CYDC, Hickey, and LESCC and in committed placement at Cullen. Seclusion was not used at LESCC and Noyes secure detention centers.
- Average daily population (ADP) increased in secure detention at CYDC, Hickey, Waxter, Noyes and LESCC and in committed placement at the four youth centers.
- Fights and assaults increased in secure detention at Hickey, Waxter, and LESCC and in committed placement at the four youth centers, Carter, and SOA.
- Physical restraints increased in secure detention at Hickey, Noyes, LESCC, and WMCC and in committed placement at the four youth centers and Carter.
- Mechanical restraints increased in secure detention at CYDC, Noyes, and WMCC.
- Seclusions increased in secure detention at BCJJC, Waxter, and WMCC and in committed placement at the four youth centers and Carter.
- There were 86 incidents of suicide ideation, two suicide attempts, and three incidents of self-injurious behavior at DJS-operated facilities during the quarter. Incidents of suicide ideation decreased by 17% compared to the third quarter of 2017.

# **Juvenile Justice Reform and Facilities in Maryland**

The majority of youth in the juvenile justice system have experienced traumatic victimization<sup>1</sup> and programs with a therapeutic culture, rather than ones with an emphasis on control and compliance, have been shown to reduce recidivism.<sup>2</sup> However, instead of focusing on improving youth outcomes through effective training and therapeutic programming, the Department of Juvenile Services continues to expend significant effort in pursuing accreditation from the American Correctional Association<sup>3</sup> for its placement facilities.

Seeking to demonstrate basic functioning of the DJS facilities that house incarcerated youth is important, but the State of Maryland's resources would be better utilized by investing in proven treatment programs at small and specialized sites located in the areas where youth live and where substantial resources and professional services can be leveraged to better ensure the long term success of youth, families, and the community.

All DJS-operated facilities must provide, at a minimum, a comprehensive variety of planned and carried out activities to keep youth constructively occupied outside of school hours every day including on weekends. The Department has been attempting to bolster activities for youth at Victor Cullen following the missteps in management that led to a serious group disturbance at the maximum security facility in April of 2018.<sup>4</sup> DJS and the courts should severely limit the number of youth placed there for as long as the facility remains open.

Furthermore, the Department's focus on trying to ensure youth are occupied while at Cullen should not come at the expense of ignoring the long-standing similar lack of constructive activities on and offsite at all of the other DJS-operated placements holding incarcerated young people (the Carter Center on the eastern shore and the youth centers in western Maryland).

DJS and MSDE JSES must take joint responsibility for and work cooperatively to ensure the delivery of individualized and targeted rehabilitative, educational and recreational programming for all youth on a daily basis in placement or detention. MSDE must bolster the college and career and technology focus at DJS facilities, especially for youth who remain

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<sup>1</sup> National Center for Mental Health and Juvenile Justice. "Trauma Among Youth in the Juvenile Justice System." Available at: <https://www.ncmhjj.com/wp-content/uploads/2016/09/Trauma-Among-Youth-in-the-Juvenile-Justice-System-for-WEBSITE.pdf>

<sup>2</sup> Nancy Dowd, ed. A New Juvenile Justice System: Total Reform for a Broken System, NYU Press, 2015. Page 72

<sup>3</sup> "The standards are established by the ACA with no oversight by government agencies, and the organization basically sells accreditation by charging fees ranging from \$8,100 to \$19,500, depending on the number of days and auditors involved and the number of facilities being accredited. [See, e.g.: PLN, Aug. 2014, p.24]. The ACA relies heavily on such fees; it reported receiving more than \$4.5 million in accreditation fees in 2011 – almost half its total revenue that year. The organization thus has a financial incentive to provide as many accreditations as possible. Notably, the accreditation process is basically a paper review. The ACA does not provide oversight or ongoing monitoring of correctional facilities, but only verifies whether a facility has policies that comply with the ACA's self-promulgated standards at the time of accreditation. Following initial accreditation, facilities are reaccredited at three-year intervals. As a result, some prisons have experienced significant problems despite being accredited. For example, the Otter Creek Correctional Center in Kentucky, operated by Corrections Corporation of America (CCA), was accredited by the ACA in 2009 when at least five prison employees were prosecuted for raping or sexually abusing prisoners. [See: PLN, Oct. 2009, p.40]. Kentucky and Hawaii withdrew their female prisoners from Otter Creek following the sex scandal, but the facility did not lose its ACA accreditation. The prison has since closed." Alex Friedmann, How the Courts View ACA Accreditation, Prison Legal News, October 10, 2014.

Available at: <https://www.prisonlegalnews.org/news/2014/oct/10/howcourts-view-aca-accreditation/>

<sup>4</sup> See JJMU 2<sup>nd</sup> Quarter 2018 report: [http://www.marylandattorneygeneral.gov/JJM%20Documents/18\\_Quarter2.pdf](http://www.marylandattorneygeneral.gov/JJM%20Documents/18_Quarter2.pdf)



incarcerated for months but are only offered opportunities to complete basic courses in food handling hygiene and construction site flagging. The egregious shortcomings of the status quo are exemplified by the situation facing youth in DJS facilities who have graduated high school. For example, a high school graduate held on adult charges at the hardware secure Hickey detention center had no opportunity to engage in appropriate education-related programming throughout his four month stay at the facility. While the youth expressed interest in college classes and in studying for the military entrance exam, he was forced to spend the bulk of the school day sitting in on high school courses.

DJS facility line staff, who interact with youth every day, should possess at least a basic qualification in working with young people. Maryland law already requires anyone seeking to work with young people in a group home in Maryland to become certified through the Board for the Certification of Residential Child Care Program Professionals. However, DJS requires only that new hires have a high school diploma and two years of work experience. The Department should enable and support all of its direct care staff and supervisors to become and remain certified as Residential Child and Youth Care Practitioners (or administrators).<sup>5</sup>

Qualifications and ongoing training for direct care staff should also take into account youth development and the prevalence of trauma and exposure to violence among young people in the juvenile justice system.

Mental health coverage at all DJS facilities must be expanded to include on-site clinicians available in facilities during waking hours seven days of the week to support youth and train staff and to aid staff in de-escalation efforts as well as when a young person is in crisis. According to an expert in trauma-informed practices within juvenile justice systems, “[h]aving a safe environment depends on having adequate staff (including mental health and other specialty care) to engage youth, head off violence or other abuse, and provide support for youth and staff in relation to traumatic events.”<sup>6</sup>

Amongst all the DJS-operated and licensed congregate facilities in our state, the privately operated Silver Oak Academy is the only large facility that provides youth with a combination of robust rehabilitative programming; individualized evidence-based treatment (based on cognitive behavioral therapy); a challenging high school curriculum; an assortment of relevant career and technical education (CTE) options leading to recognized certifications; and a normalized campus-like environment that affords ongoing opportunities for engagement with and positive youth contribution toward the surrounding community. Community-based projects are an opportunity for youth “to practice and demonstrate competency, caring, and a willingness to improve community life, which is essential to their personal development and rehabilitation.”<sup>7</sup>

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<sup>5</sup> For more information, see <https://health.maryland.gov/crccp/Pages/practitioners.aspx>

<sup>6</sup> Sue Burrell, “Trauma and the Environment of Care in Juvenile Institutions.” National Child Traumatic Stress Network. Available at: [http://www.nctsn.org/sites/default/files/assets/pdfs/jj\\_trauma\\_brief\\_environofcare\\_burrell\\_final.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/jj_trauma_brief_environofcare_burrell_final.pdf)

<sup>7</sup> Butts, Jeffrey A., Gordon Bazemore, & Aundra Saa Meroe (2010). Positive Youth Justice--Framing Justice Interventions Using the Concepts of Positive Youth Development. Washington, DC: Coalition for Juvenile Justice. Available at: <http://johnjayresearch.org/wp-content/uploads/2011/07/pyj2010.pdf>

Silver Oak also prioritizes making sure that youth transitioning from the facility are on course to be involved in school, college, job training or are on a career path. DJS must place similar emphasis on intensive, individualized transition-related planning for and with youth and their families while young people are in their custody and must also ensure that the Department's case workers in the community as well as staff in facilities are invested in and supporting youth toward successful outcomes.

DJS should deepen and sustain the Department's nascent efforts to gainfully occupy the time of youth sent to its own large out-of-home facilities while shifting from the use of congregate facilities far from youths' homes and toward specialized placements in or close to justice-involved young peoples' home communities. Such a change must entail:

- ✓ individualized and specialized professional treatment for youth in the deep end of the Maryland juvenile justice system;
- ✓ tangible family involvement in a youth's treatment and concrete community support offering frequent, substantial opportunities for normalization;
- ✓ insuring young people in contact with the justice system are involved in school, college, job training or are on a career path; and
- ✓ utilization of community school, mental health-related and recreational resources.

Keeping youth close to home in small and specialized placements has been shown to produce better outcomes<sup>8</sup> and would actually be more economical for Maryland than the \$823 to \$981 per youth per day that it costs to keep a youth in DJS' large placement facilities.<sup>9</sup>

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<sup>8</sup> McCarthy, Patrick, Vincent Schiraldi, and Miriam Shark. The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model. New Thinking in Community Corrections Bulletin. Washington, D.C.: U.S. Department of Justice, National Institute of Justice, 2016. NCJ 250142. Available at: <https://www.ncjrs.gov/pdffiles1/nij/250142.pdf>

<sup>9</sup> DJS FY 2017 Data Resource Guide (p. 201), available at:

[https://djs.maryland.gov/Documents/DRG/Data\\_Resource\\_Guide\\_FY2017\\_full\\_book.pdf](https://djs.maryland.gov/Documents/DRG/Data_Resource_Guide_FY2017_full_book.pdf)

# COMMITTED PLACEMENT CENTERS

## Victor Cullen Center

The Victor Cullen Center (Cullen), in Frederick County, is a hardware secure (locked and fenced) committed placement center owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). The DJS-rated housing capacity is 48 boys. African American youth represented 95% of total entries during the third quarter of 2018, compared to 81% during the same time in 2017.

<b>Victor Cullen – Selected Incident Categories</b>	<b>Q3 2016</b>	<b>Q3 2017</b>	<b>Q3 2018</b>
<b>Average Daily Population (ADP)</b>	<b>26</b>	<b>28</b>	<b>13</b>
1. Youth on Youth Assault/Fight	18	26	3
2. Alleged Youth on Staff Assault	5	7	2
3. Physical Restraint	83	82	9
4. Use of Handcuffs and/or Shackles	60	63	9
5. Seclusion	36	26	1
6. Contraband	2	1	1
7. Suicide Ideation	11	13	3
8. Suicide Attempt	1	0	0
9. Self-Injurious Behavior	3	1	0

## Population

The average daily population (ADP) at Victor Cullen during the third quarter of 2018 was 13 youth, down 54% compared to the same period in 2017. The number of youth admissions remained limited throughout the third quarter in response to a major group disturbance that occurred at the facility in April of 2018. Fights and assaults, use of physical and mechanical restraints, and use of seclusion declined during the quarter in comparison to the third quarter of

2017. The Department should keep the population low at Victor Cullen as efforts to establish and sustain a functional program continue at the facility.

## **Services**

The Department has begun introducing programming to help cultivate a more positive facility culture. Several activities including yoga, meditation, music production, art classes, as well as animal assisted therapy and book clubs have been incorporated into the weekly schedule. Some of these activities were initiated by and are dependent upon talented local community members who began volunteering recently at Cullen. Efforts to reduce idle time and engage youth in meaningful enrichment and recreational outlets are important first steps to improving the services provided at Cullen and DJS needs to ensure these initiatives survive and thrive. However, the introduction of discrete, facility-based programmatic initiatives alone is unlikely to change the pervasive negative milieu that has plagued the facility for years.

## **Treatment**

The implementation of a functional, overarching treatment program is necessary to shift the mindset of staff and youth away from a prison-like emphasis on control and custody and toward a therapeutic and rehabilitative model. The current model in place at Victor Cullen is based on a behavior management system which is also used in DJS detention centers and relies on a compliance-oriented points and level system. Youth who fail to comply with staff directives lose points and staff may issue behavior reports (BRs) which result in loss of privileges (such as the ability to attend activities) and loss of weekly incentives (such as snacks and hygiene products). This system of points determines whether youth progress through the levels of the program that govern each youth's length of stay. As a result, the behavior management system creates oppositional relationships and power struggles between youth and staff. Youth commonly perceive that staff use points as a means of punishment and to exercise their authority.

In contrast to a compliance-oriented structure, research indicates better outcomes for programs that utilize a cognitive-behavioral and trauma-informed approach. "Cognitive-behavioral approaches seek to develop pro-social patterns of reasoning by focusing on managing anger, assuming personal responsibility for behavior, cultivating empathy, solving problems, setting goals, and acquiring coping and life skills."<sup>10</sup> Research suggests that a trauma-informed approach "increases staff capacity in juvenile residential facilities and family and community engagement in offenders' support and is more likely to provide individualized services to offenders than the traditional justice system."<sup>11</sup> In addition, trauma-focused interventions "have been shown to decrease post-traumatic stress and related symptoms, depression, and delinquent behaviors in youth involved in juvenile justice systems."<sup>12</sup>

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<sup>10</sup>David Altschuler, Ph.D. and Shay Bilchik, J.D., "Critical Elements of Juvenile Reentry in Research and Practice." Council of State Governments Justice Center. April 21, 2014. Available at: <https://csjjusticecenter.org/youth/posts/critical-elements-of-juvenile-reentry-in-research-and-practice/>

<sup>11</sup> What Works for Health, Policies and Programs to Improve Wisconsin's Health, Trauma-informed juvenile justice systems, available at: <http://whatworksforhealth.wisc.edu/program.php?t1=20&t2=113&t3=103&id=633>

<sup>12</sup> Ibid.

While staff attend a three hour introductory psychoeducational lecture on trauma-informed care, they are not taught trauma-responsive intervention skills to address youth behavior and do not receive guidance in employing a trauma-informed approach in daily interactions with youth. Reliance on definitions-based lectures as training sessions represents an approach that is grossly insufficient to the task of implementing constructive changes to staff and youth interactions and overall facility culture and operations.

An evidence-based treatment program that has embedded within it the core components of cognitive behavioral therapy and trauma-informed care should be developed and implemented at Cullen. Successful implementation will require ongoing training and support for staff to ensure adherence to a trauma-informed model.

### **Hiring, Training and Supervision**

A significant portion of the direct-care staff currently at Victor Cullen have less than two years of experience working with youth in DJS custody.

Careful recruitment and extensive, ongoing training of highly motivated and well-qualified staff and supervisors will be essential elements in efforts to effectuate a safe and functional program at Victor Cullen. Experienced and accomplished facility administrators and supervisors should be actively and directly involved in the hiring process to help create and shape the culture. Compensation for staffers at Cullen should be competitive to help attract professional candidates with advanced degrees who have treatment experience in working with justice-involved youth. Once hired, staff should receive ongoing training in implementing evidence-based and trauma-informed services and should receive regular coaching and mentoring from more seasoned and effective staffers.

The following situations that occurred during the quarter highlight the need for more in-depth training on implementing a trauma-informed and trauma-responsive system of care for all staff at Cullen who have contact with youth.

In Incident 153671, a youth with a fear of needles alleged that a nurse tried to force him to receive an injection after he was escorted to the medical suite by a staffer. The Department's internal investigatory unit (OIG) looked into the allegation. A direct-care staffer who was monitoring the youth at the time reported to OIG that the youth called for him after refusing to receive the injection from the nurse. The staffer reported that the nurse kicked the wall behind her while calling the youth "stupid". The nurse was observed "pulling the youth's arm while holding the syringe as if she was going to stab the youth." The youth ran out of the lab room and into the dayroom of the medical suite. A second nurse present at the time reported that her colleague was "chasing behind the youth" and that she was "holding the syringe with no cap on while when she was following the youth around the room." The nurse chasing the youth eventually walked away and the second nurse present was able to talk with the youth and calm him down. He later agreed to receive the injection from the second nurse.

In Incident 152702, a recently hired trainee staffer was allowed to supervise a group of youth on his own. While playing ping pong with a youth, the staffer can be observed on camera bending his back and squatting down then standing back up. The youth and staffer both reported that the staffer passed gas in the middle of the ping pong game, which prompted the youth to move away from the staffer and into an adjacent TV room. The staffer followed the youth and sat next to him. The staffer reported that he told the youth to “stop being a baby” and to finish the game. The youth told the staffer to move but the staffer remained seated next to the youth. The youth threw a deck of cards at the staffer and then began hitting the staffer. The staffer and the youth began tussling. An interpreter on the unit said that she “started banging on the unit windows because there were no other staff in the unit and she wanted to try to grab the attention of staff to come relieve the trainee.” Staff assistance did arrive in short order to break up the scuffle.

Afterward, the youth reported that he felt “harassed” and was upset that the staffer “didn’t respect the fact that [he] needed a time out.”

Trainees should not be put in charge of monitoring youth without the additional direct supervision presence of experienced staffers. Furthermore, every staffer and supervisor who interacts with youth at Cullen should receive mandated ongoing skills training on how to identify trauma triggers and provide sensible individualized responses to challenging youth behavior. Such training is necessary to help staff assist youth in self-regulation; to increase staffers’ de-escalation skills; and to promote a positive and constructive atmosphere at Cullen.

## **Education**

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) operates the school at Victor Cullen.

A high quality education program is an essential component for a successful rehabilitative program. Academic progress and stable employment prospects are linked with reduced recidivism.<sup>13</sup>

The current high school curriculum at Cullen is not structured to meet the needs of students. Classes at the facility consist of 90 minute blocks in core content areas. Teachers are not given sufficient training, resources, and instructional supports to keep students attention for that length of time. While extended class time could potentially allow for more projects-based, hands-on, and experiential learning, observations from monitoring visits and interviews with youth and staff indicate that the reality on the ground is that students spend the last 30 to 40 of each class socializing, sleeping, or otherwise unengaged in any kind of education-related activity.

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<sup>13</sup> Elizabeth Seigle, Nastassia Walsh, and Josh Weber, Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System (New York: Council of State Governments Justice Center, 2014)

Unlike public schools in the community, elective courses such as art, music, and physical education are not available to enhance skills and offer variety to break up the school day. Class time should be shortened and the scope of available classes should be thoughtfully and substantially expanded to help increase class time productivity. In addition, creative education-related programming, such as social-emotional learning modules, outside speakers and lecturers, and special events should be incorporated into the school semester to help keep students involved, engaged and progressing in academic achievement.

Students at Cullen need and do not have access to long term, hands-on career and technical education (CTE) courses that can lead to nationally recognized certifications and employment in high-demand areas. Opportunities for youth at Cullen to acquire real-life employment skills through courses, internships, apprenticeships, and jobs in the surrounding community are signally absent. Programming at Cullen should include youth access to local resources for educational, vocational, enrichment, volunteering, and recreational purposes.

Engagement with the community can help buffer the disruption in adolescent development that results from incarceration and can provide youth with the opportunity to learn and practice social skills and empathy. Developing a variety of programming options that involve youth contributing to nearby communities should be a priority for facility and headquarters administrators as a “growing body of empirical research suggests that civic engagement and civic knowledge may have a positive impact on the health and well-being of youth, including crime and other risky behaviors.”<sup>14</sup>

For more information on education services in DJS facilities, see the MSDE JSES section which begins on page 54.

### **Family Engagement**

In addition to a lack of opportunities for youth engagement with the surrounding community, the Department severely hampered family contact by ending the practice of earned home passes for all youth, including those nearing completion of their time at DJS placement facilities. The only exceptions made are for youth who have court ordered home visitation privileges. Home passes serve as motivation and an incentive to maintain positive behavior and allow youth to begin the process of transitioning back into regular home and community life. Home passes are therefore a critical component of a functional facility program and their use should be expanded rather than curtailed, given their strong therapeutic value. DJS needs to reinstate and expand the use of home passes without delay.

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<sup>14</sup> Butts, Jeffrey A., Gordon Bazemore, & Aundra Saa Meroe (2010). Positive Youth Justice--Framing Justice Interventions Using the Concepts of Positive Youth Development. Washington, DC: Coalition for Juvenile Justice. Available at: <http://johnjayresearch.org/wp-content/uploads/2011/07/pyj2010.pdf>



## Youth Centers x4

The youth centers, located in remote western Maryland, consist of four separate staff secure (not fenced and locked) facilities for boys. One of the youth centers – Savage Mountain – is currently closed as it is being converted into a prison-like hardware secure (maximum security) facility. Each of these centers is owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). The facilities are: Green Ridge (40-bed capacity); Savage Mountain (24 beds); Meadow Mountain (40 beds); and Backbone Mountain (48 beds). African American youth represented 72% of total youth entries in the third quarter of 2018 compared to 76% in the third quarter of 2017. Hispanic youth represented 13% of total youth entries in the third quarter of 2018, an increase of 4% from the same period in 2017.

