

Settlement Agreement Between
The State of Maryland and the United States Department of Justice

SIXTH MONITORS' REPORT

For the Cheltenham Youth Facility and Charles H. Hickey, Jr. School
For the Period of January 1, 2008 through June 30, 2008

Submitted by

Kelly Dedel, Ph.D.
Timothy Howard
Michael Cohen, M.D.
Peter Leone, Ph.D.
Eric Trupin, Ph.D.
Bill Wamsley

June 30, 2008

Monitoring Team Members' Areas of Responsibility and Tour Dates

Kelly Dedel, Ph.D.

Lead Monitor

Protection from Harm, Suicide Prevention, and Quality Assurance

February 12-14, 2008 (CYF)

April 8-9, 2008 (Hickey)

April 22-23, 2008 (CYF)

April 24, 2008 (Hickey)

Timothy Howard

Co-Monitor

Protection from Harm, Suicide Prevention, and Quality Assurance

April 4, 2008 (Hickey)

May 9-10, 2008 (CYF)

Michael Cohen, M.D.

Medical Services

April 21-22, 2008 (Hickey)

April 23-24, 2008 (CYF)

June 11, 2008 (Hickey and CYF)

Peter Leone, Ph.D.

Education Services

April 25 and 27, 2008 (CYF)

May 5 and 7, 2008 (Hickey)

June 5, 2008 (Hickey)

Eric Trupin, Ph.D.

Mental Health Services and Suicide Prevention

April 23, 2008 (CYF)

April 24, 2008 (Hickey)

Bill Wamsley

Fire Safety

April 21-22, 2008 (CYF)

April 23-24, 2008 (Hickey)

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Introduction

On June 29, 2005, the State of Maryland entered into a Settlement Agreement with the United States Department of Justice concerning the conditions of confinement at the Cheltenham Youth Facility (CYF) and the Charles H. Hickey, Jr. School (Hickey), two juvenile detention centers operated by the Maryland Department of Juvenile Services (DJS). During the summer of 2005, the Parties jointly agreed upon and appointed a Monitoring Team to review, assess, and report independently on the State's implementation of and compliance with the Settlement Agreement.

Originally, Don DeVore was selected as the juvenile justice expert and Monitoring Team Leader by the Parties. Mr. DeVore resigned from his duties during the first reporting period (June 30, 2005 to December 31, 2005). In March, 2006, the Parties jointly appointed Dr. Kelly Dedel to replace Mr. DeVore as the Monitoring Team Leader and to assess and report on the Protection from Harm, Suicide Prevention and Quality Assurance provisions of the Agreement. Timothy Howard was appointed to serve as the Co-Monitor in the areas of Protection from Harm, Suicide Prevention and Quality Assurance. The other members of the Monitoring Team include Dr. Michael Cohen (Medical Services), Dr. Peter Leone (Education Services), Dr. Eric Trupin (Mental Health Services and Suicide Prevention), and Bill Wamsley (Fire Safety).

In May 2007, the State and the Department of Justice amended this Agreement to include the Baltimore City Juvenile Justice Center (BCJJC). Only a subset of the provisions apply to BCJJC and are monitored by the applicable members of the same team selected for Hickey and Cheltenham. Findings related to BCJJC are discussed in a separate report.

The Agreement places the burden of demonstrating compliance on the State, which must have sufficient documentation and other evidence available to demonstrate the proper implementation of all policies and procedures. Using a combination of document and youth record reviews, observations, and interviews with DJS administrators, facility staff, and youth, the members of the Monitoring Team assessed the facilities' current policies and practices relevant to the 56 provisions of the Agreement. Whenever possible, team members supported their conclusions with multiple sources of information.

This is the 6th Monitors' Report. As before, the Monitoring Team continued to receive outstanding cooperation from DJS administrators and staff, as well as useful assistance from staff of the Department of Justice and Maryland Attorney General's Office. In particular, the DJS's CRIPA Coordinator was particularly helpful and immediately responsive to all of the Monitoring Team's requests. DJS administrators were clearly committed to ensuring that the facilities continued to progress toward substantial compliance within the time allotted by the Agreement.

Exit conferences were held after the conclusion of each Monitor's tours. Staff at all levels of facility operations and administration took a keen interest in the Monitors' findings and their recommendations for improving facility operations. Staff were diligent in their efforts to provide unfettered access to documents, staff and youth in order for the Monitors to undertake comprehensive audits. Responses to questions were both timely and thorough, and the quality of this report was much improved by the high level of cooperation received from both Parties.

The State is bound by the Settlement Agreement for a period of three years beginning July 1, 2005 and ending June 30, 2008. The Monitor is required to submit a status report every six months. This report

covers the sixth reporting period, January 1 through June 30, 2008. It is organized as follows: using the same numbering system from the Agreement, each provision is provided, verbatim, followed by separate compliance ratings for CYF and Hickey, a discussion of the Monitors' findings, recommendations for reaching compliance, and the evidentiary basis for the Monitors' conclusions. Three compliance ratings were developed jointly by the Parties:

- *Substantial Compliance*: Substantial compliance with all components of the rated provision. Non-compliance with mere technicalities, or temporary failure to comply during a period of otherwise sustained compliance will not constitute failure to maintain sustained compliance. At the same time, temporary compliance during a period of sustained non-compliance shall not constitute compliance. The standards against which compliance will be assessed are those that are constitutionally required and required by Federal statute. Adherence to best practice is not required to achieve compliance with the Agreement.
- *Partial Compliance*: Compliance has been achieved on most of the key components of the provision, but substantial work remains.
- *Non-Compliance*: Non-compliance with most or all of the components of the provision.

While the Agreement remains in effect for three years from when it was signed (until June 30, 2008), an opportunity to terminate specific sections of the Agreement exists if the State maintains substantial compliance with individual provisions for 18 consecutive months. Therefore, where the State has achieved substantial compliance, the starting date of the 18-month period is noted next to the compliance rating. During the previous fifth monitoring period, three provisions were terminated from the Agreement with respect to CYF and Hickey:

- Section III.F.ii Director of Education. The State shall designate a director of education within the facilities. The director shall meet minimum standards as specified by the state. The State shall provide the director with sufficient staff and resources to perform the tasks required by this agreement...
- Section III.F.iii Special Education Screening. Qualified professionals shall provide prompt and adequate screening of facility youth for special education needs, including identifying youth who are receiving special education in their home school districts and those eligible to receive special education services who have not been so identified in the past.
- Section III.F.iv Parent Involvement. The State shall appropriately notify and involve parents, guardians or surrogate parents in evaluations, eligibility determinations, Individual Education Programs ("IEPs"), placement and provision of special education services.

During the current monitoring period, additional provisions were terminated from the Agreement. At the state-level:

- Section III.D.ii Establishment of Director of Mental Health. The State shall designate a director of mental health. The director shall meet minimum standards, as specified by the State, to oversee the mental health care and rehabilitative treatment of youth at the facilities by performing tasks required by this Agreement...

For BOTH facilities:

- Section III.B.xiv Access to Toilets. The State shall develop and implement written procedures and practices at the facilities to provide all youth with timely access to toilets as needed.
- Section III.C.v Housing for Youth at Risk of Self Harm. The State shall take all reasonable measures to assure that all housing for youth at heightened risk of self-harm, including holding rooms, seclusion rooms and housing for youth on suicide precautions, is free of identifiable hazards that would allow youth to hang themselves or commit other acts of self-harm.

At Cheltenham only:

- Section III.B.vii Behavior Management Program. The State shall develop and implement an effective behavior management program at the facilities throughout the day, including during school time and shall continue to implement the behavior management plan. The State shall develop and implement policies, procedures and practices under which mental health staff provide regular consultation regarding behavior management to direct care and other staff involved in the behavior management plans for youth receiving mental health services, and shall develop a mechanism to assess the effectiveness of interventions utilized.
- Section III.B.x Security Systems. The State shall adequately maintain housing unit security systems, including individual room door locks.

At Hickey only:

- Section III.D.viii Informed Consent. Consistent with State law, the State shall, prior to obtaining consent for the administration of psychotropic medications, provide youth and, as appropriate, their parents or guardians with information regarding the goals, risks, benefits and potential side effects of such medications offered for their treatment, as well as an explanation of what the consequences of not treating with the medication might be, and whether a recommendation is made in a dosage or manner not recognized by the United States Food and Drug Administration.
- Section III.D.ix Mental Health Medications. The State shall take all reasonable measures to assure that psychotropic medications are prescribed, distributed, and monitored properly and safely. The State shall provide regular training to all health and mental health staff on current issues in psychopharmacological treatment, including information necessary to monitor for side effects and efficacy.

While these provisions are no longer actively monitored, they are included in this report for the sake of continuity and clarity.

Major Findings

Since the Agreement was signed in 2005, DJS cured nearly all of the deficits noted in the DOJ's Findings Letter.¹ In part, these changes were made possible by the significant fiscal resources that were dedicated to improving the conditions of confinement and the quality of care at Hickey and Cheltenham. These resources, along with the unwavering commitment of agency and facility administrators, clerical staff, professional and line staff, and community volunteers, have radically improved the care and treatment of youth and also enabled the State to satisfy nearly all of the extensive requirements of this Agreement in just three years.

To be sure, there have been many programmatic changes that substantially improved the quality of care at Cheltenham and Hickey. These are discussed throughout the body of this report. Many of these programmatic improvements were greatly facilitated by changes to the facilities' configuration. For example:

- The size of the facilities and the level of crowding have been drastically reduced. At the time the DOJ conducted its initial tour in 2003, Cheltenham had 180 beds and housed 216 youth (20% over capacity). Since the Agreement was signed, Cheltenham reduced its capacity to 110 beds and the average daily population for the first four months of 2008 was 100 youth. When the DOJ conducted its tour, Hickey had 330 beds for both detained and committed youth and housed 263 youth. Currently, Hickey operates only a 72-bed detention program and the average daily population for the first four months of 2008 was 60 youth.
- Staff supervision of youth has improved dramatically given enhanced staff-youth ratios. In its Findings Letter, DOJ noted that staff-to-youth ratios had been as high as 1—20 during the day and 1—60 at night. Obviously, the lack of supervision created many opportunities for violence to occur. Throughout latter part of the period the Agreement was in effect, both facilities were routinely staffed at 1—8 during the day and 1—16 at night.

Since 2005, the State spent approximately \$1.9 million to improve the physical plant at both facilities. Among the improvements were new medical clinics at both facilities and the renovation of a building at Hickey which situated facility administrators inside the facility's fence and also allowed for expanded youth indoor recreation areas and incentive programs. In addition, the State committed over \$2.5 million per year for a contract with Glass Health & Associates to provide mental health care to youth at both facilities.

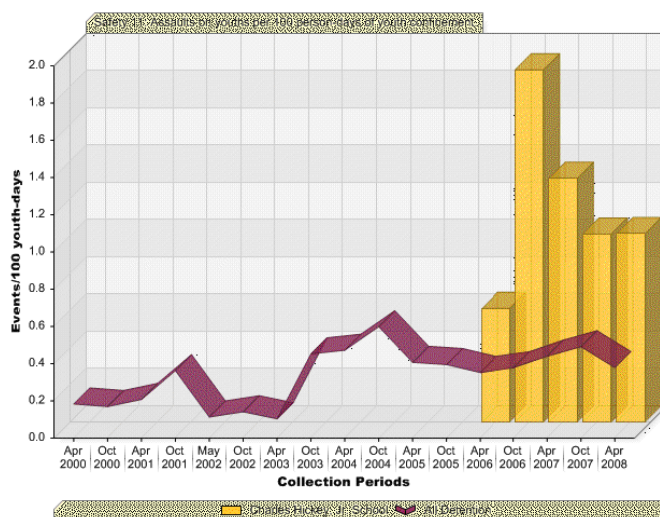
In order to increase staff—youth ratios to acceptable levels, the State both authorized overtime pay (often between 10 and 20 FTE shifts *per day* at each facility) and sought funding from the Legislature to create new merit and contractual positions. Approximately 75 contractual positions have been converted to merit positions which incur fringe benefit costs but also make these positions more attractive to prospective employees. Further, 13 new direct care positions were added to the facilities' rosters in 2007.

¹ DOJ Findings Letter, issued April, 2004, available at:
http://www.usdoj.gov/crt/split/documents/cheltenham_md.pdf

Overall, Cheltenham’s operating budget increased by nearly 70% over the span of the Agreement, despite the significant reductions in the youth population cited above. Similarly, at Hickey, while the operating budget decreased approximately 5%, the capacity reduction at that facility was so significant (330 beds to 72 beds) that the per-youth expenditures increased 147% over the term of the Agreement. Finally, the State has committed to spending approximately \$500,000 per year to fund a Quality Improvement unit to ensure that the reforms enacted under this Agreement remain in place.

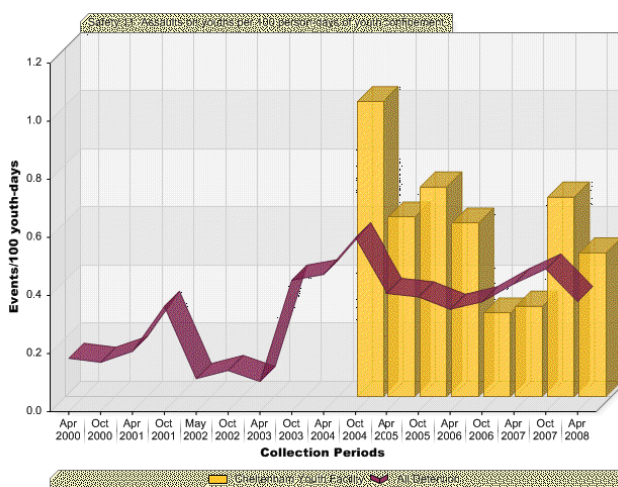
One of the key issues cited in the DOJ’s Findings Letter was the level of violence in the facilities. Both facilities participate in the Performance-based Standards program (PbS), a national project that permits facilities to compare their outcomes in key areas over time and also permits comparisons to a field average constructed using rates from all participating facilities.² Several outcome measures have particular relevance to the Agreement, and thus results from the April 2008 data collection period are presented here. During the course of the Agreement, the DJS also developed an internal database through its Office of Investigations and Audits (OIA) which could, but has not yet been used to provide many of the same functions as PbS.

Standard *Safety 11* tracks the rates of youth-on-youth assaults, calculated as a rate which controls for the size of the population so that facilities with different characteristics can be compared to each other. As shown in the graph for Hickey below, the rate of violence was at its highest point in October 2006. The past 18 months have witnessed significant decreases in the rate of youth-on-youth assaults, decreasing from 1.892 in October 2006 to 1.012 in April 2008 (a 47% decrease). Similar decreases have also been observed when the rates are compared to the national field average (represented by the ribbon running through the bar chart), although the rates of youth violence at Hickey remain significantly higher than the field average.



² Note that participation in PbS is voluntary and thus the field average is constructed using only a subset of detention facilities operating in the United States (for the April 2008 Field Average, n=39 of the approximately 760 detention centers nationwide).

The graph for CYF, below, reveals a more variable trend, but a significantly lower rate of youth violence as compared to Hickey. Just before the Agreement was signed, the rate of youth violence at CYF was at its highest (October, 2004). By October 2006 and April 2007, the rate of youth-on-youth assaults had decreased considerably, (October 2006 rate = 0.287; April 2007 rate = 0.311). The rate of youth violence rose again in October 2007, but then decreased slightly during the current monitoring period. Over time, CYF's rate of youth violence has fluctuated both above and below the national field average.³ In summary, there has certainly been a decrease in the overall rate of youth violence at CYF since the Agreement was signed, but the facility was not able to sustain the very positive changes that were witnessed in 2007. Moving forward, continuous use of these data and analytical efforts to understand the root causes of these changes will allow the facility to identify those factors that contribute to a reduction in youth violence. Without this type of analysis, positive changes may occur, but they will not be able to be sustained over the long term.

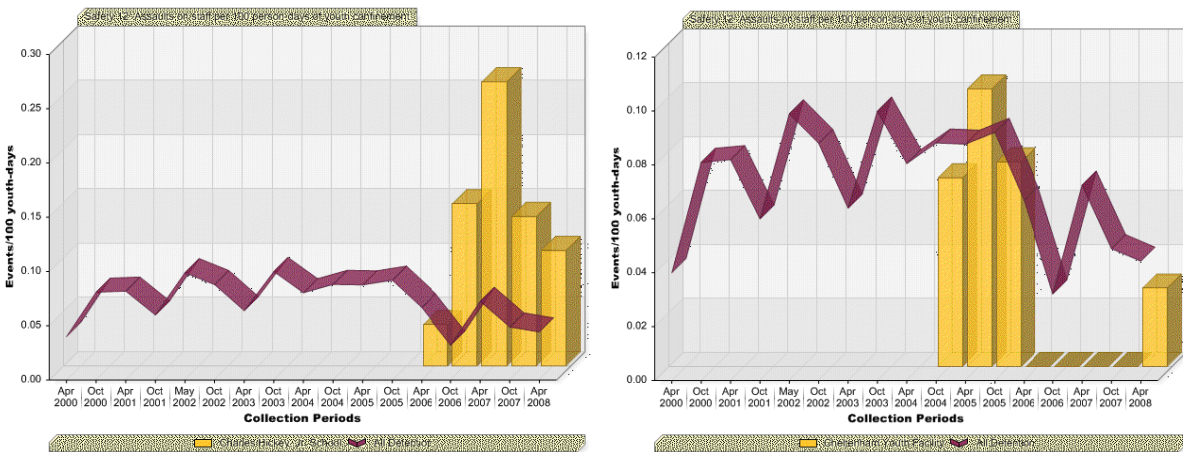


Youth safety is reflected in another PbS outcome measure, *Safety 13* (graphs not shown). In October 2007, 44% of the youth at Hickey reported that they feared for their safety, which was an all-time high for the facility. The most recent youth survey from April 2008 revealed a sharp decrease, down to only 11%. At CYF in April 2008, 23% of youth reported that they feared for their safety, which is 76% higher than the prior reporting period (13%) of October 2007. The reasons for these changes, and their relationship to the rate of youth violence should be explored more closely.

The PbS project also tracks the rate of violence against staff in Standard *Safety 12*. As shown in the graph on the left below, at Hickey, the rates of violence against staff have been consistently higher than the field average for the past four reporting periods. While these rates reflect relatively low raw numbers (i.e., in April 2008, there were 2 assaults on staff) and may not have resulted in any injury to staff, the fact that this problem has persisted over time is a concern. CYF (graph, lower right) had not

³ Again, comparisons to the PbS national field average are open to interpretation because participation in the program is voluntary and the field average includes only a subset of detention facilities operating in the United States (n=39 of approximately 760 detention facilities, nationwide).

had any assaults on staff over four reporting periods (throughout all of 2006 and 2007), but had 1 in April 2008.



Working conditions for staff are reflected in another PbS outcome measure, *Safety 14* (graphs not shown). Around the time the Agreement was signed, between 40% and 60% of Hickey staff reported that they feared for their safety. In April 2008, this proportion had decreased to 25%. Reducing the rate of youth violence at Hickey, as discussed above, would likely result in staff feeling safer. At CYF, at its peak, 30% of staff reported concern for their safety in April 2006. This proportion has decreased over time, landing at 19% in April 2008, which is a 33% decrease over the past few years.

