Maryland
Department of Juvenile Services

Services for DJS-Involved Girls
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Prepared by

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Section I – Overview

1.1 Introduction

The Department of Juvenile Services (DJS) is an executive agency responsible for managing, supervising and treating youth who are involved in the juvenile justice system in Maryland. DJS provides individualized care and treatment to youth who have violated the law or who are a danger to themselves or others. Objective screening and assessment tools are used to guide decisions at key points in the juvenile justice system. DJS has embedded a race equity lens in its operations through skill-building (e.g., race equity training, coaching and technical assistance) and policy analysis to mitigate the disparate impact of agency operations on youth and families of color. Additionally, DJS works with partners in the community – ranging from community-based treatment providers to state partners, such as the Maryland State Department of Education – to attain meaningful improvements to the outcomes of the youth served.

This report examines the needs of girls in Maryland's juvenile justice system and inventories the programs and services available to meet those needs at certain points in the system. The report is divided into four main sections representing the primary points of contact with the juvenile justice system. While the focus is on girls, the report presents data on both girls and boys for purposes of comparison.

1.2 Girls in the Juvenile Justice System

Research suggests that the causes and correlates or pathways to juvenile delinquency are different for boys and girls[1]. By and large, juvenile justice-involved girls commit less serious offenses and are more likely to be drawn deeper into the juvenile justice system for status offenses and violations of supervision conditions. Girls are also more likely to have experienced physical and sexual abuse, family conflict and violence, and trauma generally. They are also more likely to have mental health needs. Girls of color as well as lesbian, gay, bisexual, transgender, questioning (LGBTQ) girls have been shown to be over-represented in the juvenile justice system.

The juvenile justice system has historically revolved around the needs of boys, grounded in research involving primarily male subjects. Over the last three decades, the role of girls in the juvenile justice system has received increasing attention. Research has focused on identifying the needs of juvenile justice-involved girls, and has led to the development of gender-responsive programs and principles to guide the provision of appropriate and effective services. Gender responsivity has been defined as "a comprehensive systems response to female delinquency that emphasizes the importance of girls' experiences as well as addresses girls' unique psychological, development and social needs, and pathways into crime."[2]

Guiding principles of gender-responsive services identified in the literature include: (a) a focus on safety (physical and emotional) given the common history of trauma and abuse; (b) the recognition of the importance of relationships and the relational nature of female development;

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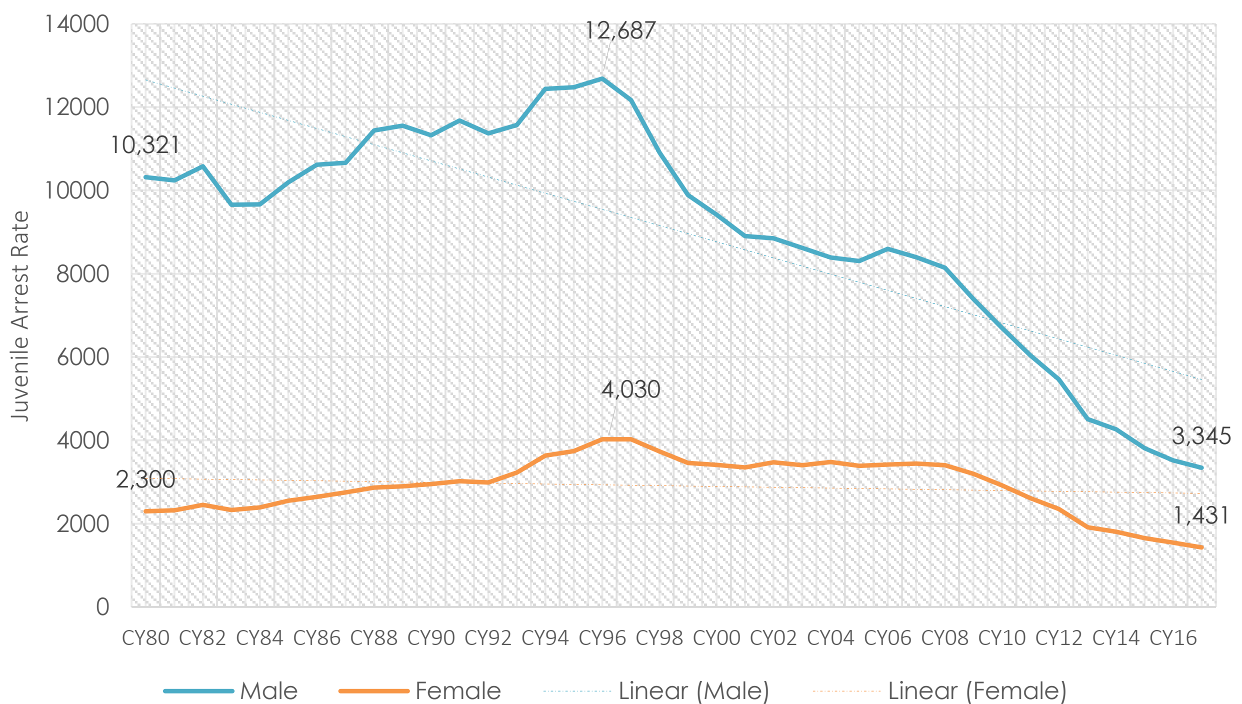
[1] See generally, Sherman, F. T & A. Balck (2015). Gender Injustice: System-Level Juvenile Justice Reforms for Girls. In partnership with: The National Crittenton Foundation and The National Women's Law Center. Online. Available at: http://www.nationalcrittenton.org/wp-content/uploads/2015/09/Gender_Injustice_Report.pdf; Development Services Group, Inc. 2018. Specialized Responses for Girls in the Juvenile Justice System. Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. Online. Available at: https://www.ojjdp.gov/mpg/litreviews/Specialized-Responses-for-Girls-in-the-Juvenile-Justice-System.pdf; National Council on Crime and Delinquency (NCCD) Center for Girls and Young Women (February, 2009). Getting the Facts Straight about Girls in the Juvenile Justice System. Online. Available at: http://www.nccdglobal.org/sites/default/files/publication_pdf/fact-sheet-girls-in-juvenile-justice.pdf; Office of Juvenile Justice and Delinquency Prevention (OJJDP). U.S. Department of Justice, Office of Justice Programs. *Girls and the Juvenile Justice System.* Online. Available at: https://www.ojjdp.gov/policyguidance/girls-juvenile-justice-system/#nav

[2] Anderson, V.R., Walerych, B.M., Campbell, N.A., Barnes, A.R., Davidson, W.S., Campbell, C.A., Onifade, E., and Peterson, J.L. (2016). *Gender-responsive intervention for female juvenile offenders: A quasi-experimental outcome evaluation.* Feminist Criminology (first published November 2016) as cited in Development Services Group, Inc. (2018).

(c) attention to cultural values and cultural competence; (d) the use of a strengths-based approach to develop competencies and confidence; (e) the adoption of an holistic approach rather than symptom or problem-based; (f) a focus on physical and mental health well as substance use; and (g) the recognition of the importance of family relations and the resolution of family conflict.[3,4]

The heightened focus on girls in the juvenile justice system is due in part to their increased prevalence. Figure 1 displays nationwide juvenile arrest rates between 1980 and 2017 by gender. During the first half of the series (1980 - 1996) as arrest rates were increasing, the female arrest rate increased by **75%** while the male juvenile arrest increased by **23%**. Over the next twenty years, as rates began to decrease (1996 – 2017), the rate of decline was greater among males (**74%**) than females (**64%**).

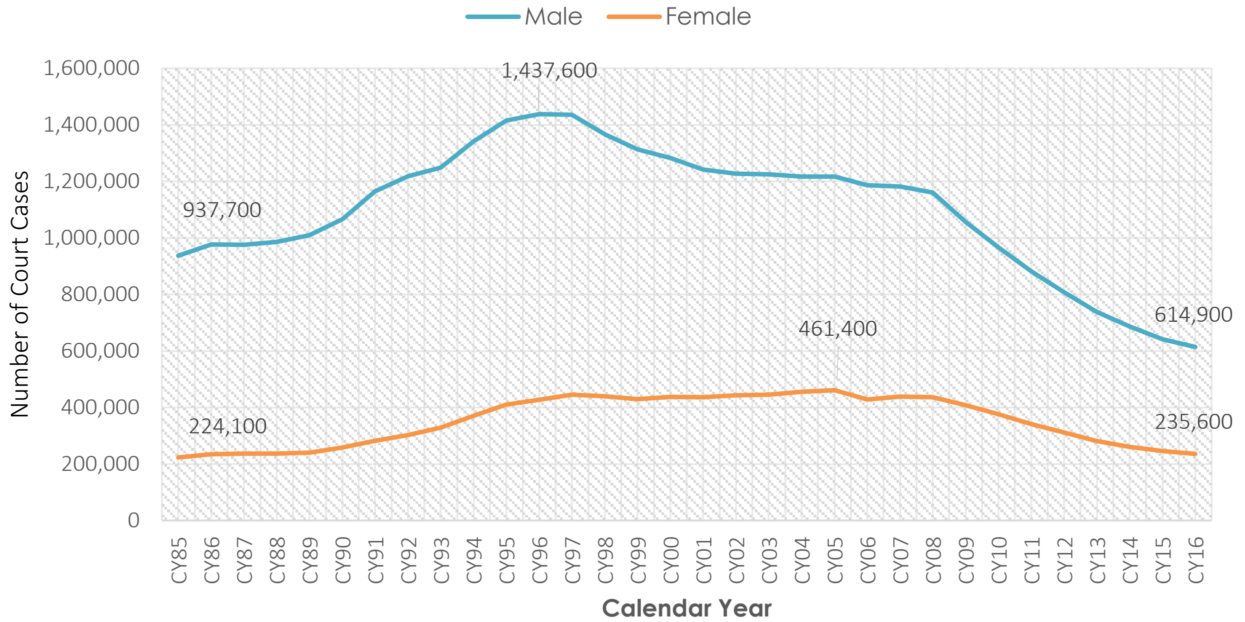
Figure 1 Juvenile Arrest Rate (per 100,000 youth ages 10-17) by Gender[5]



[3] Treskon, Louisa and Charlotte L. Bright (March, 2017). *Bringing Gender-Responsive Principles into Practice: Evidence from the Evaluation of the PACE Center for Girls*. MDRC Research Brief.
[4] Walker, S.C., Muno, A., and Sullivan-Colglazier (2015). *Principles in Practice: A Multistate Study of Gender-Responsive Reforms in the Juvenile Justice System*. Crime and Delinquency, 55(2): 171-215
[5] Juvenile Arrest Rates (Arrest of Persons Age 10-17/100,000 Persons Ages 10-17); National Center for Juvenile Justice (October 22, 2018). Juvenile Arrest Rates by Offense, Sex, and Race. Online. Available: http://www.ojjdp.gov/ojstatbb/crime/excel/JAR_2017.xls.

Similarly, while the total *number* of boys' juvenile court delinquency cases decreased by **34%** between 1985 and 2016 (after peaking in 1996), the number of girls' juvenile court delinquency cases increased by **5%** (after peaking in 2005).[6] As a result, the proportion of girls' cases handled by the juvenile court increased from **19%** to **28%** between 1985 and 2016.

Figure 2 Nationwide, the number of boys' delinquency court cases decreased by 34% between 1985 and 2016, while girls' cases increased by 5%.



	CY 1985		CY 2016		% Change Females
	Female	Male	Female	Male	
Juvenile Court Delinquency Cases (%)	19.3%	80.7%	27.7%	72.3%	+8%

[6] Sickmund, M., Sladky, A., and Kang, W. (2018). "Easy Access to Juvenile Court Statistics: 1985-2016." Online. Available: https://www.ojjdp.gov/ojstatbb/ezajcs.

1.3 Report Highlights

Intake complaints have declined for both boys and girls over the past 10 years and girls are diverted at a higher rate than boys.

- Statewide, the total number of complaints received by DJS decreased by **59**%. Between FY 2009 and FY 2019, DJS received **59%** fewer complaints for *both* girls and boys.

- Roughly two-thirds of complaints alleged against girls were diverted by DJS each year (**60%** to **72%**) as compared to roughly one-half of complaints alleged against boys (**42%** to **54%**).

Additionally, the population of girls in detention has significantly declined.

- The overall average daily population of youth held post-disposition decreased by **56%** (**57%** among boys and **49%** among girls). Girls' post-disposition ADP ranged from a high of **16** in FY 2010 to a low of **7** in FY 2018.

- The number of cases resulting in a disposition of probation has decreased by **59%** over the last 10 years (**59%** among boys and **58%** among girls). Girls represented **17%** of all court dispositions of probation in both FY 2009 and FY 2018.

The number of cases resulting in a commitment to an out-of-home placement declined at a greater rate than boys.

- Between FY 2009 and FY 2018, the number of cases resulting in a court order of commitment decreased by **53%**. This decrease was more pronounced among girl's cases (**61%**) than boys (**52%**). Similarly, the ADP of youth placed in a residential out-of-home program decreased by **57%** during the same period. Girls represented **15%** of committed ADP in FY 2009 and **14%** of committed ADP in FY 2018.

Finally, girls' recidivism, post-release, was examined as an indicator of success.

- Twelve-month recidivism rates (including both juvenile and adult offenses) revealed that girls released from a committed placement during FY 2016 were less likely to recidivate than boys on all measures. During the 12-month follow-up period, **6%** of girls released from commitment were reconvicted and **5%** were reincarcerated.

The report provides an in-depth and comprehensive overview of how girls experience Maryland's juvenile justice system. The report includes available qualitative and quantitative data to examine potential gaps in the system as it relates to meeting the diverse needs of the girls we serve. DJS is reviewing the report and related information to develop action steps to address potential gaps and strengthen the continuum of programmatic interventions and services.

Section II – DJS Intake

2.1 Introduction

Youth may be referred to DJS by law enforcement agencies, schools, citizens and parents. DJS intake officers review all delinquent and child in need of supervision (CINS) complaints, citations, and peace order requests. DJS intake officers are directed to assess the merits of a complaint and decide within 25 days as to whether the juvenile court has jurisdiction, and if so, whether judicial action is in the best interest of the public or of the child. At the point of intake, DJS intake officers are authorized to either:

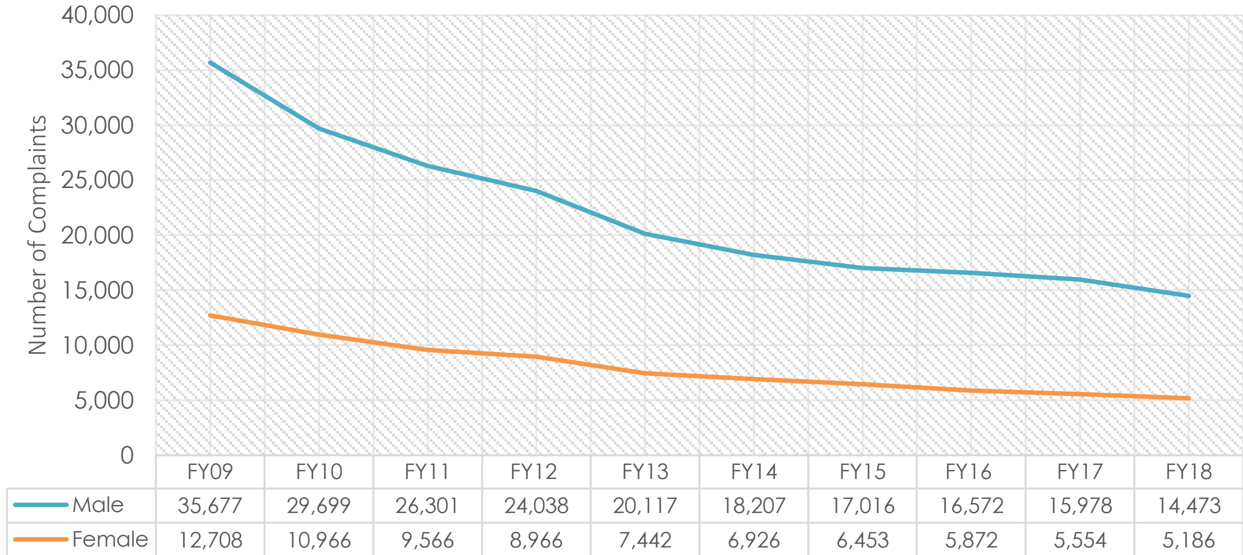
a) Disapprove a complaint as legally insufficient;
b) Resolve the matter at intake;
c) Propose an informal adjustment period or period of pre-court supervision; or
d) Authorize the filing of a petition by the State's Attorney's Office.

The intake decision-making process may involve an interview with the youth, parent and/or guardian, and where applicable, the victim(s). The intake decision is also guided by the Maryland Comprehensive Assessment and Service Planning (MCASP) intake risk screen. This instrument is completed at intake for alleged offenses with the exception of citations, CINS offenses and traffic offenses. The tool generates a case forwarding recommendation based on the youth's delinquency history, social history and seriousness category of the instant complaint.

2.2 Intake Trends

Statewide, the *total* number of complaints received by DJS decreased by **59.4**%. Between FY 2009 and FY 2018, DJS received **59.4%** fewer complaints for boys and **59.2**% fewer complaints for girls.

Figure 3 Girls' complaints decreased **59%** between FY 2009 to FY 2018.



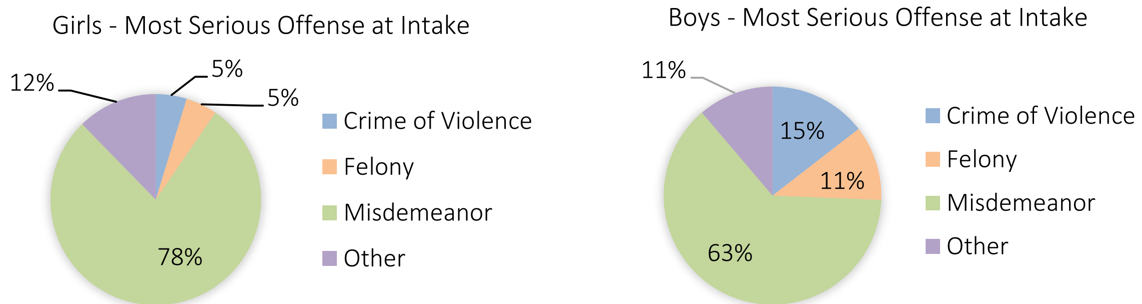
	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18
Male	35,677	29,699	26,301	24,038	20,117	18,207	17,016	16,572	15,978	14,473
Female	12,708	10,966	9,566	8,966	7,442	6,926	6,453	5,872	5,554	5,186

During FY 2009 and FY 2018, girls' cases represented **26%** of the cases received at intake.

	FY 2009		FY 2018		% Change for Females
	Female	Male	Female	Male	
Complaints Received	26%	74%	26%	74%	0%

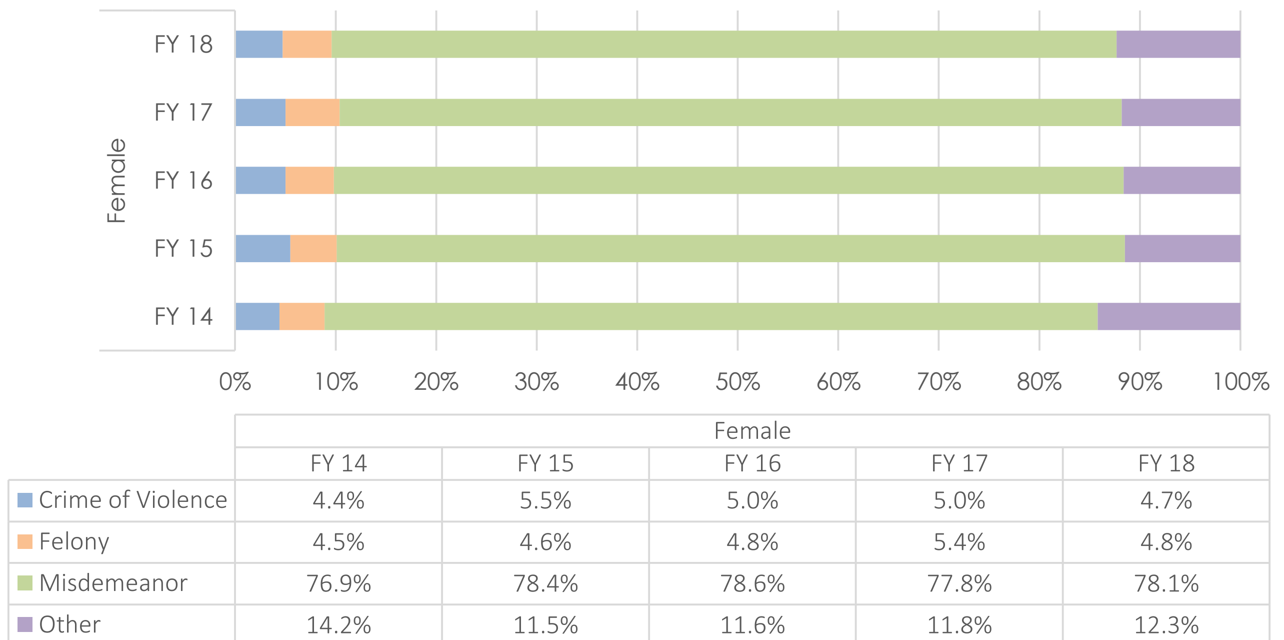
Girls were most commonly referred to DJS for misdemeanor offenses. During FY 2018, **78%** complaints against girls were misdemeanors as compared to **63%** of boys. Boys were more likely to be referred to DJS for a crime of violence or felony offense. Offenses classified as "Other" include *Child in Need of Supervision* (CINS) offenses, citations and ordinance offenses.

Figure 4 Over three-quarters of girls were referred for misdemeanors (78%) (FY 2018).



Over the last five years, misdemeanors and "other" offenses accounted for approximately **90%** of the total number of complaints alleged against girls each year.

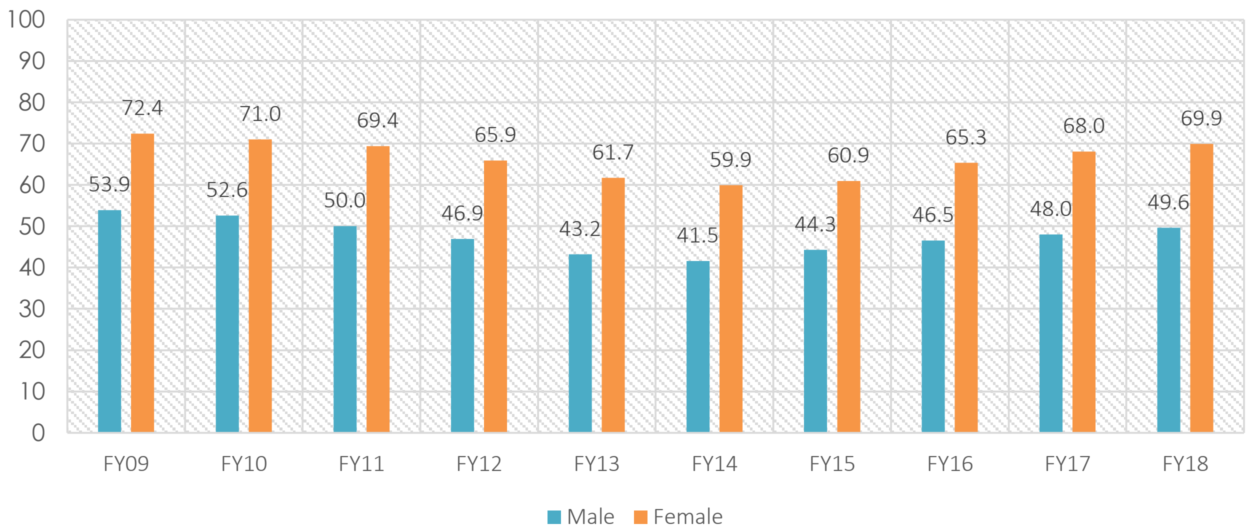
Figure 5 Ninety percent of girls were referred for a misdemeanor or "other" offense.