<b>Combined Youth Centers (x4) – Selected Incident Categories</b>	<b>Q3 2016</b>	<b>Q3 2017</b>	<b>Q3 2018</b>
<b>Average Daily Population (ADP)</b>	<b>103</b>	<b>86</b>	<b>93</b>
1. Youth on Youth Assault/Fight	42	39	58
2. Alleged Youth on Staff Assault	9	13	8
3. Physical Restraint	113	154	162
4. Use of Handcuffs and/or Shackles	31	76	44
5. Seclusion	0	0	1
6. Contraband	7	2	14
7. Suicide Ideation	7	32	21
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	0	0	0

### **Comparison of Third Quarter 2018 to the Third Quarter of 2017 (One Year Ago)**

Fights and assaults as well as physical restraints were higher during the third quarter of 2018 than during the same period a year ago (third quarter of 2017).

Average daily population (ADP) at the youth centers increased by 8% in the third quarter of 2018 compared to the third quarter of 2017 while youth on youth fights and assaults increased by 49% and physical restraints increased by 5%. Alleged youth on staff assaults, the use of mechanical restraints within the facilities, and instances of suicide ideation decreased by 38%, 42%, and 34%, respectively.

### **Comparison of Third Quarter 2018 to the Third Quarter of 2016 (Two Years Ago)**

Fight and assaults, physical restraints and the use of mechanical restraints during the third quarter of 2018 were high in comparison with the same period two years ago (third quarter of 2016).

Although the ADP at the youth centers was 11% higher two years ago (during the third quarter of 2016) than during the third quarter of 2018, fights and assaults among youth; physical restraints of youth by staff; and the use of handcuffs and/or shackles on youth by staff all occurred at considerably lower rates than they did during the current period under consideration (the third quarter of 2018). During the third quarter of 2016 at the youth center facilities, there were 16 fewer incidents involving youth fights or assaults; 49 fewer incidents involving a physical restraint; and 13 fewer incidents involving the use of mechanical restraints than there were during the third quarter of 2018.

### **Safety and Security**

There was a group disturbance at Green Ridge Youth Center during the beginning of the third quarter of 2018 that resulted in the ejection of 14 youth and serious injury to a staff member. While law enforcement was called to the scene, police did not become involved as their aid was not needed after off-duty staff and administrators arrived and assisted in quelling the fracas.

Staffing ratios at the youth centers should be increased (above minimum corrections standards) to one staffer per four youth with a supervisor assigned for every eight youth. Additionally, a rover should also be assigned to each shift. Increased staff supervision can contribute to staff and youth safety. Additionally, community conferencing and restorative justice circles, which are currently offered on an ad-hoc basis, should be proactively integrated into regular daily operations to improve the culture at the youth centers, Victor Cullen and the Carter center, so that youth can assimilate and practice ways to constructively work through disagreements when they arise.

## **Temporary Closure of Savage Mountain Youth Center**

Savage Mountain Youth Center has been closed since September of 2017. Renovations are ongoing to convert the center from an open campus to a hardware secure (locked and fenced) facility.<sup>15</sup> The Department already has a maximum security placement facility for boys in western Maryland, the Victor Cullen Center.

The Department has achieved sustained reductions in the number of youth sent to DJS committed placement facilities in recent years, and the other three youth centers have been able to absorb the youth population throughout the prolonged closure of Savage Mountain. Nevertheless, over a million dollars is being expended to fortify the security apparatus at Savage Mountain while treatment and education needs of youth at DJS committed placement centers continue to remain unaddressed.

In comparison to placement in an institution, community-based treatment costs significantly less money, increases the likelihood of youth success, and improves public safety.<sup>16</sup>

Rather than spending a significant amount of money to convert Savage Mountain from a staff secure to a maximum security placement facility, the State should be investing resources and efforts in developing a community-based continuum of care that provides individualized, developmentally appropriate, and evidence-based services and supports to youth and their families.

Given the reductions in population and the high cost of sending youth to isolated areas far from their home communities<sup>17</sup>, the Department should close one of the youth centers in western Maryland. Staff who were assigned to Savage Mountain could be permanently reassigned to positions at the other three youth centers to mitigate staff attrition and help bolster staff-to-youth ratios at those facilities.

Funds saved that were previously allocated for facility management could be purposefully diverted to specialized residential and non-residential community-based programming located much closer to youths' families, communities and other critical resources. Experts who have conducted an extensive review of the research on the effectiveness of various juvenile justice approaches have "concluded that well-designed community programs are more likely to reduce recidivism and improve youth well-being than institutionalization. Citing the harm from placement

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<sup>15</sup> For more information, see page 9 at: <http://mgaleg.maryland.gov/Pubs/BudgetFiscal/2017fy-budget-docs-capital-V00-Department-of-Juvenile-Services.pdf>

<sup>16</sup> McCarthy, Patrick, Vincent Schiraldi, and Miriam Shark. The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model. New Thinking in Community Corrections Bulletin. Washington, D.C.: U.S. Department of Justice, National Institute of Justice, 2016. Available at: NCJ 250142 <https://www.ncjrs.gov/pdffiles1/nij/250142.pdf>

<sup>17</sup> The average cost per day (during FY 2017) to house a youth in the youth centers in western Maryland ranged from \$449 to \$823 (Victor Cullen average per diem in FY 2017 was \$981). See page 201 of the Maryland DJS Data Resource Guide for Fiscal Year 2017. Available at: [http://djs.maryland.gov/Documents/DRG/Data\\_Resource\\_Guide\\_FY2017\\_full\\_book.pdf](http://djs.maryland.gov/Documents/DRG/Data_Resource_Guide_FY2017_full_book.pdf)

in large, distant institutions, they found that, for the small number of youth who require confinement, proximity to their communities is less disruptive.”<sup>18</sup>

### **Physical Plant at Backbone Mountain**

The entrance to Backbone Mountain Youth Center is located off of a road that is commonly used by logging trucks. During periods when there is dense fog, heavy rain or snow, the entrance can be difficult to see. Vehicles turning into or exiting out of the facility onto the road are at risk of being hit by oncoming traffic. Flashing lights or a signal should be installed at the entrance of Backbone Mountain to mitigate the risk of a vehicular accident and potentially serious injury to youth or staff.

### **Treatment Model**

The overarching model at the youth centers consists of a compliance-oriented points and level behavior management system which is neither evidence-based nor trauma-informed. The emphasis on awarding points for following rules (rather than building constructive and meaningful relationships with youth) often creates power struggles between youth and staff that are unproductive and at times detrimental. In Grievance 14413, a youth who is a Sunni Muslim lost 20 points per day for a period of four months for not shaving his facial hair for religious reasons. The loss in points resulted in him being ineligible to earn incentives or attend off campus outings. Loss of points can also result in an extension of a youth’s length-of-stay at a placement facility. After administrators learned that a judge had prohibited the Department from punishing the youth when he is acting on his religious beliefs, the youth’s points were reinstated retroactively.

Youth treatment goals primarily conform to the behavior management system’s focus on accumulating points for outward behavior and appearance rather than on individualized effort and achievements in learning and practicing important self-regulation and critical thinking skills. Youth frequently report that their objective is to “do their time” and “get their points” so they can go home.

The current behavior management system should be replaced with a treatment program that is equipped to address the underlying trauma and mental health issues that youth suffer from and the Department’s goal should be to support youth by helping them gain important tools, learn coping strategies, and strengthen their internal resources so that they may reintegrate successfully into their home communities. Interventions that are grounded in cognitive behavioral therapy and guided by research in trauma-informed care have been proven to be particularly successful with adolescents<sup>19</sup> and should be incorporated into a cohesive therapeutic framework that can be used to guide staff/youth relationships and interactions.

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<sup>18</sup> McCarthy, Patrick, Vincent Schiraldi, and Miriam Shark. The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model. *New Thinking in Community Corrections Bulletin*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice, 2016 (p.13). Available at: NCJ 250142 <https://www.ncjrs.gov/pdffiles1/nij/250142.pdf>

<sup>19</sup> David Altschuler, Ph.D. and Shay Bilchik, J.D., “Critical Elements of Juvenile Reentry in Research and Practice.” Council of State Governments Justice Center. April 21, 2014. Available at: <https://csgjusticecenter.org/youth/posts/critical-elements-ofjuvenile-reentry-in-research-and-practice/>

In addition to implementing a treatment program, the Department should increase mental health staffing. Current mental health staffing at the youth centers is insufficient to meet even the basic demands for one-on-one sessions and crisis intervention. For instance, a single mental health clinician was available for youth at Backbone Mountain, which had a population of approximately 40 youth during the third quarter. One youth at the facility remarked that “we need another mental health staff to talk to when she’s not here.” Staffing levels should be enhanced to ensure a clinician is available onsite seven days a week during youth waking hours.

### **Constructive Programming**

A robust schedule of structured activities planned for utilization both on an off-site can promote facility safety and aid rehabilitation. When youth are consistently engaged, “there is less time for boredom or depression, which contribute to fighting and self-harming behavior, which in turn result in the use of force.”<sup>20</sup> Employment, volunteer, recreational, and enrichment opportunities in the community can help youth build self-esteem, social skills, and empathy. Notwithstanding the proven benefits, options for youth outings are severely limited at the youth centers and youth must have obtained the highest levels on the behavior management program to even be considered for inclusion on trips off-grounds. Furthermore, due to rigid security protocols, only a maximum of six youth are allowed to leave campus at a time - even though many more youth may be eligible to go off-grounds.

Restrictive rules hampering community engagement and a lack of initiative to bring a variety of consistently offered structured programming to the youth centers results in youth spending the majority of their time during after-school and weekend hours on housing units with nothing to do but play cards and watch TV. The Department should prioritize the creation of a full complement of daily programming options for youth who are housed at the youth centers. An initiative to bolster activity programming for youth has begun at the Victor Cullen placement facility and the Department should ensure youth placed at the youth centers (and at the Carter placement facility for girls) also have access to an appropriate level and variety of consistently offered constructive activities every day of the week.

### **Family Engagement**

Access to family support is linked to positive outcomes for justice-involved youth.<sup>21</sup> The Department’s family engagement policies should be changed to facilitate greater family involvement in youth’s lives. Phone contact with family members for youth placed at the youth centers is capped by DJS at two 10-minute phone calls per week. This is the same amount of phone time allotted to youth in DJS detention centers, where youth charged as juveniles have relatively short-term stays while awaiting court or placement decisions. The number and duration of phone calls should be increased. In addition, the remote location of the youth centers makes it difficult, if not impossible, for many families to visit. Parents often do not have access to reliable

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<sup>20</sup> Sue Burrell, “Trauma and the Environment of Care in Juvenile Institutions.” National Child Traumatic Stress Network. Available at: [http://www.nctsn.org/sites/default/files/assets/pdfs/ji\\_trauma\\_brief\\_envirnofcare\\_burrell\\_final.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/ji_trauma_brief_envirnofcare_burrell_final.pdf)

<sup>21</sup> Vera Institute of Justice, “Family Engagement in the Juvenile Justice System.” Available at: <https://www.vera.org/publications/family-engagement-in-the-juvenile-justice-system>

transportation and/or cannot afford to take the necessary full day off work to make the long journey to visit their child. The Department should arrange for transportation services between youths' homes and the placement facilities to help increase family visitation.

Youth nearing completion of placement time at DJS facilities (the youth centers, Carter and Victor Cullen) used to earn home passes which serve as a critical aid in helping begin the process of reintegration into regular home life. However, this important incentive with therapeutic value was eliminated by the Department for all youth in DJS placement facilities earlier this year. The only exceptions made were for youth with a court order stipulating home visits. Opportunities to earn passes must be reinstated without delay and should be increased for all placed youth.

## **Education**

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES), operates the schools at the four youth centers. All JSES schools, including the schools at the youth centers, participate in block scheduling in which classes run for 90 minutes. Class instruction and assignments are usually completed well before the end of the class period, resulting in students sleeping or socializing the rest of the class period. To keep kids educationally engaged, shorter class times should be combined with access to elective courses such as physical education, art, music, and a variety of career technology education programs offering youth recognized certification in skills relevant to the current economy and leading to employment or further training and study.

With the exception of youth in the college program at Backbone Mountain Youth Center, youth with high school diplomas are not offered constructive educational programming or meaningful employment opportunities at the youth centers. On a visit to Meadow Mountain, five high school graduates were observed on a housing unit during the school day. Some were sleeping while others were watching TV. High school graduates were found to be similarly disengaged during a visit to the Green Ridge facility.

Education-related achievement and stable employment prospects can lower the chances of youth recidivism.<sup>22</sup> However, MSDE JSES does not provide students at DJS facilities with the opportunity to access a variety of comprehensive career and technology (CTE) courses as part of their educational curriculum, due in part to difficulties in finding dedicated CTE educators in areas where the youth centers are located.

Additionally, JSES and DJS do not maximize the talents of current personnel to benefit students. For instance, an instructional assistant at Green Ridge has expertise in cabling, plumbing, carpentry and has taught OSHA certification courses in the past. Currently he is relegated to an instructional assistant position. An educator at Backbone Mountain has expressed interest in teaching a hands-on construction class but DJS prohibits students from working with construction-related tools.

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<sup>22</sup> Elizabeth Seigle, Nastassia Walsh, and Josh Weber, *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System* (New York: Council of State Governments Justice Center, 2014)

Administrators at MSDE JSES and DJS should be invested in fostering positive education outcomes for youth in their care and both agencies should work together to make available a broad array of hands-on CTE tracks leading to nationally recognized certifications in high demand fields available to students. These offerings need not be limited by the length of the school day. They could also be offered in the evenings and on weekends – time periods when youth often have little to do and few opportunities for constructive activities.

For more information on education services in DJS facilities, see the MSDE JSES section which begins on page 54.

**Silver Oak Academy**

Silver Oak Academy (SOA), located in Carroll County, is a privately-operated staff secure (not locked and fenced) committed placement center licensed by the Department of Juvenile Services (DJS/the Department) to house up to 96 boys. African American youth represented 86% of entries to SOA through DJS during the third quarter of 2018, down from 90% during the same period in 2017.

<b>SOA – Selected Incident Categories</b>	<b>Q3 2016</b>	<b>Q3 2017</b>	<b>Q3 2018</b>
<b>Average Daily Population (ADP)</b>	<b>44</b>	<b>39</b>	<b>26</b>
1. Youth on Youth Assault/Fight	23	16	18
2. Alleged Youth on Staff Assault	0	5	1
3. Physical Restraint	16	20	11
4. Use of Handcuffs and/or Shackles	0	0	0
5. Seclusion	0	0	0
6. Contraband	18	3	14
7. Suicide Ideation	0	1	0
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	0	0	0

During the third quarter of 2018, the average daily population of youth placed at Silver Oak through DJS decreased by 33%, compared to the same time in 2017, while youth fights and



assaults increased by 2 (from 16 to 18).<sup>23</sup> The use of physical restraints by staff on youth decreased by 45%.

Concerns about youth safety due to excessive and/or inappropriate use of force by staff earlier in 2018 led administrators to create a compliance position to assist in auditing incidents and insure timely delivery of mandated reports to DJS and other state agencies in cases involving allegations of abuse or staff misconduct. In addition to implementing procedures to ensure thorough incident reviews, administrators at SOA should rectify gaps in camera coverage to help protect youth and staff. Several incidents during the third quarter occurred in areas outside of camera coverage, including classrooms, the student lounge, and the auditorium (Incidents 153471, 153468, 153641).

Silver Oak provides youth with robust rehabilitative programming, including individualized evidence-based treatment, a challenging high school curriculum, an assortment of relevant career and technical education (CTE) options leading to recognized certifications, and a normalized campus-like environment that affords regular opportunities for engagement with the surrounding community. Increased emphasis on employee supervision and training can help ensure that these valuable services are delivered to youth in a safe environment.

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<sup>23</sup> The average daily population (ADP) and incident report figures reflect only youth placed at Silver Oak through the Maryland Department of Juvenile Services (DJS). Youth from other states are placed at Silver Oak, however, these youth are not included in the ADP figures reported by DJS. Incidents involving these youth are not uploaded to the DJS database and therefore are not included in the counts in the selected incidents table.

### J. DeWeese Carter Center

The J. DeWeese Carter Center (Carter) is a maximum security committed placement center for girls. Located on the eastern shore, Carter is owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). African American girls represented 82% of youth entries during the third quarter of 2018, up from 53% during the same period in 2017.

<b>Carter – Selected Incident Categories</b>	<b>Q3 2016</b>	<b>Q3 2017</b>	<b>Q3 2018</b>
<b>Average Daily Population (ADP)</b>	<b>6</b>	<b>11</b>	<b>8</b>
1. Youth on Youth Assault/Fight	1	1	4
2. Alleged Youth on Staff Assault	1	0	0
3. Physical Restraint	2	5	21
4. Use of Handcuffs and/or Shackles	0	0	2
5. Seclusion	1	1	11
6. Contraband	0	0	0
7. Suicide Ideation	2	0	2
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	0	1	0

The average daily population (ADP) at Carter during the third quarter of 2018 decreased by 27% compared with the third quarter of 2017. While the number of incidents involving aggression remained low at Carter, youth fights and assaults increased from one to four, physical restraints of youth by staff increased from 5 to 21, and use of seclusion increased from 1 to 11 instances when comparing the same periods. There were two incidents during which staff used mechanical restraints (handcuffs and/or shackles) on youth inside the facility. In contrast, mechanical restraints were not used at all inside the facility during the third quarters of 2016 and 2017.

A large part of the uptick in youth conflict may have been due to girls arriving at Carter with unresolved issues with other girls at the facility that developed during their time together in the Department's secure detention centers (Grievance 14668, Incidents 153591, 153531, and 153528). Administrators should develop a process to identify and resolve these conflicts at the outset of a new admission and proactively use community conferencing services to help manage the shifting dynamics that often manifest during changes in environment and milieu.

The Department's data show that the vast majority of girls in Maryland's juvenile justice system have high to moderate mental health needs.<sup>24</sup> Furthermore, 30.6% of girls in the deep end of the system have a history of physical abuse and 38.1% of girls have a history of sexual abuse.<sup>25</sup> DJS has not adopted an evidence-based and trauma-informed treatment model at Carter and has instead chosen to train staff in a compliance-oriented points- and levels-based behavior management system. As a result, the treatment needs of youth go unaddressed in the course of day-to-day operations. In Grievance 14668, a youth was becoming agitated while in school and reported that she requested that staff provide her with personal time or someone to talk with one-on-one. Staff told her that no one was available to talk to her and the youth walked out of the school building. She received a behavior report (a disciplinary action that results in loss of privileges and which can also negatively impact a youth's length of stay in a facility) in line with the Department's behavior management system.

Therapeutic resources at Carter should be bolstered to include the availability of adequate numbers of qualified and comprehensively trained staff who receive ongoing coaching in an evidence-based model of care that is responsive to youth mental health challenges.

Instead of focusing on improving youth outcomes through effective therapeutic programming, the Department has expended significant effort in pursuing accreditation by the American Correctional Association.<sup>26</sup> Department resources would be better utilized by the creation of a functional treatment program at its committed placement sites that serve the needs of youth, families, and the community. Programs with a therapeutic culture, rather than ones with an emphasis on control and compliance, have been shown to reduce recidivism.<sup>27</sup>

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<sup>24</sup> Maryland Department of Juvenile Services Interim Report: Services for DJS-involved Girls. January 2018. Page 28.

<sup>25</sup> Ibid.

<sup>26</sup> "The standards are established by the ACA with no oversight by government agencies, and the organization basically sells accreditation by charging fees ranging from \$8,100 to \$19,500, depending on the number of days and auditors involved and the number of facilities being accredited. [See, e.g.: PLN, Aug. 2014, p.24]. The ACA relies heavily on such fees; it reported receiving more than \$4.5 million in accreditation fees in 2011 – almost half its total revenue that year. The organization thus has a financial incentive to provide as many accreditations as possible. Notably, the accreditation process is basically a paper review. The ACA does not provide oversight or ongoing monitoring of correctional facilities, but only verifies whether a facility has policies that comply with the ACA's self-promulgated standards at the time of accreditation. Following initial accreditation, facilities are reaccredited at three-year intervals. As a result, some prisons have experienced significant problems despite being accredited. For example, the Otter Creek Correctional Center in Kentucky, operated by Corrections Corporation of America (CCA), was accredited by the ACA in 2009 when at least five prison employees were prosecuted for raping or sexually abusing prisoners. [See: PLN, Oct. 2009, p.40]. Kentucky and Hawaii withdrew their female prisoners from Otter Creek following the sex scandal, but the facility did not lose its ACA accreditation. The prison has since closed." Alex Friedmann, How the Courts View ACA Accreditation, Prison Legal News, October 10, 2014.

Available at: <https://www.prisonlegalnews.org/news/2014/oct/10/howcourts-view-aca-accreditation/>

<sup>27</sup> Nancy Dowd, ed. A New Juvenile Justice System: Total Reform for a Broken System, NYU Press, 2015. Page 72

In an effort to incorporate discrete aspects of trauma-informed care at Carter, administrators created a comfort room that youth can request to spend time in for de-escalation, stress reduction, and self-soothing purposes. The room is equipped with tools such as stress balls and weighted blankets to help youth regain a sense of calm. However, several times during the quarter, youth were physically restrained, forced into the room, and locked inside after displaying disruptive or aggressive behavior (Incidents 152849, 152916, 152092, and 153528). A specific room cannot be used as both a vehicle for mindfulness and for punishment.