Thus, over the period of the Agreement, while both facilities have successfully built a solid infrastructure and established many of the processes and practices known to protect youth from harm and improve the quality of care, significant work remains to reduce the rate of violence in the facilities. Using the newly developed processes and sources of information, both facilities must focus on the causes of youth violence and devise targeted strategies that impact the conditions which create the opportunities for youth violence to occur.

Any remaining areas of concern and final remarks in each substantive area are summarized below:

Protection from Harm:

- Both facilities are in substantial compliance with 16 of the 17 (94%) provisions related to protection from harm. They remain in partial compliance with the single provision related to Classification.
- The Department must implement its housing classification instrument at both facilities. Full implementation will require training staff; completing the instrument for all youth currently housed at the facilities; completing the instrument for youth admitted to the facilities; and assigning youth to rooms that are commensurate with their assessed supervision level. Implementation will also require DJS to collect data over 30 to 60 days to assess the extent to which the system is operating as designed, and to make modifications as needed. Documentation that the proper procedures were followed for several months thereafter will be required to substantiate compliance with this

provision. As agreed by the Parties, “temporary compliance during a period of sustained non-compliance shall not constitute [substantial] compliance.”

Suicide Prevention:

- Both facilities remain in substantial compliance with all 9 of the provisions (100%) related to suicide prevention.
- The rigorous facility-based auditing mechanisms established to promote compliance with this Agreement will be an essential feature of on-going quality assurance. Although time-consuming for clerical and administrative staff, the regular audits of these documents will ensure that procedures continue to be followed and that staff take appropriate action to obtain high-quality mental health care for youth who demonstrate an elevated risk of self-harm.

Mental Health Care, Medical Care, Special Education and Fire Safety:

- Both facilities are in substantial compliance with all 9 of the provisions (100%) related to mental health care.
- Both facilities are in substantial compliance with all 6 provisions (100%) related to medical care.
- Both facilities are in substantial compliance with all 8 provisions (100%) related to special education.
- Both facilities remain in substantial compliance with the provision (100%) related to fire safety.

Quality Assurance:

- The State is in substantial compliance with all 4 provisions (100%) related to Quality Assurance.
- The DJS Office of Quality Assurance and Accountability is fully able to assume the duties performed by the Monitoring Team. A comprehensive set of standards, clear methodology, quality written report, and detailed corrective action plans should ensure that the conditions of confinement envisioned by this Agreement continue to be provided at both Hickey and Cheltenham.

Overall Compliance

The State is in substantial compliance with 100% of the 6 agency-level provisions. Among the facility-level provisions, both facilities are in substantial compliance with 98% of the provisions. Both facilities remain in partial compliance with the single provision related to Classification.

In the Fifth Monitors' Report, Hickey and CYF were in substantial compliance with 43 and 37 provisions, respectively. This Sixth report evidences a net gain of 6 provisions at Hickey and 12 provisions at CYF. These ratings, separated by substantive area of the Agreement and by facility, are provided in Table 1 below.

Table 1. Overall Compliance, by Substantive Area							
Substantive Area	Total Provisions	Substantial Compliance		Partial Compliance		Non-Compliance	
		Hickey	CYF	Hickey	CYF	Hickey	CYF
Protection from Harm	17	16	16	1	1	~	~
Suicide Prevention	9	9	9	~	~	~	~
Mental Health*	10	10	10	~	~	~	~
Medical*	5	5	5	~	~	~	~
Special Education	8	8	8	~	~	~	~
Fire Safety**	1	1	1	~	~	~	~
TOTAL FACILITY-LEVEL	50	49	49	~	~	~	~
Mental Health	1	1		~		~	
Medical	1	1		~		~	
Quality Assurance	4	4		~		~	
TOTAL AGENCY-LEVEL	6	6 (100%)		~		~	
<i>*One or more provisions are agency-level issues.</i>							

Table 2, below, compares the compliance ratings from the Monitors' Fifth and Sixth Reports. The current compliance ratings were compared to those from the Monitors' Fifth Report to determine whether the ratings evidenced slippage, were the same, or showed improvement. Those provisions on which substantial compliance had been previously achieved, and was maintained, were marked accordingly.

Table 2. Comparison of Compliance Ratings from 4 TH and 5 TH Monitors' Reports												
Provision	Hickey		Status				CYF		Status			
	5 th report	6 th report	Slippage	No Change	Progress	Compliance Maintained	5 th report	6 th report	Slippage	No Change	Progress	Compliance Maintained
Protection From Harm												
Protect From Abuse	PC	C			X		PC	C			X	
Reporting	C	C				X	PC	C			X	
Health Care Inq.	C	C				X	C	C				X
Use of Force	C	C				X	PC	C			X	
Sr Mgmt Review	C	C				X	PC	C			X	
Trng in Beh Mgmt	C	C				X	C	C				X
Beh Mgmt Prgm	PC	C			X		C	C				X
Programming	C	C				X	C	C				X
Staffing	C	C				X	PC	C			X	
Security Systems	C	C				X	C	C				X
Restraint Practices	C	C				X	PC	C			X	
Seclusion	C	C				X	PC	C			X	
Due Process	C	C				X	PC	C			X	
Access to Toilets	C	C				X	C	C				X
Adm/Orientation	C	C				X	C	C				X
Emp Practice	C	C				X	C	C				X
Classification	PC	PC		X			PC	PC		X		
17 TOTAL			~	1 (6%)	2 (12%)	14 (82%)	TOTAL		~	1 (6%)	8 (47%)	8 (47%)

Table 2. Comparison of Compliance Ratings from 4TH and 5TH Monitors' Reports												
Provision	Hickey		Status				CYF		Status			
	5 th report	6 th report	Slippage	No Change	Progress	Compliance Maintained	5 th report	6 th report	Slippage	No Change	Progress	Compliance Maintained
Suicide Prevention												
Implement Policy	C	C				X	C	C				X
Suicide Risk Assesst	C	C				X	C	C				X
MH Response	C	C				X	C	C				X
Supervision	C	C				X	C	C				X
Housing	C	C				X	C	C				X
Restrictions	C	C				X	C	C				X
Documentation	C	C				X	C	C				X
Emergency Equipmnt	C	C				X	C	C				X
Review	C	C				X	C	C				X
9 TOTAL			~	~	~	9 (100%)	TOTAL		~	~	~	9 (100%)
Mental Health Care												
Adequate Treatment	C	C				X	C	C				X
Dir of MH	C	C				X	C	C				X
Consult/Referral	C	C				X	C	C				X
MH Screening	C	C				X	C	C				X
MH Assessment	PC	C			X		PC	C			X	
Treatment Plans	C	C				X	C	C				X
Housing	C	C				X	C	C				X
Informed Consent	C	C				X	C	C				X
MH Medication	C	C				X	C	C				X
Develop Disability	C	C				X	C	C				X
Transition Planning	PC	C			X		PC	C			X	
11 TOTAL			~	~	2 (18%)	9 (82%)	TOTAL		~	~	2 (18%)	9 (82%)

Table 2. Comparison of Compliance Ratings from 4TH and 5TH Monitors' Reports												
Provision	Hickey		Status				CYF		Status			
	5 th report	6 th report	Slippage	No Change	Progress	Compliance Maintained	5 th report	6 th report	Slippage	No Change	Progress	Compliance Maintained
Medical Care												
Appropriate Care	PC	C			X		PC	C			X	
Medical Director	C	C				X	C	C				X
Health Assessments	PC	C			X		PC	C			X	
Medication Admin	C	C				X	C	C				X
Record Retrieval	C	C				X	C	C				X
Record System	C	C				X	C	C				X
6 TOTAL			~	~	2 (34%)	4 (66%)	TOTAL		~	~	2 (34%)	4 (66%)
Special Education												
Provision of SPED	C	C				X	C	C				X
Supervision	C	C				X	C	C				X
Screen/Identification	C	C				X	C	C				X
Parent/Surrogate	C	C				X	C	C				X
IEPs	C	C				X	C	C				X
Vocational Education	C	C				X	C	C				X
Staffing	C	C				X	C	C				X
Section 504 Plans	C	C				X	C	C				X
8 TOTAL			~	~	~	8 (100%)	TOTAL		~	~	~	8 (100%)
Fire Safety												
Precautions	C	C				X	C	C				X
1 TOTAL			~	~	~	1 (100%)	TOTAL		~	~	~	1 (100%)

Table 2. Comparison of Compliance Ratings from 4 TH and 5 TH Monitors' Reports												
Provision	Hickey		Status				CYF		Status			
	5 th report	6 th report	Slippage	No Change	Progress	Compliance Maintained	5 th report	6 th report	Slippage	No Change	Progress	Compliance Maintained
Compliance and Quality Assurance												
Document Developpt	C	C				X	C	C				X
Document Review	C	C				X	C	C				X
QA Programs	PC	C			X		PC	C			X	
Corr Action Plans	PC	C			X		PC	C			X	
TOTAL			~	~	2 (50%)	2 (50%)	TOTAL		~	~	2 (50%)	2 (50%)
TOTAL 56 Provisions	HICKEY		~	1 (2%)	8 (14%)	47 (84%)	CYF		~	1 (2%)	14 (25%)	41 (73%)

At Hickey, compliance was maintained on 84% of the provisions (n=47). Progress was evident on 14% of the provisions (n=8), and the compliance ratings remained the same for 2% of the provisions (n=1). At CYF, compliance was maintained on 73% of the provision (n=41). Progress was evident on 25% of the provisions (n=14), and the compliance ratings remained the same on 2% of the provisions (n=1).

Policy Development

The foundation of compliance with all of the provisions of this Agreement is a set of comprehensive policies that establish standards for care in every aspect of facility operations. During the period this Agreement was in effect, a total of 22 policies were drafted to address provisions. These include:

- Admission and Orientation
- Behavior Management
- Classification
- Criminal Background Checks
- General Documentation of Log Books
- Incident Reporting
- Key Control
- Perimeter Security
- Pharmaceutical Services
- Photographing of Injuries
- Post Orders
- Recreation
- Reporting and Investigating Child Abuse
- Safety and Security Inspections
- Searches
- Seclusion
- Suicide Prevention
- Treatment Services Plan
- Use of CPM Techniques
- Videotaping Incidents
- Youth Grievances
- Youth Movement and Count

Most of these policies are related to general facility operations and practices to protect youth from harm. The other substantive areas of this Agreement are also covered by written guidelines and standards. DJS has only one agency policy related to education (*Coordination with Community Agencies and Educational Institutions*), but procedures are governed by the Maryland State Department of Education (MSDE) special education regulations. Both schools use these guidelines.

With regard to medical services, the DJS has nine policies covering the following areas:

- Sick call;
- Youth participation in experimental research;
- Notification of illness, injury, surgery or death;
- Communicable diseases;
- First aid kits;
- Handling contaminated waste;
- AIDS;
- Pharmaceutical services
- Emergency medical services; and
- Bloodborne pathogens.

Mental health services are guided by five policies covering: suicide prevention, substance abuse treatment, psychological evaluations, drug and alcohol abuse assessment, and treatment planning. The treatment planning policy is currently being revised. Finally, facility operations relative to fire safety are covered by policies that discuss: use of flammable, toxic and caustic materials, emergency evacuation procedures, and safety and security inspections.

These policies provide a solid foundation for effectively operating DJS facilities. The extent to which they have been properly implemented is discussed in the subsequent section of this report, which discusses each of the 56 provisions individually.

Protection from Harm

<p>Provision III. B. i</p>	<p><u>Protection from Abuse:</u> The State shall take all reasonable measures to assure that youth are protected from violence and other physical or sexual abuse by staff and other youth.</p>	
<p>Status</p>	<p>Hickey School Substantial Compliance (as of June 30, 2008)</p>	<p>Cheltenham Youth Facility Substantial Compliance (as of June 30, 2008)</p>
<p>Discussion</p>	<p>During the term of this Agreement, both facilities developed a solid infrastructure that includes the key elements known to promote youth and staff safety. These include:</p> <ul style="list-style-type: none"> • Procedures to attract and retain qualified staff to allow for appropriate staff-youth ratios; • An incident reporting process and system of review by senior managers; • A curriculum for safe crisis intervention that emphasizes de-escalation and uses physical and mechanical restraints only as a last resort; • A system for investigating and responding to allegations of staff abuse and misconduct; • A behavior management program that sets clear expectations for behavior and provides a system of incentives and consequences that are meaningful to youth; • Strong limits on the use of isolation as a response to misconduct; and • Structured programming that minimizes youth’s idle time. <p>As will be discussed in the following sections, DJS has implemented policies, procedures and practices relevant to each key area. Some of these practices were implemented smoothly (e.g., the Office of Investigations and Advocacy investigations), while others required more heroic efforts (e.g., many staff continue to be required to work double shifts in order to meet prescribed staff-youth ratios). In all cases, the commitment of line staff, supervisors, and administrators resulted in significant enhancements to the way youth are treated and the conditions under which they are confined.</p> <p>The State has yet to achieve substantial compliance on only one provision of the protection-from-harm section of this Agreement: Classification. As discussed in detail in III.B.xvii, the State developed and attempted to validate a classification system during the second year of this Agreement. This system suffered from a variety of problems (confusing terminology and inaccessible data) and thus in April 2008, the DJS decided to create a new system that was better aligned with Maryland’s system. While the Monitor supports this decision and believes it will result in a classification system that is more fully integrated into the DJS’s overall mission, this change did not occur until late in the final monitoring period and thus the new system could not be implemented in the time remaining before the termination of the Agreement.</p> <p>While all of the issues listed above are discussed in detail under the relevant</p>	

provisions, one issue falls under this more general discussion. Adequate protection from harm requires a dependable system for monitoring youths' safety and welfare anytime they are confined to a locked room. The Department has embraced this standard by requiring youth to be checked at 30-minute intervals during sleeping hours (although a 15-minute standard is used by the CYF).

At Hickey, the GuardTour system was put into use in the latter part of 2007. The previous Monitors' Report noted some inconsistency in the frequency of overnight checks and a lack of variation in the onset of checks commensurate with the youth's staggered bedtimes. During the current monitoring period, five weeks were chosen randomly for review. Across each of the three housing units, checks were far more consistent, with only 3 percent of shifts exhibiting significant gaps in checks (i.e., gaps in which youth were not checked for 60 minutes or more). Most of the shifts reviewed indicated that the onset of checks paralleled youth's staggered bedtimes, and for the most part, checks continued until the youth were awakened for morning hygiene.

At CYE, the GuardTour was implemented during the current monitoring period. While compliance with facility operating procedures was strong during the initial period of implementation, it was not sustained throughout the monitoring period. In early February, 2008, checks at the proper intervals were being executed by the majority of staff assigned to each of the housing units. Staff appeared to understand the mechanics of the system and to use it properly. However, an examination of GuardTour reports for weeks randomly chosen in late February, March and April higher rates of error were noted. A total of 33 shifts were reviewed for 3 housing units, for a total of 99 shifts. Of these, 46% (n=46) shifts showed severe departures from the required operating procedure (e.g., two or more periods exceeding 60 minutes where no checks were conducted at all; failing to commence checks at youth's bedtime, instead waiting until after 3rd shift had begun; or ending checks well before the youth's wake time (4a.m. or earlier). In other words, youth safety when confined to their rooms was not properly verified on nearly half of the nights observed. Although not a significant enough problem to preclude a substantial compliance rating on this provision, immediate attention to this problem is required.

Thus, the facilities have achieved substantial compliance on all but one of the provisions contained in this section of the Agreement. Some of the reforms will endure without significant maintenance, oversight or refresher training—staff have simply changed the way they do business. However, in other areas, continued vigilance will be necessary to ensure that the initial implementation takes hold and becomes a permanent part of how the State approaches the youth in its care. With regard to Classification, in particular, continued effort is needed to ensure that the system is implemented as it was designed.

Even with these changes, incidents of violence continue to occur at the facilities. However, with the satisfaction of this Agreement come new tools to understand

	and accurately target the causes of violence with the intention of reducing violence over time. Absent the infrastructure created via this Agreement, strategic violence reduction efforts would not be possible.
Recommendations	<p>Both facilities are in substantial compliance with this provision, as of June 30, 2008.</p> <p>It is strongly suggested that CYF take immediate steps to ensure that the GuardTour policy is properly implemented.</p>
Evidentiary Basis	<ul style="list-style-type: none"> • All documents, interviews, and observations listed in the subsequent provisions of the Protection from Harm section of this Agreement. • GuardTour reports from Hickey for the weeks of January 13, January 27, February 24, March 23 and April 6, 2008. • GuardTour reports from CYF for the weeks of February 2, February 24, March 16, March 30 and April 13, 2008.

Provision III. B. ii	<u>Reporting of Staff Misconduct, Youth-on-Youth Violence and Staff Uses of Force:</u> The State shall develop and implement appropriate policies, procedures and practices to enhance the reporting to appropriate individuals of incidents of staff misconduct, youth-on-youth violence and staff uses of forces, and to provide that such reporting may be done through confidential means, without fear of retaliation for making the report. The State shall document and report appropriately and with sufficient detail all such incidents.	
Status	Hickey School Substantial Compliance (as of October 25, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2008)
Discussion	<p>The following policies are relevant to this provision:</p> <ul style="list-style-type: none"> ▪ Use of Crisis Prevention Management Techniques ▪ Incident Reporting ▪ Reporting and Investigating Child Abuse and Neglect ▪ Youth Grievances <p><u>Incident Reporting: Policy.</u> The responsibility to report incidents of staff misconduct, youth-on-youth violence, uses of force and other types of incidents up the chain of command is discussed in the Department’s Incident Reporting policy. Both facilities also have a Facility Operating Procedure (FOP) that provides specific procedures for completing the incident report itself. In addition, the training department drafted a <i>Step-By-Step Guide for Completing the DJS Incident Reporting Form</i>. This manual is an excellent training tool.</p> <p>Training. A four-hour report writing training program is mandatory for all direct care staff. With only one exception, all staff at both facilities participated in this course in 2007.</p> <p>Practice. To assess compliance with this provision, a sample of incident reports (IRs) were reviewed at each facility. This sample was not chosen randomly, but rather was purposefully selected to focus on those involving serious incidents (group disturbances, uses of force with injury, youth-on-youth assaults requiring off-grounds medical treatment) and a random sample of less serious youth-on-youth assaults and more routine uses of force.</p> <p>Overall, the process for reporting incidents of staff misconduct, youth-on-youth violence, and the use of force has been fully implemented. The Department’s incident reporting form (introduced in September 2006) brought new structure and guidance to the process and resulted in high-quality narrative descriptions of the incidents. The IR packets at both facilities were well-organized, easily-retrieved, and useful to the task of assessing the causes of violence so that it can be prevented. The fact that the IR forms are automated permits the Department’s Office of Investigations and Audits (OIA) to produce useful statistical reports on the type, frequency, location and time of all incidents which, in the future, may lend</p>	

themselves to creative strategies to reduce the level of violence in the facilities.

A total of 24 incident reports generated between January 1 and mid-April 2008 were reviewed at Hickey and a total of 33 were reviewed at CYF. While a small number of reports had deficiencies, the majority of reports conformed to generally accepted practices in the following areas:

- Descriptions of factors that precipitated the event (e.g., was the assault completely unprovoked or had the youth had an earlier verbal altercation? What did the youth do just before the fight?);
- Accurate listing of the staff and youth present and where staff were posted when the incident began;
- Detailed accounts of the fight or assault (e.g., one punch or the exchange of blows and kicks);
- Descriptions of the way in which staff intervened and the youth's responses to those interventions (e.g., the specific physical restraint technique used and how it was executed);
- Statements from youth who were involved and who witnessed the incident (or a written statement from youth indicating their refusal to provide a statement); and
- Statements from staff involved or who witnessed the incident.