	Female				
	FY 14	FY 15	FY 16	FY 17	FY 18
Crime of Violence	4.4%	5.5%	5.0%	5.0%	4.7%
Felony	4.5%	4.6%	4.8%	5.4%	4.8%
Misdemeanor	76.9%	78.4%	78.6%	77.8%	78.1%
Other	14.2%	11.5%	11.6%	11.8%	12.3%

Broadly speaking, DJS intake officers may "divert" cases by resolving them at intake or handling them informally through a short period of pre-court supervision. Alternatively, cases may be handled formally by referring them to the State's Attorney's Office. As shown in Figure 6, roughly two-thirds of complaints alleged against girls were diverted by DJS each year (**60%** to **72%**) as compared to roughly one-half of complaints alleged against boys (**42%** to **54%**).

Figure 6 Approximately two-thirds of girls' complaints were diverted each year.

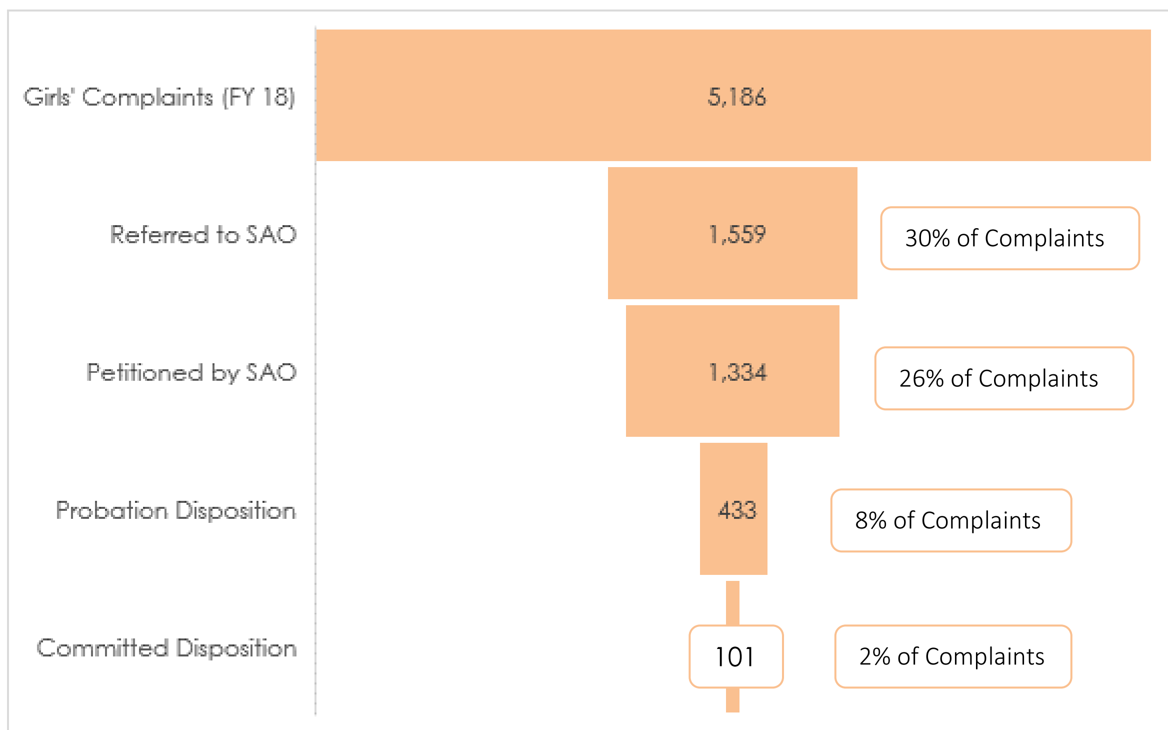


During FY 2009 and FY 2018, girls' cases represented **18%** of the total number of cases forwarded to the State's Attorney's Office.

	FY 2009		FY 2018		% Change Females
	Female	Male	Female	Male	
Complaint Forwarded to SAO	18%	82%	18%	82%	0%

A summary of girls' case flow during FY 2018 is shown in Figure 7. During FY 2018, DJS received slightly over 5,000 complaints alleged against girls statewide (5,186). Most of these complaints were diverted at intake (**70%**); while **30%** (1,559) were referred to the State's Attorney's Office (SAO) for formal processing. A petition was filed with the juvenile court for **26%** of the complaints. Roughly, **8%** of the complaints received at intake resulted in an order of probation (433). Another **2%** of the cases received at intake resulted in a commitment order (101).

Figure 7 Girls' FY 2018 Case Flow Overview



2.3 Pre-Adjudication Community Services: Program Inventory

DJS intake officers may refer youth and families to community programs or require participation in a program as part of an informal pre-court supervision agreement. An informal pre-court supervision agreement is a method of case resolution that allows the case to be handled informally without involving the juvenile court. The pre-court agreement is executed by a DJS intake and requires consent by the youth, parent/guardian, and victim (where applicable). Approval by the State's Attorney's Office is required for a felony offense.

Agreements are tailored to the individual circumstances of the case, and may include the payment of restitution, the completion of community service hours, as well as participation in specialized counseling or treatment programs such as substance use disorder treatment. In some circumstances, the period of informal supervision may be extended to 180 days to allow for the youth to participate in a substance abuse or mental health treatment program. Note that if a youth fails to meet the conditions of the agreement, the DJS intake officer may elect to forward the case to the State's Attorney's Office for formal processing.

The Institute for Innovation & Implementation at the University of Maryland, School of Social Work conducted a survey of community services utilized by DJS at the point of intake. Each DJS Regional Director designated county-level staff to provide a complete list of the programs utilized in their county, including name, description, gender(s) served, age served, referral source(s), counties served, funder(s) and location. The survey was initially completed in April 2018 and updated again by DJS staff in October 2018.

The survey identified **368** programs statewide that provide community services to youth and families pre-adjudication. Most programs accept referrals from state and county agencies such as DJS, DHS, or the local school system. The vast majority of community programs (**96%**) serve both girls and boys. See Table 1 for a county-level summary.

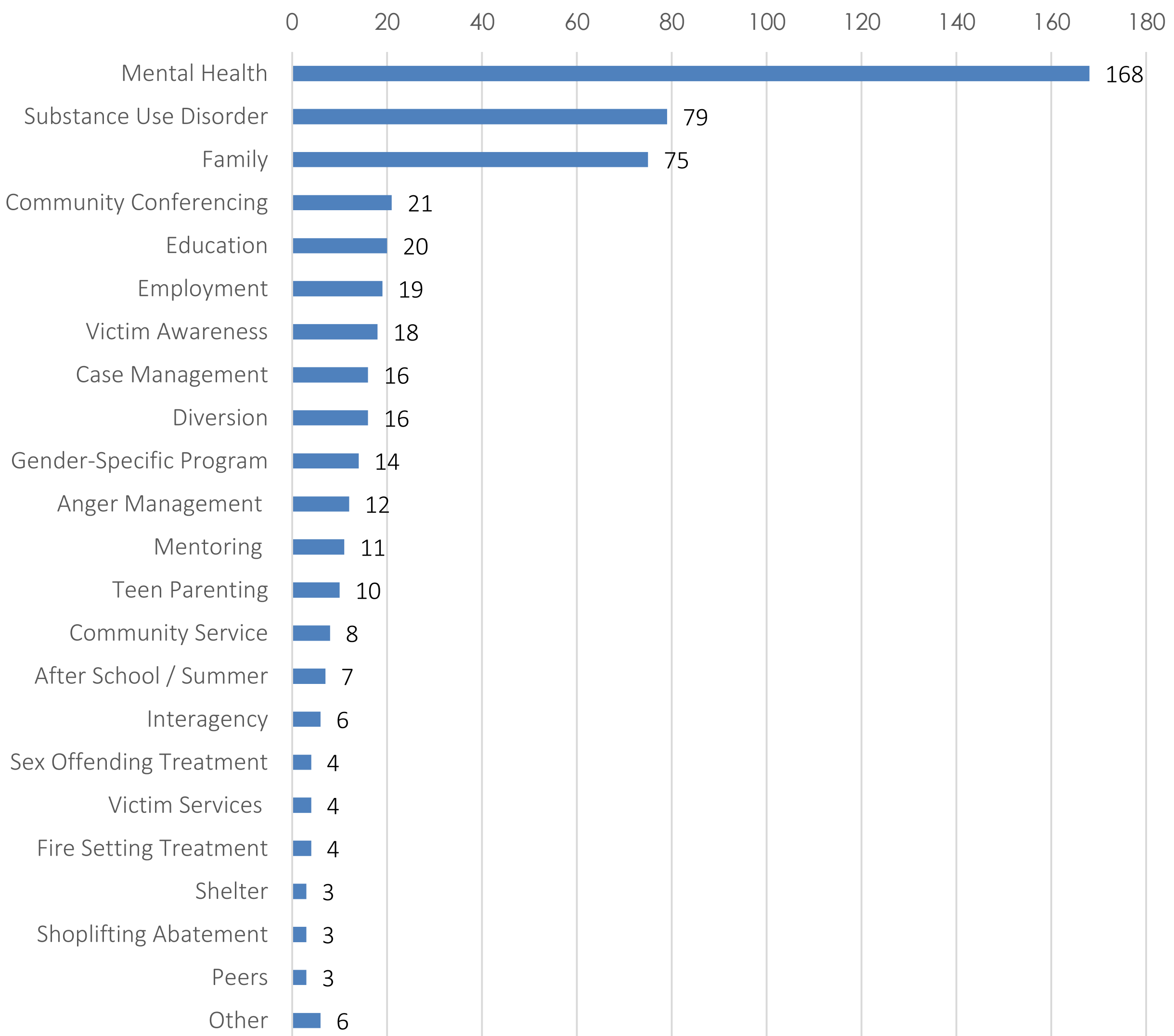
Table 1. Pre-Adjudication Community Service Providers by County

County	Pre-Adjudication Community Service Providers (Number of Programs)	Gender Served		
		Boys Only	Girls Only	Both Boys and Girls
Region I – Baltimore City				
Baltimore City	24	0	2	22
Region II - Central				
Baltimore County	17	0	0	17
Carroll	16	0	0	16
Harford	18	0	0	18
Howard	26	0	0	26
Region III - Western				
Allegany	26	0	3	23
Frederick	16	1	2	13
Garrett	9	0	0	9
Washington	20	0	0	20
Region IV - Eastern				
Caroline	5	0	0	5
Cecil	22	1	1	20
Dorchester	9	0	0	9
Kent	7	0	0	7
Queen Anne’s	3	0	0	3
Somerset	11	0	0	11
Talbot	6	0	0	6
Wicomico	21	0	0	21
Worcester	4	0	1	3
Region V - Southern				
Anne Arundel	34	0	0	34
Calvert	22	0	1	21
Charles	20	0	2	18
St. Mary’s	10	0	0	10
Region VI - Metro				
Montgomery	7	0	0	7
Prince George’s	15	0	0	15
STATEWIDE TOTAL	368	2	12	354

The community service providers shown in Table 1 have been categorized by the primary service(s) that they provide. It is important to note that some programs provide multiple services (e.g., mental health counseling and substance use disorder counseling). Over 500 services are provided by the 368 identified programs. These services are displayed in Figure 8. The most common community services include:

a) Mental health treatment (168);
b) Substance use disorder treatment (79); and
c) Family-related services (75).

Figure 8 Pre-Adjudication Community Services by Service Category



2.4 System-Level Pre-Adjudication Initiatives

2.4.1 Behavioral Health Diversion Initiative (BHDI)

DJS implemented the Behavioral Health Diversion Initiative (BHDI) to screen and divert low-risk youth with behavioral health needs from juvenile justice system involvement. The pilot program was implemented in Baltimore City and Wicomico County in 2017 and has recently expanded to four additional counties (Prince George's, Montgomery, Carrol, and Calvert). Youth are assessed at the point of intake and linked to the appropriate services in the community, thereby diverting them from further juvenile justice system involvement.

2.4.2 Cross-Over Youth Practice Model

The Department partnered with the Maryland Department of Human Resources (DHS), the Maryland Judiciary, Georgetown University and others to implement the Cross-Over Youth Practice Model (CYPM). CYPM is designed to address the unique needs of youth who are at risk of or are already involved in both the child welfare and juvenile justice systems. CYPM is currently operational in Prince George's and Montgomery counties.

DJS and DHS have jointly funded an expansion of this program to include eight new jurisdictions between 2018 and 2019. Additional jurisdictions will include Allegany County, Baltimore City, Baltimore County, Carroll County, Frederick County, Harford County, Howard County, and Washington County. This initiative is pertinent to girls as research suggests that girls account for a larger share of the dually-involved population than the population of youth involved exclusively with the juvenile justice system.[7]

2.4.3 Family Peer Support Network

The Department is in the initial stages of a major reform effort to implement a network of family peer support specialists. Family peer support specialists will help DJS-involved youth and families connect to services and navigate the juvenile justice system. This network will be

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[7] Sherman, F. T & A. Balck (2015). Gender Injustice: System-Level Juvenile Justice Reforms for Girls. In partnership with: The National Crittenton Foundation and The National Women's Law Center.

implemented in the following five jurisdictions: Anne Arundel County, Baltimore City, Baltimore County, Prince George's County and Wicomico County.

2.5 Summary

Over the last ten years, the total number of complaints received by DJS has decreased by **59%**. The magnitude of the decline is similar for both boys and girls. During both FY 2009 and FY 2018, girls' complaints represented **26%** of the total number of complaints received, and **18%** of the total number of cases forwarded to the State's Attorney's Office for formal processing.

Girls were more likely to be referred to DJS for a misdemeanor offense than boys (**78%** as compared to **63%** during FY 2018). Girls' cases were also much more likely to be diverted by DJS (through case resolution/closure and pre-court supervision) than boys (**70%** of girls' cases as compared to **50%** of boys' cases during FY 2018).

Statewide, DJS received slightly over 5,000 complaints alleged against girls during FY 2018. Charges were ultimately filed in juvenile court for roughly one-quarter of these cases (**26%**). Eight percent (**8%**) of the filed cases resulted in an order of probation, and **2%** of the cases resulted in an order of commitment.

At the community-level, **368** programs have been identified statewide that serve youth and families pre-adjudication. The most common services provided by these programs include mental health and substance use disorder services. DJS intake officers may refer youth and families to these community services or require participation in a program as part of an informal pre-court supervision agreement.

At the system-level, the Department implemented the Behavioral Health Diversion Initiative which is intended to screen and divert low-risk youth with behavioral health issues from further involvement in the juvenile justice system at the point of intake; the Cross-Over Youth Practice Model which is designed to address the unique needs of youth who are at risk of or are already involved in both the child welfare and juvenile justice systems; and the Family Peer Support Network which is expected to help youth and families connect to services and navigate the juvenile justice system

Section III –Detention and Alternatives to Detention

3.1 Introduction

DJS operates seven detention facilities across the state (three of which serve girls) to provide temporary and secure custody of youth subject to court jurisdiction. Youth may be detained at various points in the juvenile justice system. The juvenile court may order detention for youth pending a court hearing (pre- or post-disposition), pending initial placement in a committed program, or pending placement in a committed program post-ejection. Youth are most commonly detained for new complaints alleging delinquent behavior, writs and warrants issued by the court or violations of alternative to detention (ATD) program conditions.

The decision whether to detain a youth is driven primarily by the juvenile court. However, juvenile detention may be authorized by DJS intake officers on a temporary basis at the request of a law enforcement officer or community detention officer. DJS is empowered by statute to detain a youth who either poses a clear risk to themselves/others or is deemed likely to leave the jurisdiction.

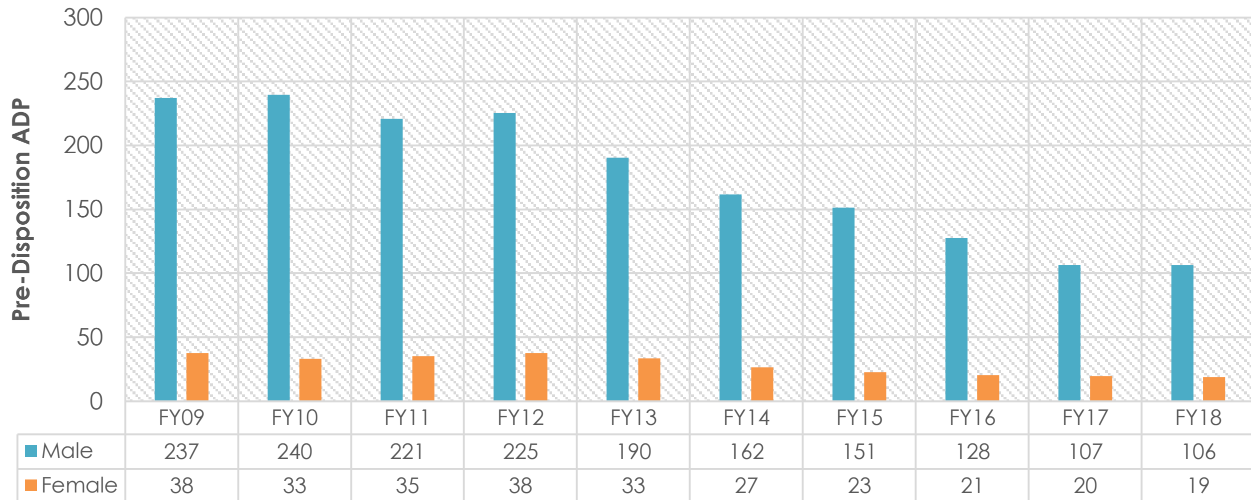
This decision is guided by the Detention Risk Assessment Instrument (DRAI) and is subject to review on the next court day.[8] The DRAI recommends either *release*, *place in an alternative to detention (ATD)*, or *detain* based on the following factors: (a) a *risk* score representing the probability that a youth will reoffend or fail to appear for a court hearing generated from known risk factors in the youth's history; (b) the seriousness of the current alleged offense; and (c) circumstances requiring a mandatory hold independent of risk or offense, e.g., a writ or warrant.

[8] The most recent version of the DRAI may be found in Appendix F of the DJS Data Resource Guide. Available at: http://www.djs.maryland.gov/Documents/Appendices.pdf.

3.2 Juvenile Detention Trends[9]

Figure 9 presents the pre-disposition ADP statewide. Between FY 2009 and FY 2018, the average daily population of youth in pre-disposition detention decreased by **54.5%** (**55.1%** among boys and **50.3%** among girls).[10]

Figure 9 ADP of girls in pre-disposition detention decreased **50.3%**.



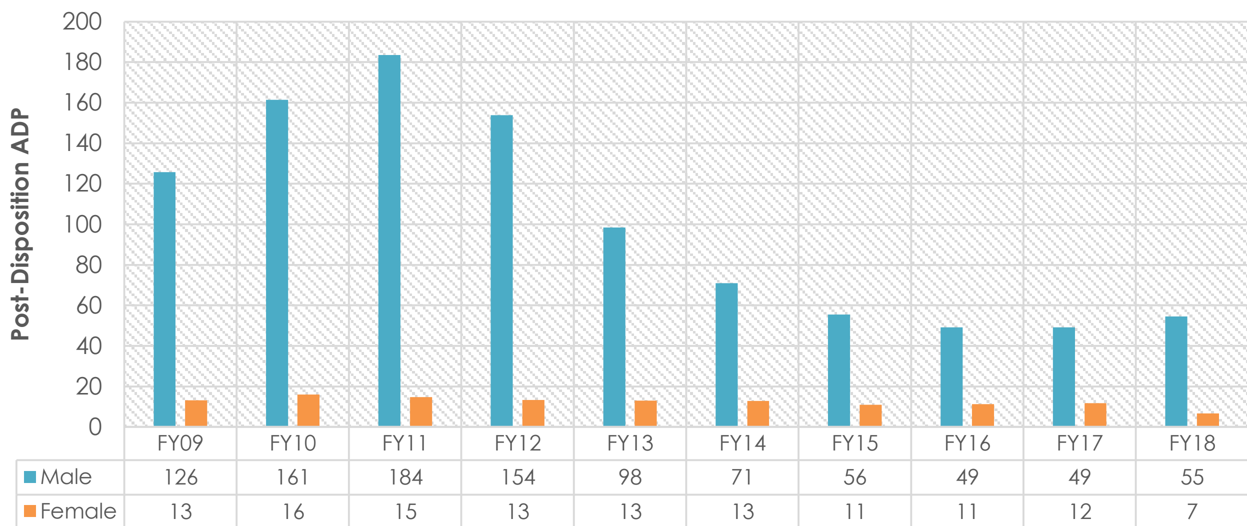
While the ADP of girls in pre-disposition detention stood at a 10-year low, the proportion of girls in pre-disposition detention increased from **14%** to **15%** between FY 2009 and FY 2018.

	FY 2009		FY 2018		% Change Females
	Female	Male	Female	Male	
Pre-Disposition Detention ADP	14%	86%	15%	85%	+1%

[9] Note that this section focuses exclusively on juvenile detention and excludes youth charged as adults pending transfer. See Section 3.3 for summary of girls charged as adults pending transfer to juvenile court.
[10] Note that percentage change calculations are based on the unrounded ADP numbers.

Figure 10 presents the average daily population of youth detained post-disposition. The juvenile court may order detention for youth pending a court hearing, pending initial placement in a committed program, or pending placement in a committed program post-ejection. Overall, the average daily population of youth held post-disposition decreased by **55.9%** (**56.7**% among boys and **48.9%** among girls)[11,12]. Girls' post-disposition ADP ranged from a high of **16** in FY 2010 to a low of **7** in FY 2018.

Figure 10 ADP of girls in post-disposition detention decreased by **48.9**%.



	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18
Male	126	161	184	154	98	71	56	49	49	55
Female	13	16	15	13	13	13	11	11	12	7

While the girls' post-disposition detention ADP stood at a 10-year low, the proportion of girls in detention increased from **9%** to **11%**.

	FY 2009		FY 2018		% Change Females
	Female	Male	Female	Male	
Post-Disposition Detention ADP	9%	91%	11%	89%	+2%

[11] Note that post-disposition ADP includes youth who are ejected from a committed placement.
[12] Note that percentage change calculations are based on the unrounded ADP numbers.

3.3 Girls Charged as Adults Pending Transfer

In FY 2018, **27** girls were charged as adults and held in DJS detention facilities pending transfer. The number of girls charged as adults statewide fluctuated slightly between FY 2016 and FY 2018, ranging from **24** to **29**.