Comfort rooms are a preventative tool that are designed to help promote youth self-regulation and curb the use of seclusion and restraints. The comfort room at Carter should be retained and used solely as a “safe space” for youth and youth should always be given the choice about whether or not they would like to use the room as a means of adaptive coping and self-care. The space should not be utilized as a default seclusion room.<sup>28</sup> Furthermore, the administration at Carter must discontinue the use of any separate room to isolate or punish girls for infractions.

Limitations on the use of physical and mechanical restraints and seclusion should be incorporated into efforts to improve the level of trauma-informed care at Carter. Experts in trauma-informed juvenile justice systems have noted that “even when done in a manner that protects the youth’s physical safety, these practices can activate post-traumatic survival fears and reactions that are psychologically harmful to the youth.”<sup>29</sup>

In Incident 53591, a girl was directed to go to her room to separate her from another youth who was being verbally aggressive. When she didn’t follow the directive, staffers attempted to restrain her and the youth dropped to the floor, resisting the restraint. Staffers then dragged her across the unit hallway and into her room, lifting her shirt in the process and exposing the youth’s bra. Once locked in her room, the youth began banging on the door. Staffers and the facility nurse responded by entering the youth’s room. She was told by staff that she was going to be taken to the comfort (seclusion) room. The youth became further agitated and was observed crying and screaming. She was physically restrained and placed in leg irons. The youth stated she couldn’t breathe. Staff asked the youth to walk to the medical suite to be evaluated despite the presence of medical personnel at the scene. The girl refused, and she was lifted off the ground and carried to the medical suite. The youth reported the incident to her therapist the next day and the therapist noted that the girl had several bruises on her head, mouth, shoulders, arms and ankles.

Rather than employing reactionary methods of physical control (such as restraints and seclusion) to address problematic youth behavior, DJS direct-care staff should be equipped with

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<sup>28</sup> See Comfort Rooms: A Preventative Tool Used to Reduce the Use of Restraint and Seclusion in Facilities that Serve Individuals With Mental Illness (Ideas & Instructions for Implementation) at: [https://www.omh.ny.gov/omhweb/resources/publications/comfort\\_room/](https://www.omh.ny.gov/omhweb/resources/publications/comfort_room/)

<sup>29</sup> Dr. Julian Ford. “What Is a ‘Trauma-Informed’ Juvenile Justice System? A TARGETed Approach.” Juvenile Justice Information Exchange. (June 20, 2016). Available at: <http://jjie.org/2016/06/20/what-is-a-trauma-informed-juvenile-justicesystem-a-targeted-approach/>

intervention skills that emphasize crisis prevention and verbal de-escalation in order to help girls cope with stressful situations in positive ways.

The residents at Carter were excited about an off-grounds camping trip scheduled during the third quarter, however the trip was cancelled. Time outside the facility engaging in fun and meaningful activities can help alleviate and deflate the stress and tension that naturally arises when a group of people are forced to live and work together in tight quarters and under a regimented and monotonous routine for many months. In such circumstances, local community-based opportunities to volunteer, work, and participate in recreational activities are critical to facilitating the maintenance of a normalized self-image and providing opportunities to learn valuable life skills. The Department needs to substantially increase the number of outings and the variety of community-based activities involving girls from Carter as well as ensure the provision of adequate staffing and transportation assistance at the facility to accommodate a sizable increase in the number of youth outings.

In addition to limiting options for community engagement, the Department has severely hampered family engagement by peremptorily ending the practice of earned home passes for youth who are nearing completion of their time at DJS placement facilities. The only exceptions are for youth who have court ordered home visitation privileges. Home passes serve as a meaningful incentive to maintain positive behavior and allow youth to gradually transition back into regular home and community life. Home passes are a critical component of a functional facility program and their use should be expanded rather than curtailed, given their strong therapeutic value. DJS needs to reinstate and expand the use of home passes for all youth without delay.

The Maryland State Department of Education Juvenile Services Education System (MSDE JSES) operates the school at Carter.

The principal at Carter splits her time between the placement facility and a detention center located 85 miles away. The lack of a full-time principal at Carter detracts from the educational program which would benefit from additional support for teachers and students. Additionally, there is no dedicated career and technical education (CTE) teacher based at Carter and available trade certifications are limited to a week-long safe food handling course and a short course in flagging<sup>30</sup> that many youth have already completed while in secure detention awaiting placement. There should be a full-time principal and a full time CTE teacher assigned to Carter and all DJS facilities should offer a broad array of career and technical education tracks leading to nationally recognized certifications and employment in high demand fields.

Partnerships with local colleges (Washington College in Chestertown is approximately a quarter of a mile from Carter) and businesses should be forged through the efforts of both DJS and MSDE JSES to give students access to locally available internships and work experience opportunities. College students and faculty as well as business owners living locally may also be interested in volunteering opportunities that would benefit youth at Carter by, for example:

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<sup>30</sup> Flagger are safety promoting workers who use flags, hand signals and traffic cones to control vehicle movement around construction sites and on roadways.

- ✓ providing academic tutoring;
- ✓ offering additional yoga and/or mindfulness-based classes;
- ✓ starting art classes;
- ✓ forming a theater group; and
- ✓ initiating a book club, etc.

Such partnerships would also facilitate youth access to a broadened array of course offerings in areas like CTE that are currently lacking in the school at Carter. An existing connection with Chesapeake College, for instance, could be expanded to include youth enrollment in job training courses leading to certification in a variety of fields.

All MSDE JSES schools, including the school at Carter, participate in block scheduling in which classes run for 90 minutes. Class instruction and assignments are usually completed well before the end of the class period, resulting in students playing games for the remaining class period. Shorter class times combined with a greater variety of elective courses, such as physical education, art, music, and career technology education programs, need to be offered to help keep kids educationally engaged.

For more information on education in DJS facilities, see the MSDE JSES section of this report which begins on page 54.

# DETENTION CENTERS

## **Baltimore City Juvenile Justice Center**

The Baltimore City Juvenile Justice Center (BCJJC) is a hardware secure (maximum-security) detention center for boys. The Maryland Department of Juvenile Services (DJS/the Department) owns and operates BCJJC. The DJS-rated housing capacity is 120 beds. African American youth represented 94% of total entries during the third quarter of 2018, compared to 96% during the same period in 2017.

<b>BCJJC – Selected Incident Categories</b>	<b>Q3 2016</b>	<b>Q3 2017</b>	<b>Q3 2018</b>
<b>Average Daily Population (ADP)</b>	<b>92</b>	<b>94</b>	<b>89</b>
1. Youth on Youth Assault/Fight	45	95	45
2. Alleged Youth on Staff Assault	10	12	6
3. Physical Restraint	72	123	80
4. Use of Handcuffs and/or Shackles	28	26	26
5. Seclusion	2	6	15
6. Contraband	11	5	7
7. Suicide Ideation	8	2	3
8. Suicide Attempt	0	2	1
9. Self-Injurious Behavior	1	0	0

### **Safety and Security**

Average daily population (ADP) at BCJJC during the third quarter of 2018 decreased by 5% compared to the same period last year. The proportion of youth charged as adults held at BCJJC also decreased. Youth in the facility with charges in the adult criminal justice system under current Maryland law comprised 51% of the ADP during the quarter, compared to 60% of the ADP during the first quarter of 2017. Comparing the same two time periods, fights and assaults decreased by 53% and physical restraints of youth by staff decreased by 35%. Although



there was a significant decline in youth fights and assaults, the number of group disturbances at the facility (fights involving multiple youth) rose steeply. There were 22 group disturbances during the third quarter of 2018 compared to two group disturbances reported by the Department during the third quarter of 2017. The number of incidents involving staff use of mechanical restraints (handcuffs and/or leg irons) on youth within the facility did not change while reported seclusion numbers more than doubled (from 6 to 15).

### Improper Staff Conduct

During the quarter, two youths filed grievances about separate events involving a particular residential unit manager and the alleged events each led to an allegation of abuse. One of the instances concerned a youth with a history of trauma and mental health issues who reported to a DJS child advocate that the unit manager slapped him hard on the back of his head and cursed at him after the youth gave the manager “the finger.” The DJS child advocate contacted Child Protective Services (CPS) and referred the incident to the Department’s internal investigation unit (DJS Office of the Inspector General [DJS OIG]). The manager and staffers on the unit were interviewed and the interviewees denied that the youth was slapped, however, according to a written description about the contents of video footage of the incident by a DJS OIG investigator, the footage shows that the manager “moves her left hand up and slaps youth on the back of his head.” Youth residents on the unit corroborated the youth’s assertion that he was hit by the manager.

Another youth reported to the DJS child advocate that, after he refused to comply with directives to go to his cell, the same residential unit manager who was involved in the incident just described called the second youth a “bitch.” The youth was physically restrained and put in his cell. The youth also reported that, once he was in his cell, he complained to the unit manager that his arm had been hurt during the restraint. The youth said that the manager responded by saying, “Fuck you and your arm.” According to a subsequent investigatory report conducted by the DJS OIG, the youth’s account was corroborated by several youth and by a DJS staffer who was present. Another staffer interviewed by the DJS OIG reported that he heard the manager say to the youth, “You’re going into the fucking room,” in response to the youth’s refusal to comply. The youth explained to the DJS OIG investigator that the manager “was very disrespectful which is why the youth became so upset during the incident” and that the manager “always talks to kids that way.”

Administrators should ensure that unit staff are held accountable for verbally abusive as well as physically inappropriate behavior toward youth. All staff should receive ongoing training on the importance of maintaining professionalism in their interactions with youth. Furthermore, staff need better coaching and mentoring on utilizing verbal processing in response to difficult or non-compliant behavior rather than relying on commands and physical force. Restraints to enforce compliance contravene Department policy and can be re-traumatizing.<sup>31</sup>

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<sup>31</sup> Md. Dept. of Juvenile Services Policy and Procedure RF-02-07. See also <https://www.publiccounsel.net/ya/wp-content/uploads/sites/6/2015/02/Trauma-Fact-Sheet-June-2016.pdf> (p.1).

## Staff Supervision of Youth

Visual supervision of youth is an integral component of safety and security. Lapses in direct care staff supervision can contribute to youth or staff injury, as the following incident illustrates. In Incident 152924, a lawyer representing a youth was escorted to a facility conference room preparatory to meeting with a client. Several minutes later the youth was brought to the room by a staffer. The staffer then left the area to answer a phone call in a nearby office and so did not maintain visual supervision of the attorney and the youth. Moments later he heard a scream and ran back to the conference room. The attorney reported that she had been assaulted by the youth. Documented comments by the shift commander concerning the incident made note that the staffer involved was not properly posted. The above incident should be utilized in staff training on the necessity of strictly adhering to supervision and observation protocols while in coverage.

## Violations of Seclusion Policy

There continued to be confusion among staff about proper seclusion protocols during the quarter.<sup>32</sup> In Incident 153625, youth involved in a group fight were locked in their rooms for over 40 minutes as management staff investigated the incident, yet seclusion procedures were not followed. The DJS seclusion policy is designed to protect youth from harm and requires (in part) that staff physically check on youth at periodic intervals and document their findings. In response to ongoing issues with adherence to the seclusion policy, the facility conducted a staff training on seclusion reporting and documentation requirements. Administrators should closely monitor whether staff are following the seclusion policy to ensure compliance.

## **Improper Implementation of Behavior Management System**

The Department operates a points and levels behavior management system at BCJJC and all other DJS operated detention and committed placement facilities. Youth at other DJS detention centers are able to earn basic hygiene products and snack items at the end of the week after demonstrating compliant behavior. However, staff at BCJJC have restricted access to earned hygiene and snack items to a biweekly (instead of weekly) basis. Research on adolescent behavior points to the efficacy of using immediate incentives to encourage positive behavior and a reduced responsiveness to delayed rewards.<sup>33</sup> Youth at BCJJC should, at a minimum, be allowed access to weekly incentives in the same way as youth in other DJS facilities. Additionally, the Department needs to create more opportunities for youth to earn timely and meaningful incentives rather than relying on once weekly awards of basic hygiene products, chips and candy to motivate and reward youth.

## **Intensive Services Unit**

The Intensive Services Units at BCJJC are self-contained and restrictive housing units for youth identified by DJS as being in need of intensive interventions and increased structure following alleged involvement in incidents of aggression. While the units were ostensibly created

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<sup>32</sup> Several violations of DJS seclusion policy were highlighted on page 32 of the JJMU 2017 Second Quarter Report, available at: [http://www.marylandattorneygeneral.gov/JJM%20Documents/18\\_Quarter2.pdf](http://www.marylandattorneygeneral.gov/JJM%20Documents/18_Quarter2.pdf)

<sup>33</sup> National Research Council. 2013. Reforming Juvenile Justice: A Developmental Approach. Washington, DC: The National Academies Press. Available at: <https://www.nap.edu/read/14685/chapter/9#187>

to provide youth with increased supports and individualized behavioral health services, the ISUs in essence operate as a punitive sanction. Youth on the ISUs remain seated all day and do not leave the unit except for one hour each day for large muscle exercise in the gym. They are excluded from participating in the behavior management system which allows youth to earn tangible incentives for positive behavior and they are also not allowed to participate in structured programming of therapeutic value, such as art, yoga, and mentoring groups.

During a monitoring visit to one of the ISUs, youth were locked into their rooms at 5:30 pm to prepare for shower time and, after showers, were not let out their rooms for the remainder of the evening. Youth reported that the 5:30 pm lock in time is a routine occurrence on the unit and that they remain locked in until designated bedtime at 8:00 pm. All the general population units begin shower time one-and-a-half hours later than the ISUs (at 7:00 pm as opposed to 5:30 pm). The early lock in time for ISU youth is punitive; it functions as de facto and baseless seclusion and needs to be discontinued. Instead of managing behavior through early lock in times, youth should have access to tailored structured programming and treatment and recreational services during after-school hours that help teach them effective emotional regulation, coping, critical thinking, and conflict resolution skills.

### **Programming**

Youth throughout the facility spend a substantial portion of after-school and weekend hours playing cards or watching TV on the residential units. Excessive periods of unstructured time can lead to boredom and frustration which, in turn, can manifest in horseplay and fights. Several incidents during the quarter occurred when youth were left unengaged on housing units (Incident 153816, 153521, 152806, and 153626). Administrators are actively working to increase the level of constructive programming at BCJJC. Yoga classes, art instruction, book clubs, dialogue circles, and mentoring groups are consistently held at the facility. Given the large size of the population at BCJJC and the number of living units – all of which are kept separate – efforts to increase the availability of programming should continue and be expanded further so that all youth (including those on the ISUs) have the opportunity to participate in enrichment and recreational activities on a regular basis.

### **Education**

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) operates the school at BCJJC. Educational staffing was bolstered to allow for teacher coverage on-site for both ISUs. However, on a monitoring visit during the quarter, instruction was not available for the full school day because teachers assigned to the ISUs were required to report to the designated school area for the general population in order to cover for teaching staff who were absent. To avoid disruptions in education programming, youth on the ISUs should be able to attend high school classes in the designated school area instead of being forced to depend on the presence of educators on the ISUs. Substitute teachers should also be available to fill gaps created by last minute call outs and to ensure that all youth in the facility consistently receive education services throughout the full school day.

As noted earlier, a significant portion of the population (51%) at BCJJC is comprised of youth charged as adults. Their length of stay is typically much longer than youth with juvenile

charges<sup>34</sup>, yet education programming and rehabilitative services are not geared toward their needs. Youth express interest in engaging in long-term career and technical (CTE) courses that will lead to employment upon their release, however, current CTE options are limited to short-term programs in safe food handling and flagger<sup>35</sup> training.

The lack of variety in CTE courses is particularly problematic for students who have already earned a high school diploma or GED. Some of these students may also be facing adult charges which means they will spend months in detention without consistent access to meaningful education programming.

Partnerships with local colleges and businesses should be established to provide youth with instruction in high demand areas such as computer technology, STEM-related fields, and trades such as plumbing, HVAC, and barbering.

For more information on education services in DJS facilities, see the section on MSDE JSES which begins on page 54.

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<sup>34</sup> In FY 2017, adult housing youth spent an average of 114 days at BCJJC. See Maryland DJS Data Resource Guide p. 113, available at: [https://djs.maryland.gov/Documents/DRG/Detention\\_FY2017\\_DRG.pdf](https://djs.maryland.gov/Documents/DRG/Detention_FY2017_DRG.pdf)

<sup>35</sup> Flaggers are safety promoting workers who use flags to control vehicle movement on roadways and building sites.

## Cheltenham Youth Detention Center

Cheltenham Youth Detention Center (CYDC), located in Prince George's County, is a hardware secure (locked and fenced) detention center owned and operated by the Department of Juvenile Services (DJS/the Department). The DJS-rated housing capacity is 72 boys. African American youth represented 76% of total youth entries during the third quarter of 2018, compared to 71% in the third quarter of 2017. Hispanic/Latino youth represented 12% of entries during the quarter, an increase of 1% compared to the third quarter of 2017.

<b>CYDC– Selected Incident Categories</b>	<b>Q3 2016</b>	<b>Q3 2017</b>	<b>Q3 2018</b>
<b>Average Daily Population (ADP)</b>	<b>58</b>	<b>41</b>	<b>54</b>
1. Youth on Youth Assault/Fight	32	54	31
2. Alleged Youth on Staff Assault	1	3	0
3. Physical Restraint	33	59	33
4. Use of Handcuffs and/or Shackles	8	0	1
5. Seclusion	3	19	4
6. Contraband	1	2	2
7. Suicide Ideation	4	1	4
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	0	0	0

## Safety and Security

Average daily population during the third quarter of 2018 increased by 32% compared to the third quarter of 2017. However, youth fights and assaults decreased by 43%, physical restraints of youth by staff decreased by 44%, and the use of seclusion decreased by 79% when

comparing the same two time periods. Mechanical restraints (handcuffs and/or leg irons) were used once within the facility during the third quarter of 2018.

### Structured Programming

Diligent attention to safety and security have been combined with a host of programming options to help reduce incidents and downtime on the living units. Plans to introduce wellness and fitness, drumming, art, life skills, and gardening classes were implemented during the third quarter. The Department should continue to support facility administrator efforts to ensure meaningful and creative enrichment activities for youth at Cheltenham and at every DJS facility.

### Challenges with Staff Cohesion

Efforts to enhance operations through team building for staff throughout the facility, including supervisors, direct-care staff, mental health clinicians, and case managers, should continue. There were several incidents during the quarter in which a team approach could have prevented or better addressed problematic youth behavior.

In Incident 153703, two case managers began verbally arguing and cursing at each other during a youth basketball game. One youth became agitated that a male case manager was yelling at a female case manager and started to make threats toward the male case manager. The youth approached the male case manager aggressively and was restrained by staff and moved away from the target of his aggression. Despite efforts by staff to separate the youth from the case manager, the male case manager (who appeared visibly agitated) tried to get involved in an ensuing physical restraint of the youth by other staffers. The case manager had to be held back from the youth by colleagues. This incident illustrates how a staffer's lack of professionalism, failure to provide positive role-modeling and promotion of an aggressive approach can have tangible effects on youth behavior.

In Incident 152986, a youth would not stand in line in during movement from one school classroom to another. Two staffers stood passively by without addressing the situation. Another staffer confronted the youth face-to-face and began pushing him. Subsequent review of the situation by a shift commander included comments on the inappropriate nature of the staffer's intervention. Training on how to working together as a team to address youth non-compliance was provided to the staffers involved.

In some instances, staff failure to appropriately respond to youth behavior resulted in physical restraints of youth that violated DJS policy and may have been preventable. In Incident 154707, a youth refused to lock in his cell to prepare for shower time. The shift commander was notified, but instead of coming on the unit to process with the youth, she ordered staff to physically restrain the child and place him in his cell, contrary to DJS policy which expressly prohibits the use of physical restraints to enforce compliance.<sup>36</sup> In Incident 153747, a youth was

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<sup>36</sup> Md. Dept. of Juvenile Policy and Procedure RF-02-07. The policy states that staff "may not use...restraints...as a means of...program maintenance (enforcing compliance with directions)" and permits their utilization "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."

scheduled to be taken to a placement facility on the following day and was displaying challenging behaviors throughout the day. While on the living unit, he threw a deck of cards on the floor and refused to pick them up. The youth also refused requests to take a personal restriction (time-out period), however, he did not display physically aggressive behavior. Nevertheless - and although DJS policy precludes the utilization of physical restraints (and seclusion) except as a last resort where youth display an imminent risk of harm to themselves or others (or are trying to escape) - the youth was physically restrained by staff and locked in his cell.

Mental health staff at the facility were not consulted to process with youth in either of the incidents during the build up to their non-compliance. The therapists may have been able to deduce and help the youths address process underlying reasons (such as potential anxiety) driving their challenging behavior. Mental health clinicians are an integral part of a team approach to youth care and should be consistently consulted to help mitigate escalating situations and to provide ongoing staff training on constructive interaction with the young people in their care.

### **Family Engagement**

Youth at DJS detention facilities are permitted two 10-minute phone calls per week to immediate family members. Youth frequently report that the limited number and duration of phone calls makes it difficult to maintain critical family bonds and supports. In an effort to address youth concerns and increase family engagement, administrators at CYDC provided youth with one additional phone call per week. Calls were administered by case management staff using phones located in the case management office. This practice did not impact facility operations nor did it result in increased cost to the Department. However, the increase in number of phone calls from two to three per week was subsequently prohibited by administrators at DJS headquarters during the quarter. The additional call provided to youth at CYDC should be reinstated. Youth at all DJS-operated facilities should receive more phone calls.