These details are essential for a substantive review by management and also for determining whether a specific incident should be investigated by the Office of Investigations and Audits (OIA). Prior to the date this Agreement took effect, incident reports were not written for every incident that occurred. Those that were generated usually lacked sufficient detail to determine what happened and how staff responded. Now, however, the reports provide sufficient information to assess staff's handling of specific situations and also to identify patterns and issues that are ripe for strategic violence prevention efforts.

Staff Knowledge: Structured interviews were conducted with direct care staff at each facility (n=10 at CYF and n=11 at Hickey). All staff reported that they had received training in verbal de-escalation and Crisis Prevention Management (CPM) in the past year. All staff accurately understood their responsibility to report incidents involving youth-on-youth violence and the use of force, to notify the Shift Commander of the incident, and to obtain medical attention for the youth involved.

Grievance Procedure: The incident reporting process is supplemented by a formal grievance procedure as a means for youth to report perceived misconduct or abuse by staff.

All grievances from January through April, 2008 were reviewed and the Youth Advocates at each facility were interviewed. Most of the grievances discussed non-safety related issues (e.g., clothing, activities, point deductions, etc.). When staff misconduct was alleged, the complaint was forwarded to investigators from the Office of Investigations and Audits (OIA) as appropriate. Youth interviewed at both

	<p>facilities (n=11 at Hickey and n=12 at CYF) reported that staff explained the grievance process to them and that they knew how to use the system. Youth who had filed grievances reported that the issues were resolved to their satisfaction. Serious and persistent issues are brought to the attention of the facility Superintendents. The process is clearly operating as it was designed and provides youth at both facilities with free access to a confidential grievance process.</p> <p><u>Reporting Child Abuse and Neglect to Child Protective Services:</u> Staff at both facilities are mandated child abuse reporters by State statute. As such, they are required to report allegations of abuse to the Department of Social Services (DSS). DJS policy [Reporting and Investigating Child Abuse and Neglect, Policy #01-01-03, effective 2/2000] states, "Any employee who has reason to believe that a child has been abused or neglected shall immediately notify the local Department of Social Services (DSS) for suspected neglect or the appropriate law enforcement agency for suspected abuse." Rather than requiring each individual to report the incident to DSS and law enforcement, Department policy designates the Facility Administrator as the responsible party [see DJS' Notification of Incidents policy].</p> <p>Across the incidents and formal grievances reviewed and youth and staff interviewed during this monitoring period, the Monitoring Team did not identify any allegations of misconduct or abuse that had not been promptly reported to CPS and law enforcement by direct care or administrative staff.</p>
Recommendations	<p><u>Hickey</u> has been in substantial compliance with this provision for approximately 8 months, beginning October 25, 2007.</p> <p><u>CYF</u> is in substantial compliance with this provision as of June 30, 2008.</p>
Evidentiary Basis	<ul style="list-style-type: none"> • Policy review • CY 2007 Training records for all direct care staff, compiled by DJS at the request of the Monitor <p><u>CYF</u></p> <ul style="list-style-type: none"> • Youth interviews, n=12 • Staff interviews, n=10 • Incident reports, n=33, selected purposefully from those occurring between January 1 and April 10, 2008 • Grievances submitted to the Youth Advocate between January 1 and April 10, 2008 <p><u>Hickey</u></p> <ul style="list-style-type: none"> • Youth interviews, n=11 • Staff interviews, n=11 • Incident reports, n=24, selected purposefully from those occurring between January 1 and April 15, 2008 • Grievances submitted to the Youth Advocate between January 1 and April 15, 2008

Provision III. B. iii	<p><u>Health Care Inquiries Regarding Injury</u>: A nurse or other health care provider shall question, outside the hearing of other staff or youth, if appropriate, each youth who reports to the infirmary with an injury, regarding the cause of the injury. If, in the course of the youth’s infirmary visit, a health care provider suspects abuse, that health care provider shall immediately:</p> <ol style="list-style-type: none"> Take all appropriate steps to preserve evidence of the injury (e.g., photograph the injury and any other physical evidence); If a report has not already been made, report the suspected abuse to the appropriate authorities; Document adequately the matter in the youth’s medical record; and if one has not already been initiated, complete an incident report. 	
Status	Hickey School Substantial Compliance (as of April 25, 2007)	Cheltenham Youth Facility Substantial Compliance (as of September 14, 2006)
Discussion	<p>The following policies are relevant to this provision:</p> <ul style="list-style-type: none"> ▪ Photographing of Injuries ▪ Notification of Incidents ▪ DJS Health Standard #10 <p>The Department’s Nursing Report of Injuries Form (the “Body Sheet”) is to be completed for all youth involved in an incident, whether or not the youth is injured. Across the 57 IRs reviewed during this monitoring period, a Body Sheet was located for each of the youth involved in the incidents. While a very small minority of the forms had errors (e.g., time or date was not indicated, Injury Severity Rating was not completed), the rate of errors was acceptable. Further, photographing injuries for evidentiary purposes is routine and photos were located for every youth involved in the 57 incidents reviewed.</p> <p>In the small number of instances when youth alleged abuse or mistreatment during the course of the nurses’ interview, appropriate steps were nearly always taken to ensure that the allegations were reported to the facility administrator or to OIA. In two cases (one at each facility), nurses did not report the allegation immediately, but the nursing supervisor caught the error within 24 hours. Although never a pervasive problem, the Monitor has noted similar concerns in prior report. Nurses’ compliance with mandatory reporting laws must be reinforced frequently.</p>	
Recommendations	<p><u>CYF</u> has been in substantial compliance with this provision for approximately 21 months, beginning September 14, 2006 while <u>Hickey</u> has been in substantial compliance for approximately 14 months, beginning April 25, 2007.</p>	
Evidentiary Basis	<p><u>CYF</u></p> <ul style="list-style-type: none"> • Incident reports, n=33, selected purposefully from those occurring between January 1 and April 10, 2008 <p><u>Hickey</u></p> <ul style="list-style-type: none"> • Incident reports, n=24, selected purposefully from those occurring between January 1 and April 15, 2008 	

Provision III. B. iv	<u>Use of Force</u> : The State shall develop and implement comprehensive policies, procedures and practices governing the uses of force to assure that the least amount of force necessary is used on youth for the safety of staff, youth residents and visitors.	
Status	Hickey School Substantial Compliance (as of December 31, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2008)
Discussion	<p>The following policies are relevant to this provision:</p> <ul style="list-style-type: none"> ▪ Use of Crisis Prevention Management (CPM) Techniques ▪ Videotaping of Incidents <p>Policy: The Department’s Use of Crisis Prevention Management (CPM) Techniques policy was issued on March 27, 2007 and clearly articulates the role of physical restraint in the continuum of interventions used to ensure the safety of staff and youth.</p> <p>Training: A total of 21 staff (10 at CYF; 11 at Hickey) were interviewed about their training and comfort level using the CPM techniques. All staff reported that they received annual training in CPM. Staff responses supported an understanding that a continuum of progressively more restrictive responses should be used, limiting the force to the least amount required to ensure safety. When asked to demonstrate particular restraint techniques, staff were able to do so.</p> <p>For the previous Monitors’ report, staff training records were analyzed to determine the proportion of staff who received annual training in the use of CPM during CY2007.⁴ At both Hickey and CYF, all staff received CPM training in 2007. At the time this report was drafted, only one-third of CY2008 had elapsed and thus these records were not analyzed.</p> <p>At the inception of this Agreement, many staff had not received training in the proper use of force for several years. Currently, all staff receive this training at least annually, and staff who exhibit a lack of skill in this area are frequently referred for additional training. Further, the CPM training module was enhanced during the previous monitoring period to emphasize de-escalation and communication strategies.</p> <p>Practice: The Department’s Incident Report Form requires staff to identify the specific CPM techniques used and automatically generates a Use of Force Report anytime the incident is coded as such. Staff are also asked to describe the use of force in the accompanying narrative.</p>	

⁴ Only staff who were hired prior to January 1, 2007 were included in the analysis, given that staff hired after that date were required to satisfy Entry Level Training (ELT) requirements during CY 2007 and were not yet subject to annual training requirements.

	<p>Among the 57 incident reports reviewed across the two facilities, most of the narratives fully described the use of force, how it was executed, less restrictive measures that were tried beforehand, and the youth’s responses to each measure. Supplementary information is available in the staff witness statements in which each person involved in the restraint accounts for his or her behavior. These accounts demonstrate staff do not automatically advance to the most restrictive hold available (e.g., take kids to the floor immediately); instead, they work progressively through a series of less restrictive techniques, gauging the youth’s response before advancing to more restrictive techniques.</p> <p>Staff have made excellent efforts to adopt CPM language and to provide very detailed descriptions of their actions. However, those auditing the incident reports must recognize that there will be occasions when the timing of the incident, positioning of the youth, or other factors make it impossible to use a specific CPM technique. In these situations, staff should simply describe, rather than label, their actions to demonstrate that they approached the youth with care and moderated their responses to only what was necessary to bring the situation safely under control.</p> <p>Videotaping: The Department’s Videotaping policy was issued in September, 2007. Despite the existence of the policy and the availability of cameras, battery packs, and blank tapes, videotaping is still not a routine practice. Most staff indicated they were not comfortable using the camera during incidents as they felt their involvement in controlling the youths’ behavior was a higher priority. If staffing levels are increased, the videotaping policy might be followed more dependably. When it is captured, videotaped footage has been extremely helpful as a training aid for staff.</p> <p>Staff and Youth Perceptions: All of the staff interviewed reported that physical restraint was used as a last resort and that the least restrictive techniques were to be used to control youth involved in an altercation. No youth reported observing staff hit, slap, kick, or otherwise injure a youth.</p>
Recommendations	<p><u>Hickey</u> has been in substantial compliance with this provision for approximately 6 months, beginning December 31, 2007. <u>CYF</u> is in substantial compliance with this provision as of June 30, 2008.</p>
Evidentiary Basis	<ul style="list-style-type: none"> • Policy review <p><u>CYF</u></p> <ul style="list-style-type: none"> • Youth interviews, n=12 • Staff interviews, n=10 • Incident reports, n=33, selected purposefully from those occurring between January 1 and April 10, 2008 <p><u>Hickey</u></p> <ul style="list-style-type: none"> • Youth interviews, n=11 • Staff interviews, n=11 • Incident reports, n=24, selected purposefully from those occurring between January 1 and April 15, 2008

Provision III. B. v	<u>Senior Management Review</u> : The State shall develop and implement a system for review by senior management of uses of force, alleged child abuse and youth-on-youth violence.	
Status	Hickey School Substantial Compliance (as of October 25, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2008)
Discussion	<p>The following policies are relevant to this provision:</p> <ul style="list-style-type: none"> ▪ Office of Professional Responsibility and Accountability, Standard Operating Procedures ▪ Videotaping of Incidents <p>Incident Reports: The Department’s Incident Report (IR) requires a Supervisor to review each IR. This review serves two purposes: 1) to ensure the IR packets are complete; and 2) to provide a thoughtful critique of how staff handled the incident, how similar incidents could be prevented in the future, and to identify any training needs.</p> <p>Among the 57 IRs reviewed across both facilities, the majority of the IR supervisory reviews evidenced an adequate critique of the way in which staff handled each situation. A few Supervisors limited their comments to a list of the documents that were missing from the incident report package. It is the Supervisor’s responsibility to ensure the package is complete. Simply identifying missing documents does not enhance the usefulness of the incident report and, absent efforts to collect the missing information, Supervisors will not have the information they would need to complete a satisfactory critique. Moving forward, Supervisors should be held firmly responsible for creating complete incident report packages and offering initial comments on staff’s handling of the incident.</p> <p>Internal File Audits: At both facilities, the facility Superintendent or his designee conducts an audit of each incident once the package is submitted by the Supervisors. While the audit process at both facilities is usually timely and requires staff response, this process can easily be disrupted by an auditor’s absence or a lack of vigilance around staff responsiveness. At both facilities, these critiques offer the keys to strategic violence prevention efforts. By probing for the causes of violence or the environmental conditions that created the opportunity for violence to occur, the file audits are a critical step in strategic violence prevention initiatives to enhance the safety of the facilities.</p> <p>OIA Investigations: All 20 of the OIA investigations completed January 1 through April 30, 2008 were reviewed (9 from Hickey; 11 from CYF). None of the incidents were accepted for review by Child Protective Services, but some were jointly investigated by the Maryland State Police. Of the 20 investigations, 20% (n=4) were sustained for various types of misconduct (e.g., failure to properly supervise, falsifying documentation, excessive use of force). All staff were disciplined in a timely manner.</p>	

	<p>The OIA investigations meet contemporary standards in terms of their methodology and quality, and are also completed in a very timely manner. The practice of having on-site investigators, the processes by which incidents are investigated, the quality of the written products and reasonableness of the findings, and the consistency with which staff are disciplined are all core components of the protection from harm envisioned by this provision. OIA investigators routinely debrief with facility administrators to identify practices and procedures that could be strengthened in the effort to protect youth from harm.</p>
<p>Recommendations</p>	<p><u>Hickey</u> has been in substantial compliance with this provision for approximately 8 months, beginning in October 25, 2007. <u>CYF</u> is in substantial compliance with this provision as of June 30, 2008.</p>
<p>Evidentiary Basis</p>	<ul style="list-style-type: none"> • Policy review • OIA investigations completed between January 1 and April 30, 2008, n=20 <p><u>CYF</u></p> <ul style="list-style-type: none"> • Staff interviews, n=10 • Incident reports, n=24, selected purposefully from those occurring between January 1 and April 15, 2008 • Internal file audits completed on the incidents reviewed • Interviews with facility administrators • Interviews with on-site OIA investigators <p><u>Hickey</u></p> <ul style="list-style-type: none"> • Staff interviews, n=11 • Incident reports, n=24, selected purposefully from those occurring between January 1 and April 15, 2008 • Internal file audits completed on the incidents reviewed • Interviews with facility administrators • Interviews with on-site OIA investigators

Provision III. B. vi	<u>Staff Training in Behavior Management, De-Escalation and Crisis Intervention</u> : The State shall develop and implement a curriculum for appropriate competency-based staff training in behavior management, de-escalation techniques, appropriate communication with youth, and crisis intervention. Such training shall be completed before staff may work independently with youth.	
Status	Hickey School Substantial Compliance (as of December 31, 2007)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2007)
Discussion	<p>The following regulations and policies are relevant to this provision:</p> <ul style="list-style-type: none"> • Maryland Correctional Training Commission (COMAR 12.10.01) • Behavior Management <p>Professional standards (e.g., ACA standard 3-JDF-1D-09) suggest that training for direct care staff should involve, at a minimum, 120 hours of basic training during the first year of employment and an additional 40 hours of in-service training each year thereafter. Topics should include use of force (discussed more specifically in III.B.iv, above) along with interpersonal relations, communication skills and counseling techniques. Currently, the Maryland Correctional Training Commission requires a 120-hour training during the first year of service, but only an 18-hour annual in-service training. This prerequisite is supplemented by DJS policy which requires 40 hours of annual in-service training. The DJS has added to its required courses. They now include: suicide prevention, child abuse reporting, incident report writing, verbal de-escalation, CPM, bloodborne pathogens, gang awareness and adolescent mental health and development.</p> <p>Training records were reviewed for staff hired prior to May 1, 2007 to assess the extent to which training requirements for new hires are being met.⁵ Staff hired prior to May 1, 2007 should be fully certified. At <u>Hickey</u>, all 97 staff (100%) hired before this date were properly certified. At <u>CYF</u>, however, of the 96 staff hired before May 1, 2007, 11 (11%) were not fully certified. Most of these required field training to complete their certifications. While the 89% success rate is sufficient to achieve substantial compliance, it is essential that ELT and field training requirements be completed within the time allotted by the DJS.</p> <p>Annual training records for 2007 were reviewed for all staff at both facilities for the previous Monitors' Report to assess the extent to which direct care staff met the 40-hour annual training requirement. Given that both facilities were found to be in substantial compliance for the Fifth Monitors' Report and because only one-third of 2008 has elapsed at the time this report was drafted, additional annual training records were not reviewed.</p> <p>At <u>Hickey</u>, all staff received training in the areas required by the Department in 2007, except for a very small number of staff who did not update their CPR</p>	

⁵ Staff hired after May 1, 2007 are still within the 12-month window available for certification.

	<p>certifications. At <u>CYF</u>, over 95% of staff received training in suicide prevention, report writing, child abuse reporting, verbal de-escalation, and CPM during 2007. Smaller proportions of staff received training in bloodborne pathogens (66%) and gang awareness (63%). These success rates constitute substantial compliance with this provision.</p>
Recommendations	<p>Both facilities have been in substantial compliance with this provision for approximately 6 months, beginning December 31, 2007.</p>
Evidentiary Basis	<ul style="list-style-type: none"> • Policy review <p><u>CYF</u></p> <ul style="list-style-type: none"> • Summary table of annual training records for n=88 certified direct care staff, prepared by DJS for the Fifth Monitors' Report • Certification records for all staff hired prior to May 1, 2007 (n=96) <p><u>Hickey</u></p> <ul style="list-style-type: none"> • Summary table of annual training records for n=75 certified direct care staff, prepared by DJS for the Fifth Monitors' Report • Certification records for all staff hired prior to May 1, 2007 (n=97)

Provision III. B.vii	<p><u>Behavior Management Program</u>: The State shall develop and implement an effective behavior management program at the facilities throughout the day, including during school time and shall continue to implement the behavior management plan. The State shall develop and implement policies, procedures and practices under which mental health staff provide regular consultation regarding behavior management to direct care and other staff involved in the behavior management plans for youth receiving mental health services, and shall develop a mechanism to assess the effectiveness of interventions utilized.</p>	
Status	<p>Hickey School Substantial Compliance (as of June 30, 2008)</p>	<p>Cheltenham Youth Facility Substantial Compliance (as of June 30, 2006)</p>
Discussion	<p>The following policies are relevant to this provision:</p> <ul style="list-style-type: none"> ▪ Behavior Management Program <p>A behavior management program policy signed into effect on January 3, 2008.</p> <p>CYF has been in compliance with this provision for over 18 months, and so the provision is no longer actively monitored at that facility.</p> <p><u>Hickey</u> adopted the program that has been in use at CYF during the previous monitoring period. Written guidelines for staff and youth were drafted and direct care staff received behavior management training in November and December, 2007. Youth and staff interviewed understood the program rules with great specificity, and youth indicated that they are informed of their point totals and levels on a daily basis. As designed, the BMP meets professional standards in that it</p>	

allows youth to earn points for positive behavior; as points accrue, youth are promoted to higher levels that carry increasing privileges. Youth may also use points to purchase a range of compelling incentives (food, activities, etc.). The BMP structure would also allow bonus points to be added when youth demonstrate additional adaptive behaviors (although this feature has not yet been implemented at either facility). Finally, in response to a range of minor and major rule violations, points are deducted, resulting in a loss of privileges and a reduced ability to purchase incentives.