	FY 2016	FY 2017	FY 2018
Girls Charged as Adults Pending Transfer (n)	24	29	27

3.4 Alternatives to Detention and Shelter Care

The primary alternative to detention statewide is the DJS-operated community detention (CD) program created in 1998 to safely supervise youth in the community. All youth in the CD program are supervised by a community detention officer (CDO). There are currently two levels of CD supervision: a) straight CD with supervision by a CDO; and b) CD with electronic monitoring (CD/EM) which utilizes a monitoring unit placed in the youth's home and transmitter placed on the youth's ankle to monitor movement. Shelter care beds may also be used as an alternative to detention for youth who are eligible for release but are not able to return home because the parent/ guardian is unavailable or unwilling to pick them up.

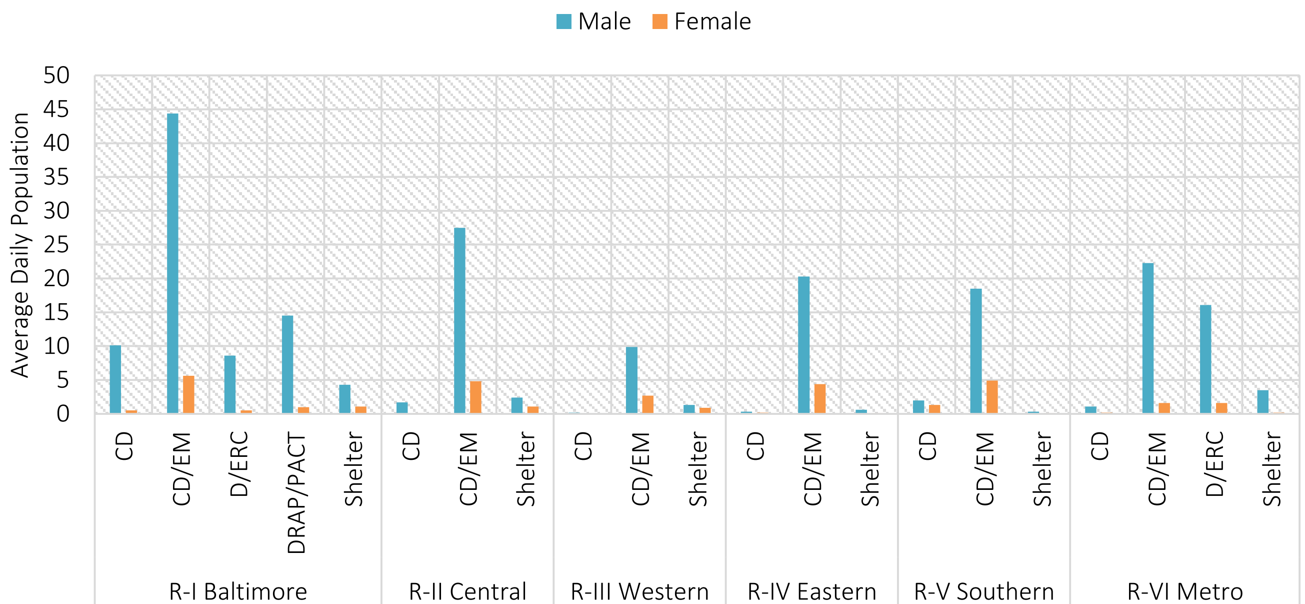
CD with electronic monitoring (CD/EM) is currently budgeted for 300 youth statewide, while participation in straight CD is unlimited. The ADP of youth in an alternative to detention program is shown in Table 2 by region of residence. During FY 2018, the total ADP of youth on CD or CD/EM was approximately **188.**

Statewide girls represented **13.5%** of the ATD population for a total ADP of **33** in FY 2018. The average daily population of girls in an ATD ranged from a high of **9** girls in Baltimore City to a low of **4** girls in the Metro and Western Regions (see Table 2).

Girls were most commonly placed on CD/EM. Overall, the average length of stay in days ranged from **25** days (in Baltimore City) to **39** days (Metro Region). Average length of stay for boys was slightly longer, ranging from **27** days in the Western Region to **41** days in the Metro Region.

Table 2. Region of Residence / Gender		Average Daily Population (ADP) by Alternative to Detention Type (FY 2018) CD	CD/EM	Shelter	Evening Rep. Center	DRAP / PACT[13]	TOTAL
R I – Baltimore City	Male	10.1	44.4	4.3	8.6	14.5	81.9
	Female	0.5	5.6	1.1	0.5	1.0	8.8
R II – Central	Male	1.7	27.5	2.4	--	--	31.6
	Female	0.1	4.8	1.1	--	--	6.0
R III – Western	Male	0.2	9.9	1.3	--	--	11.4
	Female	0.0	2.7	0.9	--	--	3.7
R IV – Eastern	Male	0.3	20.3	0.6 (seasonal)	--	--	21.2
	Female	0.2	4.4	0.1	--	--	4.7
R V – Southern	Male	2.0	18.5	0.3	--	--	20.8
	Female	1.3	4.9	0.1	--	--	6.3
R VI – Metro	Male	1.1	22.3	3.5	16.1	--	43.0
	Female	0.2	1.6	0.2	1.6	--	3.5
Statewide Total	Male	15.3	146.0	12.5	24.7	14.5	213.0[14]
	Female	2.3	24.1	3.7	2.1	1.0	33.2

Figure 11 Girls represented **13.5%** of ATD Average Daily Population Statewide (FY 2018)



[13] Detention Reduction Advocacy Program (DRAP); Baltimore City Pre-Adjudication Coordination and Transition (PACT) Center

[14] Note that the statewide total includes out-of-state youth (ADP= 3.2). Note too that it is possible to participate in more than one program at the same time, e.g., CD/EM and an evening reporting center (ERC).

3.5 *Alternatives to Detention and Shelter Care Inventory*

Region	Table 3. Alternative to Detention	County	Serves	Capacity
STATEWIDE	DJS-Operated CD/EM	Statewide	Girls & Boys	300 Statewide
R I – Baltimore City	Baltimore City Evening Reporting Center	Baltimore City	Girls & Boys	15
	Baltimore City Pre-Adjudication Coordination and Transition (PACT) Center	Baltimore City	Boys Only	15
	Detention Reduction Advocacy Program (DRAP)[15]	Baltimore City	Girls & Boys	15
R II – Central	Children's Home Shelter (Group Home)[16]	Baltimore Co.	Girls & Boys	8
	MAGIC – Unity Home for Girls (Group Home)	Baltimore Co.	Girls Only	12
	Board of Child Care – Short Term High Intensity Group Home[6]	Baltimore Co.	Girls & Boys	20
R III – Western	Short-term Foster Care Beds (Shelter)[17]	Allegany Washington	Girls & Boys	--
	Pressley Ridge Treatment Foster Care	Allegany	Girls & Boys	45
	The Maryland Salem Children's Trust Shelter, Inc.	Garrett	Girls & Boys	8
R IV – Eastern	DJS Assessment Unit – Eastern Shore (Seasonal Shelter)	Worcester	Girls & Boys	4 Boys/ 2 Girls
R VI – Metro	Lead4Life, Inc., Evening Reporting Center	Montgomery	Girls & Boys	15
	Prince George's County Evening Reporting Center	Prince George's	Girls & Boys	25
	Hearts &Homes for Youth, Kemp Mill Group Home[7]	Montgomery	Boys Only	8

[15] DRAP was funded by DJS through February 2018.
[16] This is a group home that may be used on an emergency basis to provide short-term shelter care (if available).
[17] Three foster care homes in western Maryland are available for short-term emergency placement. Foster home capacity is typically no more than 3.

3.6 Detention Services and Initiatives

3.6.1 Medical Services

Under the direction of the DJS Medical Director, the Department provides comprehensive medical and obstetric / gynecological (OB/GYN) care to girls admitted to DJS facilities that serve girls, which includes three detention facilities[18] and one committed facility, the J. DeWeese Carter Center. Upon admission to detention, all female youth are tested for pregnancy and screened for sexually transmitted infections, including gonorrhea and Chlamydia (using urine-based testing) and syphilis and HIV (using blood-based blood testing). Testing for additional infections such as viral hepatitis and other sexually transmitted infections is performed based on risk or signs/symptoms. Emergency contraception is offered upon admission, readmission, or after home pass. Within 72 hours of admission, all youth receive a nursing assessment; and within 7 days of admission, all youth receive a complete history and physical examination.

On-going medical care is provided on-site by nursing staff 7 days per week as well as by pediatricians, family medicine physicians, nurse practitioners, and/or OB/GYN providers. At the three detention facilities, bi-weekly clinics are held with a physician and/or nurse practitioner; at the J. DeWeese Carter Center, clinics are held weekly. All immunizations recommended by the CDC are offered, including the HPV vaccine. Medications and other medically necessary treatment are administered at the facilities as ordered by medical providers. Basic OB/GYN and contraceptive care is provided on-site. Youth are referred to an OB/GYN or other medical and dental specialists in the community as necessary.

For pregnant girls, detailed guidelines for prenatal care have been developed, including requirements for nursing and OB/GYN care, dietary consultation, laboratory and ultrasound testing, vaccinations, behavioral health (mental health and substance abuse) care, discharge and delivery planning, post-natal care, and care after pregnancy loss or miscarriage.

Care is provided to female youth at no financial cost to them or their parent or guardian.

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[18] Detention facilities that serve girls include: the Alfred D. Noyes Center (coed), the Lower Eastern Shore Children's Center (coed), and the Thomas J.S. Waxter Children's Center (female only).

3.6.2 Human Sex Trafficking Screening

In 2012, DJS, in partnership with the Turnaround program,[19] commenced screening for human sex trafficking victims at Thomas J.S. Waxter Children's Center in Laurel, which is a secure juvenile detention facility serving girls. The Turnaround program is a private program that specializes in serving individuals who are victims of sexual abuse and domestic violence. Since its inception, the use of the screening tool has been expanded to the Noye's Children's Center (coed), the Charles H. Hickey School (male only), and the Baltimore City Juvenile Justice Center (male only). Between March 2012 and July 2018, the Department identified 130 victims of trafficking. Youth identified as possible victims of human trafficking are referred to the Turnaround program. DJS continues to expand the human sex trafficking screening tool to all DJS facilities.[20]

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[19] For more information on the program visit www.Turnaroundinc.org.

[20] Workgroup to Study Safe Harbor Policy for Youth Victims of Human Trafficking (2018). Maryland Safe Harbor Workgroup 2018 Final Report. In response to Chapter 91 (2015), Chapter 80 (2016), and Chapter 164 (2017). Governor's Office of Crime Control & Prevention.

3.7 Summary

Over the last 10 years, the average daily population (ADP) of girls held in pre-disposition detention decreased by **50%** to an ADP of **19** in FY 2018[21]. ADP of girls held in post-disposition detention decreased by **49%** to an ADP of **7** in FY 2018. During FY 2018, girls represented **15%** of the total pre-disposition ADP, **11%** of the total post-disposition ADP, and **14%** of the ATD population.

The Department provides comprehensive medical and obstetric / gynecological care to girls admitted to DJS facilities that serve girls, which includes three detention facilities and one committed facility, the J. DeWeese Carter Center. In addition, the Department in partnership with the Turnaround Program, uses a human sex trafficking tool to screen youth in two of three detention facilities that serve girls. Youth identified as possible victims of human trafficking are referred to the Turnaround program for services.

Alternatives to detention including the DJS-operated community detention and electronic monitoring program are available in every county. During FY 2018, the ADP of youth on an ATD was **246** (**213** male and **33** female). Evening reporting centers are available in three counties: Baltimore City, Montgomery County, and Prince George's County. The Baltimore City evening reporting center has recently extended programming to include Baltimore County youth. The PACT program is another alternative to detention offered in Baltimore City. Youth may also be placed in shelter care as an alternative to detention. In this circumstance, shelter care is generally provided by a group home or foster care home on an emergency basis.

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[21] Note that these numbers exclude youth charged as adults who are held in juvenile facilities pending transfer. During FY 2018, 27 girls were charged as adults and held in a juvenile detention facility.

Section IV – Adjudicated Youth in the Community

4.1 Introduction

While many cases are diverted at the point of intake as shown in Figure 6, roughly one-third of girls' cases and one-half of boys' cases are referred to the State's Attorney's Office by DJS intake officers. These complaints are then reviewed by the State's Attorney's Office. Upon review, the State's Attorney may either return the complaint to DJS for reasons such as insufficient evidence or file a petition with the juvenile court.

The juvenile court then determines the outcome of the filed charges. Charges may be found *facts sustained* or *facts not sustained* at an adjudicatory hearing. If charges are sustained and the youth is *found delinquent* at disposition, the juvenile court may impose a term of probation whereby DJS provides supervision and services in the community while the youth resides at home. Alternatively, the court may commit a youth to the care and custody of DJS for placement in a residential out-of-home placement.

Youth under probation supervision are supervised by a DJS case management specialist (CMS). A probation term requires youth to abide by general supervision conditions, as well as any special conditions imposed by the court. At the start of probation supervision (or in some instances, prior to disposition if ordered by the juvenile court), a Social History Investigation (SHI) and report is completed by the assigned CMS. This report describes the social adjustment and circumstances of the youth and their family.

In addition, the CMS completes the MCASP (Maryland Comprehensive Assessment and Service Planning) needs assessment, a 106-item assessment of recidivism risk / treatment

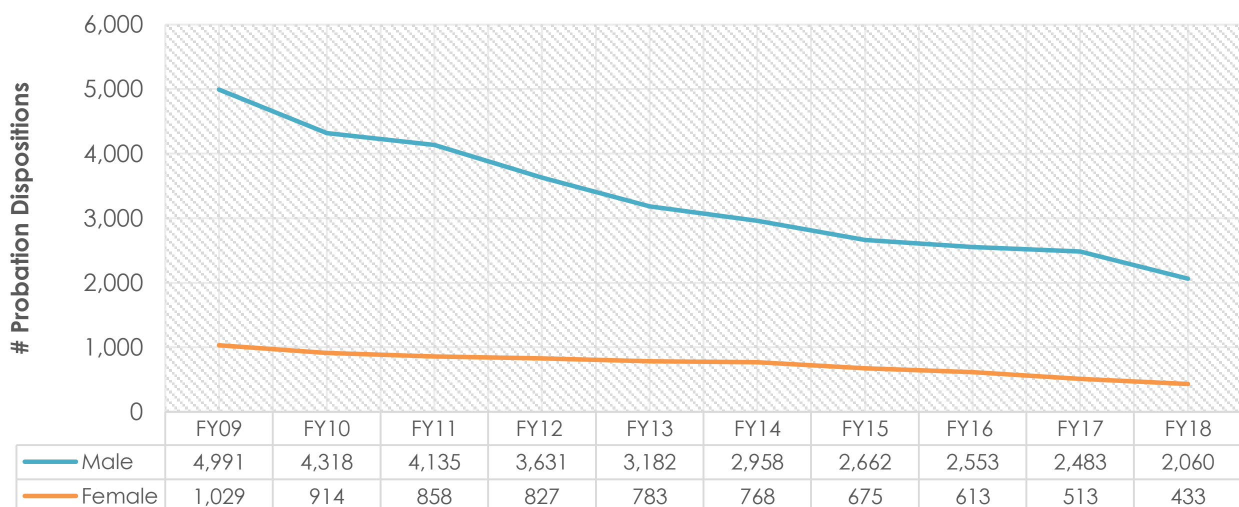
need[22]. The MCASP needs assessment categorizes youth as having either low, moderate, or high need on each of the following domains (which have been shown to influence risk for re-offending): (a) school / education; (b) use of free time; (c) employment; (d) peer relationships; (e) family; (f) alcohol and drug use; (g) mental health; (h) anti-social attitudes; (i) aggression; and (j) neighborhood safety.

The CMS uses the SHI and the MCASP needs assessment to develop recommendations to the juvenile court and to create a Treatment Service Plan (TSP). A TSP is completed for each youth under court-ordered supervision and includes the recommended supervision level for the youth, specific goals for the youth and family to meet, and a statement of services to be provided to the youth and family. In developing the TSP, input from youth, parents and/or guardians, and service providers (as appropriate) is also solicited.

4.2 Probation Trends

Figure 12 illustrates the total number of cases resulting in a probation disposition statewide between FY 2009 and FY 2018.[23] The total number of probation dispositions imposed decreased by **58.6% (58.7%** among boys and **57.9%** among girls).

Figure 12 Juvenile court cases resulting in a probation disposition decreased **58%** among girls.



	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18
Male	4,991	4,318	4,135	3,631	3,182	2,958	2,662	2,553	2,483	2,060
Female	1,029	914	858	827	783	768	675	613	513	433

[22] See Maryland DJS, Data Resource Guide, Appendix N for list of MCASP needs assessment items. Note that the items presented in the appendix have been revised as part of the validation of the MCASP tool and may differ from the historic data analyzed here. Available at: http://www.djs.maryland.gov/Documents/Appendices.pdf.
[23] This figure presents the number of cases resulting in a probation disposition. Some youth have multiple cases.

During FY 2009 and FY 2018, girls represented **17%** of all court dispositions of probation.

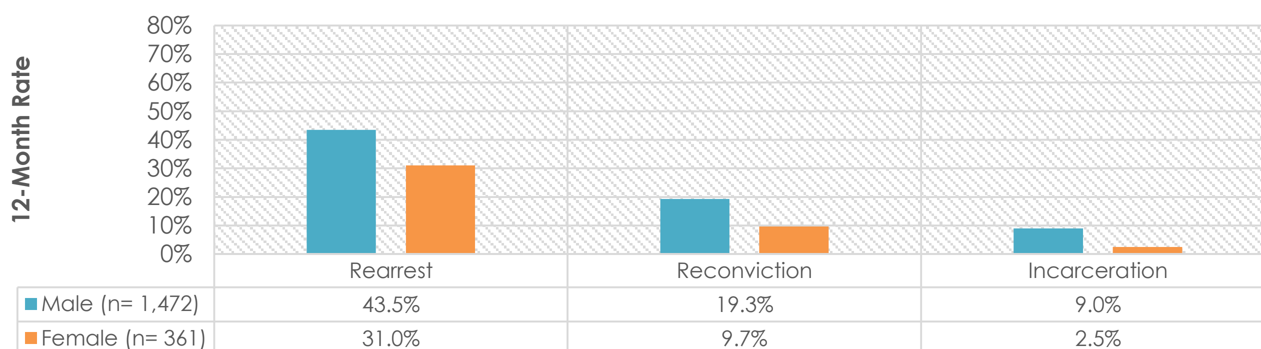
	FY 2009		FY 2018		% Change Females
	Female	Male	Female	Male	
Probation Court Disposition	17%	83%	17%	83%	0%

4.3 Probation Recidivism

DJS examines probation recidivism annually using a cohort of youth placed on probation for the first time during each fiscal year.[24] Three measures of recidivism are assessed capturing involvement in both the juvenile and adult systems: a) re-arrest in either the juvenile or adult system; b) facts sustained adjudication in the juvenile system or conviction in the adult system; and c) facts sustained adjudication resulting in a disposition of commitment in the juvenile system or conviction resulting in a sentence of incarceration in the adult system. Recidivism analyses focus on new delinquent or criminal offenses.[25]

Since probation youth are supervised in the community, youth are considered to be at-risk for recidivism from day one of their probation term. *Twelve-month* recidivism rates are shown in Figure 13 using a cohort of youth placed on probation during FY 2016. Girls were less likely to be arrested during the twelve-month follow-up period. They were also less likely to be reconvicted or committed/incarcerated for an offense that occurred during the follow-up period.

Figure 13 Girls placed on probation supervision for the first-time during FY 2016 were less likely to recidivate on all three measures during the 12-month follow-up period.



	Rearrest	Reconviction	Incarceration
Male (n= 1,472)	43.5%	19.3%	9.0%
Female (n= 361)	31.0%	9.7%	2.5%

[24] Note that this cohort excludes youth who had been previously placed in a committed, out-of-home program.
[25] Note that violations of probation or parole, child in need of supervision (CINS) offenses, alcohol citations, civil citations, local ordinance violations, all arrests diverted by the police and not referred to DJS, and all arrests outside of Maryland are excluded from recidivism analyses.

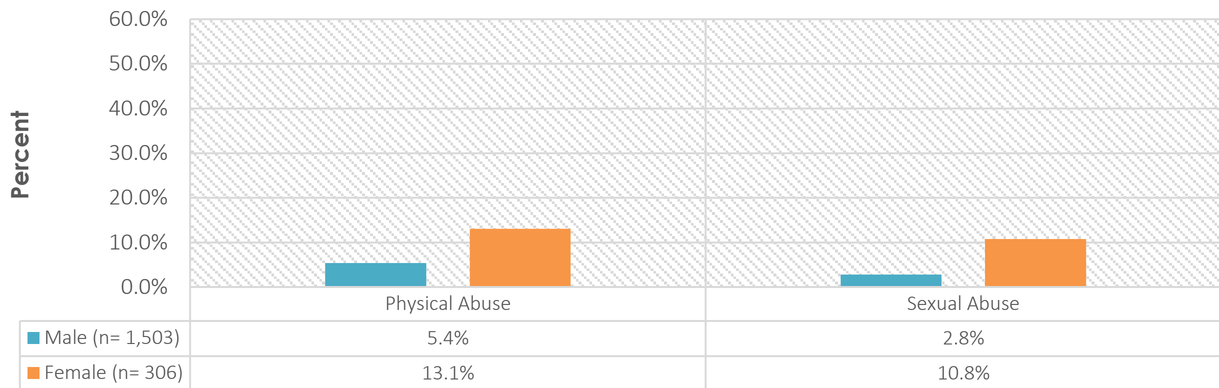
4.4 Probation Youth: Assessment of Need

The MCASP needs assessment was used to examine the treatment needs of a cohort of youth who began a term of probation supervision during FY 2018. Demographics of the cohort are shown in Table 4. Girls were slightly younger than boys at the start of supervision. Seventy-one percent (**71%**) of girls on probation were youth of color as compared to**75%** of boys.

Table 4. Probation Youth (FY 2018)	Girls (n= 310)	Boys (n= 1,510)
Age in Years – Probation Start (X, SD)	16.0 (1.6) Range: 8.4 to 19.2	16.3 (1.5) Range: 10.8 to 20.9
Race/ Ethnicity (%) African American / Black Caucasian / White Hispanic / Latino Other / Unknown	 67.1% 27.1 4.2 1.6	 67.7% 24.0 7.0 1.3
Region / County of Jurisdiction		
Region I – Baltimore (%)		
Baltimore City	16.5%	20.9%
Region II – Central (%)		
Baltimore County	12.6	16.2
Carroll	1.3	2.0
Harford	6.1	3.4
Howard	6.1	3.8
Region III – Western (%)		
Allegany	2.9	2.1
Frederick	5.5	3.4
Garrett	1.3	0.5
Washington	5.5	2.6
Region IV – Eastern (%)		
Caroline	0.3	0.6
Cecil	2.3	2.2
Dorchester	1.6	2.3
Kent	0	0.1
Queen Anne's	0	0.7
Somerset	0.7	0.9
Talbot	0	0.6
Wicomico	5.8	2.2
Worcester	1.0	1.3
Region V – Southern (%)		
Anne Arundel	7.1	7.6
Calvert	1.3	1.8
Charles	2.3	4.0
St. Mary's	2.9	1.9
Region VI – Metro (%)		
Montgomery	8.7	8.9
Prince George's	8.4	10.3

Examination of individual MCASP items reveal that girls placed on probation were more likely than boys to have been physically or sexually abused (ever during lifetime) [26]. In total, **20.3%** of girls and **7.2%** of boys were victims of *either* physical or sexual abuse. Note that **3.6%** of girls and **1.0%** of boys were victims of both physical and sexual abuse.