### **Education**

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) operates the school at CYDC. The school schedule was changed at the beginning of the third quarter from hour long classes to 90 minute classes. Instructors experienced challenges in attempting to engage the students for an hour-and-a-half at a time. During school monitoring visits, it was observed that youth typically engaged in work for the first 20 to 30 minutes of class time and were then allowed free time to talk amongst themselves. Some teachers relied on movies and YouTube videos to fill up time.

Options for post-secondary education or career and technology education (CTE) for high school graduates are limited at all DJS facilities. Short term, week-long courses in construction site/highway flagging and basic food service hygiene are available on a rotating basis. Instruction in hands-on CTE courses is not offered at all. Eligible high school graduates can participate in the modest World of Work program operated by DJS.<sup>37</sup> However, participants are often left unengaged for significant periods of time because there is not always enough work or available

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<sup>37</sup> The World of Work Program pays youth minimum wage for performing chores around the facility.

staff to supervise and consistently occupy youth throughout the school day. Five high school graduates (three of whom were enrolled in the World of Work program) were observed during a monitoring visit completing coloring sheets distributed to them during the school day in an effort to keep them occupied.

Youth with high school diplomas should have access to a variety skill building opportunities in various trades and professions. Substantive career readiness and training programs are especially important for adult housing youth who typically spend months in detention awaiting court decisions on their case.<sup>38</sup>

For more information about education services in DJS facilities, see the MSDE JSES section which begins on page 54.

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<sup>38</sup> In FY 2017, the average length of stay for adult housing youth at CYDC was 70 days.



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

The Charles H. Hickey, Jr., School (Hickey) in Baltimore County is a hardware secure (locked and fenced) detention center for boys. Hickey is owned and operated by the Department of Juvenile Services (DJS/the Department) and has a DJS-rated housing capacity of 72 beds. African American youth accounted for 77% of entries during the third quarter of 2018 compared to 81% in the third quarter of 2017.

Hickey – Selected Incident Categories	Q3 2016	Q3 2017	Q3 2018
<b>Average Daily Population (ADP)</b>	<b>45</b>	<b>58</b>	<b>59</b>
1. Youth on Youth Assault/Fight	38	50	58
2. Alleged Youth on Staff Assault	2	0	2
3. Physical Restraint	71	51	54
4. Use of Handcuffs and/or Shackles	5	5	3
5. Seclusion	3	14	8
6. Contraband	3	2	1
7. Suicide Ideation	4	1	4
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	0	0	0

### Safety and Security

Some incidents during the quarter indicated the need for more intensive training of staff on supervision protocols, de-escalation techniques, and the management of group dynamics (152613, 152714, 153004, 153952, and 152680). Incident 152613 occurred on a living unit experiencing chronic and on-going tension among youth that necessitated close staff supervision. Notwithstanding this need, a group of kids was left unsupervised in a back hallway and a fight broke out involving several youth. One youth had to be sent to a local hospital

emergency room due to injuries that resulted from the fight. While the shift commander's original written review of the incident maintained that staff were properly posted, the situation and related documentation was audited by administrators who noted that "poor supervision contributed to this incident."

Administrators have plans to conduct an in-house training on basic security protocols for all staff to help ensure a safer and more structured environment. Enhanced skills training for supervisors should also be considered, with particular emphasis on the importance of conducting objective, accurate and thorough critiques of incidents.

## **Youth Mental Health**

According to DJS data, 81% of girls and 61% of boys in DJS custody have moderate-to-high mental health needs.<sup>39</sup> Mental health staff at Hickey should take a more proactive approach in assisting youth facing challenges. During a monitoring visit, a youth on the infirmary reported prolonged feelings of sadness and periods of crying throughout the night. He requested to see mental health during the daytime and a second request was initiated by the monitor during an evening monitoring visit, however mental health staff were not available to meet with the youth. A concerned staffer who had previously established rapport with the youth came to the unit to talk to him. Mental health coverage at all DJS facilities should be expanded to include access to at least one on-site clinician during youth waking hours every day of the week to help support young people in distress and to train and aid line staff in crisis intervention.

Mental health staff can and should also provide professional support to youth during stressful transition times, such as before and after court visits and during placement decisions. In Incident 152615, a youth returned to the facility from court visibly upset and was returned to the general population immediately upon arrival. He approached another youth and punched him and was then physically restrained by staff. Providing the youth with the opportunity to process his court visit before being placed back on the living unit could have potentially prevented this incident. Administrators at Hickey and other DJS facilities should implement a practice that ensures mental health staff debrief with youth after court hearings or important meetings (with family members, for example) to help youth cope and increase facility safety.

Maryland law allows for certain youth charged as adults to be housed in hardware secure juvenile detention facilities. The law was designed to protect youth from abuse in the criminal justice system. Research shows that youth in adult facilities experience "higher rates of physical assault, sexual abuse, and suicide than their counterparts in juvenile facilities."<sup>40</sup>

Adult housing youth are typically held in juvenile detention for much longer periods of time than youth with juvenile charges. In fiscal year 2017, adult charge housing youth at Hickey comprised 14% of the ADP and these youth had an average length of stay of 114 days (versus an average length of stay of 20 to 40 days for youth with juvenile charges). Current educational and other available programming at DJS detention centers is not geared toward meeting the

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<sup>39</sup>Maryland Department of Juvenile Services Interim Report: Services for DJS-involved Girls. January 2018. Page 28.

<sup>40</sup> <http://law.emory.edu/elj/content/volume-61/issue-6/comments/cruel-and-unusual-punishment.html>

unique needs of adult housing youth. For example, a high school graduate held in adult charge housing had no opportunity to engage in appropriate education programming throughout his four month stay at Hickey. While the youth expressed interest in college classes and in studying for the military entrance exam, he was forced to spend the bulk of the school day sitting in on high school courses. DJS and MSDE JSES should work together to ensure access to meaningful, individualized educational and rehabilitative programming for adult housing youth.

For information about educational services in DJS facilities, see the section on MSDE JSES which begins on page 54.

## Thomas J.S. Waxter Children's Center

The Thomas J.S. Waxter Children's Center (Waxter) in Anne Arundel County is a hardware secure (locked and fenced) detention center for girls. Waxter is operated by the Department of Juvenile Services (DJS/the Department) with a DJS-rated housing capacity of 42 beds. African American youth represented 66% of entries during the third quarter of 2018 compared to 72% in the same period in 2017.

<b>Waxter – Selected Incident Categories</b>	<b>Q3 2016</b>	<b>Q3 2017</b>	<b>Q3 2018</b>
<b>Average Daily Population (ADP)</b>	<b>25</b>	<b>19</b>	<b>25</b>
1. Youth on Youth Assault/Fight	23	11	9
2. Alleged Youth on Staff Assault	8	7	12
3. Physical Restraint	52	44	42
4. Use of Handcuffs and/or Shackles	6	4	2
5. Seclusion	3	1	5
6. Contraband	1	5	1
7. Suicide Ideation	25	32	17
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	7	4	2

### Safety and Security

The average daily population (ADP) at Waxter during the third quarter of 2018 increased by 32% compared to the same period in 2017 while youth fights and assaults, use of physical and mechanical restraints (handcuffs and/or leg irons), and incidents of suicide ideation decreased. However, the use of seclusion increased from one to five and alleged youth on staff assaults increased substantially when comparing the same two time periods.

## Staff-to-Youth Ratios

Comprehensive staff coverage beyond minimum corrections staffing ratios<sup>41</sup> can help keep both youth and staff safe. While current staffing levels allow for situations where one staffer is responsible for supervising a group of youth, some incidents demonstrate how the presence of an additional staff member can help maintain safety and security. For instance, in Incident 153620, two girls in school became embroiled in a verbal argument that led to a physical altercation. One staffer was present and attempted to restrain one of the girls that was involved in the fight. A youth restrained the other girl involved in the fight until staff assistance could arrive. In Incident 152981, youths were being supervised in a classroom by a single staffer when one of the girls became upset about a postponed court date and began dismantling a bookshelf. The girl removed metal parts from the bookshelf and the staffer attempted to take these pieces away from her. The girl began hitting the staffer in the head as the staffer waited for staff assistance. A minimum of two staffers should be supervising a group of youth at all times to promote safety and provide support in de-escalation efforts and crisis intervention.

## Medical and Mental Health Care

Girls at Waxter voiced persistent problems with the quality of medical care they receive both during monitoring visits and through the grievance process.

DJS data show that 76.1% of girls in out-of-home placement in fiscal year 2016 had a moderate to high mental health need and that 40% of girls had a history of physical or sexual abuse (compared to 13.5% of boys).<sup>42</sup>

Access to integrated medical and mental health care for girls is associated with both enhanced well-being and lower recidivism, yet the unique needs of incarcerated girls often remain unaddressed.<sup>43</sup>

Youth concerns about staff professionalism and perceived disrespect and insensitivity of medical staff (Grievances 14454, 147222, and 14700); unresponsiveness by medical staff to youth health questions and concerns (Grievances 14454 and 14722); and delays in medical treatment (Grievances 14759, 14706, 14550, and 14758) were reported during the third quarter.

Research on the health care related needs of girls in the juvenile justice system has demonstrated that “detained girls tend to have different and more serious health (including reproductive), and mental health needs than their male counterparts; and are less likely to have their health needs identified or met within a system designed for the larger population of boys.”<sup>44</sup>

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<sup>41</sup> Department daytime staffing ratios at Waxter are one staff for every eight youth.

<sup>42</sup> DJS 2017 update to Report on Female Offenders (February, 2012)

<sup>43</sup> [https://rights4girls.org/wp-content/uploads/r4g/2015/02/2015\\_COP\\_sexual-abuse\\_report\\_final.pdf](https://rights4girls.org/wp-content/uploads/r4g/2015/02/2015_COP_sexual-abuse_report_final.pdf) (p.17)

<sup>44</sup> <http://www.girlshealthandjustice.org/wp-content/uploads/2014/05/8591-health-coverage-and-care-for-youth-in-the-juvenile-justice-system.pdf> (p. 11)

Medical staff at Waxter, who are partly comprised of contracted nurses from local employment agencies, do not receive specialized training on working with detained adolescents or providing gender-responsive and trauma-informed medical services for the girls under their care. Enhanced training for medical personnel and the hiring of experienced health care clinicians who have a demonstrated commitment to the health needs of justice-involved girls can improve provider-patient interactions and help promote positive health outcomes for youth.

Although there are mental health professionals employed by the Department to proactively deliver services to youth in need at Waxter, observations consistently indicate that these workers are not making rounds and interacting directly with youth despite the high mental health needs of a substantial number of the young people incarcerated at Waxter. While the Department utilizes mental health counselors to assess youth, it is vital that such duties do not detract from direct services for youth in need of therapeutic support (or even in crises). Mental health counselors must be present and available on-site every day and should be constructively interacting with kids and staff on the residential units and elsewhere during youth waking hours daily, including on weekends.

If the current number of counselors is inadequate to meet the service needs of youth at Waxter while also maintaining responsibility for assessments, then the Department must increase the number of fulltime mental health professionals assigned to the facility.

The Department has failed to address a long-standing vacancy for a substance abuse counseling professional as substance abuse counseling services, though a critical need among detained youth, are split between the Waxter facility in Laurel and the Noyes facility in Rockville. Having to alternate time between facilities detracts from the clinician's ability to provide comprehensive services to youth at either site. Both Waxter and Noyes (and all other DJS detention and placement facilities) must have at least one substance abuse professional who works at the facility full-time.

### **Emergency Preparedness**

There was a fire in the facility during overnight hours on July 2, 2018, that required youth and staff evacuation. Staff escorted youth to an unsecure area and then relocated them to a secure area. Youth filed a grievance expressing concern that staff lacked sufficient knowledge about standard fire emergency procedures (Grievance 14621). Administrators should ensure that staff have a thorough grasp of emergency response procedures and that they are able to demonstrate knowledge about facility evacuation protocols.

### **Large Muscle Exercise**

Youth are entitled to a minimum of one hour of large muscle activity every day, but access to appropriate exercise space at Noyes is complicated by space limitations. The gym also serves as facility cafeteria and visiting space. The outdoor area is utilized for recreation when weather conditions permit. During inclement weather, some youth are required to exercise on the living units, which were not designed for sports activity. Shortcomings in recreation services are

exacerbated by an ongoing vacancy for a recreation specialist responsible for arranging engaging and varied physical activities. The vacancy should be filled as soon as possible.

### **Education Services**

The Maryland State Department of Education, Juvenile Services Education System (JSES) operates the school at Waxter. While the MSDE JSES schools system face substantial issues with teacher hiring and retention in all DJS facilities, there are usually fewer vacancies for education personnel at Waxter than elsewhere in the system. The school is well managed and students at Waxter report being constructively engaged during the school day.

During the quarter a youth refused to attend a class because she perceived the teacher as being racist. Mediation attempts by the principal were unsuccessful and the issue was not resolved. Education staff at MSDE JSES schools should receive formal training in implementing a restorative justice approach in classrooms to help effectively manage conflicts and to create and sustain a healthy school environment. Plans by MSDE JSES to include cultural sensitivity training for educators should also go forward and include implicit bias as part of the training curriculum to help school officials build a more inclusive school climate.

For more information on education services in DJS facilities, see the section on MSDE JSES which begins on page 54.

## Alfred D. Noyes Children’s Center

The Alfred D. Noyes Children’s Center, located in Montgomery County, is a Department of Juvenile Services (DJS/the Department) owned and operated maximum security detention center for boys and girls with a DJS-rated capacity of 57. African American youth represented 55% of entries during the third quarter of 2018 compared to 61% in the third quarter of 2017. Hispanic youth accounted for 29% of entries versus 16% in the third quarter of 2017.

<b>Noyes – Selected Incident Categories</b>	<b>Q3 2016</b>	<b>Q3 2017</b>	<b>Q3 2018</b>
<b>Average Daily Population (ADP)</b>	<b>32</b>	<b>29</b>	<b>33</b>
1. Youth on Youth Assault/Fight	44	31	23
2. Alleged Youth on Staff Assault	4	1	5
3. Physical Restraint	51	50	84
4. Use of Handcuffs and/or Shackles	5	11	12
5. Seclusion	3	7	0
6. Contraband	0	3	2
7. Suicide Ideation	8	17	7
8. Suicide Attempt	0	0	1
9. Self-Injurious Behavior	10	1	1

### Safety and Security

Average daily population increased by 14% in the third quarter of 2018 in comparison to the third quarter of 2017 while youth on youth fights and assaults decreased by 26% and incidents of suicide ideation decreased by 59%. Physical restraints increased by 68% and use of mechanical restraints (handcuffs and/or leg irons) within the facility increased by one (from 11 to 12).



## Youth Mental Health

A girl with severe mental and behavioral health needs related to a developmental disorder was court ordered to be detained at Noyes over a one week period during the third quarter. She was physically restrained at least 14 times and mechanically restrained at least seven times to prevent her from harming herself, staff, or other youth. The youth also consistently demonstrated verbally aggressive behavior toward youth and staff. As a result, the other girls on her residential unit reported feeling stressed, unsafe, and re-traumatized. A hardware secure detention facility such as Noyes is an extremely inappropriate setting for youth with developmental disorders and/or severe mental illness. Noyes staff do not receive specialized training in caring for young people with mental health challenges and experts have noted that “far from receiving effective treatment, young people with behavioral health problems simply get worse in detention, not better.” The State of Maryland should expend effort and resources to ensure the availability of intensive mental health services and supports in local communities in order to properly serve the needs of youth and their families outside of the deep end of the juvenile justice system.

A long standing and unaddressed drug counselor position vacancy negatively effects service to youth at both the Noyes and Waxter facilities. Substance abuse counseling services are split between Waxter (the detention center for girls located in Laurel in Anne Arundel County) and at Noyes (in Rockville). Splitting coverage time between Noyes and Waxter detracts from the ability of professionals to provide comprehensive services to youth throughout waking hours at either facility. The consistent presence of substance abuse counseling professionals at every DJS facility during waking hours is essential because of the high proportion of youth struggling with addiction issues who are confined at DJS detention and placement facilities. The hiring and retention of full-time in-house substance abuse counselors must be prioritized for Noyes, Waxter and for all DJS facilities.

## Youth Dynamics

Tension between youth from different neighborhoods in the surrounding community continue to be a potential source of youth conflict leading to incidents of aggression within the facility (Incidents 152026 and 152169). The Department has contracted with professionals in restorative practices to help proactively handle issues related to interpersonal dynamics among youth. Administrators are also increasing programming to reduce idle time and boredom, which can contribute to frustration and acting out behavior. Ongoing activities include life skills classes, a drumming circle, and art classes taught by criminal justice studies interns from a local college. Efforts to engage community resources to enhance programming should continue and the Department should work to integrate restorative practices into regular facility operations across the state.

## Camera Coverage

Camera blind spots within the facility can prevent or hamper thorough investigation of incidents. For example, in incidents 153202 and 153669, youth alleged staff abuse in areas that were outside of camera coverage. Gaps in camera coverage should be noted and rectified.

## **Youth Quality of Life**

Administrators began making some improvements to ongoing quality of life concerns raised by youth. Staff surveyed youth on ways to improve food quality and allowed youth the option of choosing one meal per month. Youth recommendations for snack items were also solicited.

Youth continue to have concerns about the presence of ants and other bugs in their sleeping quarters, including a bee infestation that occurred during the third quarter (Grievance 14713). Extermination services should be delivered at greater frequency to keep units free from pests.

Youth used to be able to obtain fresh drinking water from water coolers placed on the units. These coolers were prohibited for safety and security reasons by DJS administrators. During monitoring visits, staff and youth reported that the water fountains installed on the units supply metallic and sour tasting water that has not been alleviated by recently installed filters (Grievance 146140). Youth and staff should have access to appropriate quality potable water as needed.

## **Education Services**

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) operates the school at Noyes.

MSDE JSES has been partnering with Montgomery County Public Schools (MCPS) in order to deliver some extra courses of study to youth at Noyes. As a result of the connection, formal art instruction was provided by a certified art teacher on leave from Montgomery County Public Schools (MCPS) during the summer months. Initiatives between MSDE JSES and MCPS should be substantially deepened in order to bring needed educational resources (which are available to students in MCPS) to students at Noyes (where the majority of youth come from Montgomery County).

Daily communication and coordination between supervisors, direct-care staff, and school officials at Noyes should be prioritized in order to avoid disruptions in the education schedule and help maintain safety and security, as the following situations illustrate.

During a monitoring visit in the third quarter, youth were escorted from a residential unit to afternoon class 30 minutes after the scheduled start time. Teachers were not informed of the delay. Education staff had requested that some students be brought to a designated testing site for required assessments, however the students were brought to classrooms instead which resulted in confusion and further delays. In Incident 153532, students from two different units crossed paths when changing classrooms and a group fight ensued. Regular communication between DJS and MSDE JSES staff could help prevent problems and help provide more structure during the school day.

Problems with recruitment and retention of education staff persist at Noyes. A long time clerk who had established strong relationships with local schools to help facilitate the transfer of student records resigned during the quarter to take a higher paying position within the Montgomery County Public School system. Also, a long term substitute hired to fill a social studies vacancy resigned during the quarter. In order to attract and retain qualified personnel, education staff at Noyes should receive comparable compensation and benefits to school staff in neighboring school districts.

For more information on education services in DJS facilities, see the section on MSDE JSES which begins on page 54.

### Lower Eastern Shore Children's Center

The Lower Eastern Shore Children's Center (LESCC) is a hardware secure detention center located in Salisbury. LESCC is owned and operated by the Maryland Department of Juvenile Services (DJS/the Department) and has a DJS-rated housing capacity of 18 boys and six girls. African American youth represented 73% of entries during the third quarter of 2018, compared to 80% in 2017.

LESCC – Selected Incident Categories	Q3 2016	Q3 2017	Q3 2018
<b>Average Daily Population (ADP)</b>	<b>17</b>	<b>16</b>	<b>20</b>
1. Youth on Youth Assault/Fight	14	5	14
2. Alleged Youth on Staff Assault	1	2	1
3. Physical Restraint	24	31	59
4. Use of Handcuffs and/or Shackles	0	0	0
5. Seclusion	0	2	1
6. Contraband	1	1	0
7. Suicide Ideation	12	3	22
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	0	0	0

Average daily population increased by 25% during the third quarter of 2018 compared to the third quarter of 2017 while the number of incidents involving youth fights and assaults nearly tripled and those involving physical restraints of youth by staff almost doubled. Mechanical restraints (handcuffs and/or leg irons) were not used within the facility during the quarter while seclusion was used once during the third quarter.

There were 22 incidents of suicide ideation at LESCC during the quarter, a higher than sevenfold increase compared with the third quarter of 2017. Changes to the physical plant to

minimize the risk of self-harm are needed. Unlike other DJS-operated detention centers, the toilets and sinks located in individual cells at LESCC are made of porcelain. The porcelain material can be broken into pieces that can be used to cause self-injury or as a weapon. The Department should replace the porcelain components with a break resistant material. In addition, Americans with Disabilities Act (ADA) compliant grab bars are installed in facility bathrooms. Some of these ADA bars pose a hanging risk as presently configured and should be modified to help prevent potential suicide attempts.