Hickey has exerted considerable energy to develop an array of meaningful incentives. Youth on higher levels are permitted to attend special events, tournaments, movie nights, and to use a game room that has video games, arcade games, and other activities. Incentive Rooms in each housing unit feature comfortable bedding, a television and DVD player, video games, books and other comforts. This incentive is open to youth of all levels whose applications are reviewed by a panel of facility staff. Hickey also operates a commissary, stocked using facility funds. Youth report that the range of incentives has improved and that the items and activities are all of great value. In terms of consequences, a detailed list of minor and major rule violations, along with allowable point deductions, is articulated in written BMP guidance. Youth who believe points were deducted unfairly may use the formal grievance system to air their concerns. The Monitor reviewed these grievances and found the resolution to be both fair and appropriate.

The BMP Point Logs were reviewed for each unit for the months of March and April, 2008. With a limited number of exceptions, youth are awarded points on a daily basis when they comply with facility norms and point deductions are within the ranges prescribed in the written documentation. When youth are transferred between units, their points were transferred with them. Although the core components of the program have been adequately implemented, mechanical problems continue to plague the BMP. A large number of calculation errors are noted throughout the point logs—either in summing points for the day or in tallying the various deductions that are taken. While very, very few of the errors are large enough to result in changes to the youth’s level, if left uncorrected for a significant period of time, they could eventually do so. Further, in an effort to motivate staff to complete the documentation properly, if staff did not sign the line on which point deductions were noted, these points were restored to the youth. Although the Monitor supports efforts to encourage staff accountability, this particular remedy threatened to undermine the system as a whole. A method for staff accountability that does not impact the youth’s points so significantly is recommended. Until the number of calculation errors decreases to an acceptable level, more frequent audits (e.g., every 2 or 3 days) is recommended.

Finally, Hickey uses Guarded Care Plans to satisfy the second portion of this provision. These plans, developed by a youth’s treatment team, outline specific actions to be taken with youth for whom the BMP has not been particularly effective.

	In summary, the structure of the BMP at both facilities is adequate and both have a mechanism for consultation between mental health and direct care staff for youth who are struggling with the BMP. At its most basic level the BMP is capable of reinforcing facility rules and encouraging positive behavior among youth. Although not required by the Agreement, the BMP could be used to advance each youth's individual treatment goals. Awarding points when youth demonstrate adaptive skills and achieve individual treatment objectives is a sensible integration. Further, by focusing on "catching the youth doing the right thing," staff would have an opportunity to be a positive and benevolent force, when so often their roles are limited to sanctioning the youth and enforcing rules.
Recommendations	<u>CYF</u> has been in substantial compliance with this provision for 23 months, beginning June 30, 2006. <u>Hickey</u> is in substantial compliance with this provision as of June 30, 2008.
Evidentiary Basis	<u>CYF</u> <ul style="list-style-type: none"> • Provision was not actively monitored during this period <u>Hickey</u> <ul style="list-style-type: none"> • Youth interviews, n=11 • Staff interviews, n=11 • Review of Point Logs from all cottages for March and April 2008 • Review of written program guidance for youth and staff • Interviews with facility administrators

Provision III. B. viii	<u>Structured Rehabilitative Programming</u> : The State shall provide appropriate structured rehabilitative programming to youth in the facilities.	
Status	Hickey School Substantial Compliance (as of October 25, 2007)	Cheltenham Youth Facility Substantial Compliance (as of October 25, 2007)
Discussion	<p>The following policies are relevant to this provision:</p> <ul style="list-style-type: none"> ▪ Recreation <p>Given the relatively short lengths of stay among detained youth, the Parties have agreed that intensive rehabilitative programming may not be feasible. However, both agreed that this provision suggests that youth should be engaged in structured activities throughout the day, i.e., that the daily schedule should not be dominated by unstructured free time. Implementing a predictable structure with a high-level of activity is essential to managing the behavior of adolescents. In addition, structured group time should be used to begin to address the issues that brought the youth to the facility in the first place. Programs to improve decision-making skills, self-regulation, frustration tolerance and communication are essential.</p>	

	<p>Since the inception of this Agreement, the daily schedules at both facilities were fortified with additional programming. Not only do direct care staff conduct groups on the housing units throughout the week, mental health staff also engage youth in rehabilitative programming throughout the week (e.g., Aggression Replacement Training, interactive journaling, victim awareness, etc.). Both facilities have also devised an array of structured recreational opportunities and tournaments for youth so that free time is not dominated by television and board games. A review of unit log books and interviews with staff and youth indicated that staff do not deviate from the published schedule, except in emergency situations.</p> <p>At <u>CYF</u>, the woodworking shop and new ceramics class received very favorable reviews from both staff and youth. The new volunteer coordinator brought four additional weekly groups (empowerment, character development, job readiness, and self-advocacy) to the facility during the latter half of the monitoring period. At <u>Hickey</u>, new recreational opportunities were developed and the Monitors noted much improved structure during the youth's "free time." While these programs have not fully coalesced into an integrated rehabilitative package that is focused on teaching adaptive skills, they are far more structured and interactive and successfully limit youth's idle time to acceptable levels.</p>
Recommendations	Both facilities have been in substantial compliance with this provision for 8 months, beginning October 25, 2007.
Evidentiary Basis	<p><u>CYF</u></p> <ul style="list-style-type: none"> • Youth interviews, n=12 • Staff interviews, n=10 • Review of Cottage Schedules • Interview with Volunteer Coordinator <p><u>Hickey</u></p> <ul style="list-style-type: none"> • Youth interviews, n=11 • Staff interviews, n=11 • Review of Cottage Schedules

Provision III. B. ix	<p><u>Staffing</u>: The State shall employ sufficient numbers of adequately trained direct care and supervisory staff to supervise youth safely, protect youth from harm, and allow youth reasonable access to: medical, mental health, education services, structured rehabilitative programming, and adequate time spend in out-of-room activities, and that it shall continue to provide sufficient numbers of staff at the facilities.</p>	
Status	Hickey School Substantial Compliance (as of June 30, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2008)
Discussion	<p>The regulations and policies relevant to this provision are:</p> <ul style="list-style-type: none"> ▪ Selection and Certification Standards for Mandated Positions ▪ Post Orders ▪ Maryland Correctional Training Commission (COMAR 12.10.01) ▪ Youth Movement and Count <p>The Department’s standard staffing ratios are 1:8 during waking hours and 1:16 during sleeping hours. These are within the range of those accepted in the field as necessary to protect youth from harm. However, these ratios should be considered minimal staffing ratios—they are sufficient only to the extent that the population congregates in only a few locations (e.g., dining hall, housing units). Given the convoluted physical design of the housing units at both facilities and the range of activities in which youth can be engaged, additional staff may be needed to adequately supervise youth. All facilities must redeploy staff when others call out or do not report to work. Administrators should ensure accountability for staff with excessive rates of absenteeism and call outs to reduce the burden on staff who do report to work as scheduled.</p> <p>Staffing Levels: At <u>Hickey</u>, shift staffing reports were requested for 12 randomly selected days between December 1, 2007 and March 30, 2008. Staffing levels for a total of 108 shifts (3 cottages x 3 shifts x 12 days = 108 shifts) were reviewed, revealing that the facility met its targeted staffing ratios 100 percent of the time. While this is a significant change from the time the Agreement was signed, it should be noted that these staffing levels are achieved only through the extensive use of overtime. An estimate of overtime usage was not conducted for this report, although most staff reported working between 2 and 4 overtime shifts per week to cover for staff who called out, were in training, or were on light duty. Efforts to attract new staff and the return of 11 new staff who had been in ELT for several weeks will likely reduce the reliance on overtime in the near future.</p> <p>At <u>CYF</u>, shift staffing reports and information from the Master Control Log were requested for 15 randomly selected days between December 1, 2007 and March 30, 2008. Staffing levels for a total of 135 shifts (3 cottages x 3 shifts x 15 days = 135 shifts) were reviewed, revealing that the facility met its targeted staffing ratios for 96 percent of all shifts (n=129) in the three main housing units. All shifts in the Health Center, Shelter and Re-Direct programs were staffed within ratios 100</p>	

	<p>percent of the time. As at Hickey, compliance with this provision has been achieved through the extensive use of overtime, which has obvious consequences for staff morale. This staffing pattern represents a significant change from the Second Monitor’s Report, where the facility was staffed within ratio only 35 percent of the time.</p> <p>Vacancies: A total of 147 direct care positions (both merit and contractual) have been allocated to <u>CYF</u>. Of these, 13 positions (9%) were vacant as of mid-May, 2008. A total of 134 direct care positions (both merit and contractual) have been allocated to <u>Hickey</u>. Of these, 13 (10%) were vacant as of mid-May, 2008.</p> <p>The Department submits that the total number of positions allocated provides for the minimal staffing levels to safely maintain the facilities, meaning that if all vacancies were filled, adequate numbers of staff are available so that each person would be required to work only one shift during any given 24-hour period, except when asked to cover staff call-outs or emergency situations. Not only have the number of funded positions increased substantially since the prior Monitors’ Report (from 124 to 147 positions at CYF; from 108 to 134 at Hickey), the vacancy rates have decreased (from 17% to 9% at CYF; from 15% to 10% at Hickey). Clearly, the Department has made significant efforts to ensure that the facilities are staffed according to the requirements of this Agreement.</p> <p>Access to Programming: Although staff at both facilities commented on frequency of being held over, the proper staffing ratios have meant that youth have full access to school, programs and activities.</p> <p>Protection From Harm: At both facilities, the incident report narratives clearly indicate the numbers of staff and youth present. Supervisors and file auditors routinely tap into this information and offer direction to staff about proper posting. At both facilities, a disproportionate number of incidents occur when one of the staff assigned to an area leaves for a short period of time or is otherwise occupied. Thus, while the facilities may have sufficient numbers of staff assigned to units to maintain the required 1:8 and 1:16 ratios, the way in which they are deployed and the choices they make about leaving their assigned posts are key areas in which targeted interventions and training could reduce the rate of violent incidents.</p>
Recommendations	<p><u>Hickey</u> has been in substantial compliance with this provision for 12 months, beginning June 30, 2007. <u>CYF</u> is in substantial compliance with this provision as of June 30, 2008.</p>
Evidentiary Basis	<ul style="list-style-type: none"> • Mandated Position Allocations data, generated by DJS at the request of the Monitor, May 2008 <p><u>CYF</u></p> <ul style="list-style-type: none"> • Youth interviews, n=12 • Staff interviews, n=10 • Shift Staffing Reports and Unit Log entries from 15 randomly selected days between December 1, 2007 and March 30, 2008

	<p><u>Hickey</u></p> <ul style="list-style-type: none"> Youth interviews, n=11 Staff interviews, n=11 Shift Staffing Reports and Unit Log entries from 12 randomly selected days between December 1, 2007 and March 30, 2008
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Provision III. B. x	<u>Security Systems</u> : The State shall adequately maintain housing unit security systems, including individual room door locks.	
Status	Hickey School Substantial Compliance (as of October 25, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2006)
Discussion	<p>The policies relevant to this provision are:</p> <ul style="list-style-type: none"> Safety and Security Inspections Perimeter Security Key Control <p><u>CYF</u> has been in substantial compliance with this provision for 18 months and thus this provision is no longer actively monitored at that facility.</p> <p>The physical plant at <u>Hickey</u> has benefited from important cosmetic improvements in recent months and more substantial security-related improvements since the inception of the Agreement. Although the physical plant continues to be aged and dilapidated, the DJS maintenance division makes the necessary repairs in a timely manner.</p> <p>Three youth attempted to escape from Hickey in March, 2008 (note: Hickey has had three successful escapes during the period covered by this Agreement). In the March 2008 incident, youth were able to jam their room door locks so that they could open the doors without staff assistance. Although the aged physical plant may have contributed in part to this situation, the incident could have been prevented if staff had followed established protocols for ensuring that all room doors were secured when the youth were checked in at bedtime. As in all aging facilities, staff must compensate for antiquated security hardware.</p>	
Recommendations	CYF has been in substantial compliance with this provision for 24 months, beginning June 30, 2006. Hickey has been in substantial compliance with this provision for 8 months, beginning October 25, 2007.	
Evidentiary Basis	<p><u>CYF</u></p> <ul style="list-style-type: none"> This provision was not actively monitored at CYF for the current monitoring period. <p><u>Hickey</u></p> <ul style="list-style-type: none"> Youth interviews, n=11 Staff interviews, n=11 Interview with facility administrators 	

	<ul style="list-style-type: none"> • Campus tour • Review of OIA investigation of escape attempt
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Provision III. B. xi	<u>Restraint Practices</u> : The State shall utilize only safe methods of restraint. The State shall take all reasonable measures to prevent the use of unsafe methods of restraint, including any restraint method that involves placing downward pressure on the torso or neck, or otherwise presents a risk of asphyxia or other serious injury.	
Status	Hickey School Substantial Compliance (as of December 31, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2008)
Discussion	<p>The following regulations and policies are relevant to this provision:</p> <ul style="list-style-type: none"> • Use of Crisis Prevention Management Techniques • Incident Reporting • Videotaping of Incidents • Maryland Correctional Training Commission (COMAR 12.10.01) • Incident Reporting (Facility Operating Procedures) <p>Policy: The Department’s Use of Crisis Prevention Management (CPM) Techniques policy adequately responds to all issues raised by the Monitor in previous reviews. The array of CPM techniques (e.g., passive escort, passive restraint, cradle hold, side restraint, etc.) reflects contemporary standards of care. The medical expert, Dr. Michael Cohen, submits that the DJS-approved techniques, if properly applied, are medically safe.</p> <p>Training: As discussed in III.B.iv, nearly all direct care staff at both facilities received CPM refresher training during CY 2007. However, at <u>CYF</u>, there are a still a number of staff (11% of those hired prior to May 1, 2007) who are not fully certified. These staff must complete certification to ensure their competence in using safe restraint practices.</p> <p>Practice: Written descriptions of the use of force contained in incident reports, staff and youth witness statements; statements made by staff and youth during interviews with the Monitors; and the few incidents that were captured on videotape all suggest that staff utilize safe methods of restraint and no longer use any restraint techniques that require staff to place downward pressure on the youth while in a prone position. This finding would not be possible without the attention to detail in the incident report narratives which almost always provide sufficient detail to reconstruct the restraint and to visualize staff’s positions and actions. Youth are injured very rarely during restraints and, when they are, their injuries are sustained during periods of intense resistant rather and do not appear to be caused by the improper application of a restraint by staff.</p>	
Recommendations	<u>Hickey</u> has been in substantial compliance with this provision for 6 months,	

	beginning December 31, 2007. <u>CYF</u> is in substantial compliance with this provision, as of June 30, 2008, but needs to attend to the small number of individuals who have been on staff for over one year, but are not yet fully certified.
Evidentiary Basis	<ul style="list-style-type: none"> • Policy and FOP Review <u>CYF</u> <ul style="list-style-type: none"> • Summary table of 2007 annual training records for n=88 certified direct care staff prepared by DJS for the Monitors' Fifth Report • Certification records for all staff hired prior to May 1, 2007 (n=96) • Incident reports, n=33, selected purposefully from those occurring between January 1 and April 15, 2008 <u>Hickey</u> <ul style="list-style-type: none"> • Summary table of 2007 annual training records for n=75 certified direct care staff prepared by DJS for the Monitors' Fifth Report • Certification records for all staff hired prior to May 1, 2007 (n=97) • Incident reports, n=24, selected purposefully from those occurring between January 1 and April 15, 2008

Provision III. B. xii	<u>Seclusion</u> : The State shall develop and implement policies, procedures, and practices for seclusion to be used only when appropriate and in an appropriate manner, and to document fully its use.	
Status	Hickey School Substantial Compliance (as of June 30, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2008)
Discussion	<p>The regulations and policy relevant to this provision are:</p> <ul style="list-style-type: none"> ▪ Seclusion ▪ Code of Maryland Regulations (COMAR 16.18.02) <p>Regulations and Policy: Maryland State regulations (COMAR 16.18.02) and the DJS policy permit the use of seclusion only as a temporary measure to manage out-of-control youth so that they can be returned to the general population once calm. Because it is intended to be based on the level of threat the youth poses to himself, staff, or other youth, the length of stay in seclusion cannot be pre-determined but rather is dependent on the youth's actions, statements, and history. Therefore, demonstrating the appropriate use of seclusion requires specific documentation of the youth's history and behavior throughout the period in confinement.</p> <p>Practice: At both facilities, one of the most striking reforms made during the period of the Agreement was to limit the use of seclusion to all but the most serious situations in which other efforts to de-escalate the youth had failed. Indeed, the DOJ's findings letter, issued in April 2004, found that youth were isolated for excessive periods of time, for minor offenses, and without adequate procedural</p>	

safeguards.⁶ Whereas early Monitors' Reports sampled cases from the several hundred that amassed over the 6-month monitoring period, during the current monitoring period, seclusion was used only 45 times between January and April, 2008 at both facilities, combined. This clearly shows that, rather than to place youth in an environment in which they are at high-risk for self-harm and in which no constructive interaction occurs, staff are consistently choosing to find alternative methods to help youth to calm down and to ensure that tensions are dissipated. Rather than taking the "easy way out" and simply locking a child in his room until he agrees to behave, staff consistently choose a more complicated route that requires them to use new skills and often exceptional patience in managing the emotional and behavioral responses of agitated youth.

For those situations in which seclusion was deemed to be necessary to protect the youth, his peers, and staff, two sources of documentation were used to verify the facilities' practices surrounding seclusion: the Seclusion Log and the observation forms. For every entry in the Seclusion Log, a set of observation forms should be available to document the regular observation of youth throughout the entire period of confinement. For every set of observation forms, a corresponding entry in the Seclusion Log should be evident. The dates and times of entry and release from seclusion should be compatible across these two source documents. Observation forms should document continuous observation at prescribed intervals without significant lapses. Regular visits by the Shift Commander (to assess readiness for release) and medical staff (to assess health concerns) should be documented on the observation forms. Contact with behavioral health staff may also be indicated for some youth.

At Hickey, of the 41 seclusion episodes occurring between January 1 and April 30, 2008, a total of 19 were reviewed. Complete sets of observation forms were located for all 19 episodes. Safety checks at random intervals were consistently and properly documented. In the vast majority of cases, Shift Commander reviews were done within DJS guidelines (e.g., assessed the youth's readiness for release at 2-hour intervals, and when seclusion was continued, most included an adequate and reasonable justification). There a few cases in which the Shift Commander missed a two-hour check or did not provide a proper commentary on the conditions that made continued seclusion necessary, but these were largely the exception. The frequency of nurses' visits generally occurred every 2 hours as required by policy, although in 5 of the 19 cases (26%), gaps indicating a missed check were noted.