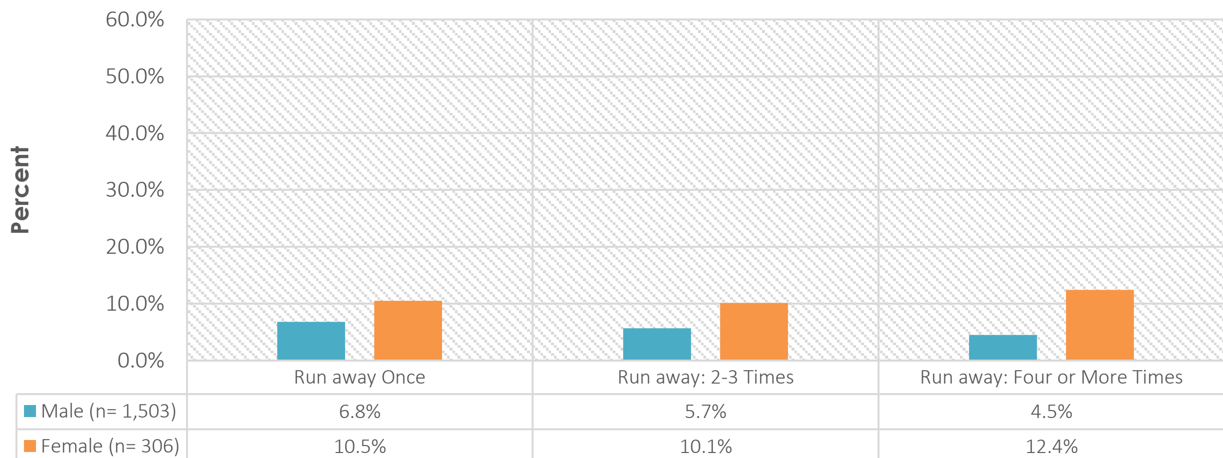
Figure 14 Girls on probation were more likely to be victims of physical or sexual abuse than boys.



	Physical Abuse	Sexual Abuse
Male (n= 1,503)	5.4%	2.8%
Female (n= 306)	13.1%	10.8%

The MCASP assessment includes data on the number of times youth either ran away or were kicked out of their homes. Figure 15 reveals that girls were more likely to have run away or been kicked out than boys. Overall, roughly one-third of girls in the probation cohort had a history of running away (**33.0%**) as compared to **16.9%** of boys.

Figure 15 Girls on probation were more likely to have a history of running away than boys.



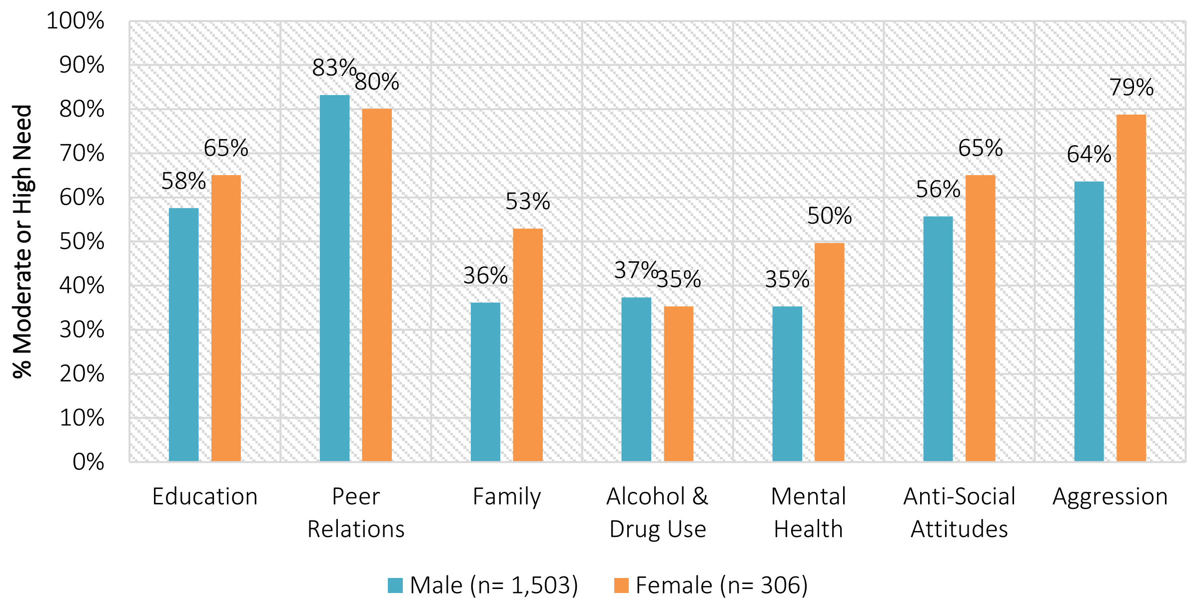
	Run away Once	Run away: 2-3 Times	Run away: Four or More Times
Male (n= 1,503)	6.8%	5.7%	4.5%
Female (n= 306)	10.5%	10.1%	12.4%

[26] Note that the MCASP Needs Assessment was not available for n= 4 girls and n= 7 boys.

The MCASP needs domain profile of this cohort of probationers is shown in Figure 16. While girls were slightly more likely to be assessed as *moderate* or *high* need on most needs domains, the greatest disparity in assessed need level between boys and girls occurred on the following domains:

a) Family (**53%** of girls as compared to **36%** boys were moderate or high need)[27];
b) Mental Health (**50%** of girls as compared to **35%** of boys were moderate or high need) [28];
c) Aggression (**79%** of girls as compared to **64%** of boys were moderate or high need)[29].

Figure 16 Girls were more likely to be assessed as moderate or high need on the Family, Mental Health and Aggression domains.



[27] Examples of items that measure *Family* need include: a) Number of out-of-home and shelter care placements lasting more than 30 days (youth's lifetime); b) Number of times youth has either run away or gotten kicked out of home; c) Youth has been living under "adult supervision" during last three months; d) Parents/parent figures currently living with youth; e) Annual combined income of youth and family; f) Current household members with history of jail/prison/detention; g) Problem history of parents/caretakers who currently live with youth; h) Current support network for youth's family; i) Current level of conflict in youth's household between any members, last 3 months (most serious level). A complete list of items may be found in the DJS Data Resource Guide, Appendix N. Note that the items presented in the appendix have been revised as part of the validation of the MCASP tool and may differ from the historic data analyzed here Available at: http://www.djs.maryland.gov/Documents/Appendices.pdf.

[28] Examples of items that measure *Mental Health* need include: a) Victim of physical abuse during lifetime; b) Victim of sexual abuse during lifetime; c) Youth diagnosed with or treated for a mental health problem (ever in lifetime; d) Mental health treatment currently prescribed, excluding ADD/ADHD treatment. Confirm; e) Mental health medication currently prescribed, excluding ADD/ADHD medication. Confirm; f) Mental health problem(s) currently interferes in working with the youth.

[29] Items that measure *Aggression* need include: a) Tolerance for frustration; b) Interpretation of actions and intentions of others in common, non-confrontational settings; c) Belief in yelling and verbal aggression to resolve a disagreement or conflict; and d) Belief in fighting and physical aggression to resolve a disagreement or conflict.

4.5 Evidence-Based Services in the Community

Evidence-based services (EBS) are community-based services that have been shown through rigorous evaluation to reduce recidivism and address problem behavior among youth involved in the juvenile justice system. Two EBS programs are available to DJS youth: Functional Family Therapy (FFT)[30] and Multisystemic Therapy (MST).[31] A third community-based program, Family Centered Treatment (FCT), is also offered. Note, however, that FCT has not yet been classified as an EBS.[32] All three of these programs are family-based interventions where therapists meet with youth and families in their homes or communities.

FFT is intended to help youth and families overcome youth problem behaviors such as delinquency, substance abuse and conduct disorder.[33] Therapists work to identify behavioral patterns in the family associated with these problem behaviors. Modifications within the family context (e.g., improved communication, effective negotiation, delineation of rules related to privileges and responsibilities) are expected to generalize to broader community contexts.

MST is an intensive intervention that seeks to address the causes of problem behavior across multiple settings, including the family, the school, and the community.[34] A primary goal of the intervention is to empower youth to cope with problems that they encounter in each of these systems. Targeted problem behavior includes chronic, serious, and violent delinquency as well as substance abuse. Family-level interventions may include efforts to improve parenting by removing barriers to effective parenting and by improving communication among family members. Peer-level interventions may strive to promote relationships with prosocial peers and

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[30] See Farrell, J., Cosgrove, J. Strubler, K, Betsinger, S. Mayers, R. Lowther, J., & Zabel, M. (2017). Multisystemic Therapy in Maryland: FY2016 Implementation Report. Baltimore, MD: The Institute for Innovation & Implementation for more information on Multisystemic Therapy.

[31] See Farrell, J., Cosgrove, J., Strubler, K., Betsinger, S., Midouhas, H., Lowther, J., & Zabel, M. (2017). Functional Family Therapy in Maryland: FY2016 Implementation Report. Baltimore, MD: The Institute for Innovation & Implementation for more information on Functional Family Therapy.

[32] See University of Colorado, Center for the Prevention of Violence, Blueprints for Healthy Youth Development registry. Available at: http://www.blueprintsprograms.com/

[33] University of Colorado, Center for the Prevention of Violence. Blueprints for Healthy Youth Development registry. Available at: http://www.blueprintsprograms.com/evaluation-abstract/functional-family-therapy-fft.

[34] University of Colorado, Center for the Prevention of Violence. Blueprints for Healthy Youth Development registry. Available at: http://www.blueprintsprograms.com/evaluation-abstract/multisystemic-therapy-mst.

discourage alliances with delinquent or substance-abusing peers, while interventions at the school-level may attempt to strengthen communication and monitoring efforts at school.

The FCT focus is on the family as a unit. The program provides interventions such as counseling and/or skills training.[35] Considered a family preservation model, FCT works to preserve or reunify the family unless it is not in the child's best interest.

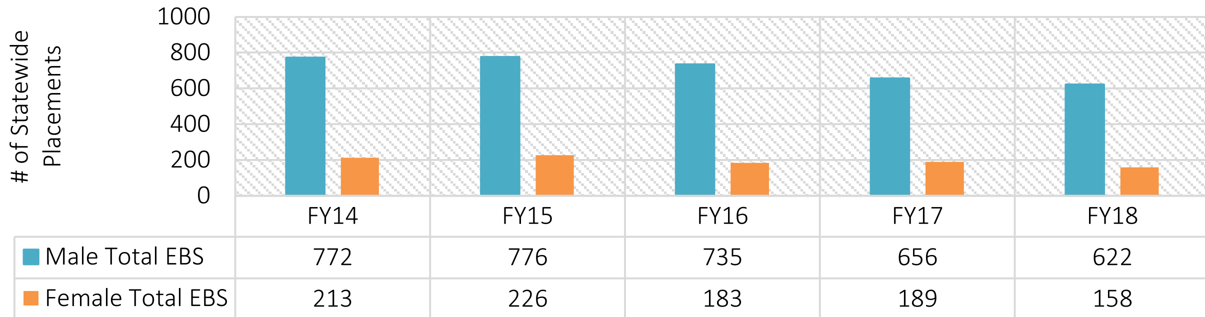
DJS youth typically participate in these programs while under probation or aftercare supervision[36]. However, they are sometimes used at the point of DJS intake during pre-court supervision. During FY 2018, **56.4%** of youth placed in an EBS program were on probation supervision; **28.1%** were on aftercare supervision; and **11.5%** were on pre-court supervision[37]. The average length of stay in an EBS varies by program. During FY 2018, FFT and MST participants spent an average of approximately 3.7 and 3.9 months in the program, respectively, while FCT participants spent an average of 4.8 months in the program. EBS programs and FCT serve youth across the state. Program placements by DJS region are shown below for FY 2018.

Table 5.	FFT, MST and FCT Placements (FY 2018)		
	FFT (%)	MST (%)	FCT (%)
Region I – Baltimore City	15.7%	0.0%	14.5%
Region II – Central	15.4%	19.1%	20.5%
Region III – Western	0.0%	21.3%	17.2%
Region IV – Eastern Shore	11.5%	0.0%	8.6%
Region V – Southern	37.3%	0.0%	12.9%
Region VI – Metro	20.1%	59.6%	26.4%
Total Placements Statewide	*383*	*94*	*303*
Average Daily Population	*117.2*	*27.6*	*129.4*
Average Length of Stay	*112.5 Days*	*119.6 Days*	*145.9 Days*

[35] See http://www.familycenteredtreatment.com.
[36] Following discharge from a residential placement, youth are placed on aftercare supervision.
[37] Note that an additional 4% of youth were referred to an EBS by DJS intake without a formal supervision status.

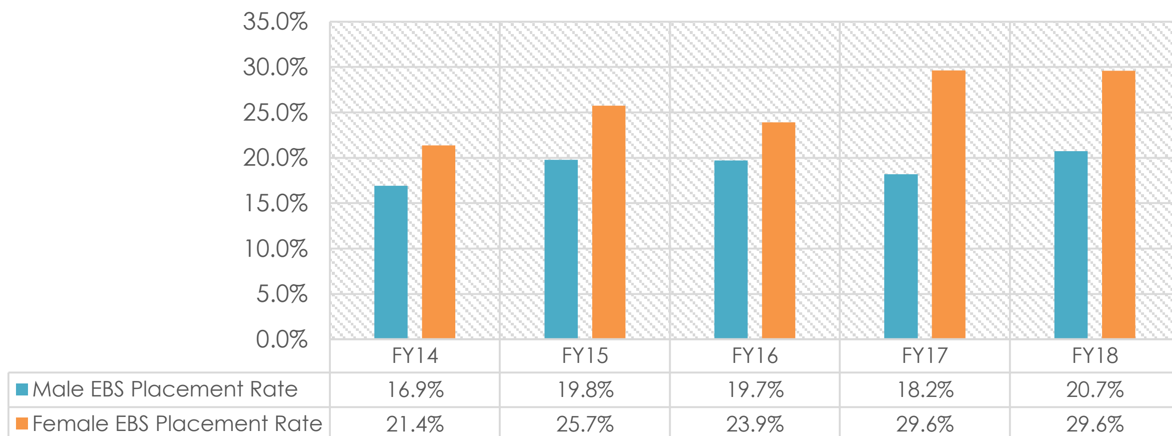
Figure 17 presents the number of EBS placements (including FCT) by gender between FY 2014 and FY 2018. The total number of EBS placements decreased by **21%** between FY 2014 and FY 2018. Girls represented **22%** of the placements in FY 2014 as compared to **20%** in FY 2018.

Figure 17 EBS placements decreased for girls and boys (FY 2014 – FY 2018).



Given the decrease in the number of cases received at DJS intake and, concomitantly, the number of court-involved youth, EBS placements are also shown as a function of the total number of probation or commitment dispositions ordered each year (see Figure 18). The total number of cases with a disposition of probation or commitment is intended to serve as a proxy for the number of youth under court-ordered supervision who may be eligible for participation in an EBS. Figure 18 suggests that while the total number of placements has decreased for both girls and boys, the proportion of court-involved girls who receive EBS services has increased.

Figure 18 EBS placement rate increased among girls (FY 2014 – FY 2018).



4.6 Evidence-Based Services Inventory

Evidence-based services (including FCT) available to DJS youth are shown in Table 6. At least one provider is available in every county.

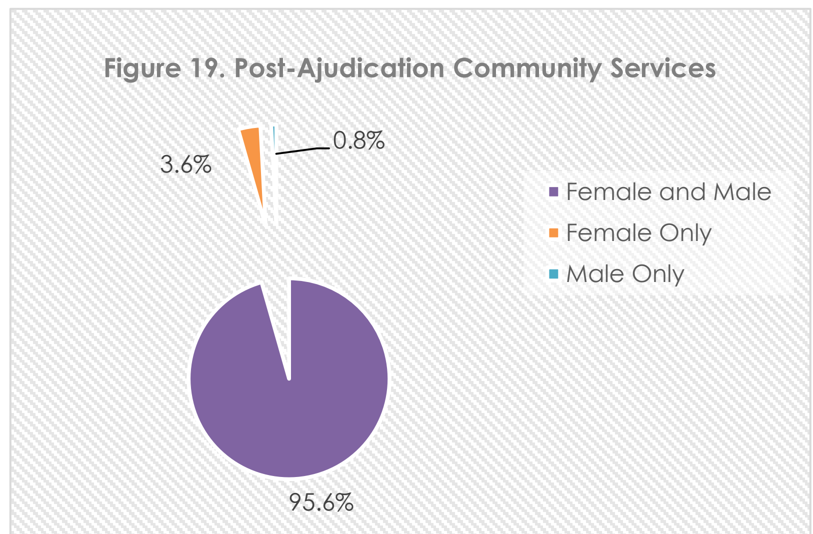
Table 6.	Evidence-Based Services in the Community, FY 2018				
	Number of Providers	Serves Boys & Girls	Number of DJS-Funded Slots	Jurisdictions Served	
				DJS Region	County
Functional Family Therapy (FFT)	2	2	185	Baltimore City Central Eastern Southern Metro	All Counties except: Allegany Frederick Garrett Washington
Multisystemic Therapy (MST)	3	3	44	Central Western Metro	Baltimore County Frederick Washington Montgomery Prince George's
Family Centered Treatment (FCT)	1	1	150	All Regions	All Counties
Statewide Total	6	6	379	All Regions	All Counties

4.7 Post-Adjudication Community Services: Program Inventory

In addition to EBS programs funded by DJS, community-based programs provide essential services to youth and their families in the local community. These services may include mental health treatment or crisis intervention, substance use disorder treatment, education or vocational training, mentoring, life skills, community service, shelter, etc. Families and youth may be referred to community-based programs by government agencies such as the Department of Juvenile Services, the local Department of Social Services, school system or law enforcement agency.

To identify community-based services utilized by DJS to meet the needs of youth and their families while under DJS supervision, a county-level survey was conducted[38]. Each DJS Regional Director designated county-level staff to provide a complete list of the programs/ services utilized in their county, including the name, description, gender(s) served, age served, referral source(s), counties served, funder(s) and location. Programs were then categorized by the primary service(s) they provide. Note that some programs provide multiple services, e.g., mental health counseling and substance abuse disorder treatment

A total of 362 programs were identified by local DJS staff statewide that serve youth post-adjudication (see Table 7).[39] These are programs that are known to DJS and utilized by the agency. Most community programs serve both girls and boys (**95.6%**) (n= 346 programs).



[38] The survey was initially conducted in the spring of 2018 by the Institute for Innovation & Implementation at the University of Maryland, School of Social Work to identify programs/services used by DJS at the point of intake. It was expanded in October 2018 to include programs/services used by DJS for youth under probation or aftercare supervision.

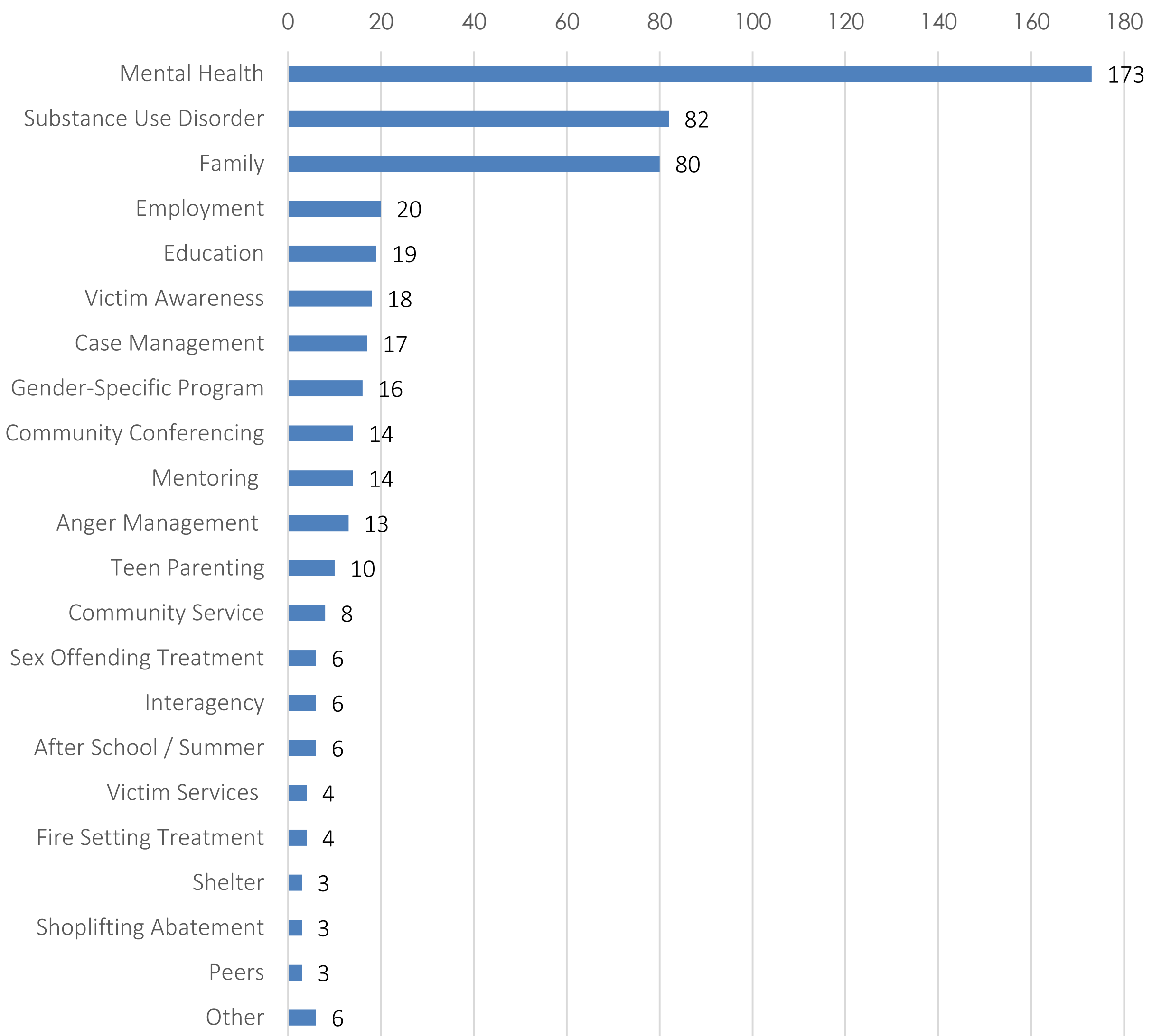
[39] Note that DJS-funded EBS programs presented in section 4.5 and 4.6 are not included in this summary. Also excluded are n= 19 programs that serve youth at the point of DJS intake only.

