JUVENILE JUSTICE MONITORING UNIT

OFFICE OF THE ATTORNEY GENERAL

2013 ANNUAL REPORT

NICK MORONEY
Director

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

January 2014

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

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

Members of the General Assembly

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

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

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

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

Enclosed please find the 2013 Annual Report of the Juvenile Justice Monitoring Unit (JJMU). The report provides data and analysis concerning treatment of and services provided to Maryland youth in Maryland Department of Juvenile Services (DJS) directly run and licensed facilities throughout the State.

The annual report covers the 2013 calendar year and includes a facility update section that incorporates findings through the fourth quarter of 2013. The Department of Juvenile Services' response to the report is also included, as indicated on the contents page.

The report begins with an acknowledgement of recent improvements including work undertaken to reduce detention center populations through the use of appropriate alternatives.

In the section entitled 'Introduction: Maryland Juvenile Services Reform', the JJMU specifies further improvements in order to ensure effective treatment is available to youth.

The year 2013 marks the thirteenth anniversary of the creation of the Independent Monitor's Office (established in 2000) and this document is the eleventh annual report since codification of the office in 2002. All current and prior reports of the Juvenile Justice Monitoring Unit and related DJS responses are available through our website at www.oag.state.md.us/jjmu.

The JJMU Annual Report for 2013 was produced by Nick Moroney, José Saavedra, Tim Snyder and Eliza Steele. We respectfully submit this report to the Governor, members of the General Assembly, the Secretary of Juvenile Services, and members of the State Advisory Board on Juvenile Services as required by *Md. State Govt. Code Ann. §6-404 et seq. (Replacement Volume 2009).*

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

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

Respectfully submitted,

Nick Moroney

Nick Moroney
Director
Juvenile Justice Monitoring Unit

Cc: The Honorable Katherine Winfree, Chief Deputy Attorney General
Ms. Susanne Brogan, Treasurer's Office
Mr. Ronojoy Sen et al, StateStat Office
Deputy Secretary Linda McWilliams, Mr. Karl Pothier and Mr. Jay Cleary, DJS
José Saavedra, Tim Snyder and Eliza Steele, JJMU

JUVENILE JUSTICE MONITORING UNIT
2013 ANNUAL REPORT

TABLE OF CONTENTS

OVERVIEW…….…. 5

INTRODUCTION – MARYLAND JUVENILE SERVICES REFORM … 6

I. **Detention Population and Alternatives** ……..... 8

II. **Incidents, Safety and Violence Reduction in Large Facilities** ……..... 10

III. **Index for Smaller Facility Updates** ……..... 16

Smaller Facility Updates…….…… 17

Appendices:

Appendix A – The JJMU in 2013 …….…….... 26

Appendix B – JJMU Monitoring Responsibilities …….. 28

JJMU Staff Biographies ……..... 29

A Brief History of the JJMU …….. 30

DJS RESPONSE to the 2013 JJMU Annual Report …… 31
(including Maryland State Department of Education Response)

Juvenile Justice Monitoring Unit
Annual Report for 2013

OVERVIEW

Progress continues and challenges remain in the protection from harm and provision of appropriate services to Maryland's most vulnerable and challenged youth:

- ✓ The average daily population of youth in secure detention centers across Maryland in 2013 decreased by 15% compared with 2012 (and by 24% compared to 2011). See page 7.

- ✓ The Department of Juvenile Services has continued to make progress in reducing the number of youth stuck in a detention center while waiting to go for treatment. See page 8.

- ✓ Incidents involving aggression decreased at the DJS operated youth detention centers in Baltimore City (BCJJC), Prince George's County (CYF), Baltimore County (Hickey), Montgomery County (Noyes), and Wicomico County (LESCC).

- ✓ Utilization of physical restraint decreased at BCJJC, CYF, Noyes, and at the all-female Waxter detention center in Anne Arundel County.

- ✓ Use of seclusion declined at the BCJJC, CYF, Noyes and LESCC detention centers.

- Incidents of aggression increased at the DJS operated treatment centers in western Maryland (Victor Cullen and the youth centers).

- Physical restraints on youth in treatment increased at the youth centers and remained high at the Carter treatment center for girls and at Victor Cullen.

- Usage of seclusion increased and the use of mechanical restraints remained high at Cullen.