At CYE, seclusion had been used only 4 times between January 1 and April 30, 2008. Each of these seclusion episodes had at least one area in which proper procedures had not been followed (e.g., gaps in the observations made by line staff; inadequate justifications for the continued use of seclusion; or failure of medical staff to check youth every 2 hours). In all cases, these errors were

⁶ DOJ Findings Letter, issued April, 2004, available at:
http://www.usdoj.gov/crt/split/documents/cheltenham_md.pdf

	relatively minor but they do suggest that as seclusion becomes less prevalent, staff may need to be reminded of the required procedures to ensure that youth who do need this high-level intervention are properly protected from harm.
Recommendations	<u>Hickey</u> has been in substantial compliance with this provision for approximately 14 months, beginning April 25, 2007. <u>CYF</u> is in substantial compliance with this provision as of June 30, 2008.
Evidentiary Basis	<ul style="list-style-type: none"> • Policy review • Code of Maryland Regulations, 16.18.02, Limits on Use of Restraints and Seclusion <u>CYF</u> <ul style="list-style-type: none"> • Seclusion Logs and Observations forms, n=4 episodes, total that occurred between January 1 and April 30, 2008 • Youth interviews, n=12 • Staff interviews, n=10 <u>Hickey</u> <ul style="list-style-type: none"> • Seclusion Logs and Observation forms, n=19 episodes randomly selected from the 41 occurring between January 1 and April 30, 2008 • Youth interviews, n=11 • Staff interviews, n=11

Provision III. B. xiii	<u>Due Process</u> : The State shall provide youth confined in seclusion for more than 24 hours with due process, including a hearing by an impartial official. The State shall develop and implement a due process procedure for disciplinary matters.	
Status	Hickey School Substantial Compliance (as of June 30, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2008)
Discussion	<p>The policies relevant to this provision include:</p> <ul style="list-style-type: none"> • Seclusion <p>The Parties have agreed that if the facility disciplinary sanctions do not involve depriving youth of liberty (i.e. seclusion) or property, a due process hearing is not required. According to State law and Department policy, seclusion may only be used to de-escalate the behavior of a youth who is out of control or otherwise poses a threat to the safety and security of the facility. As discussed in III.B.xii, above, the documentation surrounding the use of seclusion at both facilities is sufficient to substantiate that isolation is not used as a disciplinary sanction, and therefore due process protections are not required. As a result, the facilities are in substantial compliance with this provision.</p>	
Recommendations	<u>Hickey</u> has been in substantial compliance with this provision for approximately 12 months, beginning June 30, 2007. <u>CYF</u> is in substantial compliance with this provision as of June 30, 2008.	
Evidentiary Basis	<ul style="list-style-type: none"> • Policy review 	

	<ul style="list-style-type: none"> Code of Maryland Regulations, 16.18.02, Limits on Use of Restraints and Seclusion <p><u>CYF</u></p> <ul style="list-style-type: none"> Seclusion Logs and Observations forms, n=4 episodes, total that occurred between January 1 and April 30, 2008 Youth interviews, n=12 Staff interviews, n=10 <p><u>Hickey</u></p> <ul style="list-style-type: none"> Seclusion Logs and Observation forms, n=19 episodes randomly selected from the 41 occurring between January 1 and April 30, 2008 Youth interviews, n=11 Staff interviews, n=11
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Provision III. B. xiv	<u>Access to Toilets</u> : The State shall develop and implement written procedures and practices at the facilities to provide all youth with timely access to toilets as needed.	
Status	Hickey School Substantial Compliance (as of June 30, 2006)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2006)
Discussion	This provision was terminated from the Agreement because the State has been in substantial compliance for over 18 months. It is no longer actively monitored, but is included here for the sake of continuity and clarity.	

Provision III. B. xv	<u>Admission Intake and Orientation</u> : The State shall develop and implement policies, procedures and practices to establish a consistent, orderly admissions intake system, conducive to gathering necessary information about youth, disseminating information to staff providing services and care for youth, and maintaining their safety. The State shall take all reasonable measures to assure that each youth entering the facility receives an effective orientation that includes: [1] simple directions for reporting abuse; [2] assures youth of their right to be protected from harm and from retaliation for reporting allegations of abuse; and [3] which clearly sets forth the rules youth must follow at the facility; [4] explains how to access medical and mental health care and the grievance system; and [5] provides other information pertinent to the youth's participation in facility programs.	
Status	Hickey School Substantial Compliance (as of October 19, 2006)	Cheltenham Youth Facility Substantial Compliance (as of September 14, 2006)
Discussion	<p>The policies relevant to this provision include:</p> <ul style="list-style-type: none"> Admissions and Orientation <p>To verify continued compliance with this provision, a sample of Youth Base Files</p>	

	<p>was reviewed at each facility to locate documentation that youth receive a formal orientation to this facility that included the information required by this provision. A total of 25 youth (15 at <u>CYF</u> and 10 at <u>Hickey</u>) were randomly selected from the facilities' population rosters. All of the youth's Base Files contained a properly signed and dated form indicating that the youth were advised of their rights and told how to access various systems within the facility.</p> <p>Youth at both facilities were consistent in describing the Orientation process, and also stated they were told they would be safe, were told how to access medical and mental health services, and were given an opportunity to ask questions. While all youth had seen and had access to a Student Handbook, at certain times during the monitoring period the Handbooks contained outdated information. As facility practices continue to evolve, it is important to ensure that written documentation is updated.</p>
Recommendations	Both facilities have been in substantial compliance with this provision for approximately 21 and 20 months, respectively, beginning September 14, 2006 at CYF and October 19, 2006 at Hickey.
Evidentiary Basis	<ul style="list-style-type: none"> • Policy Review <u>CYF</u> • Youth Interviews, n=12 • Youth Base Files, n=15 randomly selected from youth in custody on February 12, 2008 <u>Hickey</u> • Youth Interviews, n=11 • Youth Base Files, n=10 randomly selected from youth in custody on April 8, 2008

Provision III. B. xvi	<u>Employment Practices</u> : The State shall only employ individuals fit to work with youth residents at the facilities. The State shall utilize all reasonable measures to determine applicants' fitness to work in a juvenile justice facility prior to hiring employees for positions at the facilities.	
Status	Hickey School Substantial Compliance (as of December 31, 2006)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2006)
Discussion	<p>The policies relevant to this provision include:</p> <ul style="list-style-type: none"> • Selection and Certification Standards for Mandated Positions • Criminal Background Investigations <p>In order to determine the level of compliance, two factors were considered: 1) is there evidence that the process has been followed (i.e., that all employees hired after the effective date of State legislation requiring criminal background checks were indeed reviewed)? and; 2) were the decisions as to whether a given individual</p>	

	<p>was fit for employment reasonable, given the information obtained? To assess these factors, evidence of background checks was requested for all direct care staff hired since December 1, 2007.</p> <p>A total of 30 background checks were reviewed (12 from Hickey; 18 from CYF). Complete background packages were received by DJS prior to the staff's entry on duty for all staff (100%) at both facilities.</p> <p>With regard to the decisions made based on the information obtained through CJIS or the FBI, State law grants the Maryland Correctional Training Commission the discretion to accept or reject candidates after a review of the facts. Six of the 30 employees had prior arrest records. Many were at least 10 years ago for relatively non-serious offenses, while two were more recent citations for driving without a valid license. None of these render them ineligible for employment with DJS.</p>
Recommendations	Both facilities have been in substantial compliance with this provision for 18 months, beginning December 31, 2006.
Evidentiary Basis	<ul style="list-style-type: none"> • Policy Review <p><u>CYF</u></p> <ul style="list-style-type: none"> • Criminal background reports from CJIS and FBI for all staff hired since December 1, 2007(n=18) <p><u>Hickey</u></p> <ul style="list-style-type: none"> • Criminal background reports from CJIS and FBI for all staff hired since December 1, 2007 (n=12)

Provision III. B. xvii	<u>Classification</u> : The State shall develop and implement a classification system that places youth appropriately and safely within the facility, and provides for reclassification in appropriate circumstances.	
Status	Hickey School Partial Compliance	Cheltenham Youth Facility Partial Compliance
Discussion	<p>The policies relevant to this provision include:</p> <ul style="list-style-type: none"> ▪ Classification <p>After an attempt to validate a classification instrument adopted from another jurisdiction, the Department decided to abandon its effort to implement that classification system. Although this decision virtually guaranteed that the Department would not reach substantial compliance with this provision before the date this Agreement was set to expire, the Monitor supported the decision because of the methodological problems with the validation effort and the lack of fit between the resulting instrument and the Department's intention surrounding how it wished to house youth within the facilities.</p> <p>In mid-April 2008, the Department created a new classification instrument that</p>	

	<p>consists of four items that commonly appear on validated instruments used by other jurisdictions: 1) severity of current charge; 2) severity of most serious prior offense; 3) number of prior serious incidents while in custody; and 4) current age. A User's Guide was also drafted to provide clear and specific guidance to staff responsible for completing the forms. The process also includes a number of override criteria (e.g., extremely young age, small size, mental health or medical conditions that would preclude housing in the general population). Each facility also created a housing plan that identifies rooms that provide for high, medium and low supervision. Based on his score, youth are identified as in need of one of these three levels of supervision and are to be assigned to a corresponding room. After 60-days or involvement in three serious incidents or restraints, youth must be reclassified. Their behavior during the current incarceration is assessed and the required supervision level is re-set, if necessary.</p> <p>Unfortunately, given the delays surrounding the design, validation and implementation of the classification process, the Monitor was unable to assess the extent to which the new system was implemented. Staff training, initial implementation and pilot testing were scheduled to occur after the Monitor's final visit in May, 2008. As a result, this remains the only provision in the protection from harm section on which the Department did not reach substantial compliance.</p> <p>In June, 2008, the DJS reported that all intake staff had been trained to administer and interpret the instrument at both facilities and training and technical assistance is remains available to support implementation. All youth at both facilities have reportedly been scored on the instrument and assigned to a room commensurate with the supervision level suggested by the instrument. These accomplishments have not been verified by the Monitor.</p>
Recommendations	<p>To achieve substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Train all intake staff to complete the classification form and to make corresponding housing assignments. A short pilot test of the instrument (e.g., 30 days) is strongly recommended to ensure that data are available, staff understand how the system works, the profile of the youth population mirrors the types of housing options available, etc. 2. Complete the instrument for all youth currently housed at and subsequently admitted to both facilities. Re-assess as required by policy. 3. Assign youth to rooms that are compatible with their assessed need for supervision. 4. Collect and analyze data to evaluate the impact of the classification system on youth safety within the facilities.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Interviews with DJS' Research Division's Director, Deputy Secretary, and Director of Quality Assurance ▪ <i>Housing & Custody Assessments Validation Study</i>, dated September 3, 2007 ▪ Policy review and review of User's Manual and Classification Forms

Suicide Prevention

Provision III.C. i	Implementation of Policy: The State shall take all reasonable measures to assure that all aspects of its suicide prevention policy are implemented.	
Status	Hickey School Substantial Compliance (as of December 31, 2007)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2007)
Discussion	<p>Policy: The current policy is aligned with professional standards.</p> <p>Training: By mid-December 2007, nearly all direct care staff at both facilities had received annual refresher training in suicide prevention. All direct care staff interviewed understood their responsibilities for monitoring youth on suicide precautions and for working with mental health staff to ensure youth's safety.</p> <p>Clinical Intervention: Youth are screened for the risk of self-harm behaviors at admission and re-assessed as necessary. Treatment strategies (III.C.i) for suicidal youth have significantly improved as mental health staff have begun to be trained in the cognitive strategies developed through Dialectic Behavior Therapy (DBT). Youth are encouraged to participate in the full range of facility programming while on suicide precautions.</p> <p>Supervision: The documentation to verify compliance with supervision requirements for youth on suicide precautions revealed that observation practices are in line with DJS policy. Suicide Tracking Logs were well-maintained and provided useful information from behavioral health staff to aid in the protection of youth at risk of self-harm. Observations forms were extremely well-organized and generally complete. At both facilities, the rate of errors on the observation forms was acceptably low and the large majority of errors are very minor. The few more serious errors were handled with documented corrective action and staff discipline, as appropriate.</p>	
Recommendations	Both facilities have been in substantial compliance with this provision for approximately 6 months, beginning December 31, 2007.	
Evidentiary Basis	Documents, interviews and observations listed in the subsequent sections of this area.	

<p>Provision III.C.ii</p>	<p><u>Suicide Risk Assessments</u>: Timely suicide risk assessments, using reliable assessment instruments, shall be conducted at the facilities:</p> <ul style="list-style-type: none"> a. for all youth exhibiting behavior which may indicate suicidal ideation; b. when determining whether to place a youth on suicide precautions or change the level of suicide precautions. Suicide risk assessment shall be conducted by a qualified mental health professional. If no such professional is available to conduct the assessment due to exceptional circumstances, it shall be conducted by another staff member who has received specific training in conducting such assessments. Youth shall not be removed from suicide precautions by anyone other than a qualified mental health professional. 	
<p>Status</p>	<p>Hickey School Substantial Compliance (as of December 31, 2006)</p>	<p>Cheltenham Youth Facility Substantial Compliance (as of December 31, 2006)</p>
<p>Discussion</p>	<p>Improvements in effective screening of youth for self harming behaviors have continued. Well qualified mental health staff provides timely reassessments of youth on a suicide level and have provided more guidance to custody staff on strategies to help youth utilize cognitive skills to help them reduce self harming threats and actions as a response to distress.</p>	
<p>Recommendations</p>	<p>Both facilities have been in substantial compliance with this provision for 18 months, beginning December 31, 2006.</p> <p>It is recommended that the State:</p> <ol style="list-style-type: none"> 1. Continue to train mental health on cognitive behavioral strategies designed to impart skills to youth on suicide levels. 	
<p>Evidentiary Basis</p>	<p>Chart reviews, observation of clinical assessments by staff, staff and youth interviews</p>	

Provision III.C.iii	<u>Mental Health Response to Suicidal Youth</u> : Youth at the facilities who demonstrate suicidal ideation or attempt self-harm shall receive timely and appropriate mental health care by qualified mental health professionals. This care shall include helping youth develop skills to reduce their suicidal ideations or behaviors, and providing youth discharged from suicide precautions with adequate follow up treatment.	
Status	Hickey School Substantial Compliance (as of June 30, 2007)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2007)
Discussion	<i>Safety Plans, Suicide Prevention Plans, Suicide Watch Logs and Guarded Care Plans</i> continue to improve. Well described directions to custody staff on how to respond to youth on a Level are a component of most plans. Parental contact when youth are placed on Levels needs to be improved. Both custody and mental health staff indicated that increased parental/guardian contact was an activity they were committed to addressing.	
Recommendations	Both facilities are in substantial compliance with this provision. Hickey has been in substantial compliance for 12 months, beginning June 30, 2007 and CYF has been in compliance for 6 months, beginning December 31, 2007. It is recommended that the State: 1. Continue training at both facilities on effective approaches to youth who exhibit self harming behaviors— Training in Dialectic Behavior Therapy (DBT) has been initiated and further training has been scheduled for mental health staff. 2. Increase contact with families and guardians in order to elicit their participation in supporting treatment strategies.	
Evidentiary Basis	Chart reviews, staff and youth interviews, observation of treatment interventions by mental health staff.	

Provision III.C.iv	<u>Supervision of Youth at Risk of Self-Harm</u> : The State shall sufficiently supervise newly-arrived youth, youth in seclusion and other youth at heightened risk of self-harm to maintain their safety.	
Status	Hickey School Substantial Compliance (as of October 25, 2007)	Cheltenham Youth Facility Substantial Compliance (as of October 25, 2007)
Discussion	<p>The policies relevant to this provision include:</p> <ul style="list-style-type: none"> • Suicide Prevention (revised November, 2007) <p>The practice of supervision can only be assessed through documentation—as such, this review focuses on the adequacy of that documentation to substantiate compliance with the requirements of this provision and Department policy. Observations of youth in seclusion are discussed in III.B.xii, and observations of youth locked into their rooms at night are discussed in III.B.i.</p> <p>A total of 25 sets of suicide observation forms (15 from <u>CYF</u> and 10 from <u>Hickey</u>) were reviewed for youth who had been placed on suicide precautions since January 1, 2008. The procedures surrounding document maintenance continue to be stellar. All observation forms were in date/shift order and there was clear evidence that they had been audited for compliance with policy prior to the Monitor’s review. Overall, the rate of errors was relatively low—the clear majority of observation forms appeared to be completed according to policy and provided evidence that youth at risk of suicide are monitored to protect them from harm. Shift Commanders sign within the chronological record, verifying that checks prior to their entry were done correctly. Several instances of disciplinary action against staff who violated policy were noted. When interviewed, staff at both facilities clearly understood their responsibilities in this area. In summary, both facilities have developed and implemented procedures to supervise youth at risk of self-harm to limit their access to dangerous objects and to monitor their emotional state so that appropriate mental health care can be initiated as needed.</p>	
Recommendations	Both facilities have been in substantial compliance with this provision for approximately 8 months, beginning October 25, 2007.	
Evidentiary Basis	<ul style="list-style-type: none"> • Policy review • <u>CYF</u> • Review of n=15 sets of observation forms for youth placed on suicide precautions since January 1, 2008 • Review of Suicide Tracking Logs for youth placed on suicide precautions since January 1, 2008 • Staff interviews, n=10 • <u>Hickey</u> • Review of n=10 sets of observation forms for youth placed on suicide precautions since January 1, 2008 • Review of Suicide Tracking Logs for youth placed on suicide precautions since January 1, 2008 • Staff interviews, n=11 	

Provision III.C. v	<u>Housing for Youth at Risk of Self-Harm</u> : The State shall take all reasonable measures to assure that all housing for youth at heightened risk of self-harm, including holding rooms, seclusion rooms and housing for youth on suicide precautions, is free of identifiable hazards that would allow youth to hang themselves or commit other acts of self-harm.	
Status	Hickey School Substantial Compliance (as of June 30, 2006)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2006)
Discussion	This provision was terminated from the Agreement because the State has been in substantial compliance for over 18 months. It is no longer actively monitored, but is included here for the sake of continuity and clarity.	