Table 7.	Post-Adjudication Community Services (Number of Programs)	Gender Served		
		Boys Only	Girls Only	Both Boys and Girls
Region I – Baltimore City				
Baltimore City	24	1	2	21
Region II - Central				
Baltimore County	16	0	0	16
Carroll	16	0	0	16
Harford	18	0	0	18
Howard	26	0	0	26
Region III - Western				
Allegany	26	0	3	23
Frederick	16	1	2	13
Garrett	8	0	0	8
Washington	21	0	1	20
Region IV - Eastern				
Caroline	4	0	0	4
Cecil	22	1	1	20
Dorchester	8	0	0	8
Kent	8	0	0	8
Queen Anne’s	2	0	0	2
Somerset	10	0	0	10
Talbot	6	0	0	6
Wicomico	21	0	0	21
Worcester	4	0	1	3
Region V - Southern				
Anne Arundel	29	0	0	29
Calvert	22	0	1	21
Charles	20	0	2	18
St. Mary’s	9	0	0	9
Region VI - Metro				
Montgomery	9	0	0	9
Prince George’s	17	0	0	17
STATEWIDE TOTAL	362	3	13	346

Figure 20 presents a statewide summary of the services provided by the DJS-identified community providers. As noted earlier, some programs provide multiple services. Slightly over one-third of the reported programs offer more than one type of service (36%). The most common service categories include:

- Mental health;
- Substance use disorder; and
- Family-based services.

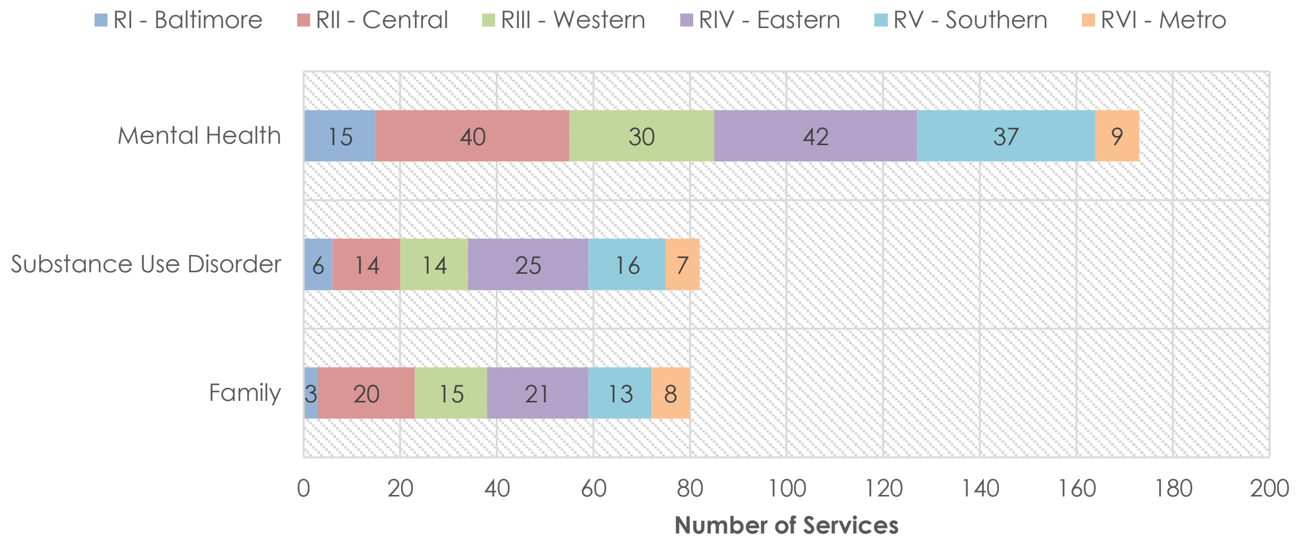
Figure 20 Statewide Post-Adjudication Community Services Summary [40]

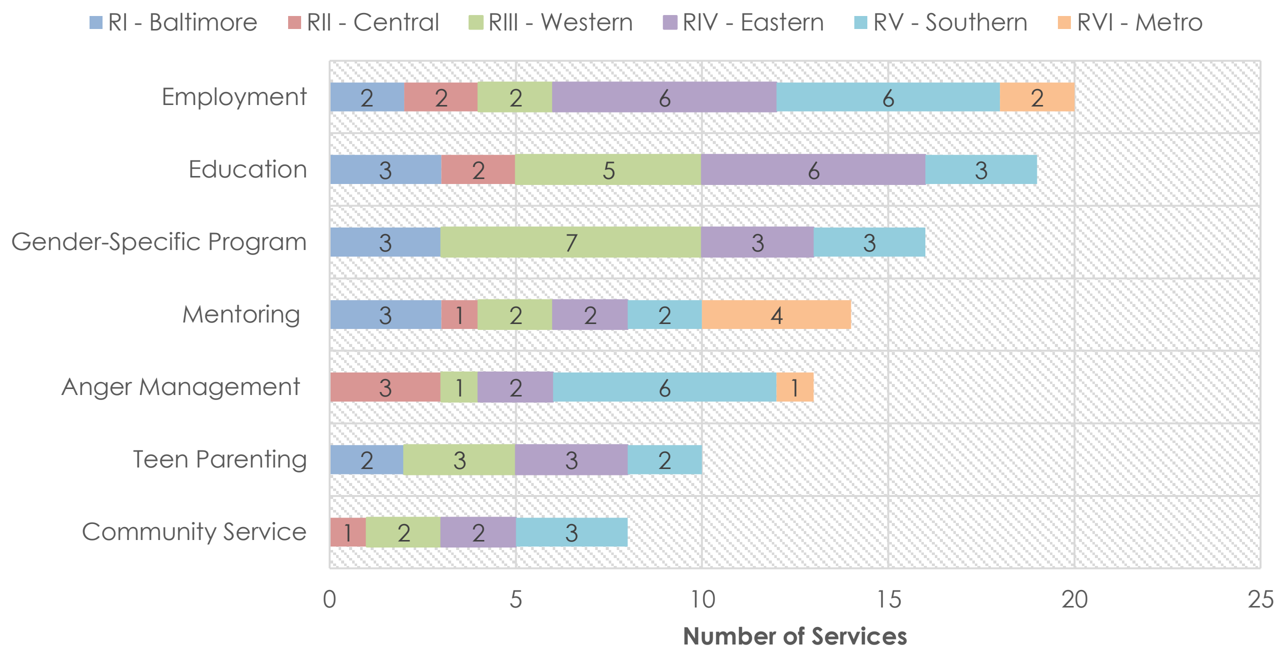


[40] Note that Figure 20 presents a count of services provided in the community. If a single program provides more than one service, it will be counted more than once.

Figure 21 disaggregates the statewide summary of available community services by DJS region. To illustrate, there are 15 programs that provide mental health treatment in the Baltimore City region; 40 programs in the Central Region; 30 programs in the Western Region and so forth.

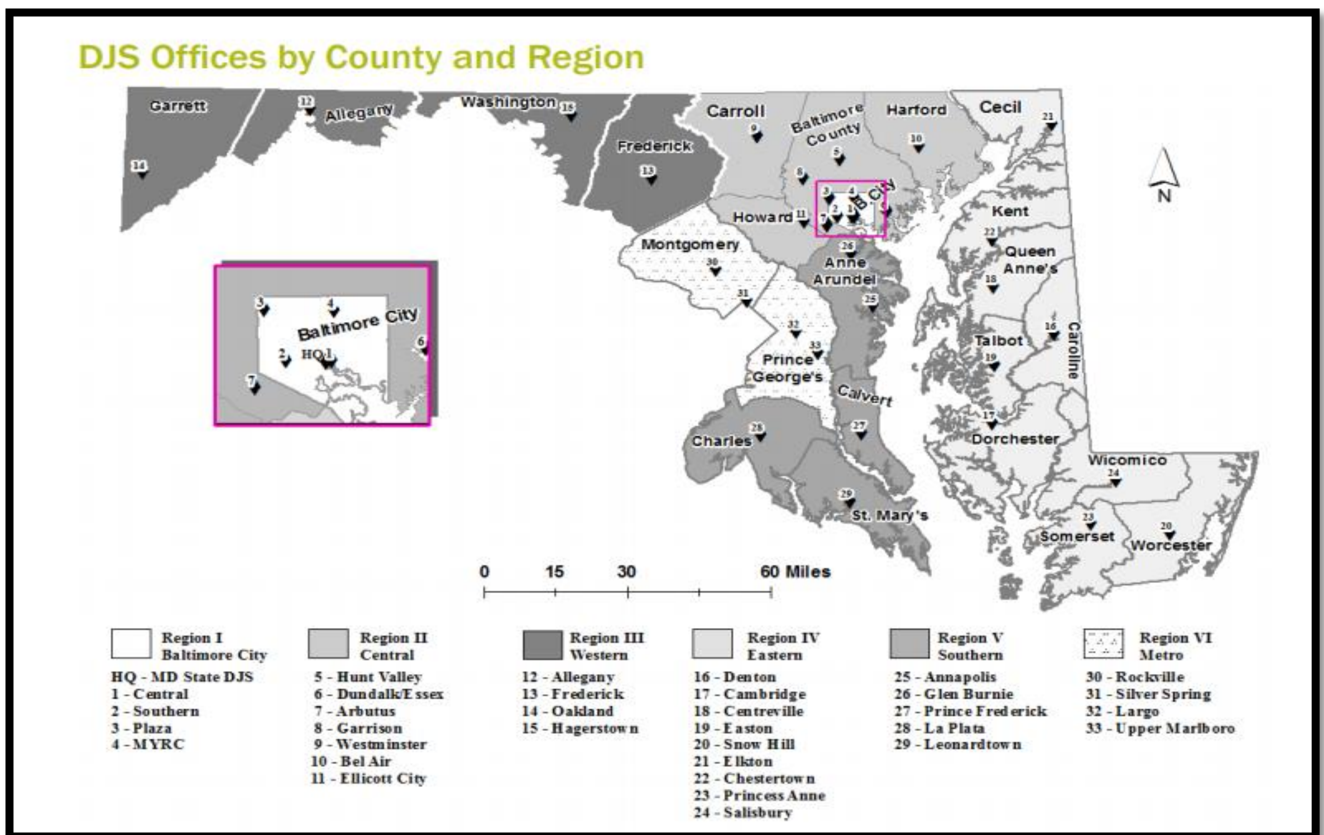
Figure 21 Post-Adjudication Community Services by DJS Region





4.8 Assessment of Post-Adjudication Community Services Gaps

While it is useful to maintain an inventory of service providers utilized by DJS, it is not always possible to determine whether a "gap" or "need" for community services exists based on a compilation of service providers alone. DJS case management supervisors were therefore asked to identify "gaps" in the availability of community services based on their first-hand knowledge of the needs of youth under supervision as well as the availability of local programs and resources. Supervisors from each DJS office shown below were asked to complete the survey.[41]



[41] A total of thirty-six surveys were completed. Responses from supervisors with male-only caseloads were not included in the analyses of girls' services. Results were analyzed at the county level. In counties with multiple offices, results were synthesized across the county. In several counties with multiple offices, a single survey representing the county was submitted.

Respondents were first asked to determine whether a list of common services was available to girls and boys in their jurisdiction (yes / no), and then to estimate the level of "need" for each service category using a scale of "1" to "5", where "1" indicates that there is no current for the service and "5" indicates a "very high" need for the service. The set of service categories developed for the survey was based on the existing array of community services statewide.[42]

Figure 22 summarizes CMS supervisor rankings of the "need" for each service category at the state level. It presents the percentage of counties that reported a "high" or "very high" need for each service category.[43] Generally speaking, community service "gaps" tended to be similar for girls and boys; that is, CMS supervisors ranked the need for the service as "high" or "very high" for both genders. For example, life skills / mentoring and employment / job training were ranked as "high" or "very high" need for both girls and boys in 7 counties.

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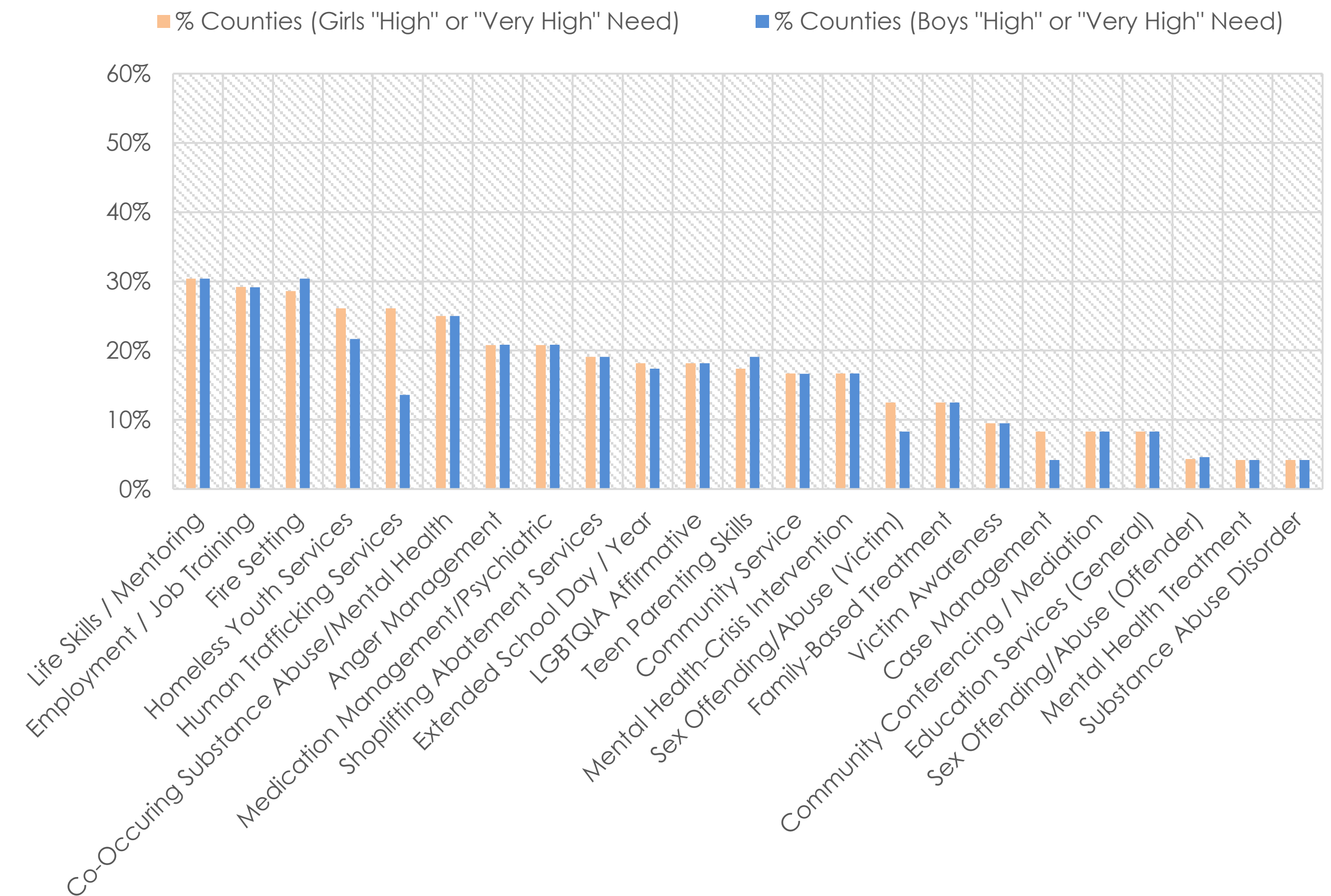
[42] General definition of each service category drawn from the community provider inventory: (a) **Anger management**: Provides individual or group counseling, education to identify the root cause of anger and to provide coping skills and strategies to deal with anger; (b) **Case Management**: Provides case management / coordination services to connect youth and families with needed services. (c) **Community Conferencing / Mediation**: Provides alternative form of conflict resolution such as mediation or community conference to facilitate harm reparation and reconciliation; training in conflict management. (d) **Community Service**: Provides community service opportunities to youth. (e) **Education**: Provides GED preparation, ESL classes, information on higher education opportunities and requirements, college application assistance, tutoring; Advocates for educational services for youth with special education needs; Provides anti-truancy programming. (f) **Extended School-Day or School-Year**: Provides extended school-day (afternoon) or school-year (summer) services. (g) **Employment / Job Training Services**: Provides job readiness skills, career exploration, referrals to training programs, internship opportunities, resume preparation, job search strategies/materials, job training/certificate program. (h) **Fire Setting**: Provides education on the danger of fire and damage it may cause. (i) **Family-Based Treatment**: Provides family-based intervention/services including, in-home treatment, counseling, problem-solving, parenting, or communication skills, or clinical/therapeutic services. (j) **Homeless Youth (Unaccompanied):** Provides services, shelter to unaccompanied youth. (k) **Human Trafficking (Victim)**: Provides services to victims of human trafficking. (l) **LGBTQIA**: Provides information and resources for LGBTQIA youth. (m) **Life Skills / Mentoring**: Provides individual / group counseling or mentoring to develop and enhance life skills, decision-making, healthy relationships; (n) **Mental Health – Crisis Intervention**: Provides emergency psychiatric, psychological, mental health evaluation or shelter services for those in crisis. (o) **Mental Health – Treatment Services**: Provides psychological evaluation, assessment, individual, family, group, school or clinic counseling, therapy or treatment. (p) **Mental Health – Psychiatric, Medication Management**: Provides psychiatric evaluation, treatment, or medication management; (q) **Sex Offending / Abuse (Victim)**: Provides counseling and support services to victims of domestic violence, sexual assault, child abuse. (r) **Sex Offending / Abuse (Offender)**: Provides sex offender evaluations, counseling, and/or treatment; (s) **Shoplifting Abatement**: Provides education on the impact of shoplifting; (t) **Substance Use Disorder**: Provides prevention, education, assessment/ evaluation, screening, counseling, individual or group treatment for youth who have been affected by or are addicted to alcohol or drugs. (u) **Substance Use and Mental Health Disorder**: Provides services for co-occurring substance use and mental health disorders; (v) **Teen Parenting Skills**: Teaches parenting skills; provides education to pregnant teens, teen parents, families. (w) **Victim Awareness**: Educates youth on the consequences of their behavior and the impact their delinquent acts may have on victims, thereby promoting offender accountability.

[43] Note that a small number of counties with missing service category gap rankings were excluded from the calculations.

Figure 22 Percent of Counties with "High" or "Very High" Need for each Service Category



Some differences between girls and boys emerged in the following service areas:

1) Services for victims of human sex trafficking;[44]
2) Services for homeless youth;
3) Services for victims of sex offending / abuse.

These service categories were more often ranked as "high" or "very high" need for girls than boys. The jurisdictions that ranked the need for these three service categories as "high" or "very high" for girls are shown below.

	Counties with *High* or *Very High* Need Ranking for Girls
Human Sex Trafficking (Victim)	Anne Arundel, Baltimore City, Carroll, Charles, Frederick, Talbot
Homeless Youth (Unaccompanied)	Baltimore City, Charles, Dorchester, Frederick, Somerset, Talbot
Sex Offending Abuse (Victim)	Baltimore City, Cecil, Charles

[44] Note that the human sex trafficking gap ranking for boys was missing in two counties. The gap ranking for girls was missing in one county.

In addition to ranking the need for each service category, CMS supervisors were asked to list what they consider to be the top three "gaps" in services for girls in their local community.[45]

Table 8.		Girls Community Service "Gap" Reported by DJS Case Management Supervisors		
		Community Service "Gap" 1	Community Service "Gap" 2	Community Service "Gap" 3
RI-Baltimore	Baltimore City	▪ Human sex trafficking victim services (shelter, counseling, support, crisis intervention, prevention); ▪ Domestic violence victim services and support, including shelter and other alternative living arrangements	▪ Family crisis intervention and support, including shelter and other alternative living arrangements; ▪ Teen mother / baby support; ▪ Parenting groups; ▪ Sex education; ▪ Vocational, life and relationship skills-building through mentoring	Intensive substance abuse counseling and inpatient services.
RII - Central	Baltimore Co.	Mental health treatment	Life / social skills programming	--
	Carroll	Gender-specific groups	Psychiatric availability	DJS Family intervention specialist to bridge counseling gaps
	Harford	Teen pregnancy outreach	--	--
	Howard	Teen parenting classes, pregnancy support, sex education	Trauma-informed care	Victim services
RIII - Western	Allegany	In-patient substance abuse	Mentoring program	Life skills program
	Frederick	Human sex trafficking victim services	Teen / transition age services	Trauma therapy
	Garrett	Anger management for pre-teen / teen	Healthy relationships/ dating boundaries	Community conferencing / mentoring
	Washington	Teen pregnancy health and prevention	Human sex trafficking victim services	Family services (parent/ youth communication)
RIV – Eastern Shore	Caroline	Life skills / mentoring	Shoplifting / victim awareness	Co-occurring disorders
	Cecil	Trauma therapists	Girls' group (young girls)	Mentoring programs
	Dorchester	Teen pregnancy education	Social / life skills	Job skills
	Kent	Kent is the smallest county and most cases are male. Complex female cases are referred to the Local Care Team for appropriate treatment.		
	Queen Anne's	Shoplifting abatement	--	--
	Somerset	Transitional age groups-prepare for adulthood	Girls' group (to develop self-esteem)	--
	Talbot	Self-esteem building	Girls' group like Girls Circle	--
	Wicomico	Gender-responsive program	Employment / job training	Community service program
	Worcester	Life skills / mentoring	Victim awareness	Shoplifting abatement
RV - Southern	Anne Arundel	Intensive mental health services	Human sex trafficking victim services	Teenage pregnancy
	Calvert	Girls' group for anger management, substance abuse counseling, victims of abuse)	Life skills / mentoring	Mental health/psychiatric for girls with private insurance
	Charles	Anger management for girls	Sex offender services (victims & offenders)	Social skills for girls to build healthy relationships

[45]The Florida Department of Juvenile Justice developed this method to capture gaps in county-level community services. Online. Available: http://www.djj.state.fl.us/docs/research2/2017-service-continuum-report-12-28-17

Table 8.		Girls Community Service “Gap” Reported by DJS Case Management Supervisors		
		Community Service “Gap” 1	Community Service “Gap” 2	Community Service “Gap” 3
	St. Mary’s	Girls’ group such as therapeutic programming	Girls’ mentoring program	Human sex trafficking victim services
RVI - Metro	Montgomery	Gender responsive programming; Girls’ group	Teenage pregnancy / teenage mother / health and fitness	Human sex trafficking victim services
RVI - Metro	Prince George’s	Mommy and Me Program	Substance abuse treatment	Anger management

The most common service gaps for girls reported by case management supervisors included: (1) Life skills / mentoring (12 counties); (2) Services for teenage pregnancy / teenage parenting (8 counties); (3) Gender-responsive programs, such as Girls Circle (8 counties); and (4) Human sex trafficking victim services (6 counties).

In addition to providing information on community service gaps, CMS supervisors reported on case management resources and training. Respondents were asked to indicate whether (a) a dedicated caseload for girls was used; (b) whether a gender-responsive program such as a girls’ support group was available; and (c) whether gender-responsive staff training or trauma-informed care training was available.

The availability of certain services depends on the number of girls under supervision. Table 9 provides a county-level analysis of the average daily population of girls supervised in the community on probation or aftercare during FY 2018. The ADP of girls under supervision varies substantially by county, ranging from an average of less than 1 to 87. The top five counties accounted for **58%** of the total ADP of girls under supervision during FY 2018.