There is no assistant superintendent position assigned to LESCC. Management staff assist in administrative tasks while also supervising facility operations. An assistant superintendent position should be created at LESCC (and at the WMCC detention facility, where there is also a need for the same such an additional position).

In response to youth concerns, administrators at LESCC modified the schedule to allow for additional recreation time in the early afternoon to break up the school day. Efforts should also be made to increase programming options on the weekends as youth continue to report excessive downtime during this time period. A female youth noted that recreation time primarily consists of organized basketball games and requested more varied activities. The recreation specialist should work together with other staff to arrange and provide a variety of activities.

Several youth reported that their families were unable to visit them due to a lack of reliable transportation. The Department should arrange for transportation assistance from youth homes to facilities to help promote family engagement.

Families engaged with youth at LESCC (in part) by playing board games or cards with youth during visitation as an icebreaking and bonding mechanism. However, administrators at DJS headquarters, citing safety and security concerns, prohibited families and youth from engaging in these activities. Such a corrections-oriented approach to youth in detention negatively effects the quality of family engagement for youth. The Department should support facility staff in their efforts to foster positive interactions between youth and their families.

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) is responsible for education services in DJS facilities. For information on education services in DJS facilities, see the section on MSDE JSES which begins on page 54.

**Western Maryland Children’s Center**

Western Maryland Children’s Center (WMCC), located in Washington County, is a 24-bed maximum security detention center for boys owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). African American youth represented 52% of total entries in the third quarter of 2018, a decrease compared to 61% in the third quarter of 2017. Hispanic youth accounted for 16% of total entries during the third quarter of 2018, an increase compared to 6% during the third quarter of 2017.

<b>WMCC – Selected Incident Categories</b>	<b>Q3 2016</b>	<b>Q3 2017</b>	<b>Q3 2018</b>
<b>Average Daily Population (ADP)</b>	<b>20</b>	<b>20</b>	<b>15</b>
1. Youth on Youth Assault/Fight	14	10	11
2. Alleged Youth on Staff Assault	0	0	1
3. Physical Restraint	24	19	23
4. Use of Handcuffs and/or Shackles	4	2	4
5. Seclusion	1	0	1
6. Contraband	2	1	0
7. Suicide Ideation	7	1	3
8. Suicide Attempt	0	0	0
9. Self-Injurious Behavior	0	0	0

The average daily population decreased by 25% during the third quarter of 2018, compared with the third quarter of 2017. Youth fights and assaults increased slightly (from 10 to 11), the utilization of physical restraints increased by 21%, and the use of mechanical restraints (handcuffs and/or leg irons) increased by two (from two to four) when comparing the same two periods.

The reduction in population at WMCC is a positive development in relation to both public safety and positive youth outcomes. Research shows that detained youth “are less likely to complete high school, less likely to find employment, and more likely to suffer mental health problems than comparable youth who are not detained. Detained youth are also more likely to be rearrested, adjudicated or convicted for new offenses, and incarcerated than youth who remain at home awaiting court or pending placement.”<sup>45</sup>

There is no assistant superintendent position assigned to WMCC. Traditionally, the case manager supervisor (CMS) assisted the superintendent with administrative tasks in addition to completing CMS duties. However, the CMS position has been vacant for the last six months. The Department should create an assistant superintendent position at WMCC (and at the LESCC detention facility) and the hiring process for vital positions (such as CMS) should be expedited.

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) is responsible for education services in DJS facilities. Due to the low numbers of special education students at WMCC during part of the third quarter, the special education teacher had time to both provide instruction and develop special events for the school, including a week long career speaker series and a learning module on nutrition. Additional personnel should be assigned to the school to help provide education enrichment programming for students on a regular basis. Supplemental staff could be especially beneficial at WMCC in Hagerstown as the school continues to share a principal with the Victor Cullen Center, which is located in Frederick County.

For more information on education services in DJS facilities, see the section on MSDE JSES which begins on page 54.

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<sup>45</sup> Juvenile Detention Alternatives Initiative Progress Report (2014). Annie E. Casey Foundation. Available at <https://www.aecf.org/m/resourcedoc/aecf-2014JDAIProgressReport-2014.pdf> (p.5 and 6)

## **SMALLER FACILITY UPDATES**



## SMALLER FACILITY UPDATES

Incidents involving aggression at smaller facilities licensed by DJS remained low during the third quarter of 2018.

### Morning Star Youth Academy

Morning Star Youth Academy is a staff secure (not locked or fenced) committed placement center on the eastern shore operated by Vision Quest, Inc., and licensed by DJS to house up to 24 boys. Morning Star adheres to a trauma-informed and trauma-responsive system of care known as the Sanctuary model.<sup>46</sup> Staff receive ongoing training in utilizing the principles of the Sanctuary model in their interactions with youth.

Individual and group therapy is provided by a contracted vendor on a consistent basis. However, the ability to provide comprehensive access to family therapy is limited because many families live far away from the facility. Morning Star and Vision Quest administrators should invest in computers with videoconferencing capabilities to facilitate access to family-related treatment needs and provide families with transportation assistance to help promote in-person visits and therapy sessions.

While administrators make efforts to provide recreation, enrichment, and volunteer opportunities in the community and on campus, youth report that excessive downtime remains an issue, especially during the weekends. In addition, youth concerns about the quantity and quality of the meals they receive at Morning Star remain unaddressed. Staff should be more responsive to youth needs for increased activities and nourishing, tasty, and filling meals. A youth advisory board should also be created to allow residents to provide input about the program and make recommendations for improvement.

The recreation specialist who was also certified to teach physical education to students left the facility during the third quarter. An experienced case manager and a seasoned direct-care supervisor also recently resigned. These positions should be filled with equally qualified staff without delay.

During a third quarter monitoring visit, youth voiced concerns about the smell and taste from the well water that they use for drinking and bathing. Monitor observations confirmed that the water contained hydrogen sulfide which produced a foul odor. Maintenance staff should employ a sulfur removal method to address the issue.

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<sup>46</sup> For more information on the Sanctuary model, see: <http://www.sanctuaryweb.com/>

### One Love Group Home

One Love Group Home (One Love) is an 8-bed group home in Baltimore City operated by Building Communities Today for Tomorrow, Inc. The home is licensed by and receives referrals from DJS. The focus of the program is to provide youth between the ages of 17 and 20 with independent living skills. Youth attend local schools and are encouraged get employment experience through work in the community. Life skills classes, substance abuse and mental health treatment, as well as vocational training are provided through community providers. One Love offers personalized care in a home-like environment and could serve as a model of community-based programming for youth in contact with Maryland's juvenile justice system.

# **MARYLAND STATE DEPARTMENT OF EDUCATION IN DJS FACILITIES**

# THE MARYLAND STATE DEPARTMENT OF EDUCATION IN DJS FACILITIES

The Maryland State Department of Education, Juvenile Services Education System (MSDE JSES) operates the school inside each of the Department of Juvenile Services' facilities.

## Funding and Oversight

A major restructuring of the education system serving incarcerated youth as well as an influx of personnel and programmatic resources within MSDE JSES schools are needed to ensure that students have access to an educational experience comparable to that available to their peers in the community and to help foster academic and professional success.

Special education students and students with emotional or behavioral disorders or learning disabilities are disproportionately represented in the juvenile justice system<sup>47</sup> and a high proportion of detained and committed youth come from families living in poverty. Funding formulas that determine the amount of fiscal resources that are devoted to the MSDE JSES program will need to be changed to effectuate increased educational supports and services for students. The designation of MSDE JSES as an official Maryland school district (or Local Education Agency [LEA]) should be considered as a means to increase allocation of education dollars to MSDE JSES schools in DJS facilities so that MSDE JSES students are equitably represented and served within Maryland's education system.

Difficulty in hiring and retaining highly qualified teachers and education personnel, the lack of long-term career and technology education (CTE) teachers and programs, and the lack of elective courses such as art, music, and physical education remain ongoing problems within MSDE JSES schools.

Partnerships with local school systems, community colleges, nearby universities, and businesses should also be prioritized to help bring needed resources to schools. A recent agreement between the school at Noyes and the Montgomery County Public School system allowed for time-limited formal art instruction and blended learning options for students there. Such relationships should be expanded and made permanent in scope to help create a wide variety of supplemental education opportunities for students, including more diverse course offerings; apprenticeships, internships, and employment opportunities; and a greater variety of post-secondary options.

In addition to resource enhancements, a mechanism for external oversight of MSDE JSES also is needed given the vulnerability of the student population. A governing body independent from MSDE JSES can help to ensure that fiscal expenditures are used efficiently, education programs meet rigorous standards, and that parents and juvenile justice stakeholders have a voice and active role in the services provided to youth.

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<sup>47</sup> Students with Disabilities and the Juvenile Justice System: What Parents Need to Know, Pacer Center (2013) available at: <https://www.pacer.org/jj/pdf/jj-8.pdf>

## Education Program

Operating a school system within numerous detention and placement sites is challenging given the varying needs of the student population. The education schedule currently in place at MSDE JSES schools should be restructured to better provide a meaningful and targeted educational experience for youth in the deep end of the Maryland juvenile justice system. Instead of relying on a one-size-fits-all approach, the education program should take into account varying lengths of stay among the student body and should identify and offer educational opportunities based on individual student needs, interests and goals. For example, most high school students in MSDE JSES schools (in both detention and committed placement) attend classes with peers from their residential unit rather than based on their grade level. Furthermore, classes are held in four 90-minute blocks in core content areas while electives such as art, music, and physical education are generally not available to youth in DJS facilities.

For all students, grouping classes by unit or living assignments rather than grade level makes it difficult for teachers to offer instruction that is geared toward students' academic abilities. In addition, the 90-minute class period as currently implemented is not educationally efficient. Students experience difficulty remaining engaged for that length of time without breaks and thus instruction and classwork time is usually limited to the first 45 minutes to an hour of the class period. The rest of the class period is often spent socializing, sleeping, or playing computer games. Elective courses, break periods, and the addition of enrichment and hands-on, participatory learning initiatives and activities should be incorporated into the schedule to keep students involved throughout the school day.

A more creative approach to the curriculum and the school day is necessary to better engage students and improve the delivery of education services in DJS facilities. For example, a bifurcated approach based on projected long and short lengths of stay would better serve students. Youth housed in secure detention facilities on juvenile charges are usually there for a relatively short period of time, and their educational plan should focus on assessment, skill development, and re-engagement with academic work. Youth detained under adult charges and youth that are in committed placement spend several months to over a year in their respective facilities. In addition to high school diploma track offerings, students likely to spend many months or longer in a DJS facility should have access to an education program that includes opportunities for intensive GED preparation courses, credit attainment and recovery options, post-secondary opportunities, and access to several long-term, hands-on career and technology programs that lead to nationally recognized certifications. Longer term students should also be able to work toward attaining college credits, and MSDE JSES should support them in taking steps to further their education or secure employment or job training upon release.

For more information on education services in specific DJS facilities, see the committed placement and detention facilities sections of this report.

# **MARYLAND DEPARTMENT OF JUVENILE SERVICES – RESPONSE**



## DEPARTMENT OF JUVENILE SERVICES

### RESPONSE TO JJMU 2018 THIRD QUARTER REPORT

The Department of Juvenile Services has reviewed the Juvenile Justice Monitoring Unit's (JJMU) 2018 Third Quarter Report, and provides the following response:

#### **The JJMU Should Adopt Standardized and Objective Audit Tools.**

The Department continues to urge the JJMU to adopt nationally-recognized standards and audit tools to ensure objective and credible evaluations of Department facilities. JJMU staff should also be certified to audit all state and federal regulatory requirements (Md. Code Ann., State Government §6-404). By doing so, the Department would be provided clear, factual, measurable, and objective recommendations. Using objective standards would assist the JJMU in reducing any biased or subjective recommendations and provide a consistent framework for its evaluations.

The Department of Juvenile Services (DJS) has its own auditing tools and practices to ensure that staff and administrators are adhering to the Department's policies. Within the Department's Office of the Inspector General, there are several units that oversee and monitor the agency's operations. Specifically, the offices of Quality Assurance, Investigations, Prison Rape Elimination Act (PREA), and Youth Advocacy report to the Inspector General who, in turn, reports to the Secretary. All of the aforementioned offices have standardized procedures and tools to ensure that the results of their efforts are objective and measurable.

#### **AMERICAN CORRECTIONAL ASSOCIATION ACCREDITATION WILL STRENGTHEN THE OPERATIONS OF DJS FACILITIES FOR THE ULTIMATE BENEFIT OF THE YOUTH AND STAFF.**

The American Correctional Association (ACA) is the premier correctional organization in the United States with a history dating back to 1870.<sup>48</sup>

Today, with thousands of members and over 40 committees, the ACA promulgates national best practices for both juvenile and adult secure facilities. The process for a facility to become accredited by the ACA is a lengthy and arduous process. First, an organization must review and

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<sup>48</sup> See DJS Response to JJMU 2018 2nd Quarter Report, p. 68.

revise all of its existing policies to ensure they meet the requirements of the ACA. Once that process is complete and the new policies have been put into practice, then ACA-certified auditors (consisting of current or former staff with correctional backgrounds) conduct audits that require 100% compliance for all mandatory standards and 90% compliance for non-mandatory standards.

In November 2018, after nearly a year of exhaustive policy revisions and facility preparations, ACA auditors conducted an audit of the Victor Cullen Center (VCC). The results were impressive: VCC achieved 100% compliance for mandatory standards and an overall compliance rate of 99.35%. This success could not have been possible without the full commitment of dozens of DJS staff, especially the staff at VCC. DJS looks forward to the final phase in February 2019 when the audit results go before the ACA Accreditation Commission

DJS is perplexed by the JJMU's negativity towards DJS's efforts to achieve ACA accreditation for its committed facilities. ACA standards are national best practices and support a therapeutic, trauma-informed facility culture. Accreditation by the ACA will only enhance the safety, security and services in DJS facilities.

#### **BUILDING ON THE SUCCESS AT THE VICTOR CULLEN CENTER, DJS SEEKS TO EXPAND THERAPEUTIC PROGRAMMING OPTIONS AT DJS FACILITIES STATEWIDE.**

DJS appreciates the JJMU's recognition of the progress made at VCC. This progress is the direct result of the commitment of time and talent by various people who made contributions to add therapeutic programs and activities to VCC's daily schedule. The new superintendent and facility staff are looking now to maintain momentum as the agency begins the process of increasing the population to its previous levels.

DJS recognizes the importance of therapeutic and developmentally-appropriate programs at all of its facilities in order to maintain safe, stable environments. Consistent with the JJMU's suggestion, DJS will be intentionally focusing on developing consistent programming schedules at all of its facilities. For instance, the music program that was created at VCC will be brought to Thomas J.S. Waxter Children's Center for the benefit of the young women at that facility. Additionally, with the success of the mindfulness program at the Baltimore City Juvenile Justice Center, which was recently featured by the Associated Press, *The Washington Post*, and *The Daily Record*, DJS seeks to expand mindfulness programming to other DJS facilities.

#### **DJS CONTINUES TO PROVIDE INCREASED OPPORTUNITIES FOR FAMILIES TO ENGAGE WITH YOUTH IN THE SYSTEM.**

In 2016, DJS created an executive-level position to focus on increasing engagement and involvement of families in the lives of youth in DJS care. To assist facilities in their efforts to develop meaningful events for families visiting youth, family engagement "toolkits" were developed and distributed to all DJS facilities. These "toolkits" provide practical information on how to set up engaging and educational



events for families and youth during scheduled family visitation sessions. Of course, facility staff may develop their own events to engage families.

DJS continues to work to remove barriers to families participating with youth in DJS facilities. Perhaps one of the biggest barriers for families of DJS youth is transportation. Virtually all of DJS's secure treatment facilities are located in Western Maryland, which can pose a significant hardship for families that have to travel from Southern and Central Maryland, particularly Baltimore City. To address this challenge, DJS is in the initial stages of procuring a private vendor to provide transportation for families who want to visit loved ones in DJS facilities. DJS anticipates that family transportation services should be implemented in the first half of 2019.

### **RECENT CHANGES IN THE DJS POPULATION REQUIRE A FULL SPECTRUM OF TREATMENT PROGRAMS RANGING FROM NON-SECURE PROGRAMS IN THE COMMUNITY TO RESIDENTIAL TREATMENT IN HARDWARE SECURE PROGRAMS.**

DJS's overall population numbers have significantly declined over the last decade. However, the DJS population has more recently seen a trend of increasing numbers of older youth with more violent offense histories. The Department is continuing its efforts to adjust its system to meet the needs of higher-risk youth. JJMU's suggestion to close secure facilities and moving those populations to non-secure programs in the community is simply not an option. DJS believes in utilizing community resources but, for the sake of public safety, some youth due to their high-risk behaviors, must receive treatment in a secure facility away from the community.

In its Response to the JJMU's 2018 Second Quarter Report, DJS published a detailed analysis of the change in its population. For the benefit of the reader of this Response, that section is reproduced below.

*"Over the last several years, the Department has seen a significant and steady decrease in the number of juvenile complaints coming to its intake offices around the State. A juvenile complaint is the initial step in the juvenile justice process in Maryland and, as such, DJS intake offices are often referred to as the "front-door" of the system.*

*Since 2012, the number of juvenile complaints forwarded to DJS intake offices Statewide have decreased 35% from 32,915 to 21,530 in 2017.<sup>49</sup> By comparison, the number of youth committed to DJS, which represents the "deep-end" of the juvenile justice system has also decreased 25% from 2012 to 2017 (1,475 to 1,110).<sup>50</sup>*

*These are positive trends as they indicate that fewer youth in Maryland are getting involved in the juvenile justice system, being committed to the Department's care and custody and sent to out-of-home placements. However, a closer look at DJS's youth population indicates that a shift in the population is underway. Youth who pose little to no threat to public safety are being appropriately diverted away*

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<sup>49</sup> DJS Data Resource Guide (DRG) FY12, p. 20; DRG FY17, p. 20.

<sup>50</sup> DRG FY12, p. 13; DRG FY17, p.14.

*from the juvenile system or treated in the community without being pushed deeper into the system. The proportion of youth committed for crimes of violence has increased significantly.<sup>51</sup> Additionally, the number of youth classified by DJS's standardized instrument as high-risk for re-offense is increasing.<sup>52</sup>*

*The implementation of the Accountability and Incentives Management (AIM) Initiative in July 2015 changed the way DJS workers respond to youth in the community who commit technical infractions of their court ordered community supervision. The AIM Initiative, which has been implemented Statewide, created a standardized tool for DJS case workers to appropriately respond to technical violations of court-ordered supervision. Of course, if a youth commits a new offense, AIM does not apply. But, for technical violations of probation, AIM ensures that youth are held accountable for their actions but not needlessly punished and pushed deeper into the system.*

*The data is clear that the AIM Initiative has made a positive impact on DJS's youth population. In FY 2012, 26.1% of new commitments were the result of a violation of probation (VOP).<sup>53</sup> This meant that youth were being pushed deeper into the system and into out-of-home programs for technical violations of a court order. By 2015, VOP's accounted for 30.4% of new commitments Statewide.<sup>54</sup> After AIM was implemented in July 2015, however, the percentage of new commitments based on VOP's dropped to 21.0% of new commitments by mid-2018.<sup>55</sup> That means that fewer youth are being committed to DJS for VOP's, which promotes fairness, equity and justice within the system.*

*Another consequence of the reform effort to reduce the use of commitment for VOP's is that the proportion of the youth committed for violent crimes has increased. As shown in Figure 1 below, in addition to decreased number of VOP's resulting in new commitments as shown by the dotted line, the red line clearly shows a dramatic increase in the proportion of new commitments to DJS for crimes of violence.<sup>56</sup> While 18.9% of new commitments in 2012 were based on crimes of violence, the percentage increased to 30.8% by mid-2018.<sup>57</sup> This outcome was by design and DJS is pleased with these trends because it is consistent with the Department's philosophy that commitment should be used primarily for youth who pose the biggest risk for public safety.<sup>58</sup>*

*While the reduction of VOP's accounts for some of the shift in the proportion of violent offenders in our system, another factor is the substantial increase in the number of youth initially charged as adults being transferred back to the juvenile system. In 2012, there were 197 youth charged as adult cases that were*

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<sup>51</sup> See Figure 1.

<sup>52</sup> See Figure 2.

<sup>53</sup> See Figure 1.

<sup>54</sup> *Id.*

<sup>55</sup> *Id.*

<sup>56</sup> *Id.*

<sup>57</sup> *Id.*

<sup>58</sup> See "Doors to DJS Commitment: What Drives Juvenile Confinement in Maryland" Annie E. Case Foundation (January 2015). Found at

<https://djs.maryland.gov/Documents/publications/AECF%20Assessment%20of%20MD%20Dispositions%20-%20Updated%20March%2016%20-%20Final%20PDF.pdf>

transferred to the juvenile system.<sup>59</sup> By 2017, that number had increased by 40% to 327.<sup>60</sup> Youth who are initially charged as adults tend to be older than their juvenile counterparts and have more violent offense histories.<sup>61</sup> The Department is clear-eyed about the challenges posed by the increase in the proportion youth committed for violent offenses and youth charged as adults and has been engaged in efforts to adjust the system to account for their needs.