Provision III.C. vi	<u>Restrictions for Suicidal Youth</u> : Youth in the facilities on suicide precautions shall not be restricted in their access to programs and services more than safety and security needs dictate.	
Status	Hickey School Substantial Compliance (as of June 30, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2007)
Discussion	<p>Youth on suicide precautions continue to be involved in the full range of programming and activities. Observation forms for youth on precautions demonstrate that youth on SWL are routinely provided access to school, recreation, mental health staff, medical treatment, and other activities. Further, because most youth on SWL are housed on their regularly assigned units, they generally have the same opportunities to participate in activities as other youth.</p> <p>As indicated in previous reports youth on Levels are encouraged to actively participate in the full range of programs and activities. Both custody and mental health staff demonstrate improved skills in motivating youth on Levels to refrain from isolating and secluding themselves.</p>	
Recommendations	Both facilities have been in substantial compliance with this provision for 12 months, beginning June 30, 2007.	
Evidentiary Basis	Youth and staff interviews	

Provision III.C. vii	<p><u>Documentation of Suicide Precautions</u>: The following information shall be thoroughly and correctly documented, and provided to all staff at the facilities who need to know such information:</p> <ul style="list-style-type: none"> a. the times youth are placed on and removed from precautions; b. the levels of precautions on which youth are maintained; c. the housing locations of youth on precautions; d. the conditions of the precautions; and e. the times and circumstances of all observations by staff monitoring the youth. 	
Status	Hickey School Substantial Compliance (as of April 25, 2007)	Cheltenham Youth Facility Substantial Compliance (as of April 5, 2007)
Discussion	<p>The policies relevant to this provision include:</p> <ul style="list-style-type: none"> • Suicide Prevention <p>Both facilities utilize a Suicide Tracking Log that captures all of the information required by this provision. The individually-based section of the Tracking Log provides for a concise chronological record of each youth’s movement up and down the SWL continuum. At both facilities, behavioral health staff enter useful information to inform direct care staff of any relevant clinical issues that could aid in their supervision of youth. The logs are distributed to the appropriate range of staff so that staff with supervision duties have access to the volume of critical information in it.</p> <p>The logs and observation forms were compatible in terms of the SWL applied and clearly indicated when the SWL was changed or precautions were removed altogether. Observations by staff monitoring youth on suicide precautions are discussed in III.C.iv; the vast majority of observation forms offer specific behavioral accounts at each observation period.</p>	
Recommendations	<p>Both facilities have been in substantial compliance with this provision for approximately 14 months, beginning April 5, 2007 for CYF and April 25, 2007 for Hickey.</p>	
Evidentiary Basis	<ul style="list-style-type: none"> • Policy review <u>CYF</u> • Review of n=15 sets of observation forms for youth placed on suicide precautions since January 1, 2008 • Review of Suicide Tracking Logs for youth placed on suicide precautions since January 1, 2008 <u>Hickey</u> • Review of n=10 sets of observation forms for youth placed on suicide precautions since January 1, 2008 • Review of Suicide Tracking Logs for youth placed on suicide precautions since January 1, 2008 	

Provision III.C. viii	<u>Access to Emergency Equipment.</u> Direct care staff at the facilities shall have immediate access to appropriate equipment to intervene in the event of an attempted suicide by hanging.	
Status	Hickey School Substantial Compliance (as of December 31, 2006)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2006)
Discussion	<p>The policies relevant to this provision include:</p> <ul style="list-style-type: none"> • Suicide Prevention (revised November, 2007) <p>Both facilities continue to be in substantial compliance with the requirements of this provision. At both facilities, most staff carry the emergency tools on their key rings, which are subject to a key control process. Those who did not have a cut down tool on their person knew where to obtain one on the unit and how it should be used. At CYF, larger cut down tools are also issued to each supervisor, security staff, and housing unit.</p>	
Recommendations	Both facilities have been in substantial compliance with this provision for 18 months, as of December 31, 2006.	
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Policy review <p><u>CYF</u></p> <ul style="list-style-type: none"> • Staff interviews, n=10 <p><u>Hickey</u></p> <ul style="list-style-type: none"> • Staff interviews, n=11 	

Provision III.C. ix	<u>Suicide and Suicide Attempt Review</u> Appropriate staff shall review all completed suicides and serious suicide attempts at the facilities for policy and training implications.	
Status	Hickey School Substantial Compliance (as of December 31, 2006)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2007)
Discussion	As stated in the 5 th Monitors' Report: <i>Glass & Associates continues to provide well-trained staff at both Hickey and Cheltenham who actively participate in all aspects of suicide review and protocol implementation. The IDTT continues to be an effective venue to review treatment plans and assess their effectiveness in improving youth behavior. Increased parental/guardian participation in these meetings would substantially improve the potential long-term benefit of these reviews.</i>	
Recommendations	<u>Hickey</u> has been in substantial compliance with this provision for 18 months, beginning December 31, 2006. <u>CYF</u> has been in substantial compliance with this provision for 12 months, beginning June 30, 2007.	
Evidentiary Basis	Staff interviews, document review	

Mental Health Care

Provision III. D. i	<u>Adequate Treatment</u> : The State shall provide adequate mental health and substance abuse care and treatment services (including timely emergency services) and an adequate number of qualified mental health professionals. Psychiatric care shall be appropriate to the adolescent population of the facilities and shall be integrated with other mental health services.	
Status	Hickey School Substantial Compliance (as of June 30, 2007)	Cheltenham Youth Facility Substantial Compliance (as of October 1, 2007)
Discussion	Glass and Associates have maintained a skillful staff who evidence a clear commitment to providing “state of the art” behavioral health services to the youth housed at both facilities. Individual and group treatment strategies continue to improve. The leadership and supervisory skills of Drs. Glass, Adler, Sachdev and Paul Archibald are exemplary. Increased emphasis on family involvement and transition planning was noted although this is an area that continues to require improvement. Mental health staff continues to report inappropriate verbal threats and cursing by staff which undermines treatment strategies for youth being encouraged to use self regulation strategies in response to frustration and anger.	
Recommendations	Both facilities are in substantial compliance with this provision. Hickey has been in substantial compliance for 12 months, beginning June 30, 2007 and CYF has been in compliance for 9 months, beginning October 1, 2007.	
Evidentiary Basis	Chart reviews, staff and youth interviews, observation of individual and group mental health services	

Provision III. D. ii	<u>Establishment of Director of Mental Health</u> : The State shall designate a director of mental health. The director shall meet minimum standards, as specified by the State, to oversee the mental health care and rehabilitative treatment of youth at the facilities by performing the tasks required by this Agreement, including: <ul style="list-style-type: none"> a. oversight of mental health care in the facilities, including monitoring the performance of psychologists, counselors and psychiatrists, and developing and implementing policies and training programs; b. monitoring of whether staffing and resources are sufficient to provide adequate mental health care and rehabilitative treatment services to the facilities’ youth and to comply with this agreement; and c. development and implementation of a quality assurance program for mental health care. 	
Status	<i>Given the agency-level focus of this provision, a single compliance rating is offered.</i> Substantial Compliance (as of December 31, 2005)	
Discussion	This provision was terminated from the Agreement because the State has been in substantial compliance for over 18 months. It is no longer actively monitored, but is included here for the sake of continuity and clarity.	

Provision III. D. iii	<u>Admissions Consultation and Referral</u> : If a youth presents at admission to a facility with mental health needs which cannot be met safely at the facility, the State shall transfer the youth promptly to appropriate settings that meet the youth's needs. Qualified mental health professionals shall be readily available for timely consultations regarding admission decisions.	
Status	Hickey School Substantial Compliance (as of June 30, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2007)
Discussion	As indicated in previous reports Mental Health staff has established and continues to maintain positive working relationships with local hospitals. Information sharing and consultation between Glass staff and hospital personnel has been maintained. No youth were denied admission to either Hickey or Cheltenham due to psychiatric conditions during this reporting period.	
Recommendations	Both facilities have been in substantial compliance with this provision for 12 months, beginning June 30, 2007.	
Evidentiary Basis	Record reviews, staff interviews	

Provision III. D. iv	<u>Mental Health Screening</u> : The State shall develop and implement policies, procedures and practices for all youth admitted to the facilities to be screened comprehensively by qualified mental health professionals in a timely manner utilizing reliable and valid measures. If, due to exceptional circumstances, no such professional is on-site to conduct the screening, it shall be conducted by another staff member who has received specific training in conducting such assessments and reviewed by a qualified mental health professional.	
Status	Hickey School Substantial Compliance (as of December 31, 2006)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2007)
Discussion	Screening continues to be performed in a timely manner and commensurate with policies and the provisions of the Agreement.	
Recommendations	Both facilities are in substantial compliance with this provision. Hickey has been in substantial compliance for 18 months, beginning December 31, 2006. CYF has been in substantial compliance for 12 months, beginning June 30, 2007. It is further recommended that: 1. Continue to provide Internet access to clinicians so they can efficiently score screening instruments.	
Evidentiary Basis	Chart reviews and staff interviews	

Provision III. D. v	<u>Mental Health Assessment</u> : Youth in the facilities whose mental health screens indicated the possible need for mental health services shall receive comprehensive, appropriate and up-to-date assessments by qualified mental health professionals.	
Status	Hickey School Substantial Compliance (as of June 30, 2008)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2008)
Discussion	Youth at both Hickey and Cheltenham with complex behavioral health disorders have begun to be assessed on the V-DISC. These assessments will hopefully improve each youth's access to placements as well as clarifying diagnosis that will lead to more effective treatment strategies. The V-DISC is the most widely researched instrument with juvenile justice populations and has been extensively subjected to tests of reliability and validity with these populations.	
Recommendations	Both facilities are in substantial compliance with this provision as of June 30, 2008.	
Evidentiary Basis	Chart reviews and staff interviews	

Provision III. D. vi	<u>Treatment Plans</u> : Youth in the facilities in need of mental health and/or substance abuse treatment shall have an adequate treatment plan, including a behavior management plan, as appropriate, which shall be implemented in the facilities.	
Status	Hickey School Substantial Compliance (as of December 31, 2007)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2007)
Discussion	Continued improvements in treatment plan specificity of targets for intervention and strategies to assess youth accomplishing treatment goals were identified. Specific modalities used for treatment are not yet specified adequately in treatment plans, however treatment plans are often supported by well described Guarded Care Plans—in general the plans show continued progress in comprehensiveness and quality.	
Recommendations	Both facilities have been in substantial compliance with this provision for approximately 6 months, beginning December 31, 2007. It is recommended that the State: <ol style="list-style-type: none"> 1. Specify in plans the treatment modalities and skills therapists are utilizing to intervene with youth as well the specific outcomes that are to be measured. 2. More consistently involve parents and caregivers in the development of treatment plans. 3. Identify outcome indicators that are measurable that indicate the effectiveness of treatment in achieving a therapeutic goal. 	
Evidentiary Basis	Staff and youth interviews, chart reviews	

Provision III.D. vii	<u>Mental Health Involvement in Housing Decisions</u> . The State shall adequately consider mental health issues in providing safe housing for youth in the facilities.	
Status	Hickey School Substantial Compliance (as of June 30, 2007)	Cheltenham Youth Facility Substantial Compliance (as of October 1, 2007)
Discussion	Support for the role of the mental health staff in all youth management and housing decisions continues to be in evidence.	
Recommendations	Both facilities are in substantial compliance with this provision. Hickey has been in substantial compliance for 12 months, beginning June 30, 2007 and CYF has been in substantial compliance for 9 months, beginning October 1, 2007. It is recommended that the State: 1. Continue to explore the development of alternative, transitional placements for youth with serious psychiatric disorders.	
Evidentiary Basis	Staff interviews and document review	

Provision III.D. viii	<u>Informed Consent</u> : Consistent with State law, the State shall, prior to obtaining consent for the administration of psychotropic medications, provide youth and, as appropriate, their parents or guardians with information regarding the goals, risks, benefits, and potential side effects of such medications offered for their treatment, as well as an explanation of what the consequences of not treating with the medication might be, and whether a recommendation is made in a dosage or manner not recognized by the United States Food and Drug Administration.	
Status	Hickey School Substantial Compliance (as of June 30, 2006)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2007)
Discussion	For <u>Hickey</u> only, this provision was terminated from the Agreement because the State has been in substantial compliance for over 18 months. It is no longer actively monitored at that facility. At <u>CYE</u> , documentation of informed consent continues to be obtained.	
Recommendations	Both facilities are in substantial compliance with this provision. Hickey has been in substantial compliance for 24 months, beginning June 30, 2006. CYF has been in substantial compliance for 12 months, beginning June 30, 2007. It is recommended that the State: 1. Provide parents with feedback around the effectiveness of treatment.	
Evidentiary Basis	Chart reviews, staff and youth interviews	

Provision III. D. ix	<u>Mental Health Medications</u> : The State shall take all reasonable measures to assure that psychotropic medications are prescribed, distributed, and monitored properly and safely. The State shall provide regular training to all health and mental health staff on current issues in psychopharmacological treatment, including information necessary to monitor for side effects and efficacy.	
Status	Hickey School Substantial Compliance (as of June 30, 2006)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2007)
Discussion	<p>For <u>Hickey</u> only, this provision was terminated from the Agreement because the State has been in substantial compliance for over 18 months. It is no longer actively monitored at that facility.</p> <p>At <u>CYE</u>, Management of mental health medications continues to be provided in a competent manner. Utilization of scales to assess symptom reduction as an impact of medications needs to be improved. Dr. Glass indicated that this procedure will be implemented. Continued improvement in utilizing Sleep Management protocols was noted.</p> <p>Identified as a significant concern was the implementation of strategies to improve compliance with medication as youth transition to placements or to their home communities. Mental health staff were encouraged to develop policies to improve youth compliance or in circumstances where compliance was thought to be unlikely, alternatives management strategies to medication ought to be identified.</p> <p>Development of a consistent and effective QA plan related to medications continues to be developed and requires finalization.</p>	
Recommendations	<p>Both facilities are in substantial compliance with this provision. Hickey has been in substantial compliance for 24 months, beginning June 30, 2006. CYF has been in substantial compliance for 12 months, beginning June 30, 2007.</p> <p>It is recommended that the State:</p> <ol style="list-style-type: none"> 1. More actively involve families in medication education and decisions. 2. Utilize checklists (e.g. Beck Depression Checklist, Connors Scale for Attention Deficit Hyperactivity Disorder) to more objectively assess the effectiveness of medication treatment. 	
Evidentiary Basis	Chart reviews, staff and youth interviews	

Provision III. D. x	<u>Mental Health Developmental Disability Training for Direct Care Staff</u> : The State shall develop and implement strategies for providing direct care and other appropriate staff with training on mental health and developmental disabilities sufficient for staff to understand the behaviors and needs of youth residents and supervise them appropriately.	
Status	Hickey School Substantial Compliance (as of June 30, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2007)
Discussion	Training continues to be provided according to settlement requirements	
Recommendations	Both facilities have been in substantial compliance with this provision for 12 months, beginning June 30, 2007.	
Evidentiary Basis	Staff interviews and document review	

Provision III. D. xi	<u>Transition Planning</u> : The State shall take all reasonable measures to assure that staff create appropriate transition plans for youth leaving the facilities. Such plans shall appropriately consider each youth's length of stay and subsequent placement. Plans shall include providing the youth and his or her parents or guardians with information regarding mental health resources available in the youth's home community; making referrals to such services when appropriate; providing appropriate orders for the continuation of prescribed medications; and providing assistance in making initial appointments with services providers.	
Status	Hickey School Substantial Compliance (as of June 30, 2008)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2008)
Discussion	Significant progress has been made at both facilities at developing procedures that assure effective transition plans being formulated and put in place. Implementation of a Community Transition Program as well as documentation of more active transition planning was in evidence. Development of community programs (MST, FFT, MDFCT) has begun with the intent to transition an increasing number of youth into these evidence based programs.	
Recommendations	Both facilities are in substantial compliance with this provision, beginning June 30, 2008. It is further recommended that the State: 1. Improve parent involvement in the decision-making process for placement.	
Evidentiary Basis	Chart reviews, staff and youth interviews	

Medical Care

Provision III. E. i	<p>Appropriate Care: The State shall provide adequate, appropriate, and timely medical and dental care to meet the individualized needs of youth, including treatment of acute and chronic medical conditions. The State shall provide sufficient numbers of qualified medical professionals to meet these needs.</p>	
Status	Hickey School Substantial Compliance (as of June 30, 2008)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2008)
Discussion	<p>Staff: The staffing situation has continued to improve. Permanent State Registered Nurse positions have been or are in process of being filled. <u>Hickey</u> has 5 RN and 1 RN supervisor position filled. There is one vacant RN position at Hickey. <u>Cheltenham</u> has 3 RN and 1 RN supervisor position filled. Three more RN positions are about to be filled, and one more will go vacant soon due to retirement.</p> <p>Nurse Practitioner positions have been added at both sites, but remain vacant due to inability to recruit candidates at current state salaries.</p> <p>The Management Associate position at <u>Hickey</u> is now vacant, but the position at <u>Cheltenham</u> remains filled. Charts at Cheltenham are very well-organized.</p> <p>There are continuing nurse practice issues at <u>Hickey</u>. Filing in the charts continues to be sloppy resulting in disorganized health records. Also, nurses at Hickey still do not refer unstable asthmatics to the physician when they are using their rescue inhalers too much (more than twice in one week). See Special Needs section below for more discussion of this nurse practice problem.</p> <p>Physician time continues to be adequate at both facilities.</p> <p>The new contracted dental service on-site at <u>Hickey</u> is in full operation one day a week. This appears to be adequate time for the current population of 65-70 youth.</p> <p>The <u>Cheltenham</u> dentist retired. A new contract dentist is working at Cheltenham 16 hours a week. This appears to be adequate for the current population of 100-120 youth. The Medical Director is trying to hire a dentist in a state position who would provide direct care at Cheltenham and help the Medical Director develop and monitor the dental program.</p> <p>Space: As noted during the Monitor's 6/11/08 visit, the newly remodeled clinic and infirmary at <u>Hickey</u> was open and being used. Neither the former temporary satellite clinic nor the distant infirmary sites were being used for health services.</p> <p>Opening the new clinic/infirmary will result in substantial improvements in health</p>	

services. It will no longer be necessary to staff three separate sites on the Hickey campus (satellite clinic, infirmary, intake) as all services will be co-located in one area and intake youth will be brought to the clinic for initial health assessment. Space for all routine medical, nursing, psychiatric and dental functions will be vastly improved at the new clinic in Clinton.

During the April, 2008 tour, the Monitor was informed that the plans for Cheltenham had changed. The obsolete and poorly designed clinic building would be remodeled as an emergency procurement project over the next 90 days. The Monitor was subsequently consulted regarding the draft remodeling plans and his recommendations were incorporated into the final plans. During the 6/11/08 tour, the Monitor observed that substantial progress has been made in remodeling the building. The former isolation rooms are to be used for storage, offices and a staff kitchen. They will never again be used to house children.

Equipment: At Hickey, a complete new dental operatory is being built in the new clinic in Clinton.

At Cheltenham some of the dental equipment has been upgraded with a new autoclave, and a new x-ray processor. An ultrasonic scaler has been ordered. I recommended that a Prophy-jet high pressure tooth cleaner be obtained, that a bigger sink be installed to provide adequate space for cleaning instruments and for routine soaking of rollers from the dental x-ray processor. If present in the dental unit, fiberoptic lights in the handpieces should be activated.

Special Needs Youth: Current standards for chronic disease management emphasize a *continuous care* approach with a focus on prevention of exacerbations and complications through patient education and early intervention with medications. This approach is to be contrasted with *episodic care* in which professional services are only provided when there is an acute exacerbation of the chronic disease process. With the continuous care approach, routine scheduled well visits allow for objective monitoring of the patient's condition, adjustment of therapy to optimize function, and patient education in self-management skills.

Asthma is the most common chronic illness among adolescents and requires a continuous preventive rather than episodic approach to care. Asthma care is an indicator for chronic disease care in general.

During this monitoring period a nursing assessment form to guide assessment of newly admitted asthmatics has been developed and put into practice. Nursing care plans for chronic illness are being prepared regularly. Asthma treatment plans are being prepared regularly by the physician. Peak flow rates are being obtained by nurses more often as part of their assessment and management of asthma.

However, some aspects of asthma care still must be improved. The problems

with asthma care were observed at Hickey, but improvements should be applied at both sites.

Current month medication administration records were reviewed to identify youth who requested their rescue inhalers during the first 24 days of April 2008. Two of two (100%) of current residents at Hickey who should have been referred *this month* were not referred to the physician. There were no youth who should have been referred at Cheltenham this month.

The nursing practice with regard to these physician referrals is essentially unchanged from my last report. Youth at Hickey with asthma who require the rescue inhaler more than twice in one week are not referred to the physician for assessment and intensification of treatment. Prompt referral and intensification of treatment prevents asthma emergencies and teaches chronically ill youth better self-management skills. Nurse Supervisors were trained on this, but nurse practice has not changed. Additional training on asthma care is needed for all nursing staff.

During the 6/11/08 tour, the Monitor was provided with training design and attendance logs for nurse training on asthma care. The medical and nursing administrators will follow-up on nursing care for asthma to be certain that asthma care practices have improved.