Four of the top five counties (based on total girls’ ADP) use a dedicated caseload for girls. Gender-responsive programming is available in **10** counties statewide, and in two of the top five counties. All counties report the availability of trauma-informed care staff training. Gender-responsive staff training is not currently available at the state level.

Table 9. System-Level Services by County (Sorted by Total Girls' ADP)

County	Girls (FY 2018)		Available (Yes / No)		
	Probation ADP	Aftercare (Community) ADP	Dedicated Caseload	Gender-Responsive Program	Trauma-Informed Care Staff Training
Baltimore City	69.5	17.6	Yes	Yes	Yes
Baltimore Co.	56.2	4.8			Yes
Prince George's	35.4	9.7	Yes	Yes	Yes
Montgomery	36.6	8.2	Yes[46]		Yes
Anne Arundel	27.7	12.3	Yes		Yes
Wicomico	26.7	3.1		Yes	Yes
Harford	19.1	3.9		Yes	Yes
Cecil	19.3	2.0			Yes
Howard	16.3	2.9			Yes
St. Mary's	14.1	4.8			Yes
Allegany	12.0	3.2		Yes	Yes
Charles	9.8	3.9	Yes		Yes
Washington	8.1	4.7		Yes	Yes
Calvert	8.4	2.5			Yes
Frederick	6.9	2.8		Yes	Yes
Dorchester	7.3	0.0			Yes
Garrett	2.0	2.8	Yes	Yes	Yes
Carroll	2.6	1.7			Yes
Somerset	2.2	0.3			Yes
Worcester	2.1	0.3		Yes	Yes
Kent	2.0	0.0			Yes
Queen Anne's	0.4	0.5			Yes
Caroline	0.5	0.0			Yes
Talbot	0.0	0.0		Yes[47]	Yes
STATEWIDE	385.1	92.0			

[46] Silver Spring Office
[47] While a gender-responsive program is available, the mental health provider in the area often informs families that they do not have a sufficient number of youth to run a group.

4.9 System-Level Post-Adjudication Initiatives

4.9.1 Accountability and Incentives Management (AIM)

The Accountability and Incentives Management (AIM) initiative was implemented in July 2015. AIM is a structured statewide system of responding to youth in the community who commit technical violations of their court-ordered community supervision. AIM is a standardized tool that ensures a certain, fair and immediate response to technical supervision violations. Youth are held responsible for their actions but not needlessly punished and pushed deeper into the system.[48]

Examination of first-time commitment data during the last three years reveals that proportion of youth committed for a violation of probation has in fact decreased for both girls and boys, although the magnitude of the difference is greater for girls. Girls were much less likely to be committed for the first-time for a violation of probation (VOP) in FY 2018 than in FY 2016 (**53%** as compared to **37%**).

	Table 10. First-Time Commitment for VOP (FY 2016 – FY 2018)	FY 2016	FY 2017	FY 2018
Female	Total First-Time Commitment – N	72	64	51
	First-Time Commitment for VOP, N (% of total)	38 (52.8%)	23 (35.9%)	19 (37.3%)
Male	Total First-Time Commitment – N	510	447	450
	First-Time Commitment for VOP, N (% of total)	112 (22.0%)	113 (25.3%)	95 (21.1%)

[48] See Maryland DJS, Data Resource Guide, Appendix T for additional detail on the tool.

4.10 Summary

The number of cases resulting in a disposition of probation has decreased by **59%** over the last 10 years (**59%** among boys and **58%** among girls). Girls represented **17%** of all court dispositions of probation in both FY 2009 and FY 2018.

Examination of MCASP needs assessment data using a cohort of youth placed on probation during FY 2018 revealed that girls were more likely to be victims of sexual or physical abuse than boys (**20%** as compared to **7%**), and more likely to have run away or been kicked out of their homes (**33%** as compared to **17%**). Relative to boys, they were more likely to be assessed as moderate or high need on the family (**53%** as compared to **36%**), mental health (**50%** as compared to **35%**) and aggression (**79%** as compared to **64%**) domains of the MCASP needs assessment.

Evidence-based programs, such as FFT and MST, have been shown through rigorous evaluation to reduce recidivism and address problem behavior among youth involved in the juvenile justice system. DJS funds two EBS programs (FFT and MST) and an additional family-based intervention, FCT, for a total of **387** slots. Girls in all counties have access to at least one EBS program or FCT. Girls accounted for **20%** of all EBS placements in FY 2018. The estimated EBS placement *rate* for girls increased from **21%** in FY 2014 to **30%** in FY 2018[49].

In addition to evidence-based programs in the community, **362** programs were identified across the state that serve DJS youth and families post-adjudication. The vast majority of these programs (**96%**) serve both girls and boys. The most common services provided by these programs include mental health, substance use disorder and family-related services.

A survey of DJS case management supervisors was conducted to identify potential "gaps" in the current array of available community services. At the state level, the two community services most frequently ranked as either *high* or *very high* need for <u>both</u> girls and boys included: (1) Life skills / mentoring (7 counties); and (2) Employment / job training (7 counties).

Differences between girls and boys emerged related to the need for the following services: (a) Services for victims of human trafficking; (b) Services for homeless youth; and (c)

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[49] The placement rate is calculated as the total number of EBS placements divided by the total number of court orders for probation or commitment during the fiscal year.

Services for victims of sex offending / abuse. These services were more commonly ranked as "high" or "very high" need for girls than boys. In Baltimore City, the jurisdiction serving the greatest proportion of girls on probation or community aftercare, case management supervisors highlighted the substantial need for victimization services, including girls who are victims of human sex trafficking and girls who are victims of domestic violence.

Case management supervisors were also asked to identify the top three service "gaps" for *girls* in their jurisdiction in an open-ended question. The most commonly listed services across counties included: (a) Life Skills / mentoring; (b) Services for teenage pregnancy and teenage parenting; (c) Gender-responsive programs such as a girls' support group or Girls Circle; and (d) Services for victims of human sex trafficking.

The survey results complement the statewide inventory of post-adjudication community services. Statewide, CMS supervisors were less likely to rank mental health treatment or substance abuse disorder services – the most prevalent services statewide – as "high" or "very high" need services. In contrast, services most frequently reported as "high" or "very high" need were less prevalent statewide, e.g., 14 programs that offer mentoring services and 10 programs that offer teen parenting services were identified across the state.

Gender-specific case management practices were also examined. It is important to note that the average daily population of girls under supervision varies tremendously by county, from a high of 87 in Baltimore City to a low of 0 in Talbot County for FY 2018. A dedicated caseload was used in four of the five counties that supervise 58% of the girls under supervision (Baltimore City, Prince George's County, Montgomery County, and Anne Arundel County). Supervisors in all counties reported access to trauma-informed care staff training. Ten counties reported access to a gender-responsive program for girls, e.g., girls' support group. Gender-responsive programs were reported in two of the five largest jurisdictions (Baltimore City and Prince George's County).

At the system level, the Department implemented the Accountability and Incentives Management initiative in July 2015. AIM provides a structured system of responding to technical violations (certain, fair and immediate response to violations). Youth are held responsible for their actions but not needlessly pushed deeper into the system. Since the implementation of AIM the percentage of first-time commitments that spring from a probation violation has

decreased from **53%** in FY 2016 to **37%** in FY 2018 among girls. AIM is currently being evaluated by the Institute for Innovation & Implementation, University of Maryland School of Social Work.

Lastly, examination of twelve-month recidivism rates using a cohort of girls placed on probation for the first time during FY 2016 reveals that girls on probation were less likely to recidivate than boys on all three measure of juvenile/adult recidivism (arrest, conviction and incarceration). Thirty-one percent (**31%**) of girls in the probation cohort re-offended during the 12-month follow-up period; **10%** were reconvicted and **3%** were incarcerated.

Section V – Adjudicated Youth and Residential Services

5.1 *Introduction*

At disposition, the juvenile court may commit a youth to the care and custody of DJS for placement in an out-of-home program. Residential placements vary based on the treatment services provided as well as by security level. DJS has established three levels of residential program placements based largely on the level of program restrictiveness (see diagram below).

Level I (or *Community Residential*) programs include all programs where youth reside in a community setting and attend community schools. Examples of Level I programs include foster care, group homes, or alternative living units. Level II (or *Staff Secure*) includes programs where educational programming is provided on-grounds and movement and freedom is restricted primarily by staff monitoring and supervision. Examples include group homes or therapeutic group homes with on-grounds schools, residential treatment centers or behavioral programs, such as DJS-operated youth centers. Lastly, Level III (or *Hardware Secure*) programs provide the highest level of security by augmenting staff supervision with physical attributes of the facility, i.e., locks, bars and fences.

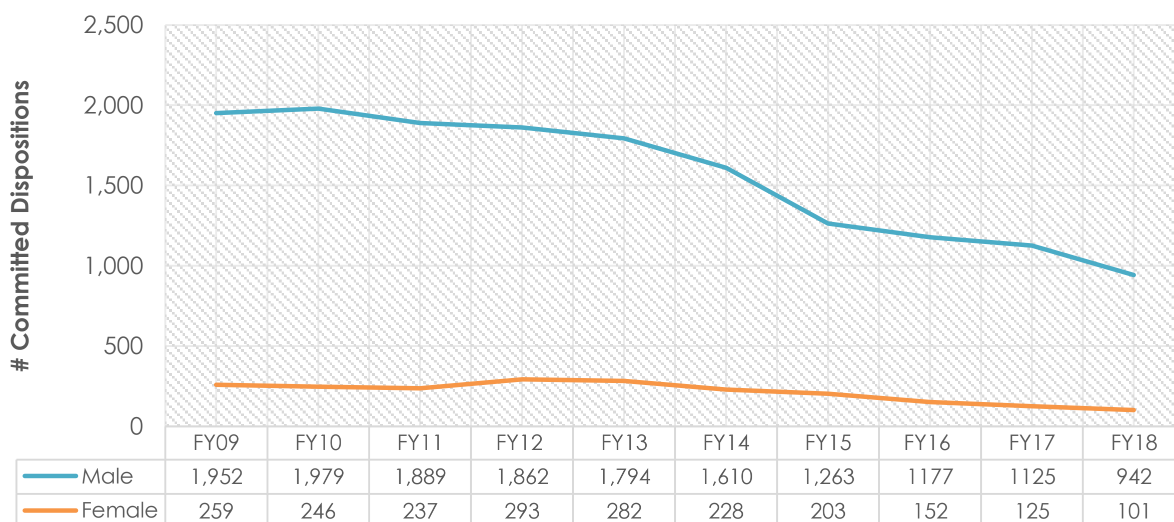
DJS designed the residential placement process to select the most appropriate program and treatment services for each youth. This process begins with a comprehensive assessment, including a social history investigation, the MCASP needs assessment[50], educational records, and clinical assessments. A "staffing" meeting is then held to bring together key personnel responsible for resource and treatment service planning.

For youth in detention at the time of adjudication, a MAST (Multidisciplinary Assessment Staffing Team) staffing is held in the detention center. MAST is a specialized diagnostic team responsible for assessing youth who are detained pending court disposition and are at risk for placement. The MAST team includes a psychologist, social worker, substance abuse counselor, community case manager, detention facility case manager supervisor, resource specialist, and a representative from the Maryland State Department of Education (MSDE).

5.2 Commitment Trends

Consistent with trends presented earlier, the total number of cases statewide where the juvenile court committed youth to DJS decreased by **52.8%** between FY 2009 and FY 2018. This decrease was more pronounced among girls' cases (**61.0%**) than boys' cases (**51.7%**).

Figure 23 Juvenile court cases resulting in a commitment order decreased **61%** among girls.



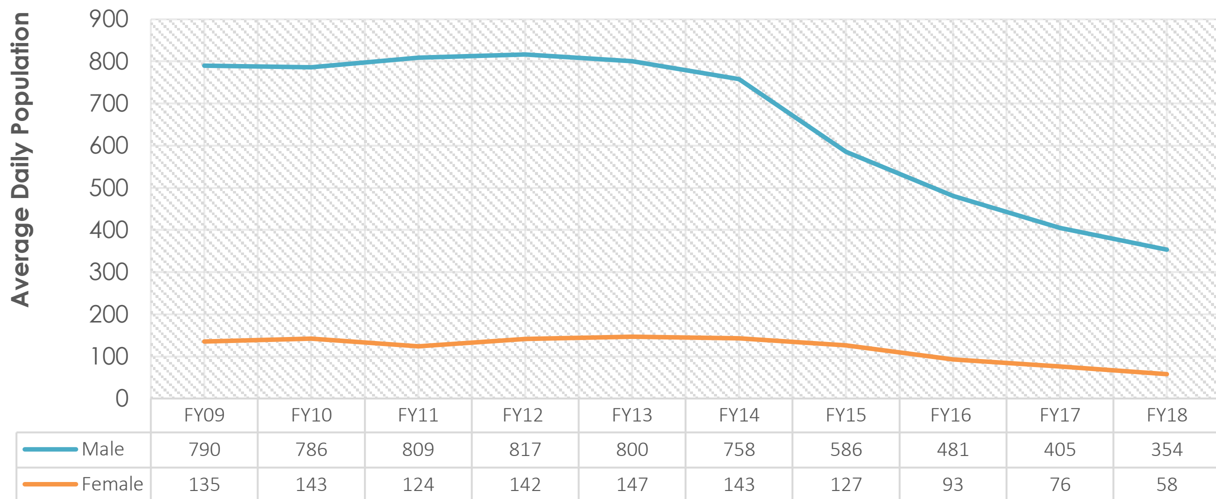
[50] See Section 4.1 for more information on the MCASP needs assessment.

The proportion of girls' cases that resulted in a court order of commitment decreased from **12%** in FY 2009 to **10%** in FY 2018.

	FY 2009		FY 2018		% Change Females
	Female	Male	Female	Male	
Committed Court Disposition	12%	88%	10%	90%	-2%

Similarly, the average daily population (or ADP) of youth placed in an out-of-home committed residential placement between FY 2009 and FY 2018 decreased by **55.5%**.[51] Boys' ADP decreased by **55.2%** while girls' ADP decreased by **57.2%** to an average daily population of **58** during FY 2018.

Figure 24 Girls' committed ADP decreased **57.2%**.



Girls represented **15%** of committed ADP in FY 2009 and **14%** of committed ADP in FY 2018.

	FY 2009		FY 2018		% Change Females
	Female	Male	Female	Male	
Committed ADP	15%	85%	14%	86%	-1%

[51] Note that percentage change calculations are based on the unrounded ADP numbers.

5.3 Residential Program Type (FY 2018)

The total girls' ADP for FY 2018 is shown below disaggregated by the type of residential program. As shown in Table 11, *in-state* ADP was much greater (**86%**) than *out-of-state* ADP (**14%**). ADP was greatest in Residential Treatment Centers, Psychiatric Hospitals and Diagnostic Centers (**31%** of total ADP), followed by Group Homes (**19%** of ADP), and in-state Hardware Secure Residential (**14%** of ADP).

Table 11. Girls' Average Daily Population (ADP) by Placement Type (FY 2018)

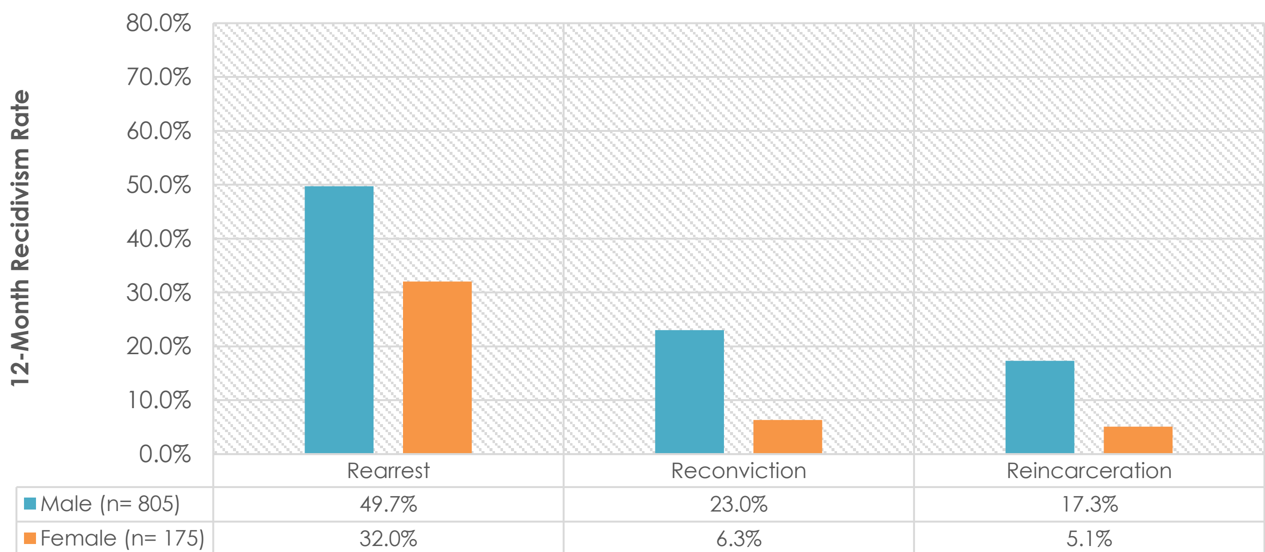
	ADP	% of ADP
In-State Residential Programs:		
Foster Care	6.7	11.6%
Group Home	10.9	18.8%
Independent Living	5.4	9.3%
Intermediate Care Facilities for Addictions	0.5	0.9%
Residential Treatment Center, Psychiatric Hospital, Diagnostic Center	17.9	30.9%
Hardware Secure Residential	8.1	14.0%
Out-of-State Residential Programs:		
Residential Treatment Center	4.4	7.6%
Staff Secure Residential	3.3	5.7%
Hardware Secure Residential	0.7	1.2%
Total Residential ADP	57.9	100%

5.4 *Post-Commitment Recidivism*

Twelve-month recidivism rates are shown in Figure 25 using a cohort of youth released from a committed residential placement during FY 2016. Three measures of recidivism are assessed capturing involvement in *both* the juvenile and adult systems: a) re-arrest in either the juvenile or adult system; b) facts sustained adjudication in the juvenile system or conviction in the adult system; and c) facts sustained adjudication resulting in a disposition of commitment in the juvenile system or conviction resulting in a sentence of incarceration in the adult system. Recidivism analyses focus on new delinquent or criminal offenses.[52]

Girls were less likely to be arrested during the twelve-month follow-up period (**32.0%** of girls as compared to **49.7%** of boys). They were also less likely to be reconvicted or committed/incarcerated for an offense that occurred during the twelve-month follow-up period.

Figure 25 Girls released from a committed placement during FY 2016 were less likely to recidivate on all three measures during the 12-month follow-up period.



	Rearrest	Reconviction	Reincarceration
Male (n= 805)	49.7%	23.0%	17.3%
Female (n= 175)	32.0%	6.3%	5.1%

[52] Note that violations of probation or parole, child in need of supervision (CINS) offenses, alcohol citations, civil citations, local ordinance violations, all arrests diverted by the police and not referred to DJS, and all arrests outside of Maryland are excluded from recidivism analyses.

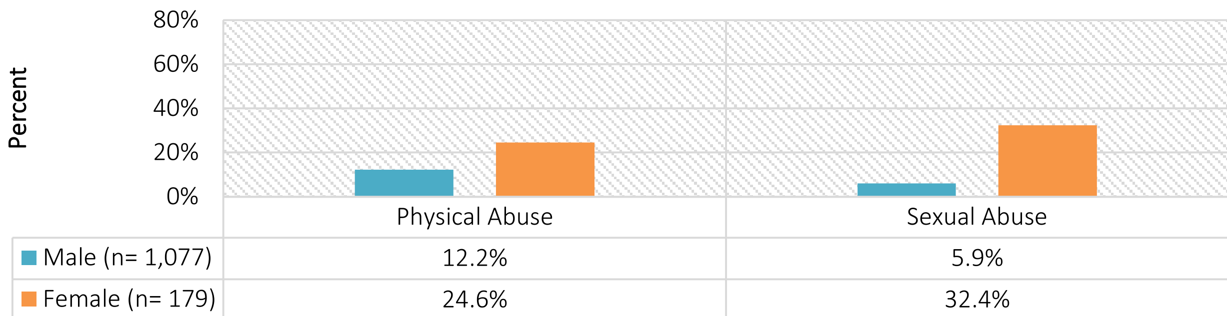
5.5 Committed Youth: Assessment of Need

The needs of a cohort of youth placed in an out-of-home residential placement during fiscal years 2017 and 2018 were examined using the MCASP needs assessment. Youth demographics are shown in Table 12. Youth placed in an out-of-home residential program during FY 2017/FY2018 were 16.6 years old on the placement date. Approximately two-thirds of girls were youth of color (**66.5%**) as compared to over three-quarters of boys (**80.4%**).

Table 12. Youth Placed Out-of-Home (FY 2017 & FY 2018)	Girls (n= 179)	Boys (n= 1,079)
Average Age (Years) on Placement Date (X, SD)	16.6 (1.3) Range: 12.3 – 19.7	16.6 (1.3) Range: 12.4 to 20.2
Race/ Ethnicity (%)		
African American / Black	60.9%	72.3%
Caucasian / White	31.3	18.9
Hispanic / Latino	5.6	8.1
Other /Unknown	2.2	0.7
DJS – Region of Residence (%)		
Region I– Baltimore City	13.4%	23.8%
Region II – Central	14.5	16.7
Region III– Western	16.8	8.8
Region IV– Eastern Shore	9.5	8.6
Region V – Southern	24.6	17.1
Region VI–Metro	19.6	23.0
Out of State	1.7	2.0

Examination of individual MCASP items reveal that girls committed to DJS were more likely than boys to have ever been physically or sexually abused (during their lifetime) [53]. Almost one-quarter of girls had been physically abused (**24.6%**), and approximately one-third (**32.4%)** had been sexually abused. Overall, **41.3%** of girls had been victims of either physical or sexual abuse as compared to **15.4%** of boys. Note that **15.6%** of girls and **2.7%** of boys were victims of both physical and sexual abuse.

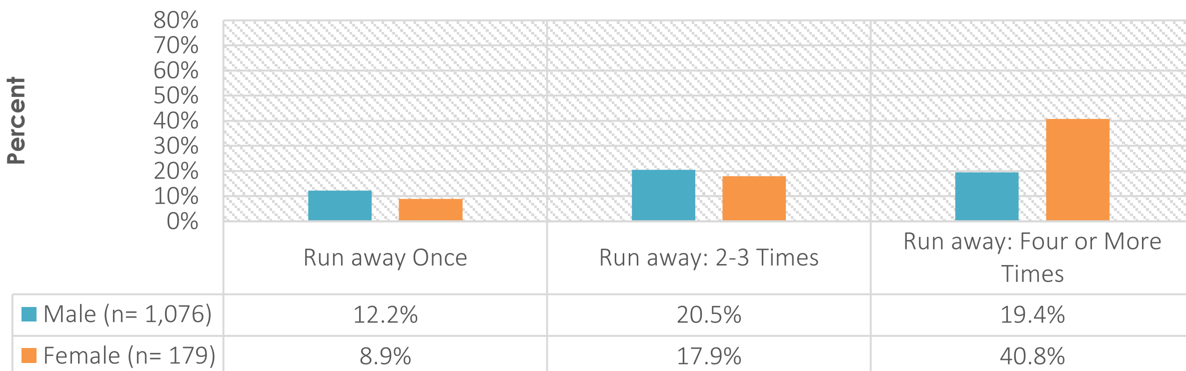
Figure 26 Approximately 41% of girls had been physically and/or sexually abused.