The arrest and court data in Baltimore City<sup>62</sup> are representative of these trends. In June 2018, the non-profit Abell Foundation published a report titled, “Fact Check: A Survey of Available Data on Juvenile Crime in Baltimore City.”<sup>63</sup> While the overall number of juvenile arrests in Baltimore City declined by 46% between 2012 and 2017, the number of juvenile arrests for violent crimes increased by 19% for the same period.<sup>64</sup>

Consistent with the Statewide data trends stated above, the proportion of juvenile arrests for violent crimes has increased compared to the overall juvenile arrest rate in Baltimore City. In 2012, violent crimes made up 12.5% of all juvenile arrests in Baltimore City. By 2017, however, that percentage significantly increased to just over 30%.<sup>65</sup>

Since youth arrested for crimes of violence tend to be charged in the adult system, the Report cites available court data to show the percentage of those cases being transferred from the adult court to the juvenile system. In 2012, almost 30% of all youth charged as adult cases in Baltimore City were transferred to the juvenile system whereas, in 2017, that percentage was 67% percent.<sup>66</sup> Thus, two-thirds of all youth charged as adults cases in Baltimore City ultimately are taken out of the adult court system and sent to the juvenile court for adjudication and disposition. The statistics cited by the Abell Report are consistent with data trends the Department has seen in Baltimore City and Statewide: The number and percentage of cases that initially start in adult court and are transferred to the juvenile court is increasing. Consequently, the higher risk profile of the youth currently in the system is increasing as well.

To measure the level of risk a youth poses to themselves or others, the Department uses a standardized instrument to measure risk known as the Maryland Comprehensive Assessment and Service Planning (MCASP). This instrument assesses a youth’s risk for re-offense by reviewing prior offenses, prior placements, substance use, social history, prior failures to appear in court, school and family histories. Each of the categories are scored and a final score determines whether a youth is low, moderate or high-risk.

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<sup>59</sup> DRG FY 12, p.20.

<sup>60</sup> DRG FY 17, p.113.

<sup>61</sup> DRG FY 17, p.113.

<sup>62</sup> Baltimore City is the 2<sup>nd</sup> largest source of juvenile intake complaints in Maryland. See DRG FY 17, p. 28.

<sup>63</sup> Goldstein & McMullen, “Fact Check: A Survey of Available Data on Juvenile Crime in Baltimore City” (June 2018). Found at [https://www.abell.org/sites/default/files/files/Juvenile%20Justice%20Report%206\\_26.pdf](https://www.abell.org/sites/default/files/files/Juvenile%20Justice%20Report%206_26.pdf)

<sup>64</sup> *Id.* at p. 8.

<sup>65</sup> *Id.*

<sup>66</sup> *Id.* at p. 11.

*It should be no surprise then that youth with violent offense histories, prior AWOL's, failures to appear in court or multiple placements in treatment programs receive higher MCASP risk scores. Since many youth with prior adult charges fit that profile, DJS has seen an increase in the number of new commitments that are assessed as high-risk by the MCASP instrument.<sup>67</sup> In 2012, the proportion of youth who were newly committed to DJS that were determined to be high-risk was 34.9%.<sup>68</sup> By mid-2018, that proportion had increased by nearly 20 percentage points to 53.6%.<sup>69</sup> Thus, by 2018, over half of the youth being committed to DJS for the first time were determined to be "high-risk." Meanwhile, the proportion of "low-risk" youth being committed to the Department was cut in half during the same time period.<sup>70</sup>*

*These trends highlight that high-risk youth are appropriately being committed to the care and custody of the Department while youth with lower risk profiles are avoiding involvement in the "deep-end" of the juvenile system in Maryland.*

*As described in the Department's responses to previous JJMU quarterly reports, the populations at the Victor Cullen Center and the J. DeWeese Carter Center, respectively, reflect the aforementioned trends and dynamics. For example, over the last several years at VCC, the percentages of youth who are between 18-20 years old and who have violent offense histories has risen markedly.<sup>71</sup> At the Carter Center, which provides secure treatment to young women, virtually all of the youth were placed there because of multiple prior placements in less secure environments which resulted in AWOL's and, consequently, unsuccessful outcomes.<sup>72</sup> As those examples demonstrate, both groups of youth are "high-risk" but for different reasons under the standardized MCASP instrument.*

*DJS agrees in principle with the JJMU that, for most youth in the juvenile system, treatment in the community or less restrictive environments are preferred options that usually lead to improved outcomes. However, for a small group of high-risk youth at the deep end of the juvenile system, treatment in a secure environment is in the best interests of the youth and public safety.*

*In other words, the JJMU's suggestion that VCC and other secure treatment programs could be closed in favor of treatment in the community ignores the fact that virtually all of the youth at VCC, Carter and the Youth Centers have violent offense histories, significant behavioral needs and/or previous unsuccessful*

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<sup>67</sup> See Figure 2.

<sup>68</sup> *Id.*

<sup>69</sup> *Id.*

<sup>70</sup> *Id.*

<sup>71</sup> See DJS Response to JJMU 2017 Fourth Quarter Report and Annual Review, p. 76. The percentage of youth between the ages of 18-20 at VCC increased from 15.6% in 2011 to 27.8% in 2017. The percentage of youth at VCC with violent offense histories increased from 28.4% in 2011 to 50.0% in 2017.

<sup>72</sup> See DJS Response to JJMU 2016 Third Quarter Report, pp. 62-63. In its Response to JJMU's 2016 Third Quarter Report, the Department provided a de-identified list of young women who had previously been placed at Carter. The list included not just the offense history but also each girl's prior placements and AWOL histories. Every one of the girls listed had at least one AWOL from a prior placement and most girls had multiple AWOL's from community programs and less-restrictive environments. Thus, a court-ordered placement in a hardware secure program, like Carter, is often necessary when all prior community-based and less secure options have been unsuccessful.

*placements in less secure programs. For these high-risk youth, treatment in the community would likely lead to a failed outcome and possibly put the youth and others at risk of harm.*

*In the interests of the youth and public safety, the system must always have capacity to provide secure out of home treatment for youth that need it. As the data trends clearly show, the youth in DJS's committed population are becoming increasingly more high-risk. Having secure, out-of-home treatment capacity remains necessary to meet the needs of our youth and community safety.*

*As always, the Department continues to support the development of enhanced treatment programs in the community. But, those treatment options must always be part of a spectrum of services that properly balances the needs of the youth and community safety.”*

## NEW COMMITMENTS BY OFFENSE TYPE AND VOP, FY2012 – FY2018

- The percent of youth newly committed for a VOP is at 21.0% in FY2018, down from a high of 30.4% in FY2015.

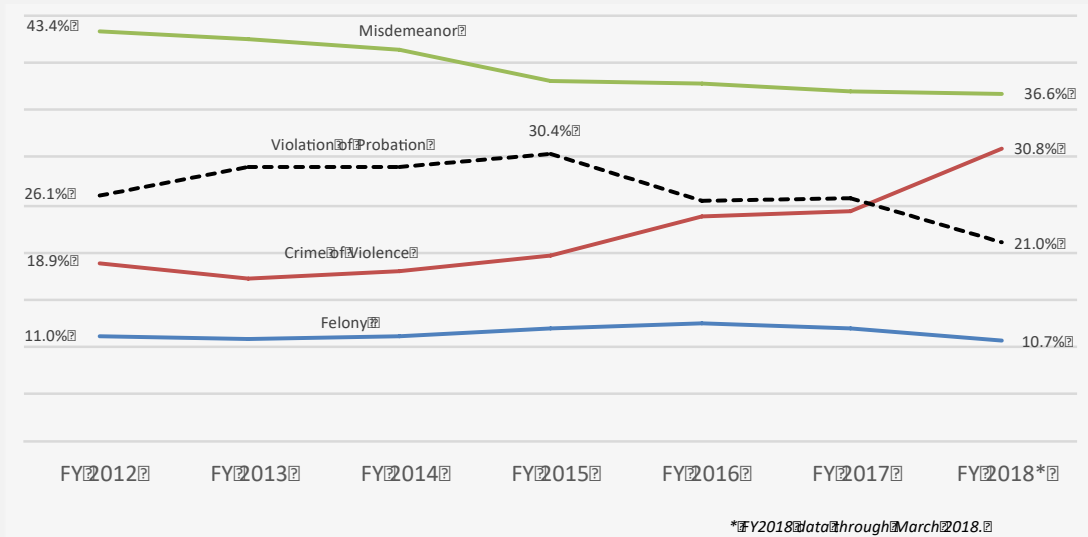
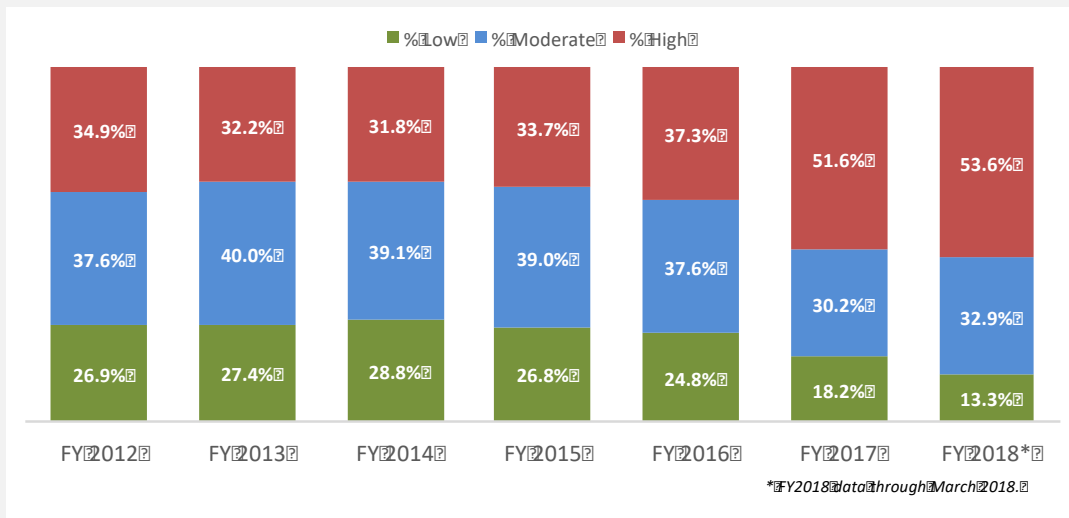


Figure 1

## NEW COMMITMENTS BY ASSESSED MCASP RISK LEVEL FY2012 – FY2018\*

- Since FY2012, the proportion of newly committed youth who were low risk decreased by half, from 26.9% to 13.3%.



3

Figure 2

## **COGNITIVE BEHAVIORAL THERAPY IS THE FOUNDATION OF DJS'S THERAPEUTIC TREATMENT MODEL AND SUPPORTS DJS'S BEHAVIOR MANAGEMENT PROGRAM.**

The JJMU continues to confuse DJS's behavior management program, known as STARR, with its therapeutic services. While there is invariably some overlap between STARR and therapeutic services offered in DJS facilities, both types of interventions serve different purposes. The STARR program seeks to reward pro-social behavior on a daily basis to incentivize youth to be cooperative and compliant in the facility environment. By contrast, therapeutic services, such as individual counseling and group therapy sessions, seek to identify and treat the underlying causes of youth's behavior, such as trauma. The success of behavior management and therapy are intertwined: therapy will be more effective if the youth's behavior is positive and engaging and, in turn, a youth's behavior will continue to improve as therapeutic services help the youth face unaddressed trauma and learn appropriate coping mechanisms.

In its Response to the JJMU's 2018 Second Quarter Report, DJS published a detailed discussion of the use of cognitive behavioral therapy and trauma informed care in its facilities. For the benefit of the reader of this Response, that section is reproduced below.

*"Cognitive Behavioral Therapy (CBT) is a model that has existed for over 30 years. Most behavioral health (BH) staff have received this training as part of their graduate training and use it in their individual therapy sessions. The Trauma-informed care model incorporates CBT (as described in more detail below) in its groups, in addition to other therapeutic interventions. START (the aggression management program) also utilizes CBT principles in the groups, which are led by BH staff and case managers, who also received training in this model in its application with the START program. The Forward Thinking workbooks – which are given to youth for individualized treatment objectives – also utilizes CBT interventions to help youth develop appropriate and better coping, decision-making, and behavioral skills.*

*The Department is also seeking additional training in Trauma-Focused CBT (TF-CBT), which is a modification of CBT incorporating trauma-informed care. All behavioral health staff will receive this training, and principles will also be introduced to all staff as well.*

*All staff in DJS' committed facilities received and continue to receive trauma-informed care (TIC) training in Entry Level Training. The initial training of all staff and the training of DJS trainers was provided by the National Association of State Mental Health Program Directors (NASMHPD). NASMHPD trainers are experts in trauma and have trained staff from juvenile justice-involved and behavioral health agencies across the country. The Department's delivery of trauma services includes three components: 1) Trauma Informed Care training, 2) trauma groups, and 3) individual counseling.*

*Trauma Informed Care (TIC) training for all staff involves understanding, recognizing, and responding to the effects of trauma. TIC emphasizes the physical, psychological and emotional safety of youth and staff,*



*and helps youth build a sense of control and empowerment. This training helps staff to identify the signs of trauma as well as the impact of trauma on our youth.*

*TAMAR (Trauma Addictions Mental Health and Recovery) is a 10-module psychoeducational group for youth with trauma histories and those experiencing stress. It is designed to help youth understand trauma and its effect on their behavior and lives. In addition to education and discussion, the program features creative expression, which includes writing and drawing activities, as well as mind-body strategies such as deep breathing and mindfulness techniques that help youth develop skills that promote resilience. Modules cover topics such as the stress response, coping and relaxation skills, triggers, trauma and addiction, building trust, processing and healing from betrayal, and maintaining future safety. Youth engagement is maximized through the use of multi-media tools and a workbook encouraging reflection.*

*Youth admitted to committed facilities complete a self-help plan, which was adapted from the Think Trauma approach, that enables staff to identify a youth's history of trauma exposure, trauma triggers, warning signs for escalation, and safety strategies. This assists staff and youth in being better able to address a crisis situation. Behavioral health clinicians use this information and other information to develop an individualized treatment plan for each youth, and behavioral health clinicians use interventions and strategies to help youth develop skills to manage their stress and reactions to trauma triggers.*

*Trauma Informed Care (TIC) training for all staff involves understanding, recognizing and responding to the effects of trauma. Implementation of STARR, the behavior management program, and TIC are aligned initiatives as TIC emphasizes the importance of environments that are predictable, positive and safe for youth and staff. The STARR Program's aim is to create safe, predictable environments for all youth regardless of need, to help youth develop skills to identify and self-regulate their emotions, and provide more support to youth as needed. Staff interventions with youth emphasize praise and positive behavior statements.*

*The STARR Program supports trauma informed care in that it also focuses on creating positive interactions between staff and youth. The STARR Program is systemic and organized around Systems of Support. It is about facility-wide change and involves all levels of the facility, and all staff, including administrators, teachers, residential staff and support staff. Systems of Support also refers to providing support for the staff and making sure they have adequate training to positively address behavior. And it also means looking at all levels of need and collaborating with systems outside the facility when needed.*

*The STARR Program focuses on a proactive-prevention approach of behavior management. It puts the focus on positive behavior, rather than negative behavior. Increasing effort has been made to provide staff with ongoing training at the facility regarding the PBIS framework with a particular emphasis on de-escalation procedures and positive reinforcement. All staff have been provided with skill cards to carry that include information regarding facility expectations, de-escalation and coping strategies.*

*The STARR Program provides a framework for using data to make informed decisions. Teams review data to evaluate both progress youth are making towards an identified goal as well as data to evaluate the effectiveness of the intervention itself. This can be applicable to TIC or any other intervention that uses data to determine success.*

*Additionally, the STARR Program emphasizes the use of behavior recognition systems of which the point card and incentive coupons are examples. The point card is a method by which youth receive both positive and corrective feedback about their behavior throughout the day. Staff are trained to provide behavior specific praise and to begin corrective conversations with statements of praise or empathy, therefore verbal processing is in fact an emphasis. Furthermore, there is an emphasis on the process of de-escalation which is aimed at assisting a youth in identifying triggers and utilizing emotion regulation skills in response to stressors. The STARR/PBIS system aims to assist youth in developing skills and achieving positive outcomes emotionally, behavioral and academically. Delivery of acknowledgments creates an opportunity for staff and youth to interact in a positive and instructional way. It's a tool for adults to build relationships with youth that decreases escalation and promotes problem solving.*

*For youth suffering from substance use issues, Seven Challenges, an evidence-based substance abuse program, is utilized to address the substance abuse needs of youth. All youth are assessed at intake to determine the level of intervention needed. All committed facilities provide a level of substance abuse programming. Meadow Mountain Youth Center is dedicated to serving youth with the highest level of substance abuse needs.*

*Licensed psychologists and social workers provide individual therapy to help youth address emotional and self-regulation issues. All youth in DJS committed facilities are assigned a behavioral health therapist.”*

**NEW EMPLOYEES WORKING IN DJS FACILITIES ARE CERTIFIED TO WORK WITH YOUTH ONLY AFTER A LENGTHY AND COMPREHENSIVE ENTRY LEVEL TRAINING.**

In addition to its recruitment and retention efforts, DJS has developed a training curriculum specifically tailored to help prepare new direct care facility staff to work with youth in DJS facilities. This entry level training takes place over the course of 4 to 5 months. Prior to hiring, all individuals have criminal and child abuse background checks. Candidates for DJS facility jobs must be 21 years old or older and have a high school degree. The entry level training curriculum is as follows:

- New facility staff attend the Entry Level Training (ELT) program provided by DJS's Training Unit. New direct care staff are required to attend the classes at the Public Safety Education and Training Center in Sykesville, Maryland. The ELT program is conducted over 6 weeks with 210 hours of instruction on DJS policies and procedures in subjects such as de-escalation techniques, proper restraint methods, trauma-informed care, CPR, and contraband. Upon successful completion of ELT, the new direct care staff attend a graduation and receive a provisional certification from the Maryland Police and Correctional Training Commission (MPCTC)

- After the ELT program, the new direct care staff return to their assigned facility for a 90 day period of probation. The first two weeks are a “shadow period” where the entry level staff is paired with a senior staff in the facility for oversight purposes. Upon successful completion of the probationary period, new staff receive their official certification from MPCTC.

In its 2018 Third Quarter Report, the JJMU suggests that DJS direct care workers should be certified through the Board for Certification of Residential Child Care Program Professionals (Board), which oversees certification requirements for privately-run child care programs. Upon a review of the relevant statutes and regulations, DJS has concluded that the Board’s authority does not apply to State-operated facilities like DJS’s secure treatment and detention facilities.

Furthermore, even if the Board’s authority could extend to staff in DJS facilities, the requirements for Board certification are far surpassed by DJS’s entry level training requirements. Whereas regulations require staff in privately-run child care providers to complete a minimum of 30 hours of training, DJS entry level training requires staff to complete 210 hours over the course of 6 weeks, in addition to several weeks of field training in the assigned facility.<sup>73</sup> According to the regulation, the minimum of 30 hours of training for Board certification covers topics such as “child and adolescent development,” “Trauma” and “Legal and ethical issues in child and youth care.”<sup>74</sup> Those topics and others required by Maryland regulations are already covered in depth by DJS’s ELT training as well as a variety of other topics related to the care and supervision of youth in DJS facilities. In sum, DJS’s existing comprehensive ELT training provides new facility staff the knowledge and tools they need to be effective in supporting and supervising DJS youth.

## Committed Facilities

### Victor Cullen

DJS appreciates JJMU’s recognition of the progress made at VCC. The new superintendent and facility staff have worked hard to improve the culture, increase programming, and enhance the therapeutic environment.

Youth-on-youth assault and fights decreased during the quarter. When a youth would come in with concerns, the treatment team would meet and mediate with the youth, which avoids an escalation of an issue.

Typically when there is an increase of incidents at a facility, it is usually attributable to a handful of youth. For example, one youth at VCC was responsible for five physical interventions, five of the use of handcuffs and/or shackles, both of the alleged youth on staff assaults, and one of the three youth on youth assaults. Staff used verbal de-escalation and, when necessary, physical intervention to safely manage youth. Staff engaged in other interventions to include behavioral health intervention,

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<sup>73</sup> COMAR 10.57.03.03.

<sup>74</sup> *Id.*

treatment team meetings, significant family contact, de-escalation techniques, and PBIS informed behavioral management.

At times these interventions are not successful due to the youth's needs, and alternative placements are considered which may result in a transfer to an appropriate facility. For example, youth may be transferred to a residential treatment facility that could more adequately address intensive behavioral health needs.

DJS appreciates the JJMU's observations that the increased activities at VCC have improved the positive culture between youth and staff. DJS has prioritized improving the culture at the facility by creating a meaningful process to gather youth feedback, increasing safety and security in the facility, and creating valuable opportunities for youth and family engagement. The JJMU has observed staff positively engaging with youth and families during JJMU unannounced visits and has acknowledged these improvements.