Case Management of Complex Needs: Nurses continue to maintain a tracking form for referrals and needed follow-up at the front of each chart. The RN Supervisor at both sites maintains a list of special needs youth and monitors their care. This approach to tracking needed appointments and ensuring that they are kept appears to be working.

Workup of Suspect Chronic Illness: Juvenile facilities serve a medically neglected population in need of follow-up of abnormal findings from the history, physical examination or laboratory tests that suggest chronic illness. Workup of suspect chronic illness has continued to improve at both sites. I was particularly impressed with Dr. Bernstein's follow-up and workup of chronic health problems identified on admission. More records of past care and evaluation are being obtained, and more workups of problems identified on admission are being done. Youth currently in residence with abnormal heart rhythms, chronic knee pain with disability, and another with short stature and delayed maturation had appropriate specialist referrals and diagnostic tests.

Dental Services:

Initial Dental Assessment and Cleaning: Review of 8-10 records of youth admitted within the last 3-4 weeks at both sites showed all but one had been provided with an initial dental examination. The system is adequate. Occasional exceptions do occur in any program.

At both sites, the dentists are providing cleaning and prophylactic dental services to newly admitted youth.

Documentation of Dental Needs: At both sites, the dentists are not documenting or communicating dental needs clearly for the nurses. A list of dental needs that names each tooth and describes the needed treatment should be prepared by the dentist after the initial exam. Nurses can refer to this dental treatment plan at each 30 day review to determine if additional dental appointments are needed.

Management of Dental Pain: The nursing protocol for management of dental pain is in use and youth with persistent pain are being referred promptly to the physicians and to the dentist. I found no problems with management of dental pain at this visit.

Access to Dental Specialist Services: At Hickey, access to root canal services actually has gotten worse. Youth are no longer being referred to University of Maryland oral surgery clinic as they had been last November. Instead youth in need of root canal treatment are waiting for parental consent and the contract dentist has not done any. The contract dentist also recommended pulpotomy in one case, which is the first stage of a root canal, but did not make it clear that the youth needed a root canal to finish definitive treatment of the tooth.

Timeliness of the dental consent process should be improved. Those in need of root canal at Hickey should probably be referred to the University to obtain prompt and complete care.

At Cheltenham the new dentist only intends to do anterior, single canal root canals. Others are being referred to Affordable Dental for this service. This seems to be working well at this time.

Restorative Care: Tracking of dental follow-up appointments has improved with initiation of the nurse's referral and immunization form at the front of the charts. I reviewed dental care provided to 8-10 youth with the longest length of stay at each facility (50 or more days). At Hickey 2 of 8 (25%) had not completed their needed fillings and were not scheduled for additional follow-up appointments. They had been lost to follow-up due to confusion about discharge or transfer to another program when in fact they were still there at Hickey. At Cheltenham, all long term youth had either completed care or were actively being seen to complete needed care.

Distribution of Toothpaste: Unhygienic distribution of toothpaste at Cheltenham has ceased. Review of hygiene bags at all units on both campuses showed that each youth has his own tube of toothpaste.

Preventive Services: The immunization programs at both facilities are operating effectively now, and immunizations are being given. I observed charts with

	<p>immunization orders being held for a month or more awaiting parental consent, yet the immunizations can be given if the parent or guardian is unreachable after one to two weeks. The opportunity of detention should be used to bring each youth's immunizations fully up to date for age.</p> <p>Facility staff are not routinely entering the immunizations they give into ImmUNET, the statewide registry, nor are they entering the immunization history for those who had no records or incomplete records in ImmUNET. Establishing an accurate, up to date record in the registry for these youth is an important service to help them get back in school and stay current on their immunizations.</p>
<p>Recommendations</p>	<p>Both facilities are in substantial compliance with this provision as of June 30, 2008. In addition, it is recommended that the State:</p> <p><u>Staff:</u></p> <ul style="list-style-type: none"> • Continue to recruit permanent state employed nursing staff who have the skills and commitment to the facility program to provide adequate nursing care. <p><u>Special Needs Youth:</u></p> <ul style="list-style-type: none"> • Youth with asthma who use their rescue inhaler more than two times a week must be referred promptly to the physician for assessment and intensification of management. <p><u>Dental Services:</u></p> <ul style="list-style-type: none"> • Both facility dentists should clearly document all the dental treatment needs identified at the initial examination. • Provide timely access to needed root canal treatment at Hickey to prevent painful emergencies and preserve the permanent adult teeth. <p><u>Preventive Services:</u></p> <ul style="list-style-type: none"> • Maintain an effective immunization program at both facilities to bring youth fully up to date with current Maryland DHMH recommendations for child and adolescent immunizations.
<p>Evidentiary Basis</p>	<ul style="list-style-type: none"> • Interviews with nursing supervisors and agency health program administrators • Health record reviews • Review of various health program log books • Inspection of health units

Provision III. E. ii	<u>Medical Director</u> : A qualified, licensed physician shall supervise clinical practices and medical policy development, and shall participate in quality assurance and infection control programs at the facilities.
Status	Substantial Compliance (as of August 14, 2006) <i>Given the agency-level focus of this provision, a single compliance rating is offered.</i>
Discussion	The Medical Director, Dr. Maehr, continues to provide highly effective leadership for the health program.
Recommendations	The State has been in substantial compliance with this provision for approximately 22 months, beginning August 14, 2006.
Evidentiary Basis	<ul style="list-style-type: none"> • Interview with Dr. Maehr.

Provision III. E. iii	<u>Health Assessments</u> : The State shall conduct adequate health assessments for youth upon entry or re-entry to the facilities.	
Status	Hickey School: Substantial Compliance (as of June 30, 2008)	Cheltenham Youth Facility: Substantial Compliance (as of June 30, 2008)
Discussion	<p>The health assessment on admission to a juvenile facility is the fundamental basis for each youth's individual health program. It must be comprehensive and skillfully completed to effectively identify all active or chronic health problems. The essential outcome of the assessment is the Problem List and Plan of Care, without which the assessment is incomplete.</p> <p>At <u>Hickey</u> and <u>Cheltenham</u> there is a well defined initial health assessment that is consistently carried out at both sites. An adequate process is in place. At this site visit I observed much more effective use of the Problem List to document all problems identified by the initial health assessment. Dental assessments were being done completely and reasonably timely at this site visit.</p>	
Recommendations	The State has achieved substantial compliance with this provision as of June 30, 2008.	
Evidentiary Basis	<ul style="list-style-type: none"> • Review of health records • Interview with Medical Director 	

Provision III. E. iv	<u>Medication Administration</u> : The State shall develop and implement standards for medication administration, and shall train all staff responsible for medication administration to prevent medication discontinuity and errors.	
Status	Hickey School: Substantial Compliance (as of December 31, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2007)
Discussion	<p>I reviewed current month Medication Administration Records. At both facilities essentially all doses of prescribed medications were well documented and accounted for.</p> <p>At <u>Hickey</u> there are many youth who regularly refuse to take their psychiatric medications. This is not the case at <u>Cheltenham</u>. The health and mental health programs should review the patterns of medication refusals to determine methods to improve compliance by youth.</p>	
Recommendations	<u>Hickey</u> has been in substantial compliance with this provision for 6 months, beginning December 31, 2007. <u>CYF</u> has been in substantial compliance with this provision for 12 months, beginning June 30, 2007.	
Evidentiary Basis	<ul style="list-style-type: none"> • Review of medication administration records • Interviews with nursing supervisors 	

Provision III. E. v	<u>Medical and Mental Health Records Retrieval</u> : The State shall make all reasonable efforts to assure that the facilities obtain available pertinent youth records regarding medical and mental health care.	
Status	Hickey School: Substantial Compliance (as of December 31, 2007)	Cheltenham Youth Facility: Substantial Compliance (as of December 31, 2007)
Discussion	<p>Both facilities are seeking and obtaining immunization records from the state registry (Immunet) or from parents, schools or health care providers when the Immunet record is clearly incomplete.</p> <p>Both facilities are seeking and obtaining additional records from prior specialty care providers. There has been substantial improvement in the physicians' attention to past health issues and requests for records.</p>	
Recommendations	Both facilities have been in substantial compliance with this provision for 6 months, beginning December 31, 2007.	
Evidentiary Basis	<ul style="list-style-type: none"> • Review of health records of youth. 	

Provision III. E. vi	<u>Medical and Mental Health Record System</u> : The State shall develop and implement standards, procedures and practices to create an integrated medical and mental health record system, and shall maintain the system.	
Status	Hickey School: Substantial Compliance (as of December 31, 2006)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2006)
Discussion	<p>Both <u>Hickey</u> and <u>Cheltenham</u> have an integrated health record that includes both medical and mental health services.</p> <p>The health records follow a standard layout with several different subjects filed in each section of the folder. Charts are fairly well organized (better ordered at <u>Cheltenham</u> than at <u>Hickey</u>) and document the care provided adequately.</p> <p><u>Cheltenham</u> has piloted a tabbed divider system that is working well. This system should be implemented at <u>Hickey</u> as well.</p>	
Recommendations	Both facilities have been in substantial compliance with this provision for approximately 18 months, beginning December 31, 2006.	
Evidentiary Basis	<ul style="list-style-type: none"> • Review of health records 	

Special Education

During the past three years, the education programs at the Charles H. Hickey School and the Cheltenham Youth Facility have changed dramatically. New leadership within DJS and within the education programs has created conditions under which the State was able to achieve compliance with the education provisions of the Agreement. New staff, new school schedules, additional resources, and greater cooperation between direct care staff and education staff all contributed to the current status of the programs.

During the current monitoring period, the compliance ratings reported in the previous Monitors' Report (the 5th Report) were sustained. At the Hickey School, the Advanced Studies Program developed during the past year continues to provide a positive example to all youth. Students in the program are typically older and are more serious about completing their high school diploma or studying for the GED exam. At Cheltenham, vocational offerings, career and job fairs, and periodic award ceremonies have sustained a positive school climate in that facility despite several changes in personnel. The working relationship between the superintendent at CYF and the principal contributes to a shared sense of responsibility for the school program.

Achieving compliance with the provisions of the Agreement in education was challenging at times. Greater cooperation between direct care staff and school staff and internal monitoring by the Department of Juvenile Services will be keys to sustaining the significant changes in education. The DJS Office of Quality Assurance and Accountability has developed and implemented a system of internal review that in some respects parallels and in other respects extends the monitoring and benchmarks that are part of the Settlement Agreement in education. An active and independent DJS Office of Quality Assurance and Accountability bodes well for continuous improvement of education program.

During this monitoring period, the Hickey school and the Cheltenham school continued to be in substantial compliance with all remaining education provisions of the Agreement.

Provision III. F. i	<u>Provision of Required Special Education</u> : The State shall provide all eligible youth confined at the facilities special education services as required by the IDEA, 20 U.S.C. 1400-1490, and regulations promulgated thereunder, and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, and regulations promulgated thereunder.	
Status	Hickey School Substantial Compliance (as of June 30, 2008)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2007)
Discussion	Compliance with the provision is dependent upon the facilities achieving compliance with all other provisions in this section of the Memorandum. The State achieved compliance with this provision during the last reporting period. The education monitor made an unannounced site visit on June 5, 2008. The concerns noted in the preliminary draft of the sixth report had been addressed. See the discussion under III.F.v. Individualized Education Programs, below.	
Recommendations	<u>Cheltenham</u> has been in substantial compliance with this provision for approximately 6 months, beginning December 31, 2007. <u>Hickey</u> is in substantial compliance with this provision as of June 30, 2008. It is recommended that: 1. MSDE and DJS education staff are encouraged to meet regularly to discuss areas of concerns related to the education program. The DJS Office of Quality Assurance and Accountability and MSDE are encouraged to independently monitor the special education programs compliance with agency standards and State and Federal law, particularly at the Hickey School.	
Evidentiary Basis	Site visits to Hickey School (5/5, 5/7, 6/5) and Cheltenham Youth Facility (4/23, 4/25); review of documents; interviews with students and staff.	

Provision III. F. ii	<u>Supervision of Education</u> : The State shall designate a director of education within the facilities. The director shall meet minimum standards as specified by the State. The State shall provide the director with sufficient staff and resources to perform the tasks required by this Agreement, including: <ul style="list-style-type: none"> a. overseeing the special education programming in the facilities, including development and implementation of policies and training programs; b. monitoring whether special education staffing and resources are sufficient to provide adequate special education services to qualified youth at the facilities and to comply with this Agreement; c. developing and implementing a quality assurance program for special education services; and d. developing and implementing an adequate vocational education program for all eligible youth. 	
Status	Hickey School Substantial Compliance (as of December 31, 2005)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2005)
Discussion	This provision was terminated from the Agreement because the State has been in substantial compliance for over 18 months. It is no longer actively monitored, but is included here for the sake of continuity and clarity.	

Provision III. F. iii	<u>Screening and Identification</u> : Qualified professionals shall provide prompt and adequate screening of facility youth for special education needs, including identifying youth who are receiving special education in their home school districts and those eligible to receive special education services who have not been so identified in the past.	
Status	Hickey School Substantial Compliance (as of December 31, 2005)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2005)
Discussion	This provision was terminated from the Agreement because the State has been in substantial compliance for over 18 months. It is no longer actively monitored, but is included here for the sake of continuity and clarity.	

Provision III. F. iv	<u>Parent, Guardian, and Surrogate Involvement</u> : The State shall appropriately notify and involve parents, guardians or surrogate parents in evaluations, eligibility determinations, Individualized Education Programs (“IEPs”), placement and provision of special education services.	
Status	Hickey School Substantial Compliance (as of December 31, 2005)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2005)
Discussion	This provision was terminated from the Agreement because the State has been in substantial compliance for over 18 months. It is no longer actively monitored, but is included here for the sake of continuity and clarity.	

<p>Provision III. F. v</p>	<p><u>Individualized Education Programs</u>: The State shall develop and/or implement an adequate IEP, as defined in 34 C.F.R 300.340, for each youth who qualifies for an IEP. Consistent with the requirements of 34 C.F.R. 300.342(b)(2), within 30 days of a determination that a youth is eligible for special education and related services, the State shall conduct an IEP meeting to develop an IEP. As part of satisfying this requirement, DJS must conduct required re-evaluations of IEPs, adequately provide and document all required instructional services, conduct appropriate assessments and comply with requirements regarding student and teacher participation in the IEP process. Mental health staff shall be involved in the development of IEPs of all youth with identified mental illness. Goals and objectives shall be stated in realistic and measurable terms.</p>	
<p>Status</p>	<p>Hickey School Substantial Compliance (as of June 30, 2008)</p>	<p>Cheltenham Youth Facility Substantial Compliance (as of December 31, 2006)</p>
<p>Discussion</p>	<p>Seven education files of current students at the <u>Hickey</u> School and five education files of current students at <u>Cheltenham</u> were randomly selected and reviewed during this reporting period. With minor exceptions, files were current and well organized. At each facility records were requested from students' prior schools within five days of students' placement at the facility. Staff logged when files were requested and documented follow-up calls to schools when documents were not received within three to five days. For those students receiving related services, files contained documentation indicating who provided services, duration, and dates of service.</p> <p><u>Hickey</u>. The special education staff at Hickey continued to do an excellent job of reviewing IEPs of incoming students and scheduling re-evaluations as necessary. Special education case managers regularly solicited input from classroom teachers on students' academic and behavioral performance through checklists and comment sheets. Several students' files contained functional behavioral assessments (FBAs) and Behavioral Intervention Plans (BIPs).</p> <p>The special education case managers develop and disseminate a "snapshot" IEP to general education staff. These documents provide intake assessment scores and instructional objectives from the IEPs that teachers use to guide instructional practice. Review of students' files revealed that IEP team meetings are well attended by school staff including the counselor, transition specialist, and related service personnel. Contact logs show that parents or parent surrogates provide input into the development of students' programs prior to or during IEP meetings.</p> <p>IEP meetings are scheduled on Tuesdays and Wednesdays at Hickey. During the first three weeks of May 2008, 11 IEP meetings were scheduled. Three of these meetings were cancelled because students were released before the time of the meeting.</p>	

Nine classroom observations and interviews with youth indicated that for the most part, students' programs were consistent with the objectives specified on their IEPs. With four special educators on staff, the Hickey School has the ability to flexibly serve youth and tailor IEPs to meet their needs.

During this reporting period, three concerns surfaced during a site visit in May 2008. They include: 1) underutilization of a special education resource teacher; 2) inadequate services to students in the infirmary and inaccurate documentation of services students were receiving; and 3) inadequate DJS staff coverage particularly in the new modular building. The first of these issues resulted in some special education students not receiving support in general education classrooms when the special education resource teacher did not have students assigned to her. While teachers' schedules change when students enter and leave the detention facility, it is imperative that staff flexibly respond to the needs of students. Greater oversight of staff by the principal and lead special education teacher should remedy this problem.

The second concern, inadequate services to students in the infirmary can also be addressed through administrative supervision and clarification of expectations for teachers serving students in the infirmary. A one-size-fits-all approach to instruction of students in the infirmary does not meet the needs of students. Further, staff need to accurately document who they are serving and what services they are providing. The criteria for keeping students in the infirmary should be explicitly stated and supervisory DJS staff need to make decisions about when students return to school.

Finally, the third concern involved special education students not receiving services because of inadequate number of DJS direct care staff in the school building. Teachers reported that on occasion special education students had to be sent to other classes when there was not sufficient DJS staff available to cover all classes.

On June 5 during a follow-up visit to Hickey, several changes to the school scheduling and operation were in place. In response to concerns about the appropriate levels of support for special education students in general education classrooms and adequate deployment of teachers, the special education lead teacher at Hickey develops a schedule of special education service delivery on Friday for the following week. The special education team meets on Tuesdays to review and update the schedules and assignment of students to specific teachers.

With regard to serving students in the infirmary, the school has developed a new schedule that ensures that each student receives at a minimum, two hours individual or small group instruction each day. Previously, five different teachers were responsible for serving students in the infirmary; each teacher was responsible for one day each week. Under new procedures two teachers share this responsibility and coordinate instructional activities and curriculum with general education and special education teachers.