	Physical Abuse	Sexual Abuse
Male (n= 1,077)	12.2%	5.9%
Female (n= 179)	24.6%	32.4%

The MCASP includes data on the number of times youth either ran away or were kicked out of their homes. Figure 27 reveals that girls were more likely to have run away or been kicked out than boys. Overall, roughly two-thirds of girls in the cohort ran away at least one time (**67.6%**) compared to (**52.1%**) of boys. Over one-third of the girls had four more incidents of run-away behavior (**40.8%**).

Figure 27 Girls were more likely to run away or get kicked out of the home than boys.



	Run away Once	Run away: 2-3 Times	Run away: Four or More Times
Male (n= 1,076)	12.2%	20.5%	19.4%
Female (n= 179)	8.9%	17.9%	40.8%

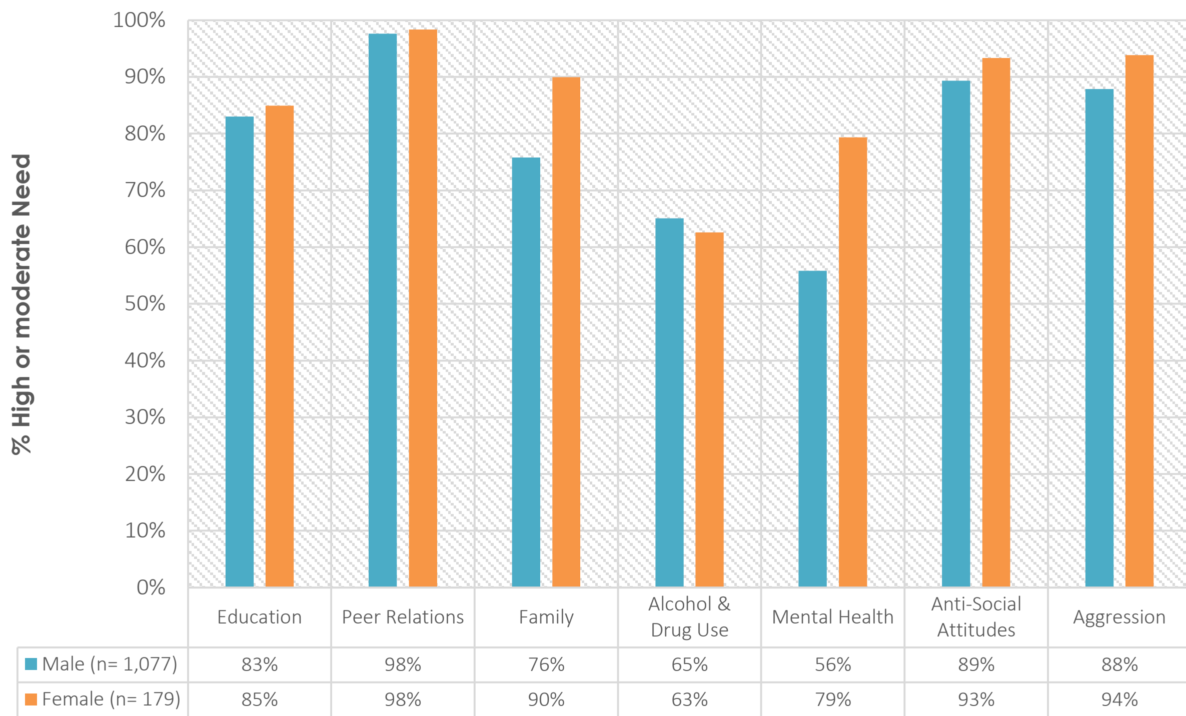
[53] Note that the MCASP Needs Assessment was not available for n= 2 boys. The response to the run-away item was missing for an additional youth.

Figure 28 presents the percentage of youth assessed as either moderate or high on seven MCASP assessment needs domains. While a substantial proportion of both girls and boys were assessed as *moderate* or *high* need on all domains, girls scored notably higher on the following two domains:

a) Family (**90%** of girls as compared to **76%** boys were moderate or high need) [54];

b) Mental Health (**79%** of girls as compared to **56%** of boys were moderate or high need)[55].

Figure 28 Girls were more likely to score *moderate* or *high* on family and mental health needs than boys.



	Education	Peer Relations	Family	Alcohol & Drug Use	Mental Health	Anti-Social Attitudes	Aggression
Male (n= 1,077)	83%	98%	76%	65%	56%	89%	88%
Female (n= 179)	85%	98%	90%	63%	79%	93%	94%

[54] Examples of items that measure *family* need include: a) Number of out-of-home and shelter care placements lasting more than 30 days (youth's lifetime); b) Number of times youth has either run away or gotten kicked out of home; c) Youth has been living under "adult supervision" during last three months; d) Parents/parent figures currently living with youth; e) Annual combined income of youth and family; f) Current household members with history of jail/prison/detention; g) Problem history of parents/caretakers who currently live with youth; h) Current support network for youth's family; i) Current level of conflict in youth's household between any members, last 3 months (most serious level). A complete list of items may be found in the DJS Data Resource Guide, Appendix N. Note that the items presented in the appendix have been revised as part of the validation of the MCASP tool and may differ from the historic data analyzed here Available at: http://www.djs.maryland.gov/Documents/Appendices.pdf.

[55] Examples of items that measure *mental health* need include: a) Victim of physical abuse during lifetime; b) Victim of sexual abuse during lifetime; c) Youth diagnosed with or treated for a mental health problem (ever in lifetime; d) Mental health treatment currently prescribed, excluding ADD/ADHD treatment. Confirm; e) Mental health medication currently prescribed, excluding ADD/ADHD medication. Confirm; f) Mental health problem(s) currently interferes in working with the youth.

5.6 DJS Re-Entry Process

The Department recognizes the importance of effectively transitioning youth from a residential out-of-home placement back to the community. Youth who are released from commitment face numerous challenges in returning to daily life, such as re-enrolling in school or accessing needed somatic or behavioral health service. In FY 2016, DJS adopted a Strategic Re-Entry Plan. The plan consists of the following five goals, each containing objectives and performance measures:

Goal 1: Reduce recidivism by providing supervision to all youth returning home from committed care.

Goal 2: Engage families of committed youth at all key case planning decision points.

Goal 3: Connect all committed youth needing educational services to local education resources.

Goal 4: Connect all youth to local employment services and resources.

Goal 5: Connect all youth in need of behavioral or somatic health services to local resources to provide continuity of care.

The re-entry process is managed by a team of regional re-entry specialists who oversee each youth's return to the community. A re-entry *staffing* meeting (like the MAST meeting) is held 45 days prior to release from an out-of-home placement. During this meeting, the youth's housing plan, educational and occupational needs, on-going behavioral / somatic health service requirements, and family relationships are reviewed. Families of committed youth are invited and encouraged to participate in the re-entry planning process. After the youth has been in the community for 30 days, a DJS re-entry specialist follows up with the youth and family to ensure that the youth has accessed all needed services, has successfully enrolled in school, and remains in stable and suitable housing.

Since the implementation of the Strategic Re-Entry Plan, DJS re-entry specialists document the 30-day follow-up with youth and families using the *Uniform 30-Day Post-Discharge Follow-Up* survey. A total of **153** youth and families were surveyed during FY 2018[56]. Highlights from the survey for FY 2018 are shown below for girls.

[56] Note that the number of families surveyed during FY 2018 was significantly lower than the number surveyed in FY 2017.

- During FY 2018, **100%** (7 out of 7) of released *girls* requiring alternative living arrangements remained in sustainable housing 30 days after discharge.
- During FY 2018, **90.0%** (18 out of 20) of released *girls* requiring educational services had their educational records forwarded to the local school system within two business days of discharge.
- During FY 2018, **82.6%** (19 out of 23) of released *girls* in need of mental health services were linked to these services within 30 days of discharge.
- During FY 2018, **72.7%** (16 out of 22) of released *girls* in need of prescription medication had a 30-day (or existing) supply of medication upon discharge.[57]

5.7 Residential Program Inventory

In August 2018, the Institute for Innovation & Implementation at the University of Maryland, School of Social Work released results of the *FY19 Maryland Program Questionnaire*, an annual survey of residential programs available to DJS youth and families.[58] Data were collected between April and June 2018. One hundred and twelve (112) programs participated in the survey, including seven DJS-operated programs; three programs operated by another Maryland state or county agency; and 102 privately-run programs located in- and out-of-state. Note that nine of the surveyed programs are community-based, in-home programs and will therefore not be included in the present analyses. The provider survey collects a wealth of information on each residential program, including detailed data on the services provided and the characteristics of youth served.

Data from the provider survey are presented next. Table 13 displays the number of programs available by DJS service level, i.e., Community Residential, Staff Secure, and Hardware Secure and gender. Almost two-thirds of the surveyed residential programs (103) serve girls (63%). There are 13 programs (**20%**) that serve girls exclusively. Over half of these female-only programs are community residential programs located in Maryland.

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[57] Anecdotal evidence suggests that DJS staff ensure that youth requiring medication obtain it in the community even though they may not have been discharged with a 30-day supply or prescription.

[58] The Institute for Innovation & Implementation (August 2018*). Maryland Department of Juvenile Services Program Questionnaire: FY2019 Summary Report*. Baltimore, MD: University of Maryland-School of Social Work.

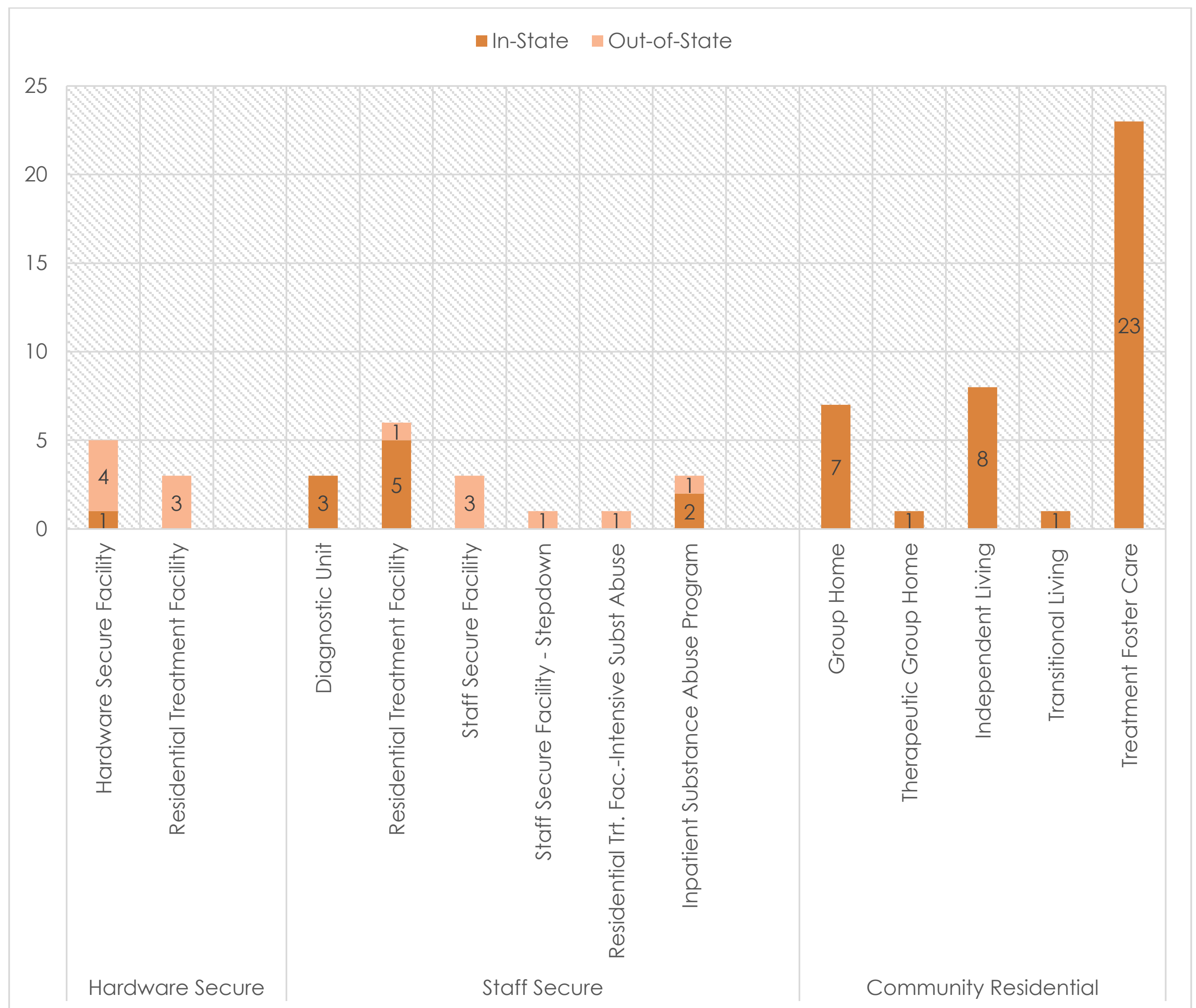
Table 13. ***Maryland Department of Juvenile Services*** *Residential Service Array*

	DJS Program Type	Total Number of Programs	Serves:			Location:	
			Boys Only	Girls Only	Boys & Girls	In-state	Out-of-State
Community Residential	Group Home	16	9	4	3	16	0
	High Intensity Group Home	2	2	0	0	2	0
	Independent Living Program	9	1	1	7	8	1
	Therapeutic Group Home	2	1	1	0	2	0
	Transitional Living Program	3	2	1	0	3	0
	Treatment Foster Care	23	0	0	23	23	0
Staff Secure	Diagnostic Unit	3	0	1	2	3	0
	Group Home	1	1	0	0	1	0
	Residential Treatment Facility	7	1	1	5	6	1
	Staff Secure Facility	13	10	1	2	5	8
	Staff Secure Stepdown	1	0	0	1	0	1
	Staff Secure with Intensive Substance Abuse Treatment	2	1	0	1	0	2
	Inpatient Substance Abuse Program	4	1	1	2	2	2
	Therapeutic Group Home	1	1	0	0	1	0
Hardware Secure	Residential Treatment Facility[59]	7	4	1	2	2	5
	Hardware Secure Facility[60]	9	4	1	4	3	6
Statewide Total		*103*	*38*	*13*	*52*	*77*	*26*

[59] Six hardware secure residential treatment facilities and six staff secure residential treatment facilities use a Maryland Medical Assistance provider, i.e., Medicaid.
[60] Includes DJS – Savage Mountain Youth Center which will reopen as a hardware secure facility.

The next set of figures focuses exclusively on the 65 programs that serve girls. Almost two-thirds of these programs are community residential programs, such as a group home or foster care. Figure 29 displays girls' residential program options by whether the program is located in- or out-of-state. Overall, **78%** of all residential programs that serve girls are located in Maryland. Viewed by program type, **100%** of community residential programs (n= 40) are in Maryland, as compared to **59%** of staff secure programs (n= 17) and **13%** of hardware secure programs (n= 8).

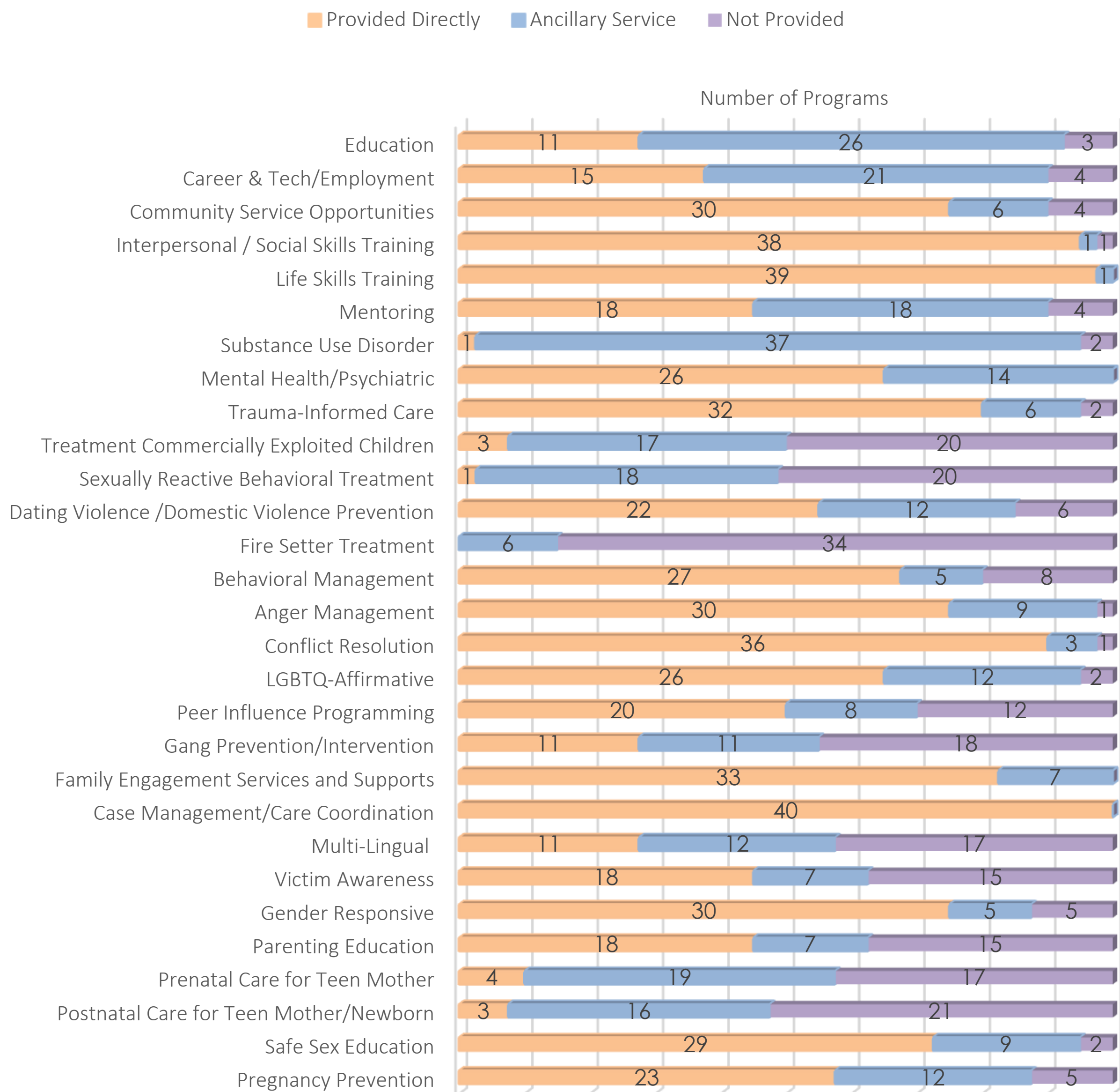
Figure 29 Girls' Residential Service Array by Location (In-State versus Out-of-State)



5.7.1 *Primary Services Offered by DJS Program Level*

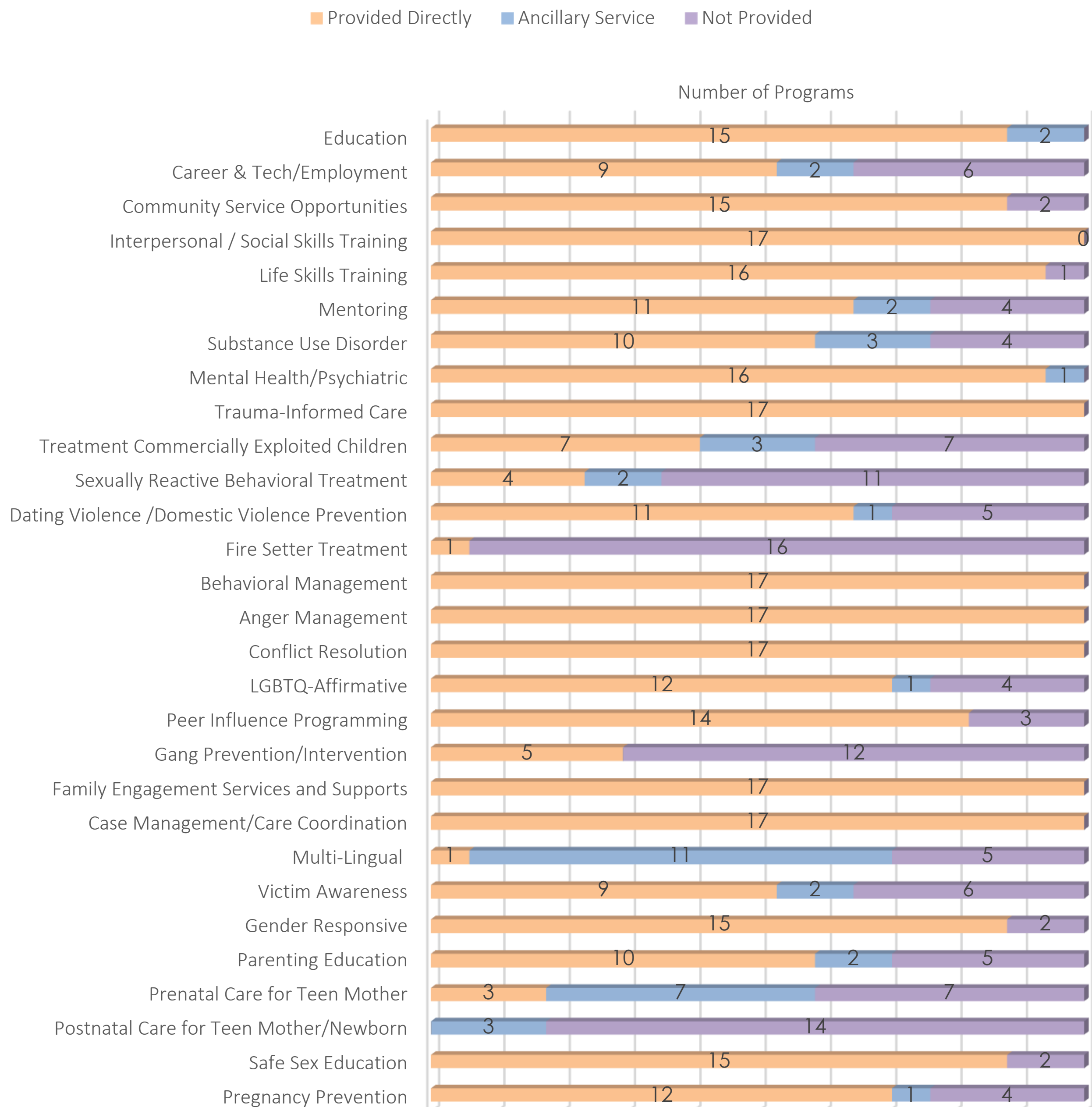
Figure 30 details the number of *community residential* programs that offer each service type. Programs either provide the service directly or offer the service through another provider. Alternatively, the service may simply not be available. For example, mentoring services are provided directly by 18 programs. In another 18 programs, mentoring services are provided as an ancillary service; and in 4 programs mentoring services are not available.