DJS has engaged in a comprehensive recruitment strategy that has resulted in creating more efficiencies in our hiring process and reducing vacancies. All potential staff are screened by licensed clinical psychologists, utilizing structured interviews, criminal background check,, work experiences, and an objective psychological assessment tool designed specifically for screening security staff. New employees are engaged in a robust training regimen that includes six weeks of entry level training, eighty hours of on-the-job training, and annual in-service training focused on trauma informed care, and safety and security. In addition, when staff begin their new positions at a facility DJS supports their development through peer-to-peer mentoring and constructive performance evaluations. Retention efforts were bolstered recently through the enactment of legislation that permitted certain employees to take advantage of the correctional officers 20-year retirement system. In addition to retirement system improvements, DJS recognizes staff who attained educational achievements and outstanding contributions to the facility through staff appreciation programs. Additionally, DJS conducts exit interviews for departing employees which has yielded valuable feedback and has improved targeting the Agency's retention efforts.

Regarding Incidents 153671 and 152702, the respective staff were held accountable through the Agency's disciplinary process.

DJS is committed to creating pro-social opportunities for youth in family engagement and supporting youth and families through the re-entry process. Contrary to the assertion of JJMU, DJS did not end the practice of issuing home passes. Rather, DJS suspended the previous practice while modifying the procedure of issuing home passes to include the approval of the courts. Currently DJS is reviewing national best practices, researching and gathering stakeholder input to craft a procedure that balances public safety with the benefit of a home pass visit. VCC youth have been granted home passes during this suspension.

With respect to behavioral health treatment at VCC, youth are provided with individualized treatment that is based on Cognitive Behavioral Therapy and other interventions such as Dialectical Behavioral Therapy. In early 2019, DJS will train all of its masters and doctoral-level clinicians in its committed facilities in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is an evidence-based treatment for youth with trauma symptoms. TF-CBT is the most extensively researched and supported treatment for youth with trauma symptoms

## YOUTH CENTERS

### Safety and Security

With respect to the group disturbance that occurred at the Green Ridge Youth Center, 14 youth were ejected from the program due to their involvement. After an investigation by the OIG, it was determined that facility staff acted appropriately within DJS policies and procedures in re-gaining control of the situation. One staff was injured during the incident and was treated and released from the hospital. No youth were injured as a result of the group disturbance

The facility has implemented a weekly dialogue group for youth and staff and improved supervision by reinforcing proper posting techniques. This is in addition to the youth's weekly groups, individual counseling, and the youth off-grounds activities as well as their on-ground activities.

### Staffing

The agency staffing ratio is one staff to eight youth during waking hours and one staff to sixteen youth during sleeping hours. These ratios are national best practices for juvenile facilities and recognized by the ACA and PREA.

### Savage Mountain Youth Center

As set forth in detail in the Introduction Section of this Response, DJS's population is changing. Today, there are far fewer youth with moderate to low risk profiles in the system and more youth who are older with high risk profiles.

DJS must be able to provide a continuum of care that balances the needs of its population and community safety. Thus, there must be appropriate treatment options both in the community and in secure facilities.

The Savage Mountain Youth Center has undergone renovations over the last year to enhance the security features in order to provide additional hardware secure beds within DJS's continuum of care. Currently, VCC is the only hardware secure facility for male youth in the State. The issue with only having one

facility to house and treat male youth with the most significant risk and behavior profiles is that if a youth at VCC struggles in that program, there are no other options in Maryland where the youth could be transferred that could safely and appropriately provide treatment. At this time, youth who cannot successfully complete the treatment program at VCC are sent to hardware secure programs out-of-state.

When Savage Mountain Youth Center re-opens at the end of 2018, it will provide additional hardware secure beds to provide greater flexibility within the system. More high risk DJS youth will be able to stay in Maryland and receive treatment when they otherwise would have been sent to out-of-state programs. The program at Savage Mountain Youth Center will also be available for youth in youth center programs who are demonstrated flight risks and youth at VCC who are struggling.

DJS generally agrees that youth should be treated in the least restrictive setting possible. While community supervision and treatment is appropriate for the vast majority of youth in Maryland's juvenile justice system, there are increasing numbers of youth who require out-of-home treatment in secure settings for both their benefit and the benefit of public safety. DJS will necessarily need all of its secure facility resources to meet the demands of its changing population.

#### Treatment Model

For a detailed description of the Over-Arching Therapeutic Model and the STARR Behavioral Management Program, please see the Introduction Section of this Response.

#### Religious Preferences

The Department makes every effort to respect the religious preferences of the youth in its care. In the case of the Muslim youth at the youth center, the DJS child advocate went above and beyond the call of duty by consulting with a Muslim religious leader to resolve the youth's concerns. Ultimately, the Department reached an agreement that did not require the youth to compromise his religious beliefs.

#### Mental Health

On weekdays, each Youth Center has a licensed behavioral health clinician onsite during business hours. On evenings and weekends, there is a licensed behavioral health clinician on-call. The on-call clinician must respond by phone within 1 hour of receiving a call from a facility. If a youth is on suicide watch, the on-call clinician is required to meet with the youth face-to-face within 24 hours.

A Licensed Graduate Professional Counselor was officially transferred to Backbone Mountain Youth Center. DJS is currently recruiting to fill a vacancy for another clinician at Backbone Mountain Youth Center.

Facility Programming

During weekdays, the youth’s schedules are structured to include six hours of school, one hour of large muscle activity, and the provision of therapeutic groups to include Seven Challenges substance abuse groups, TAMAR trauma groups, START anger management groups, and community problem-solving groups. On the weekend, all camps attend incentive educational trips into the community (community center, movies, dinners, camping and etc).

On-Grounds Activities
❖ No School / Holiday Day: The Recreational Specialist plans activities for youth and staff
❖ Basketball: Foul Shooting Contest, Three Point Contest, 50 Game, Offensive & Defensive Drills, Hot Shot Contest
❖ Bowling: In the gym (rubber ball & plastic pins)
❖ Camping: Reflections on the grounds of Meadow Mountain Youth Center
❖ Tournaments between Youth Centers: Basketball, Chess, Cards, Pickle Ball, Volleyball, Softball
❖ Track & Field Day
❖ Climbing Wall at Meadow Mountain Youth Center & Backbone Mountain Youth Center
❖ Ping Pong
❖ Rope Course: Low & High Ropes Course
❖ Flag Football
Off-Grounds Activities
<ul style="list-style-type: none"> <li>• C.H.A.M.P.S.: Bowling, Volleyball, Summer Basketball League, Softball, Mountain Madness Event, Track &amp; Field Event, Soccer, Fall Basketball, Relay Walk, Spelling Bee, Math Bowl, Oratorical Contest, History Contest, Indoor Soccer</li> </ul>
<ul style="list-style-type: none"> <li>• Reflections: Hiking, Biking, Swimming, Canoeing, Fishing, Rock Repelling, Team Building, Basic Life Skills, etc.</li> </ul>
<ul style="list-style-type: none"> <li>• Rock Wall Climbing at the YMCA in Cumberland</li> </ul>
<ul style="list-style-type: none"> <li>• Movies at Garrett Cinemas and Country Club Cinemas</li> </ul>

All youth who are eligible for off-grounds activities are given the opportunity to participate in those activities. For safety and security reasons, the Department intentionally keeps the number of youth in off-campus excursions small. Additionally, depending on the off-grounds activity the youth chooses, trips may have to be staggered.

### Family Engagement

For a discussion regarding DJS's ongoing family engagement efforts, please see the "Family Engagement" Section of the Introduction.

### J. DeWeese Carter Center (Carter)

With respect to girls in the "deep-end" of the system, including girls in court-ordered placements like Carter, the JJMU continues to focus only on the offense history. As stated in the Introduction section of this Response, a youth may be determined to be "high-risk" not just by their offense history but also their prior history of failed placements in less-restrictive settings. A snapshot analysis performed by the Department in its Response to the JJMU's 2016 Third Quarter Report clearly showed that the girls placed at Carter had at least one, if not multiple, AWOL's from prior placements in community-based and less-secure programs.<sup>75</sup> In other words, after several unsuccessful attempts were made to provide treatment to the girls in the community or less-restrictive programs, the courts were left with no options except to place the girls at a hardware secure facility like Carter.

The JJMU's suggestion that evidence-based programs in the community would be appropriate for youth who have AWOL'ed and failed multiple times in the community simply ignores reality and potentially places the youth and the community at risk for harm. As stated in the Introduction section of this Response, DJS must maintain a continuum of services for youth, which includes hardware secure treatment for youth with higher-risk profiles.

### Use of Restraints

Although, the number of incidents involving aggression and restraints increased, five youth were involved in three or more of the incidents. As discussed above, Carter is a secure facility for young women who have significant behavioral issues and have been unsuccessful in less restrictive settings. Physical restraints and mechanical restraints are only utilized as a last result and then only after all other de-escalation attempts have failed as a means of intervention to prevent harm to the youth and/or others.

### Behavioral Health

Carter has the highest licensed clinician-to-youth ratio of any DJS facility. The treatment needs of Carter youth are addressed in an ongoing manner, throughout day-to-day operations via scheduled individual,

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<sup>75</sup> See DJS Response to JJMU 2016 Third Quarter Report, p. 63.



group, and family therapies, as well as through very frequent "drop in" and crisis meetings with the behavioral health clinicians at the Carter facility. All three Carter behavioral health clinicians have been trained in Trauma-Focused Cognitive Behavioral Therapy.

For a detailed description of the Over-Arching Therapeutic Model and the STARR Behavioral Management Program, please see the Introduction Section of this Response.

### Facility Interventions

With respect to the incidents identified by the JJMU as representing some inter-personal conflicts between the young women at Carter, on-site behavioral health staff monitor youth conflict and readily address these issues in both individual and group therapy. When appropriate, special meetings with the youth may be convened to address ongoing issues. In the school setting, youth have access to the MSDE Education Guidance Counsellor, who is available to speak with youth who may be having difficulties during the school day. After a review of the incidents listed by the JJMU, it has been determined that staff acted properly and appropriate interventions were applied such as individual counseling sessions to address the source of the conflict and instruction on coping mechanisms and community meetings with the youth and staff.

The use of the Comfort Room is a best practice based on Trauma-Informed Care principles. Placing youth in the Comfort Room provides a therapeutic and safe environment for the youth to calm down and reflect on the incident that just occurred. After a short period of reflection, which usually lasts a few minutes, youth are able to process their behavior with staff and then re-join their peers. Going forward, the Comfort Room will be used only for brief breaks to help youth regain their composure. In the event that it is necessary, seclusion should be used in accordance with DJS policy and not in the Comfort Room.

In Incident 153591, staff responded appropriately to the youth, who was in crisis and in danger of harming herself and/or others. Behavioral health staff met with the youth the next day. The DJS treatment team concluded that transfer to another facility was appropriate.

All direct-care staff receive training on de-escalation techniques and are required to use those techniques as their initial response to a heated situation.

### Outings and Facility Programming

During the third quarter, the girls at Carter attended several educational, recreational and leisure outings in the community. The girls enjoyed weekly off-grounds recreation at the local community center. In addition, they completed a community service "Back Pack Project" at the local Presbyterian Church in Chestertown.

Program services offered at Carter include: a ninety minute Girl Scouts class offered every Saturday; weekly one-hour of yoga and mindfulness; arts and crafts during the weekend; cooking; and

recreational outings to the local community center. Additionally, there are daily psycho-educational groups that address anger, aggression and trauma and provide skill-building. The facility staffing levels and access to transportation are sufficient to support both the facility needs and community outings.

### Home Passes

DJS is committed to creating pro-social opportunities for youth in family engagement and supporting youth and families through the re-entry process. Contrary to the assertion of JJMU, DJS did not end the practice of issuing home passes. Rather, DJS suspended the previous practice while modifying the procedure of issuing home passes to include the approval of the courts. Currently DJS is reviewing national best practices, research and gathering stakeholder input to craft a procedure that balances public safety with the benefit of a home pass visit. Carter youth have been granted home passes during this suspension.

## Detention Facilities

### Baltimore City Juvenile Justice Center (BCJJC)

#### Use of Restraints

The Department has reviewed all incidents of use of restraints and is satisfied that staff acted within agency policy. All restraints in any facility are reviewed within 24 hours by facility and agency administrators. In the event that the administrative review determines that the use of restraints is inappropriate, the involved staff are required to attend Crisis Prevention Management Refresher Training and/or are subject to the agency's disciplinary process.

#### Use of Seclusion

In its 2018 Second Quarter Report, the JJMU identified issues related to the use of seclusion at BCJJC. Based upon these observations, DJS performed an internal investigation through its Office of Inspector General (OIG). This investigation revealed that there was an inconsistent application of Departmental policy. As a result, DJS issued a directive to increase administrative supervision and accountability measures. The new directive was issued on August 30, 2018 and training was conducted. All instances identified by the JJMU in this report occurred prior to the issuance of the new directive.

#### Staff Conduct

The staff member was the same staff member identified in both of these instances. The staff member was held accountable through the Department's disciplinary action process for violation of the Standards of Conduct. Additionally, this incident was forwarded to Child Protective Services (CPS) and Maryland State Police (MSP). CPS "screened out" the complaint and no action was taken by the MSP.

With respect to Incident 152924, the staff member involved was held accountable through the Department's disciplinary process for violation of the Standards of Conduct. Ongoing training occurs at the facility during meetings and shift briefings to emphasize the importance of proper posting and constant supervision of youth. The Department is in the process of installing additional video surveillance to ensure safety and security.

### Hygiene Products

The Department provides basic hygiene items for all youth regardless of what level they are on as needed for their hygiene. Additionally, in response to youth's requests, the Department now provides Dove body wash to all youth. The youth's behavior, if positive, will allow a move up in the Behavior Management Program to be able to earn optional items.

### Intensive Services Unit

The Intensive Services Unit (ISU) program provides a more intensive level of care to youth requiring a higher level of services. This includes youth with behavioral health needs that are impacting progress and those who present with significant behavioral problems and are in need of short-term intensive interventions to assist them in being able to successfully complete the facility program. Admission to the specialized unit may occur as a result of a youth displaying chronic or acute behavioral and/or psychological problems. Every youth's assignment to the ISU is reviewed weekly to determine whether the youth is ready to return to regular programming.

DJS continues to review concerns regarding the early shower schedule and will determine if there's any appropriate changes to the program that can be implemented.

### Facility Programming

DJS appreciates JJMU's acknowledgement that administrators are expanding programming options. While there is some scheduled downtime, during weekdays, the youth's schedules are structured to include six hours of school, one hour of large muscle activity, and activities like Baltimore Youth Arts, Community Conferencing, Paint like a Champ, Youth for Christ Basketball Ministries, Boys Club, Page Turners Book Club, Yoga, University of Maryland Robotics Program, and ROCA.

Three of the four incidents identified in the JJMU report occurred during scheduled downtime. These incidents were investigated and appropriate actions were taken. Incident 152806 did not occur at BCJJC, but rather at an out-of-state program.

## Charles H. Hickey School (Hickey)

### Safety and Security

The administration and staff at Hickey remain focused on the dynamics within the youth population and employ a variety of methods to proactively assess issues and de-escalate potential conflict. In addition to annual training, staff now have unit meetings that are facilitated by unit managers. These meetings focus on training and managing the different behaviors within the youth population. Challenge Groups continue to be held on a daily basis that involve Case management, Behavioral Health, as well as Group Life. These groups are designed to set expectations and address any issues within the group. Hickey also utilizes the Community Conferencing Project, Conflict Resolution Center of Baltimore County to assist with mediation involving youth on youth conflicts.

In incident 152613, an administrative investigation determined that staff failed to follow Department policy regarding communicating the movements of youth. Staff were held accountable through the Agency's disciplinary process. Re-training on proper supervision and positioning during youth movement was provided.

Regarding the other incidents of inter-personal issues between youth at Hickey, it has been determined that staff acted appropriately in each situation to de-escalate and work through the conflict between the youth involved. These efforts included convening meetings with youth, staff, supervisors and behavioral health staff as well as the use of mediation to engage in conflict resolution.

### Youth Mental Health

At Hickey, behavioral health staff are available on-site 6 days a week, and provide 24/7 on-call coverage with immediate availability when requested by the facility.

Behavioral health staff met multiple times with the youth identified by the JJMU as experiencing "feelings of sadness" during his short stay at the facility.

With respect to incident 152615, there were four behavioral health staff available the day the youth returned from court. Upon the request of the shift commander, behavioral health staff met with the youth.

## Cheltenham Youth Detention Center (Cheltenham)

The Department appreciates the positive comments about Cheltenham's staff and administrators and their work to provide positive programming opportunities to the youth.

With respect to Incident 153703, the two case managers were held accountable under the DJS Standards of Conduct and were later referred to mediation.

In reference to Incident 152986, the incident was reviewed by the Cheltenham administration where it was determined that the staff involved should not have physically engaged the youth, but instead requested assistance from other staff in an attempt to gain compliance. The involved staff was held accountable under the DJS Standards of Conduct and counselled on DJS's Crisis Prevention Management (CPM) policy regarding the use of physical interventions.

In reference to Incident 153747, multiple facility staff attempted to counsel the youth who was displaying very challenging behaviors. Throughout the multiple attempts to process verbally with the youth, the youth remained non-compliant and disruptive to the scheduled facility operations. The youth was restrained and escorted to his room briefly before being escorted to the medical unit. After a cooling off period, the youth returned to his unit.

The staff in this incident remained patient and attempted to gain the youth's compliance to no avail. Facility administrators will continue to emphasize using behavioral health staff to assist when youth are displaying concerning behaviors.

### Family Engagement

Per DJS policy, all youth in facilities are entitled to 2 phone calls each week but may earn additional phone calls as a reward earned through the STARR behavior management program. The extra phone calls were granted to youth unilaterally and outside of the behavior management program. DJS executive leadership directed that those extra calls be discontinued as they violate DJS policy and undermine the incentives for good behavior under the STARR program. It should also be noted that, when appropriate, youth have additional contacts with their family through treatment meetings either in person or over the phone.

### [Lower Eastern Shore Children's Center \(LESCC\)](#)

#### Safety and Security

Safety and security are the top priorities for all DJS facilities. While DJS' Crisis Prevention policies require a focus on verbal de-escalation and processing with youth who are acting out, the policies also permit the use of reasonable physical restraints of youth who are in danger of harming themselves or others. The increase in physical restraints during the Third Quarter was due to two younger youth who accounted for nearly 40% of the restraints during the period. Behavioral health clinicians worked with the youth and other interventions such as guarded care plans, one-to-one supervision and additional recreation programs were utilized to address some of the disruptive behaviors. As per DJS policy, all restraint incidents were reviewed by facility administrators and determined to be appropriate. There were no injuries to youth or staff due to these incidents.

Suicide ideation increases can be attributable to a small percentage of youth. The Department takes every statement of self-harm very seriously and will take appropriate measures such as increasing youth supervision and interventions from behavioral health staff, as necessary.

The new ADA-compliant, anti-ligature railings for all showers have been installed at the facility.

### Facility Programming

Facility administrators and staff continuously strive to enhance the programming events at LESCC. These events include having career resource days, seasonal festivals, holiday meals with youth and family members, inspirational speakers, arts and crafts, and friendly competitions between units such as basketball games or playing Unit Family Feud. Additionally, outside groups like churches volunteer in the facility to work directly with the youth.

### Family Engagement

The administration at LESCC is looking to utilize the gym as a larger space that can better accommodate card and board games being played by youth and families and ensure adequate staff supervision.

For more details regarding DJS's family engagement efforts including providing transportation for families, please see the Family Engagement section of the Introduction.

### [Alfred D. Noyes Children Center \(Noyes\)](#)

#### Youth Mental Health

DJS strives to provide quality medical and behavioral care for all youth residing in its facilities with on-site nurses, doctors and licensed behavioral health clinicians. However, youth with significant mental health issues can pose a challenge to facility staff. Reviewing the data and incident reports, many of the restraint incidents are the result of a handful of youth with significant mental health issues. For example, a youth with severe mental health needs was court ordered to be detained at Noyes from September 11, 2018, through September 26, 2018. During this short period of time, the youth was restrained 15 times to prevent her from hurting herself, staff, or other youth. Another female youth was involved in 5 physical restraints and had a history of serious injurious behavior. Thus, the increase in physical restraints during the quarter was substantially driven by 2 youth who suffered from significant mental health issues.

#### Camera Coverage

DJS's Information Technology unit is working to install additional cameras to enhance coverage and expects the installation to be completed by February 2019.

### Youth Quality of Life

An exterminator serviced the facility on September 5, 2018 and resolved the problem. Extermination services continue on a monthly basis.

Water filters were installed in September 2018. Water from the fountains at Noyes were then tested and found to be safe for drinking.

### Substance Abuse Coverage

Currently, substance abuse counsellors provide coverage to Noyes on a rotating basis on weekdays. DJS is in the process of recruiting for the 2 vacancies.