- The use of mechanical restraints increased at the youth centers and at Carter.

- All treatment facilities where DJS youth are held should offer evidence-based programs in small, non-restrictive settings that provide trauma-informed services to youth and staff. See Introduction, page 6.

INTRODUCTION: MARYLAND JUVENILE SERVICES REFORM

The Juvenile Justice Monitoring Unit (JJMU) strongly believes in the right of DJS-involved youth to have access to individualized, evidence-based services provided by qualified treatment professionals.

In recent years, the Department of Juvenile Services (DJS) has significantly improved the level of safety for youth and staff in the facilities it operates and licenses. As the issues of physical abuse and mistreatment become more discrete, efforts should be concentrated on ensuring the delivery of meaningful, individualized and evidence-based treatment services to youth in non-restrictive settings. The JJMU has identified the following as steps in that direction:

- Enhance staff training, pay, retirement benefits and education qualifications

All DJS staff should be treatment specialists. To that end, DJS entry level training should be founded on an evidence-based, trauma-informed model of care. Baseline pay and retirement benefits should be equal to state employees in other comparable state agencies. DJS staff should also have access to educational benefits to further professionalize the workforce.

- Commission a treatment utilization study

In order to right size the system and ensure that only youth who cannot be served in the community are in out-of-home placements, the Department should examine which youth are in residential facilities and why. The results of the study should inform the distribution of treatment resources across the state. Ineffective facilities should be phased out of the system.

- Provide effective treatment services to youth at home

Youth who can be served at home should have access to individualized and evidence-based services in small, non-restrictive (non-residential) settings located within their communities. Intensive and individualized mental health services should be offered through the state and local human services agencies in community-based settings.

- Increase the quality of services provided in remaining residential facilities

All residential facilities should offer evidence-based treatment programs in small, non-restrictive settings that provide trauma-informed services to youth and staff. All of the components of the programs, including staff training and crisis intervention techniques, should be in accord with the ultimate goal of providing individualized, evidence-based and trauma-informed treatment.

Treatment facilities should serve small populations and be able to take advantage of resources in nearby communities. There should be opportunities for robust educational, recreational, and professional experiences both on and off campus. Youth in residential

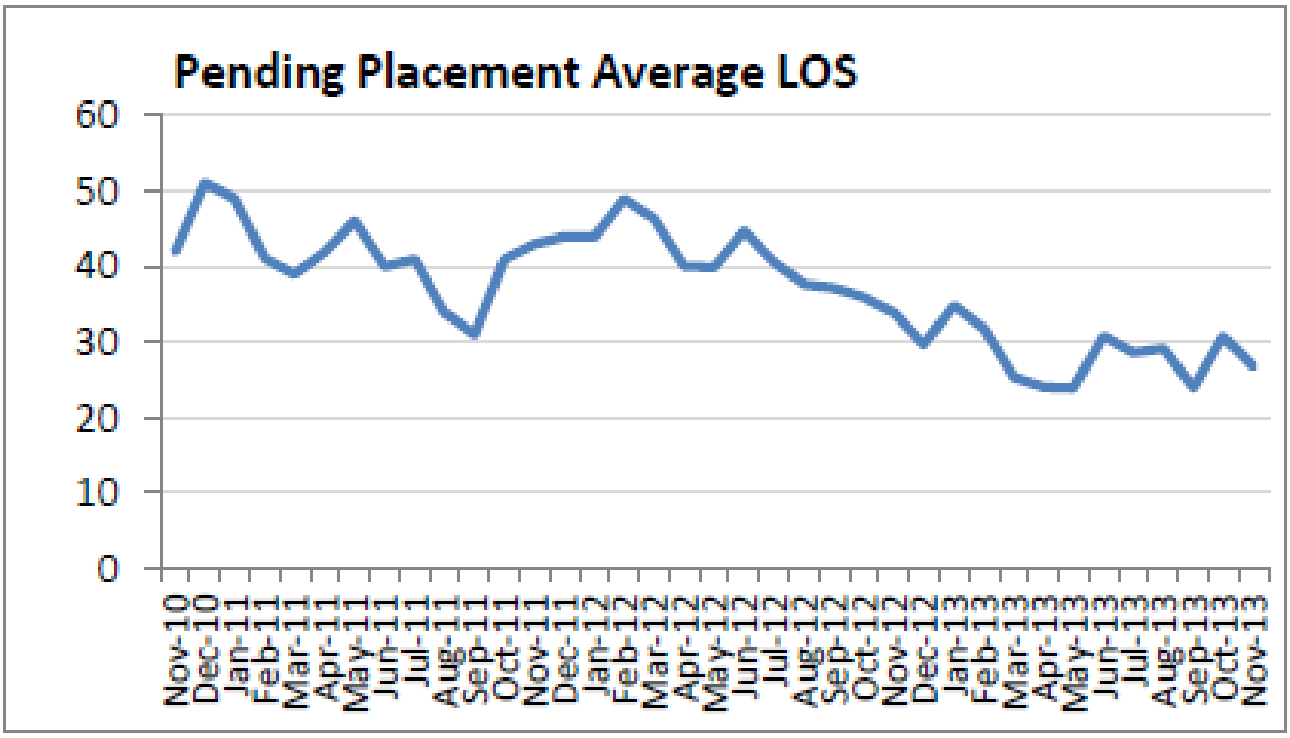
placements should remain near their home communities and have increased access to their families to facilitate comprehensive treatment and successful aftercare.