	<p>The third issue involved compromises students failing to receive services because of inadequate DJS unit staff in the school. In response to concerns raised during the May 2008 site visit, Mr. Norman, the Superintendent at Hickey has assigned one DJS staff member to each of the school buildings for an 8-4 shift.</p> <p>Observations, examination of school schedules, and interviews with school staff confirm that the changes have had a dramatic effect on the operation of the school program. Observations and review of schedules showed that students in the general education classes and those in the infirmary are now receiving appropriate services. The lead special education teacher and the school administrators are providing more adequate supervision of special education teachers. Assigning two DJS staff to “school hours” has created a much smoother transition during shift changes at 2 pm. Teachers also report that with few exceptions, units have been arriving at school on time in the morning and after lunch.</p> <p><u>Cheltenham</u>. The IEPs at the Cheltenham Youth Facility were well organized, up to date, and showed good attention to procedural safeguards required by IDEA. The minutes in students’ files showed how staff reviewed prior IEPs and decisions made by the IEP team about objectives and supports.</p> <p>Eight classroom observations and discussions with special education students indicated that students were receiving supports as described in their IEPs. As in prior visits, students were generally positive about teachers, coursework, and instruction they received. The one complaint heard from about half of the students interviewed was that they thought the coursework could be more challenging.</p>
Recommendations	<p><u>Cheltenham</u> has been in substantial compliance with this provision for approximately 18 months, beginning December 31, 2006. <u>Hickey</u> is in substantial compliance with this provision as of June 30, 2008.</p> <p>It is noted that:</p> <ol style="list-style-type: none"> 1. The DJS and MSDE staff at the Hickey School demonstrated that they have the ability to promptly and cooperatively fix problems brought to their attention. Internal monitoring by both agencies will ensure that both facilities sustain the progress they have made during the past three years.
Evidentiary Basis	<p>Visits to Hickey School (5/5, 5/7, 6/5) and Cheltenham Youth Facility (4/23, 4/25); review of 7 IEPs at Hickey and 5 IEPs at Cheltenham; interviews with students, staff; review of documents; interviews with students, staff</p>

Provision III. F. vi	<u>Vocational Education</u> : The State shall develop and implement adequate vocational education services for all eligible youth.	
Status	Hickey School Substantial Compliance (as of December 31, 2007)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2007)
Discussion	<p>Interviews with students indicate that their vocational coursework is among the most meaningful experiences that they have in while incarcerated. Students I interviewed spoke with pride about the projects they completed or were working on in wood shop and on the computer applications courses.</p> <p><u>Hickey</u>. Students enrolled in the Advanced Studies Program and students in special education have primary access to the Occupational Skills and Technology class. Other students are scheduled into the computer applications class. A number of students who meet age and pre-test criteria study for the GED exam.</p> <p><u>Cheltenham</u>. Students at CYF have access to horticulture, woodworking, a computer skills class, and career preparation. Students in the woodworking class have been building planters, signs, and other objects for the grounds at CYF.</p>	
Recommendations	Both facilities have been in substantial compliance with this provision for approximately 6 months, beginning December 31, 2007. It is recommended that: 1. MSDE and DJS should periodically review vocational coursework available to students at Hickey and Cheltenham. It is essential that coursework and experiences available to students enable them to sample a range of different vocational and technical skill areas.	
Evidentiary Basis	Site visits to Hickey School (5/5, 5/7, 6/5) and Cheltenham Youth Facility (4/23, 4/25); interviews with students and teachers.	

Provision III. F. vii	<u>Staffing</u> . The director of education shall provide adequate education staffing.	
Status	Hickey School Substantial Compliance (as of June 30, 2007)	Cheltenham Youth Facility Substantial Compliance (as of June 30, 2007)
Discussion	<p><u>Hickey</u>. During this reporting period, a new language arts teacher joined the staff at Hickey. At the present time, the only vacancy is in the media lab. MSDE has advertised for this position which was vacated last year but to date has not been able to fill it. An instructional assistant and DJS direct care staff have provided access to the library for youth.</p> <p><u>Cheltenham</u>. During this reporting period, Cheltenham experienced several teaching vacancies due to a reassignment and a teacher retirement. Currently, dually and provisionally certified staff has managed to fill-in for the vacancies. The school is currently recruiting for a teacher in the following areas: special education, carpentry, computer science, and physical education. One of the special education teachers has been designated as lead teacher to coordinate special education service delivery.</p>	
Recommendations	Both facilities have been in substantial compliance with this provision for approximately 12 months, beginning June 30, 2007.	
Evidentiary Basis	Site visits to Hickey School (5/5, 5/7, 6/5) and Cheltenham Youth Facility (4/23, 4/25); discussion with Turnage and Hubner, and review of teaching rosters, class schedules, and vacancies.	

Provision III. F. viii	<u>Section 504 Plans</u> : The State shall develop and implement appropriate Section 504 plans for all eligible youth.	
Status	Hickey School Substantial Compliance (as of December 31, 2006)	Cheltenham Youth Facility Substantial Compliance (as of December 31, 2006)
Discussion	The school counselors at <u>Hickey</u> and <u>Cheltenham</u> continue to serve as 504 coordinators for eligible students. Several youth at each facility have 504 plans that identify accommodations and supports. Discussion with staff, observations, and file review indicated that several youth indicate that 504 plans are developed appropriately and that teaching staff are aware of students in need of accommodations and supports.	
Recommendations	Both facilities have been in substantial compliance with this provision for approximately 18 months, beginning December 31, 2006.	
Evidentiary Basis	Site visits to Hickey School (5/5, 5/7, 6/5) and Cheltenham Youth Facility (4/23, 4/25)	

Fire Safety

For the reader's ease, this provision is presented twice—once discussing Hickey and once discussing CYF.

<p>Provision III. G</p>	<p>Fire Safety Precautions: The State shall develop and implement adequate fire safety precautions. The precautions shall include appropriate maintenance of fire suppression and detection equipment and maintenance of doors and door locks so that they may be opened in the event of a fire.</p>	
<p>Status</p>	<p>Hickey School Substantial Compliance (as of October 24, 2007)</p>	<p>Cheltenham Youth Facility See Discussion on Page 81</p>
<p>Discussion</p>	<p>Substantial compliance has continued to be assigned to the area of fire suppression and detection equipment due to the ongoing commitment by the staff and the administration to ensure fire and life safety are a priority. During my tour of the facility however, it was learned that the fire alarm system serving the entire facility is not operating due to equipment failure with the exception of Units 1 and 7. These two (2) units have their own local alarms for the buildings but are currently not capable to transmit a signal to the Gate House on the master panel. However, there has been and continues to be a fire watch established for all areas inside the fence. A new master panel fire alarm system for the Gate House was on order at the time of my tour.</p> <p>In addition to the fire alarm system failure, it was discovered that the doors opening directly to the outside from each classroom in the school building were not being utilized during fire drills. Students were being directed into the corridor system and exiting the building through the corridor systems.</p> <p>Other than these two above conditions, I discovered no other additional conditions or issues related to fire suppression and detection equipment or doors and door locks.</p>	
<p>Recommendations</p>	<p>The facility has been in substantial compliance with this provision for 8 months, beginning October 24, 2007. The following recommendations are made:</p> <p>The fact that equipment for the fire alarm system and master panel failed does not reflect negatively on the facility. Appropriate action was taken when the failure was discovered and a fire watch was established. I recommend continuing the fire watch until the new master panel and fire alarm system can be put back online. These are conditions that will continue to take place from time to time. It is important to take the immediate necessary action to address the condition when it happens, as was done in the case of the fire alarm system, or whatever other condition may be involved.</p> <p>I also recommend beginning to practice utilizing the exterior doors from each classroom during fire drills. It is far safer to the students and staff to exit the building by way of these exterior classroom doors than to attempt to navigate the corridor systems where smoke, heat and toxic fumes may be present. By</p>	

	<p>practicing exiting the building through the exterior will make the process a natural response in the event of an actual fire. As with any exit door, the door should be continuously clear of any furniture or other obstructions that would interfere with the use of the door during an actual emergency.</p> <p>There was one other condition that is not specifically addressed in the Settlement Agreement. In the woodworking room in the school building, I found several cans of flammable and combustible liquids that are typically used in any woodworking area. I highly recommend purchasing listed flammable liquid storage cabinets to store any paint that is oil based, paint thinners and any other product that is classified as flammable or combustible. The cabinets are listed by Underwriters Laboratories, Inc. to protect flammable and combustible liquids from the effects of a fire and which will prevent further acceleration of a fire. I further recommend the cabinet(s) be located away from exit doors.</p>
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Facility tour, April 23 and 24, 2008 ▪ During the tour I interviewed staff on various fire safety conditions including key identification, emergency evacuation procedures, use of fire extinguishers. I also reviewed documents related to maintenance and inspections of smoke detection and fire alarm system, sprinkler systems, fire drill logs and fire safety procedures.

<p>Provision III. G</p>	<p><u>Fire Safety Precautions</u>: The State shall develop and implement adequate fire safety precautions. The precautions shall include appropriate maintenance of fire suppression and detection equipment and maintenance of doors and door locks so that they may be opened in the event of a fire.</p>	
<p>Status</p>	<p>Hickey School See Discussion on Page 79</p>	<p>Cheltenham Youth Facility Substantial Compliance (as of October 23, 2007)</p>
<p>Discussion</p>	<p>Substantial compliance continues to be assigned to the area of maintenance of fire suppression and detection equipment due to the ongoing commitment to assuring the proper maintenance and testing of fire suppression and detection equipment.</p> <ul style="list-style-type: none"> I. Fire Suppression and Detection Equipment <ul style="list-style-type: none"> A. Other than the lack of a fixed suppression system for the residential stove located in the Redirect Building, I found no other condition related to fire suppression and detection equipment that required attention. II. Maintenance of Doors and Locks <ul style="list-style-type: none"> A. Latching devices and self-closing devices were missing from some of the doors opening onto the corridor system in the school building. B. The padlocks on the gates at the rear of all the cottages were difficult to unlock and remove. These gates are important for egress away from the enclosed fenced in area in the event of a fire that is large enough to threaten the safety of the students and staff confined in the fenced-in area. C. The door at the bottom of the middle stairwell in the Redirect Building was not equipped with a latching device to ensure the door will remain closed nor was the same door equipped with a self-closing device. 	
<p>Recommendations</p>	<p>The facility has been in substantial compliance with this provision for approximately 8 months, beginning October 23, 2007.</p> <p>It is further recommended that the State take the following action to address each condition identified above:</p> <ul style="list-style-type: none"> I. Fire Suppression and Detection Equipment <ul style="list-style-type: none"> A. The stove in question in the kitchen of the Redirect Building should be removed so that cooking cannot take place. If however, cooking is required on the stove, a hood over the cooking surface that is vented 	

	<p>directly to the outside should be installed. A disposable type suppression system should also be installed over the cooking surface.</p> <p>II. Maintenance of Doors and Door Locks</p> <p>A. The doors along the corridor system should be kept in closed position at all times except when entering or leaving the room. In order to ensure the door will remain closed is to install self-closing devices and positive latching devices on the doors. Most of the doors were equipped with this equipment but a few were not. Prior to departing Cheltenham, all doors along the corridor system of the school had been equipped with the appropriate hardware.</p> <p>B. The unlocking of the gates lock was resolved prior to my departure. The solution was to reverse the side in which the lock engages. I further recommend that a policy be provided for all staff equipped with keys to these gates so that the lock continues to be engaged properly and does not become difficult to unlock in the future.</p> <p>C. I recommend installing a self-closing device and positive latching device on this door. The hardware company was notified prior to my departure to install this hardware.</p>
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Facility tour, April 21 and 22, 2008. ▪ During the tour, staff members were again interviewed on their knowledge of emergency evacuation procedures, use of emergency keys and fire safety procedures in general. All maintenance records related to fire alarms, sprinkler systems, electrical systems and mechanical systems were reviewed. I also reviewed emergency evacuation procedures and fire drill logs with Fire Safety Officer, Linda Mason

Compliance and Quality Assurance

<p>Provision IV. A</p>	<p><u>Document Development and Revision</u>. The State shall revise and/or develop policies, procedures, protocols, training curricula, and practices as necessary to make them compliant with the provisions of this Agreement. The State shall revise and/or develop as necessary other written documents such as screening tools, handbooks, manuals, and forms to effectuate the provisions of this Agreement.</p>
<p>Status</p>	<p>Substantial Compliance (as of December 31, 2007) <i>Given the agency-level focus of this provision, a single compliance rating is offered.</i></p>
<p>Discussion</p>	<p>As stated in the previous Monitors' Reports, many policies were drafted and submitted for review comment by the Monitors. A total of 22 policies have been revised and signed into effect by the Secretary of the Department of Juvenile Services. These include:</p> <ul style="list-style-type: none"> ▪ Admission and Orientation ▪ Behavior Management ▪ Classification ▪ Criminal Background Checks ▪ General Documentation of Log Books ▪ Incident Reporting ▪ Key Control ▪ Perimeter Security ▪ Pharmaceutical Services ▪ Photographing of Injuries ▪ Post Orders ▪ Recreation ▪ Reporting and Investigating Child Abuse ▪ Safety and Security Inspections ▪ Searches ▪ Seclusion ▪ Suicide Prevention ▪ Treatment Services Plan ▪ Use of CPM Techniques ▪ Videotaping Incidents ▪ Youth Grievances ▪ Youth Movement and Count <p>Most of these policies are related to general facility operations and practices to protect youth from harm. The other substantive areas of this Agreement are also covered by written guidelines and standards. Further, each of the substantive areas has a set of forms, manuals, and handbooks used to effectuate the provisions of the Agreement.</p>

	<p>DJS has only one agency policy related to education (<i>Coordination with Community Agencies and Educational Institutions</i>), but procedures are governed by the Maryland State Department of Education (MSDE) special education regulations. Both schools use these guidelines.</p> <p>With regard to medical services, the agency has 10 policies covering the following areas:</p> <ul style="list-style-type: none"> ▪ Sick call; ▪ Youth participation in experimental research; ▪ Notification of illness, injury, surgery or death; ▪ Communicable diseases; ▪ Pharmaceutical services; ▪ First aid kits; ▪ Handling contaminated waste; ▪ AIDS; ▪ Emergency medical services; and ▪ Bloodborne pathogens. <p>Mental health services are guided by five policies covering: suicide prevention, substance abuse treatment, psychological evaluations, drug and alcohol abuse assessment, and treatment service planning.</p> <p>Finally, facility operations relative to fire safety are covered by policies that discuss: use of flammable, toxic and caustic materials, emergency evacuation procedures, and safety and security inspections.</p>
Recommendations	The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007.
Evidentiary Basis	Policy review

Provision IV. B	<u>Document Review</u> . Written State policies, procedures and protocols that address the provisions of this Agreement regarding the following topics shall be submitted to the Monitoring Team for review and approval within ninety (90) calendar days of the execution of this Agreement: use of force/crisis management; use of restraints and seclusion; mental health, medical and dental screening and assessment; treatment planning; and medication administration and monitoring. The State shall supply the DOJ with copies of all such policies, procedures and protocols when it submits them to the Monitoring Team. The Monitoring Team shall approve and/or suggest revisions to these policies, procedures and protocols within thirty (30) days of receipt, unless a longer period is agreed upon by the parties.
Status	<i>Given the agency-level focus of this provision, a single compliance rating is offered.</i> Substantial Compliance (as of June 30, 2007)
Discussion	<p>The timeline within which this provision took effect was disturbed by the resignation of the original Monitoring Team Leader. The State's compliance with this issue, beginning March 1, 2006 when the new team leader was assigned, is summarized below.</p> <p>The Department's Use of Force policy (i.e., Use of Crisis Prevention Management Techniques, RF-02-07) was issued on March 27, 2007. The Seclusion policy (RF-01-07) was issued on January 8, 2007. Procedures and protocols related to the use of force are also addressed by the facility's incident reporting process that requires the use of force to be described for multiple perspectives. Seclusion procedures and protocols are not only discussed in DJS policy, but have also been supplemented by a variety of Facility Operating Procedures (FOP), memo's, directives, and other written guidance for staff. Changes to the Incident Reporting Forms and Seclusion Observation Forms were submitted to the Monitor for comment and approval.</p> <p>Policies regarding Mental Health, Medical, and Dental Screening and Assessment; Treatment Planning; and Medication Administration and Monitoring have also been drafted and signed into effect.</p>
Recommendations	The State has been in substantial compliance with this provision for 12 months, beginning June 30, 2007.
Evidentiary Basis	Policy review

Provision IV. C	<u>Quality Assurance Programs</u> . The State shall develop and implement quality assurance programs for protection from harm, suicide prevention, mental health care, medical care, special education services and fire safety.
Status	<i>Given the agency-level focus of this provision, a single compliance rating is offered.</i> Substantial Compliance (as of June 30, 2008)
Discussion	<p>The Department has implemented a high-quality, comprehensive Quality Assurance program that will provide a sound mechanism for on-going review to ensure that the protections offered by the provisions of this Agreement remain in effect.</p> <p>The Department created a set of standards modeled after the provisions contained in this Agreement in the areas of protection from harm (which includes Fire Safety), special education, medical, and mental health. During the prior monitoring period, audits of only certain areas of facility operations occurred in November, 2007. During the current monitoring period, comprehensive audits of all areas of facility operations were conducted at Hickey (May, 2008) and CYF (April, 2008). Targeted reviews of areas that were not in full compliance at the time of the previous comprehensive audit were conducted at CYF in January and April, 2008 and at Hickey in January and March, 2008. Although these audits noted several deficiencies, in most cases, these deficiencies were in areas outside the scope of this Agreement or the QA team was holding the facility to a higher standard than that required by the Agreement.</p> <p>The Quality Assurance team includes a Director and subject-matter experts in protection from harm (n=2, plus peer reviewers from other facilities), medical, mental health and education. Not only are the staff extremely well-qualified, but they are also dedicated QA staff and therefore do not have to divert their attention to other duties. As a result, the QA process is both efficient and thorough.</p> <p>Written reports of the findings of each comprehensive and targeted review were of very high quality and remediated all of the deficits noted in the prior Monitors' Report. In addition to the reports for the two facilities included in this Agreement (CYF dated May 16, 2008 and Hickey dated June 6 2008), the DJS and the Monitor used reports from other DJS facilities to enhance the reporting template and refine the content. The reports now feature:</p> <ul style="list-style-type: none"> • A clear description of the rating scale used to evaluate compliance; • The full text of each standard, which will make the reports fit for broad distribution to those who may not be familiar with the QA process; • The methodology for assessing each standard (e.g., sampling, sources of information, tools used to collect and evaluate data); • The detailed findings in each area, along with examples to illustrate systemic deficiencies; and

	<ul style="list-style-type: none"> ▪ A list of items requiring corrective action. <p>Further, the QA reports and targeted reviews are also designed to provide technical assistance and guidance to help the facilities remediate any deficits. Given the breadth of experience and the frequency with which the team reviews other facilities throughout the state, the QA team is an excellent clearinghouse for effective practices in juvenile detention facilities.</p>
Recommendations	The State is in substantial compliance with this provision, as of June 30, 2008.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Discussions with the Director of Quality Assurance ▪ Quality Assurance reports for CYF (January, April and May, 2008) ▪ Quality Assurance reports for Hickey (January, March and June, 2008) ▪ Observation of Quality Assurance team audits, May 2008

Provision IV. D	<u>Corrective Action Plans</u> : DJS shall develop and implement policies and procedures as necessary to address problems that are uncovered during the course of its quality assurance activities. The State shall develop and implement corrective actions plans to address these problems.
Status	<i>Given the agency-level focus of this provision, a single compliance rating is offered.</i> Substantial Compliance (as of June 30, 2008)
Discussion	<p>In response to each comprehensive audit, facility administrators are tasked with developing quality improvement plans (QIPs) that describe how they will address the problems uncovered during the audit. The QIP format was modified during this monitoring period to incorporate the key elements of problem analysis, i.e., asking administrators to investigate the cause of the problem using both quantitative and qualitative data and then to craft interventions that target these underlying causes. QIPs also include a mechanism to determine whether the interventions have had a positive effect on the scope or level of the problem.</p> <p>The initial QIPs were completed just prior to this report's being issued and thus their effectiveness in remediating the identified problems cannot be rigorously assessed. On the surface, however, the QIPs from both Hickey and Cheltenham are well-conceptualized and if properly monitored and implemented, have the potential to improve the conditions of confinement in the detention facilities. Increasing the use of hard data and writing improvement goals that are both specific and measurable are areas that should be fortified.</p>
Recommendations	The State is in substantial compliance with this provision as of June 30, 2008.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Discussions with the DJS Director of Quality Assurance ▪ QIP for CYF dated June 6, 2008 ▪ QIP for Hickey dated June 27, 2008