### [Thomas J.S. Waxter Children's Center \(Waxter\)](#)

#### Staff-to-Youth Ratios

The agency staffing ratio is one staff to eight youths during waking hours and one staff to sixteen youth during sleeping hours, and they both are a National Best Practice. This is recognized by the ACA and PREA. The youth culture is assessed daily to determine if staffing should be increased due to safety and security concerns.

Regarding Incident 153620, there was one staff supervising eight youth, which was within the appropriate staff-to-youth ratio. Staff involved in the incident responded appropriately and radioed for assistance. The school supervisor, who was posted outside of the classroom, responded immediately. All available staff responded shortly thereafter.

Regarding Incident 152981, there were two staff supervising five youth, which was within the appropriate staff-to-youth ratio. Staff involved in the incident responded appropriately. The Shift Commander and other staff responded immediately. While one staff member was hit by the youth who was swinging a shelf, the staff member did not require medical treatment.

#### Medical and Mental Health Care

Waxter is staffed and equipped to provide quality medical and behavioral health care to its population of young women.

Nursing staff are comprised of at least 2 nurses on duty during waking hours and 1 for the overnight shift on weekdays. On the weekends, a nurse is on-site during both waking hours and overnight. A nurse supervisor is also available for various shifts to provide assistance and oversight.

In addition to nursing staff, a contracted pediatrician is assigned to Waxter. The provider is a female and board certified in pediatrics. She holds 2 clinics per week provides comprehensive acute, chronic, and preventive pediatric health care. She is on-site approximately 8 hours per week. The physician services contract also provides 24/7 on-call coverage by telephone.

DJS's Director of Somatic Health, also a female pediatrician, provides 24/7 consultation to Waxter and provides on-site treatment for drug dependence including treatment for opioid and benzodiazepine withdrawal and medication assisted treatment.

In addition to the physician coverage for somatic health, DJS provides on-site midwife services at Waxter every other week through the University of Maryland School of Medicine Department of Obstetrics and Gynecology and Reproductive Sciences and its affiliate, University of Maryland Obstetrics and Gynecology Associates, PA. During the midwife clinics, youth receive gender responsive reproductive health care services including prenatal care, family planning, and health education. These clinics supplement the reproductive health care services provided by the pediatrician.

Waxter youth receive dental services at the dental clinic at BCJJC one to two times per week.

Waxter youth are referred to specialists in the community for health care that cannot be provided on-site. Examples include referrals to oral surgeons, orthopedic surgeons, and gastroenterologists.

For behavioral health services, on-site coverage is provided six days a week and on-call 24/7 after hours and on Sundays, as needed. DJS has assigned a half-time licensed clinical social worker from Anne Arundel Health Department and a licensed clinical social worker supervisor. Currently, DJS is recruiting a psychology associate and a licensed social worker for positions at Waxter. The 2 substance abuse counselor positions that would be shared between Noyes and Waxter are currently in recruitment.

With respect to the incidents listed by the JJMU regarding medical care, DJS has determined that youth did receive appropriate care and had questions addressed by nursing staff. In response to some concerns raised by the youth at Waxter, DJS has provided counseling to the nursing staff regarding medication administration, maintaining a professional demeanor and effective communication. DJS acknowledges that there were some delays in getting some youth medical treatment but, after reviewing the incidents listed by the JJMU, it was determined that the delays were not attributable to the medical staff. In all of the instances listed by the JJMU, the DJS facility staff were ensuring the safety of youth and staff before they moved the youth to the medical unit, which contributed to brief delays.

### Emergency Preparedness

On July 2, 2018, a fire occurred in a laundry room at Waxter. The cause of the fire was later determined to be a malfunction of a heater sensor on a dryer. All youth and staff were evacuated safely with no injuries. The fire Department arrived on scene, put out the fire and declared that the facility was safe for both youth and staff to return that night. All youth were evaluated by both medical and behavioral



health staff. Facility administrators conducted a debriefing with all youth and staff. All staff involved in the incident debriefed with Anne Arundel County Mental Health Services.

A review of the incident and response determined that, while facility staff communicated and moved quickly to evacuate the youth, there was a brief moment of confusion as some youth followed medical staff to a non-secure area. Once the youth were discovered in that location, they were re-located to a safe and secure location in the facility.

All staff have been re-trained on the fire drill evacuation procedure. Facility administrators have also increased the required monthly fire drills for the facility. Additionally, facility operating procedures have been updated.

#### Large Muscle Exercise

After a period of recruitment, a new recreation specialist has been hired and will be brought on board as soon as possible. Currently, a direct care staff is ensuring that the youth receive the one hour of large muscle exercise daily in several locations to include the gymnasium, the housing units, and the outside courtyard when weather permits.

#### [Western Maryland Children Center \(WMCC\)](#)

The Case Manager Specialist Supervisor position at WMCC has been filled.

## Private Programs

### Silver Oak Academy (SOA)

#### Pages 19 through 20

#### Page 20

1. “Administrators at SOA should rectify gaps in camera coverage to help protect youth and staff. Several incidents during the third quarter occurred in areas outside of camera coverage, including classrooms, the student lounge, and the auditorium (incidents 153471, 153468, 153641).”

**SOA Response:** Silver Oak Academy consistently reviews camera coverage throughout our campus. Certain areas are staffed appropriately due to lack of camera coverage so that we can increase our interactive supervision as well as eliminate any incidents from occurring without other staff or students present. Our camera system can only hold so many cameras due to the software and amount of memory that the system has. Within the past year, we have added a camera to the hallway outside of the dining hall as well as four additional cameras on the football field and driveway. These additional cameras have maxed out our current system. We will continue to review our camera coverage as part of our incident review and maintain additional staff in areas without cameras.

**DJS Response:** Licensing and Monitoring’s review of the JJMU Third Quarter Report found that the information noted in the report in regards to incident reports numbers are incorrect as report 153468 is an incident report for the Children’s Home Shelter and 153641 is a report for Waxter’s Children Center.

### VisionQuest Morning Star (VQMS)

#### Page 52

1. “Individual land group therapy is provided by a contracted vendor on a consistent basis. However, the ability to provide comprehensive access to family therapy is limited because many families live far away from the facility. Morning Star and VisionQuest administrators should invest in computers with video conferencing capabilities to facilitate access to family-related treatment needs and provide families with transportation assistance to help promote in person visits and therapy sessions.”

**VQMS Response:** The Contracted Mental Health Therapist conducts whenever possible face to face sessions. When this is not possible she facilitates over the phone sessions. The program strongly encourages and in partnership with the Community Case Managers, parental involvement during their required monthly visits to the program. At each visitation there is an opportunity to provide family therapy by the programs Substance Abuse Counselor and/or Clinical Supervisor. The Mental Health Therapist along with the Program's Treatment Team have the ability to use video conferencing, it has however been difficult to utilize due to parental limitations to this type of technology.

2. "While administrators make efforts to provide recreation, enrichment, and volunteer opportunities in the community and on campus, youth report that excessive downtime e remains an issue, especially during the weekends. In addition, youth concerns about the meals they receive at Morning Star remain unaddressed. Staff should be more responsive to youth needs for increased activities and nourishing, tasty, and filling meals. A youth advisory board should also be created to allow residents to provide input about the program and make recommendations for improvement."

**VQMS Response:** The program's Fall/Winter schedule includes additional evening activities such as Mental Health Groups, NA and PE. The YMCA trips are twice a week and are after school hours. The program's weekend schedule has been developed to include multiple opportunities for recreation, life skills, community service and equine experiences. The program menu was developed and approved by Ms. Patricia F Small, M.S, R.D, L.D.N. The menu complies with the requirements for the recommended daily allowances as established by the USDA Food Pyramid and the USDA and the USDA Dietary Guidelines. The menu compliance reflects a reference standard 16-year-old male, 68 inches and 168lbs (2500-3000 calories). The program will implement a student advisory board to seek feedback from youth.

3. "The recreation specialist who was also certified to teach physical education to students left the facility during the third quarter. An experienced case manager and a seasoned direct care supervisor also recently resigned. These position should be filled with equally qualified staff without delay."

**VQMS Response:** The Physical Education position was filled on 11/14/2018, the Case Manager Position was filled on 11/26/18. The program continues to source other qualified candidates.

4. "During a third quarter monitoring visit, youth voiced concerns about the smell and taste from the well water that they use for drinking and bathing. Monitor observations confirmed that the water contained hydrogen sulfide which produced a foul odor. Maintenance staff should employ a sulfur removal method to address the issue."

**VQMS Response:** The program would like clarification regarding what confirmation the monitor had of a positive hydrogen sulfide test. The water is tested quarterly with the last test being completed on October 24<sup>th</sup> 2018 by “Water Testing Labs”. The water is tested per state regulations and no abnormalities have ever been noted. The bacteriological analysis of our samples indicated that the water is safe for human consumption. The program reached out to Sharp Water Culligan to explain the odor issue on the one living unit. They confirmed that this could not be an issue with the well water or the holding tanks or this would be a campus wide problem and as a result there would be no required follow up by their company. The program is currently looking into whether or not this is an individual water heater issue or if the lines of the living unit need treatment.

**MARYLAND STATE  
DEPARTMENT OF EDUCATION  
- RESPONSE**



**Karen B. Salmon, Ph.D.**  
State Superintendent of Schools

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December 14, 2018

## **MSDE Response to the Juvenile Justice Monitoring Unit's 2018 Third Quarter Report**

The Maryland State Department of Education (MSDE) has reviewed the Juvenile Justice Monitoring Unit's (JJMU) 2018 third quarter report in relation to the provision of educational services within the Department of Juvenile Services' (DJS) residential facilities. The MSDE Juvenile Services Education System (JSES) appreciates JJMU's report, which provides data, and JJMU's analysis concerning educational services provided to youth in the DJS facilities.

### **Committed Placement Centers**

#### **Victor Cullen Center**

During the third quarter, staff at the Victor Cullen Center received significant professional development training. Training included a focus on providing educational instruction for a ninety-minute class period. Additional training was provided to staff via WebEx which centered on how to incorporate technology in the classroom. Staff at Victor Cullen also participated in professional staff development trainings provided for all JSES staff by content specialists at MSDE. The MSDE professional development was designed to provide content specific training for teachers. Student engagement for the entire class period has been a focus of the MSDE staff and an expectation of all JSES Principals.

Principals, with the support of the MSDE content specialists learning walks teams, continue to refine content specific instructional expertise of JSES teachers. Professional development activities enhance skills and strategies needed to closely monitored instruction during an entire class period and include recommendations for improvement of high quality classroom practices. Valuable feedback is provided to the staff after each learning walk session. Feedback on student classroom interaction is a component of each post observation session. Students are held accountable for being on task during the entire instructional period which is reinforced through the Positive Behavior Interventions and Supports (PBIS).

There are divided opinions on the impact of block scheduling. Research demonstrates that school schedules (traditional or block) have little impact on the differentiation in student scores on state assessments. However, MSDE JSES staff realizes that different student populations experience academic success in educational environments that are conducive to learning and meet their individual educational needs. For students who are at risk and under credited, block scheduling allows students who enter school late, may need a fresh start in the midyear, or reenter school at the beginning of the second semester, the opportunity to earn credits in several key academic courses before the end of the school year.

The following research articles provide insight regarding advantages of block scheduling that can be beneficial to academic student growth. One advantage that is noted involves more time to delve deep into specific content.

Lewis, C.W., Dugan, J.J., Winokur, M.A., & Cobb, R.B. (2005). The Effects of Block Scheduling on High School Academic Achievement. *NASSP Bulletin*, 89(645), 72-87.

<https://doi.org/10.1177/019263650508964506>

Hanover Research. (2014). *Optimal Scheduling for Secondary Schools*. Arlington, VA.

[https://www.mansfieldisd.org/uploaded/main/departments/CIA/assets/MasterScheduleStudy/Research-OptimalScheduling\\_Secondary.pdf](https://www.mansfieldisd.org/uploaded/main/departments/CIA/assets/MasterScheduleStudy/Research-OptimalScheduling_Secondary.pdf)

Retting, M.D. (no date). The Effects of Block Scheduling. Retrieved from the American Association of School Administrators site. <http://www.aasa.org/SchoolAdministratorArticle.aspx?id=14852>

The MSDE concurs with the statement that engagement with the community can help provide youth the opportunity to learn and practice social skills and empathy. One recent service learning project included discussions around homelessness and acknowledgement of individual hardships and lifestyles. An activity within this project involved staff at Victor Cullen donating items that had been identified by students as items that the homeless might need. These items were used to create “helping totes” that were donated to the homeless. The supervising teacher distributed the totes to the homeless in downtown Baltimore. The teacher had conversations with recipients of the items and took pictures. During classroom instruction students discussed the emotions they felt as a result of providing to those in need.

### **Youth Centers**

JSES provides students with high school diplomas/GEDs with access and post-secondary options. However, JSES is constrained by registration schedules of each community college. Students cannot access courses outside of the semester calendar set by colleges. As JSES continues to create partnerships with community colleges, JSES must adhere to registration and semester calendars in order for students to earn credits.

MSDE now has a contract with APEX learning. Selected educators at each location were chosen and trained on APEX learning courses, which can be offered in a fully online or blended learning model. In the blended learning model, educators in short term facilities can focus on skill building in the Apex platform and having students apply those skills to content work in a face-to-face setting.

Apex courses will be used during the interim period of when a student completes high school or earns a GED and the registration time for college courses. These online courses will help better prepare students for college coursework. The use of Apex learning courses and resources allows a multitude of possibilities for students to take courses not currently offered in JSES schools, such as Spanish, art, and music.

### **J. DeWeese Carter Center**

The JJMU report promotes the need for a full-time dedicated principal at the J. DeWeese Carter Center. The current school population is seven students. Over the past twelve months the population has been as

high as twelve and as low as four students, with an average population of eight. The principal is available by phone, video conferencing, and email when she is not on site. The principal is at the school two or three times a week based on the needs of the student population and staff. The number of students does not support a full-time principal.

The J. DeWeese Carter Center is currently reinstating their advisory board and had an initial meeting to discuss community partnerships. The DJS advisory board members include JSES staff. This collaboration provides support and services for students. Additionally, the J. DeWeese Carter Center and the Lower Eastern Shore Children's Center both have a collaboration with Wor-Wic Community College to provide Servsafe programming for students.

## **Detention Centers**

### **Baltimore City Juvenile Justice Center**

The JSES notes that the JJMU report acknowledges the additional staff support to the Baltimore City Juvenile Justice Center. During the third quarter, the Baltimore City Juvenile Justice center was allocated three substitutes to support instruction to enhance the educational programming.

JSES provides students with high school diplomas/GEDs with access and post-secondary options. However, JSES is constrained by registration schedules of each community college. Students cannot access courses outside of the semester calendar set by colleges. As JSES continues to create partnerships with community colleges, JSES must adhere to registration and semester calendars in order for students to earn credits.

MSDE now has a contract with APEX learning. Selected educators at each location were chosen and trained on APEX learning courses, which can be offered in a fully online or blended learning model. In the blended learning model, educators in short term facilities can focus on skill building in the Apex platform and having students apply those skills to content work in a face-to-face setting.

APEX courses will be used during the interim period of when a student completes high school or earns a GED and the registration time for college courses. These online courses will help better prepare students for college coursework. The use of APEX learning courses and resources allows a multitude of possibilities for students to take courses not currently offered in JSES schools, such as Spanish, art, and music.

### **Cheltenham Youth Detention Center**

Staff at Cheltenham Youth Detention Center has been provided professional development, which included brain-based research in structuring a ninety-minute class period. This professional learning program will be expanded to all schools at the system-wide professional development in March. Research and resources are available to all teachers through the curriculum provided on a shared Google drive and includes information on differentiation strategies, articles on how to structure a ninety-minute class period, and how to actively engage students.



### **Thomas J.S. Waxter Children’s Center**

The MSDE notes that the JJUM acknowledges that Thomas J.S. Waxter is a well-managed school and students report being constructively engaged throughout the school day. If a conflict arises, several departments collaborate and attempt to mediate and resolve student issues. All staff at Thomas J.S. Waxter Children’s Center have many years of experience in education and are trained to handle sensitive issues and classroom management. Professional learning plans for the 2018-2019 school year include sessions on how to facilitate difficult discussions in class, trauma-informed care, and understanding cultural bias.

### **Alfred D. Noyes Children’s Center**

The educational staff at the school and the DJS shift supervisor conducts daily briefings before the start of the school day to avoid disruption in the educational schedule and to help maintain safety and security. The principal participates in weekly management meetings with the DJS leadership team to promote coordination, facilitate communication, and discuss any on-going concerns or issues. The DJS has assigned a permanent staff member to handle school movement, proactively address any issues/concerns, and to direct smooth transition between the living unit and school.

### **Maryland State Department of Education in DJS Facilities**

The Education Coordinating Council is the mechanism for oversight of the Juvenile Services Education Program. The Education Coordinating Council was established in 2004 by Education Article §22-305 to provide oversight for the development and implementation of the Juvenile Services Education Program provided by the MSDE in DJS facilities. The Council resides within the MSDE for administration and budgetary purposes and is chaired by the State Superintendent of Schools.

The Council’s responsibilities are outlined in Education Article §22-305 of the Annotated Code of Maryland which mandates the Council “shall develop, recommend, and approve an educational program for each residential facility” operated by the DJS. The Council is required by Education Article §22-306 to submit a report annually on its activities to the Governor in accordance with §2-1246 of the State Government Article, to the General Assembly.

A ninety-minute semester block schedule has been instituted for the 2018-2019 school year. This change allows for consistency with student transfers between JSES schools (from detention to committed schools). This semester schedule allows for students to earn up to eight credits a year toward graduation versus the six credits earned using a yearlong scheduling model. Students have twice as many opportunities to complete the required courses if they fail a subject. The number of class changes is reduced therefore, limiting the possibilities for discipline problems since most disruptions occur during transition time between classes.

The use of a ninety-minute semester block schedule allows for more instructional time as well as independent practice for students. JSES students are not permitted to take instructional materials into their residential units therefore; the additional classroom instructional time allows students more time to navigate through the curriculum. Also, there is more class time to conduct extended activities such as

seminars and projects. The ninety minute block schedule allows the opportunity for every student to participate in both core and elective courses during both long term and short term stays.

The JSES has implemented the use of online course providers in order to offer credit recovery and original credit opportunities for students. Online credit recovery provides students with the option to re-take courses in order to earn necessary credits for graduation. Students may also complete online courses for original credit, if the course is unavailable during face-to face instructional time. For instance, through our online provider partnerships, students may earn credits in a foreign Language (Spanish, French, and Chinese) or in health education. These options allow students more paths toward high school graduation.

The JSES continues to expand community college partnerships. In September 2018, an agreement was established between JSES and Anne Arundel Community College. The JSES students can take courses in Business Management and earn a certificate at the completion of the designated courses. JSES maintains partnerships with Frederick and Baltimore City Community Colleges. There is also a draft agreement with Montgomery College currently in review. Backbone Mountain Youth Center continues to partner with Garrett College which allows students to attend classes on campus which helps to initiate their college careers. During the FY 2018 school year, 12 students participated in the college program.

The first set of JSES students began taking online college courses in Spring, 2017. Consequently, JSES students have participated in on-line college credit bearing courses as well as continuing education and workforce development courses every semester.

In FY 2018, the JSES continued efforts to ensure the alignment of all CTE classes to those offered within local school systems across the state. This allows JSES students the ability to earn course credit and for those credits to be recognized by local school systems. The JSES CTE classes allow students to earn credits in different CTE pathways and offers courses in the following CTE Programs of Study:

### **Business Administrative Services**

Business Administrative Services provides a foundational understanding of the role of business in a global society, American business as a dynamic process, forms of business ownership, management concepts, marketing, production and distribution, and accounting and finance.

### **Construction Trades**

The Construction Trades course is aligned to the National Center for Construction Education and Research (NCCER) curriculum. During FY 2018, students at Backbone Mountain Youth Center were able to progress through the modules of the core curriculum. Upon completion of all modules in this pathway, students earn industry certification.

### **Career Research and Development (CRD)**

CRD encompasses financial literacy activities based on Maryland's curriculum for Personal Financial Literacy Education in addition to general life skill instruction including resume creation and interview skills.

The JSES also allows students the opportunity to earn industry certificates in a variety of programs. CTE certification programs have been modified and/or expanded to best suit the needs of students in each facility. Certifications at the various facilities include the following:

- NCCER Core
- OSHA 10
- IC3 (Internet & Computing Core)
- C-Tech Certificates
- National Retail Federation
- Customer Service & Sales
- Medical Billing & Coding
- Flagger
- Servsafe
- Financial
- Code.org

## **JUVENILE JUSTICE MONITORING UNIT NOTE ON TRANSCRIPTION ERROR**

*The Juvenile Justice Monitoring Unit would like to acknowledge that numerals ascribed to three incidents referred to in this compendium report were erroneously transcribed:*

On page 20 (in the section covering the Silver Oak Academy), the incident listed as 153468 should have been labelled as 153498 and the incident labelled as 153641 should have been labelled 153691. Please also note that the substance of the incidents as described in this report remain valid and the issues raised remain of concern to the JJMU.

On page 30 (in the section covering the Baltimore City Juvenile Justice Center), the incident listed as 152806 should have been labelled as 153806. Please also note that the substance of the incident as described in this report remains valid and the issues raised remain of concern to the JJMU.