Figure 30 Services Available to Girls in *Community Residential* Programs (n= 40)



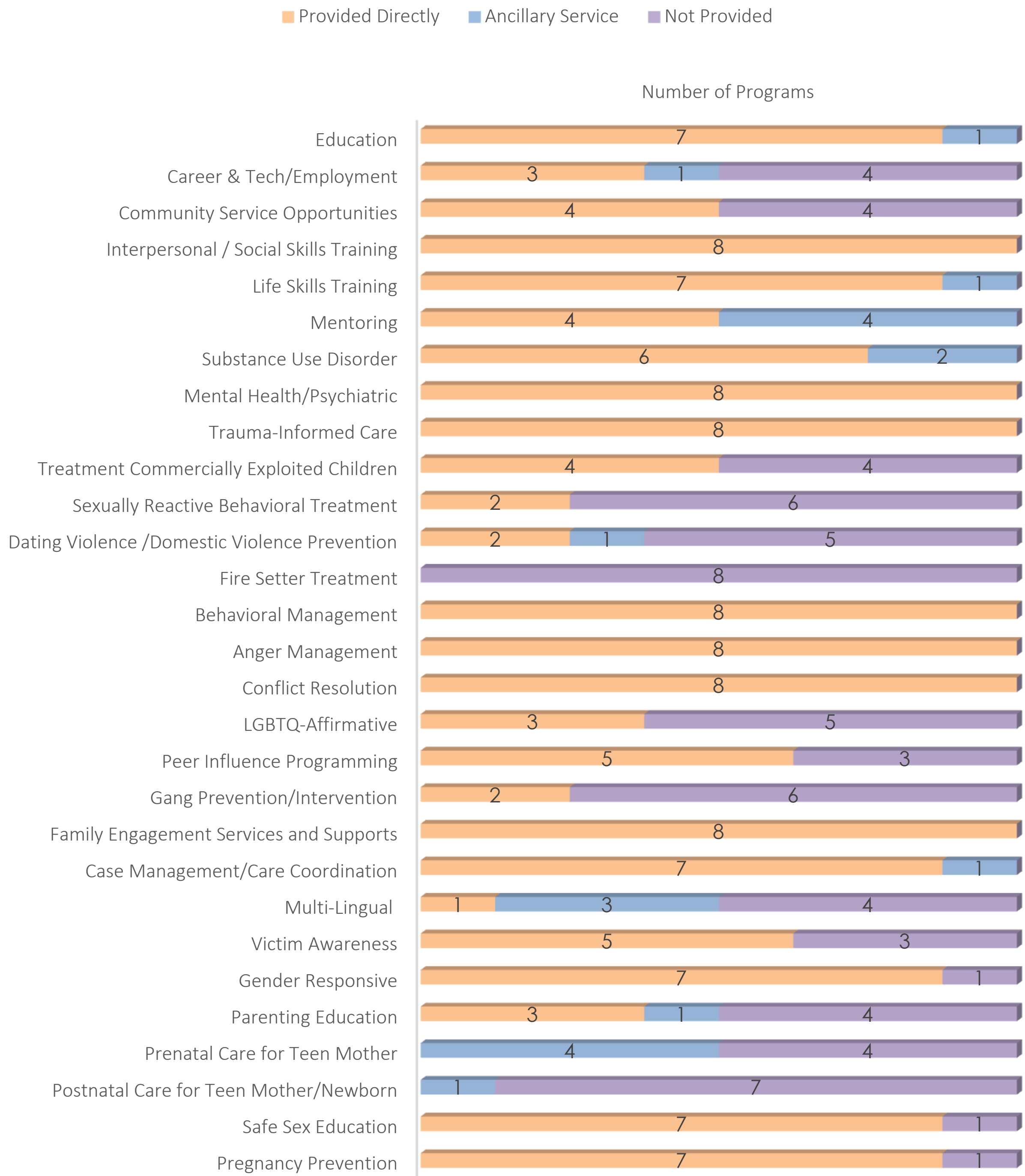
Services in staff secure programs are more likely to be provided directly by the program than community residential programs. With some exceptions, such as offense-specific treatment services (e.g., fire setter treatment) or population-specific services (e.g., post-natal care for teen mother), most services are available to girls and are provided directly by the program.

Figure 31 Services Available to Girls in *Staff Secure Residential* (Level II) (n= 17 programs)



Most services offered in hardware secure programs are provided directly by the program. If a service is not provided directly by the program, it is less likely to be available.

Figure 32 Services Available to Girls in *Hardware Secure Program* (Level III) (n= 8 programs)



5.7.2 Integration of Trauma-Informed Care

This section focuses on the extent to trauma-informed care processes and procedures have been implemented by residential providers. Table 14 presents the percentage of programs within each level that have adopted each process or procedure.[61]

Table 14. DJS Residential Programs and Trauma-Informed Care Processes and Procedures[62]

	Community Residential (n= 40) % Yes	Staff Secure Residential (n=17) % Yes	Hardware Secure (n=8) % Yes
Written Policies	78%	94%	88%
Team Meetings	80%	100%	100%
Written Crisis-Prevention Plan	68%	100%	75%
Trauma-Screening & Intake Assessment	75%	94%	88%
Provides Family Trauma-Related Education	80%	94%	88%
Access to Clinician with Trauma Intervention Expertise	80%	100%	100%
Staff Training and Education (All Levels)	80%	100%	100%

[61] Note that eight *community residential* programs included in the table responded that they do not provide trauma-related care directly (see Figure 30). However, in six of these programs, trauma-informed care was available through another provider. These 8 programs included 3 independent living programs, 1 treatment foster care program, and 4 group homes.

[62] **Written Policies**: Written policies and procedures are established based on an understanding of the impact of trauma on children, youth and families.

Team Meetings: Staff members have regular team meetings and/or supervision where topics related to trauma and self-care are addressed.

Written Crisis-Prevention Plan: Every child has a written crisis-prevention plan that includes: list of triggers; list of ways child shows that they are stressed/overwhelmed; specific strategies that are helpful/not helpful when a child is feeling upset/overwhelmed; list of people the child feels safe around/can go to for support.

Trauma-Screening & Intake Assessment: Based on trauma screening and the intake assessment, children are referred for further assessment and trauma-specific services by providers with expertise in trauma.

Provides Family Trauma-Related Education: The program educates children, youth and families about traumatic stress and triggers.

Access to Clinician with Trauma Intervention Expertise: The program has access to a clinician with expertise in trauma and trauma-related interventions (on-staff or available for regular consultation).

Staff Training and Education (All Levels): Staff at all levels of the program receive training and education that includes what traumatic stress is, how traumatic stress affects body and brain, and the relationship between mental health and trauma.

5.7.3 Integration of Services Fostering Family Engagement

Table 15 examines the extent to which residential programs have incorporated 15 possible services to support and engage families.[63]

Table 15. DJS Residential Programs and Family Engagement

	Community Residential (n=40) % Yes	Staff Secure Residential (n=17) % Yes	Hardware Secure Residential (n=8) % Yes
Tour of the program / facility for family members	65%	94%	88%
Assessment of family supports and resources	78%	94%	88%
Family-driven treatment / care planning	80%	100%	100%
Family conferences / staffings with family (monthly)	58%	94%	100%
Family therapy	58%	100%	100%
Skills sessions / training for family members	45%	82%	50%
Family advocate or peer family support worker	8%	24%	13%
Family support group	25%	35%	25%
Family activity days	25%	71%	63%
Family visitation (specified hours)	50%	100%	100%
Family can call child at any time of day	58%	47%	38%
Sibling-specific services and supports	28%	35%	25%
Home visits for youth	65%	94%	100%
Family involvement in discharge planning	78%	100%	100%
Family advisory council (for program)	15%	12%	0%

[63] Note that seven *community residential* programs responded that they do not provide family engagement services. These seven programs included three independent living programs and four treatment foster care programs.

5.7.4 *Availability of Mental Health / Psychiatric Services*

This section examines the availability of mental health and psychiatric services in residential programs that serve girls. All programs that serve girls provide mental health services, most commonly provided directly by the program (77%). Table 16 provides detail on the type of mental health care services available, and whether they are provided on- or off-site by DJS program level.

Table 16. DJS Residential Programs and Mental Health Treatment Services[64]

		Provided On-Site (% Yes)	Provided Off Site (% Yes)	Provided Both On & Off Site (% Yes)	Not Provided (% Yes)
Community Residential (n= 40)	Diagnostic Assessment	38%	20%	35%	8%
	Individual Counseling / Therapy	30%	28%	43%	0%
	Group Counseling / Therapy	38%	33%	18%	13%
	Family Counseling / Therapy	20%	25%	45%	10%
	Expressive / Experiential Therapy	10%	38%	5%	48%
	Medication Management (by a psychiatrist)	18%	65%	18%	0%
Staff Secure (n=17)	Diagnostic Assessment	88%	0%	6%	6%
	Individual Counseling / Therapy	100%	0%	0%	0%
	Group Counseling / Therapy	94%	0%	0%	6%
	Family Counseling / Therapy	94%	0%	6%	0%
	Expressive / Experiential Therapy	53%	6%	6%	35%
	Medication Management (by a psychiatrist)	94%	6%	0%	0%
Hardware Secure (n= 8)	Diagnostic Assessment	75%	0%	0%	25%
	Individual Counseling / Therapy	100%	0%	0%	0%
	Group Counseling / Therapy	100%	0%	0%	0%
	Family Counseling / Therapy	100%	0%	0%	0%
	Expressive / Experiential Therapy	50%	0%	0%	50%
	Medication Management (by a psychiatrist)	100%	0%	0%	0%

[64] Note that percentages may not add to 100% due to rounding error.

5.7.5 Availability of Residential Programs by Youth Profile

The next set of tables examines the availability of residential programs to serve certain populations of youth with needs that are pertinent to girls, e.g., pregnancy, teen parents, victims of human trafficking. Within each security level, the tables examine how many programs are available for girls; how many programs are located in-state; and how many programs either *accept* youth with the target characteristic or, alternatively, consider them to be a *prioritized population*. These analyses focus solely on the programs that serve girls (n= 65). Youth profiles examined here include:

a) Pregnant girls;
b) Teen parents (Caregivers);
c) Youth with Co-Occurring Substance Use and Mental Health Disorders;
d) Homeless youth;
e) LGBTQ youth;
f) Runaway youth;
g) Victim of Child Abuse / Maltreatment / Neglect;
h) Victim of Human Trafficking / Commercially-Exploited

Table 17. Residential Programs that Serve Pregnant Girls

DJS-Program Level	Total # of Programs	# In-state	Serves:			Accepts /Serves	Prioritized Population
			Boys Only	Girls Only	Boys & Girls		
Level I – Community Residential	18	18	0	4	14	12	6
Level II – Staff Secure	8	4	0	0	8	6	2
Level III – Hardware Secure	5	1	0	1	4	4	1

Table 18. Residential Programs that Serve Teen Parents who are Caregivers

DJS-Program Level	Total # of Programs	# In-state	Serves:			Accepts /Serves	Prioritized Population
			Boys Only	Girls Only	Boys & Girls		
Level I – Community Residential	16	16	0	4	12	7	9
Level II – Staff Secure	9	5	0	4	5	9	0
Level III – Hardware Secure	2	1	0	1	1	2	0

Table 19. Residential Programs that Serve Youth with Co-Occurring Substance Use and Mental Health Disorders

DJS-Program Level	Total # of Programs	# In-state	Serves:			Accepts /Serves	Prioritized Population
			Boys Only	Girls Only	Boys & Girls		
Level I – Community Residential	38	38	0	6	32	25	13
Level II – Staff Secure	16	10	0	4	12	13	3
Level III – Hardware Secure	6	1	0	2	4	5	1

Table 20. Residential Programs that Serve Homeless Youth							
DJS-Program Level	Total # of Programs	# In-state	Serves:			Accepts /Serves	Prioritized Population
			Boys Only	Girls Only	Boys & Girls		
Level I – Community Residential	40	40	0	7	33	21	19
Level II – Staff Secure	16	9	0	4	12	14	2
Level III – Hardware Secure	8	1	0	2	6	8	0

Table 21. Residential Programs that Serve LGBTQ Youth							
DJS-Program Level	Total # of Programs	# In-state	Serves:			Accepts /Serves	Prioritized Population
			Boys Only	Girls Only	Boys & Girls		
Level I – Community Residential	40	40	0	7	33	21	19
Level II – Staff Secure	16	9	0	4	12	11	5
Level III – Hardware Secure	6	1	0	1	5	6	0

Table 22. Residential Programs that Serve Runaway Youth

DJS-Program Level	Total # of Programs	# In-state	Serves:			Accepts /Serves	Prioritized Population
			Boys Only	Girls Only	Boys & Girls		
Level I – Community Residential	39	39	0	7	32	23	16
Level II – Staff Secure	15	8	0	4	11	10	5
Level III – Hardware Secure	7	0	0	1	6	3	4

Table 23. Residential Programs that Serve Victims of Child Abuse / Maltreatment / Neglect

DJS-Program Level	Total # of Programs	# In-state	Serves:			Accepts /Serves	Prioritized Population
			Boys Only	Girls Only	Boys & Girls		
Level I – Community Residential	40	40	0	7	33	9	31
Level II – Staff Secure	17	10	0	4	13	7	10
Level III – Hardware Secure	8	1	0	2	6	6	2

Table 24. Residential Programs that Serve Victims of Human Trafficking/Commercially Exploited

DJS-Program Level	Total # of Programs	# In-state	Serves:			Accepts /Serves	Prioritized Population
			Boys Only	Girls Only	Boys & Girls		
Level I – Community Residential	40	40	0	7	33	23	17
Level II – Staff Secure	14	9	0	2	12	8	6
Level III – Hardware Secure	7	1	0	1	6	3	4

5.8 J. DeWeese Carter Center

DJS operates one hardware secure facility for girls, the J. DeWeese Carter Center. The Center has a rated capacity of 14 girls. It opened in November 2011 and serves girls ages 14 to 18. Over the course of FY 2018, **14** girls were placed in the program for a FY 2018 ADP of **8**. The average length of stay for youth released from the program during FY 2018 was **168** days. This program provides the following services to girls:

- Education
- Substance Use Disorder
- Mental Health / Psychiatric
- Behavioral Management
- Anger Management
- Conflict Resolution
- Interpersonal / Social Skills Training
- Life Skills Training (using specific curriculum or experiential learning)
- Youth Leadership and Civic Engagement
- Safe Sex Education
- Pregnancy Prevention
- Family Engagement Services and Supports
- Case Management / Care Coordination
- Gender-Responsive
- LGBTQ-Affirmative Services
- Trauma-Informed Care
- Multi-Lingual Services – *Available through another provider*
- Parenting Education
- Developmentally-Appropriate Health / Wellness Education

Additional detail on the types of mental health services provided as well as the integration of trauma-informed care and family engagement services and supports into the program is shown in Table 26. J. DeWeese Carter offers the full range of mental health services to girls on-site. In addition, the Center has adopted 9 of the 15 possible family engagement strategies. The program also screens for trauma at intake, has access to a clinician for trauma intervention expertise, and ensures that all staff are trained on trauma-informed care.

Table 25. J. DeWeese Carter Center		Provided (Yes / No)
Mental Health Services	Diagnostic Assessment	Yes - On-site
	Individual Counseling / Therapy	Yes - On-site
	Group Counseling / Therapy	Yes - On-site
	Family Counseling / Therapy	Yes - On-site
	Expressive / Experiential Therapy	Yes - On-site
	Medication Management (by a psychiatrist)	Yes - On-site
Family Engagement Services	Tour of the facility for family members	Yes
	Assessment of family supports and resources	No
	Family-driven treatment / care planning	Yes
	Family conferences / staffings with family (monthly)	Yes
	Family therapy	Yes
	Skills sessions / training for family members	Yes
	Family advocate or peer family support worker	No
	Family support group	No
	Family activity days	Yes
	Family visitation (specified hours)	Yes
	Family can call child at any time of day	No
	Sibling-specific services and supports	No
	Home visits for youth	Yes
	Family involvement in discharge planning	Yes
	Family advisory council (for program)	No
Trauma-Informed Care	Written Policies	No
	Team Meetings	Yes
	Written Crisis-Prevention Plan	No
	Trauma-Screening & Intake Assessment	Yes
	Provides Family Trauma-Related Education	No
	Access to Clinician with Trauma Intervention Expertise	Yes
	Staff Training and Education (All Levels)	Yes

As part of a statewide initiative among DJS-operated committed facilities, the Carter Center implemented the Positive Behavioral Interventions and Supports (PBIS) framework. PBIS is a framework or approach for assisting staff in adopting and organizing evidence-based behavioral interventions into an integrated continuum that enhances academic and social behavior outcomes for all youth. PBIS organizes the delivery of services in a three-tiered structure that identifies treatment and behavioral supports based on the needs of youth.

Level one of the continuum of services includes implementation of behavior management programming for all youth. To that end, significant modifications were made to the CHALLENGE Program to align it with the evidence- based framework of PBIS. DJS renamed the CHALLENGE Program to the "STARR Program" to distinguish the revisions and adherence to the PBIS model. The STARR Program teaches and reinforces the following pro-social skills essential for the successful transition in the community; *Solve* problems in a mature and responsible manner, be *Task* focused, *Act* as a role model, show *Respect* for self, others, facility property and rules, and take *Responsibility* for behavior.

Utilizing the PBIS framework and the behavior management program youth are taught skills to support STARR behavior in each setting they encounter on a daily basis to include school, living unit, recreation, group settings, line movement and off- campus trips. Skills training occurs in a structured setting and during staff interventions with youth. Process interventions focus on de-escalation and teaching pro-social skills to achieve better behavioral outcomes. The STARR Program reinforces the building of these skills through the use of behavior-specific praise, awarding of points, tangible reinforcers and coupons, and the attainment of program levels and increased opportunities for privileges.

5.9 Summary

Between FY 2009 and FY 2018, the number of cases resulting in a court order of commitment decreased by **53%**. This decrease was more pronounced among girl's cases (**61%**) than boys' cases (**52%**). Similarly, the ADP of youth placed in a residential out-of-home program decreased by **56%** during the same period (**57%** among girls). Girls represented **15%** of committed ADP in FY 2009 and **14%** of committed ADP in FY 2018.

Closer examination of FY 2018 girls' committed ADP revealed that most girls were placed in in-state programs (**86%** of total ADP), most commonly Residential Treatment Facilities, Psychiatric Hospitals, or Diagnostic Centers (**31%** of total ADP) or group homes (**19%** of total ADP).

In addition to the DJS-operated J. DeWeese Carter Center, the Department contracts with private program providers in- and out-of-state to provide residential treatment services to girls. The Institute for Innovation & Implementation at the University of Maryland, School of Social Work completed the *Maryland Provider Questionnaire* in the spring of 2018 to collect detailed data on the characteristics of these programs, and the services they provide. One hundred and twelve (112) programs utilized by DJS responded to the survey and provided detailed self-report data on critical features of their programs. The analyses presented here focused on 103 residential programs.

The survey revealed that two-thirds of the residential programs within DJS's residential service array serve girls (**63%**, n= 65 programs), the majority of which are located in Maryland (**78%**). While all community residential programs are located in Maryland, this percentage falls to **59%** for staff secure residential programs and **13%** for hardware secure residential programs.

Examination of MCASP needs assessment data using a cohort of girls in residential placement during fiscal years 2017 and 2018 reveals that over two-thirds of girls were assessed as *moderate* or *high* on virtually every needs domain. Relative to boys, girls scored higher on the family (**90%** as compared to **76%**) and mental health (**79%** as compared to **56%**) domains. Consistent with the research literature on female offending, **41%** of girls placed in a committed residential program during FY 2017 and FY 2018 had been either physically or sexually abused

(**41%**) as compared to **15%** of boys. Roughly two-thirds of the girls in the cohort ran away at least one time (**68%**).

Maryland Provider Questionnaire data were used to assess the extent to which components of gender-responsive programming – trauma-informed care, family involvement, and mental health services – have been integrated into the residential service array. Regarding trauma-informed care, most programs, across all levels, reported having incorporated trauma-informed processes and procedures, including written policies and procedures, trauma-screening and intake assessment, and access to a clinician with trauma intervention expertise.

Family services and supports were also frequently reported, particularly at the staff and hardware secure residential programs. At the community residential level, the most common family engagement practices included: (1) family-driven treatment and care planning; (2) family involvement in discharge planning; and (3) assessment of family supports and resources. At the staff and hardware secure levels, the most commonly provided services included: (1) family-driven treatment and care planning; (2) family therapy; (3) family visitation and home visits; (4) family involvement in discharge planning; and (5) family conferences.

MCASP needs assessment data revealed that nearly four out of five girls committed to the Department and placed during FY 2017/ 2018 had *moderate* or *high* mental health treatment needs. All residential programs reported offering mental health services (either on-site, off-site or some combination of both). Primary services included: Diagnostic Assessment, Individual Counseling/Therapy, Group Counseling/Therapy, Family Counseling/Therapy, Expressive / Experiential Therapy, and Medication Management. As security level increased, mental health services tended to become more comprehensive and more likely to be offered on-site.

Lastly, data from the provider questionnaire were used to examine whether the current DJS residential service array is able to accommodate youth with needs relevant to girls, e.g., pregnant girls, teenage parents who act as caregivers, homeless youth, LGBTQ youth, runaway youth, victims of child abuse, maltreatment, or neglect, and victims of human trafficking. The number of programs available within each DJS level that either *accept/serve* or *prioritize* each population type was examined.

While less than half of the programs that serve girls accept pregnant girls (**48%**) or teen parents serving as a caregiver (**42%**), there are programs within each DJS level that either *serve and accept* or *prioritize* these girls. Between **94%** and **100%** of the programs that serve girls, either *accept and serve* or *prioritize* homeless youth, LGBTQ youth, runaway youth, girls who are victims of child abuse, maltreatment or neglect, and girls who are victims of human trafficking.

Detailed data provided by the J. DeWeese Carter Center, the only state-operated committed facility for girls, were also examined. The J. DeWeese Carter Center has incorporated the full-range of mental health services captured in the *Maryland Provider Questionnaire*, including diagnostic assessment, individual, group and family counseling as well as medication management. The program offers tours to family members, provides family-driven treatment and care planning, family therapy, family activity days, family visitation during specified hours, and family involvement in discharge planning. In terms of trauma-informed care, the Center has trauma screening and intake assessment, access to a clinician with trauma intervention expertise, and staff training and education (for all staff members). The J. DeWeese Carter Center implemented the Positive Behavioral Intervention and Supports (PBIS) framework as part of the statewide initiative among DJS-operated committed facilities.

The transition from an out-of-home residential placement to the community is often challenging. Guided by the DJS Strategic Re-Entry Plan adopted in FY 2016, DJS re-entry specialists ensure that youth can re-enroll in school and access somatic or behavioral health services. Performance measures collected as part of a 30-day post-release survey, suggest that most girls discharged during FY 2018 who required educational, somatic or mental health services were connected to those services in a timely manner.

Finally, recidivism post-release was examined as an indicator of success. Twelve-month recidivism rates (including both juvenile and adult offenses) revealed that girls released from a committed placement during FY 2016 were less likely to recidivate than boys on all measures. While 32% of girls in the release cohort re-offended during the 12-month follow-up period, 6% were reconvicted, and 5% reincarcerated.