While much remains to be accomplished, the Department has had marked success in reducing the numbers of youth in secure detention and in reducing time committed youth spent waiting to begin a program. Further reform and reductions in recidivism will necessitate widespread availability of evidence-based and individualized treatment for youth in or near their home communities.

I. Detention Center Population and Alternatives

Data tabulated below indicates extensive declines in daily population during 2013 at DJS detention centers throughout Maryland. The downward trend in the use of secure detention is one of the most positive developments in the Maryland juvenile justice system for many years.

FACILITY	DJS-Set Capacity	High Population 2011/2012/2013	Low Population 2011/2012/2013	Average Population 2011/2012/2013	Days Over Capacity 2011/2012/2013
BCJJC	120	130/123/103	94/53/53	115/98/81	110/17/0
CYF	115	135/128/116	91/72/58	114/104/88	158/65/3
HICKEY	72	97/92/79	51/39/34	74/60/52	212/79/13
LESCC	24	31/33/27	11/15/12	23/19/20	173/195/23
NOYES	57	65/63/52	27/32/23	44/49/37	9/31/0
WAXTER	42	53/43/36	12/12/12	32/31/26	28/54/0
WMCC	24	30/36/29	17/14/13	25/22/21	201/100/47



Source: Maryland StateStat.

The chart above shows the average number of days youth spent waiting to go to a treatment program.

The drivers pushing down secure detention populations included the utilization of appropriate alternatives to pre-adjudication secure detention and a lessening of the time youth spent post-adjudication waiting for a treatment slot to open up (see pending placement average length of stay chart above). The Department and the courts should continue to cut the numbers of youth stuck in detention through the comprehensive use of proven alternatives to secure detention and expanded use of local treatment resources.

The Department, the Juvenile Detention Alternatives Initiative (JDAI) of the Annie E. Casey Foundation and the courts have together reinvigorated efforts to identify proven and appropriate alternatives to secure detention so non-violent youth are not stuck in a inappropriate and expensive maximum security detention environment.

The Department should follow up on plans to expand JDAI statewide. Comprehensive use of appropriate detention alternatives will further lower the secure detention population. A lasting solution to excessive lengths of stay in secure and community detention should also include increased usage of in-state, community-based treatment options for youth.

II. Incidents, Safety and Violence Reduction in Large Facilities

Incidents of aggression increased during 2013 at the DJS operated treatment centers in western Maryland (Victor Cullen and the four youth centers). Incidents of aggression decreased at BCJJC, CYF and the Hickey School - the three most populous DJS operated detention centers. The charts on the following pages detail alleged aggression, potential self-harm and contraband finds at the larger treatment centers and detention facilities.

Treatment Center

Youth Centers x4

DJS operates four unfenced treatment centers for boys: Green Ridge in Allegany County, and Meadow Mountain, Savage Mountain and Backbone Mountain in Garrett County. The average combined daily population in 2013 was 146 youth.

Youth Centers COMBINED – Selected Incident Categories	2011	2012	2013
1. Youth on Youth Assault/Fight	118	174	181
2. Alleged Youth on Staff Assault	38	19	44
3. Restraint	220	253	381
4. Restraint with Handcuffs and/or Shackles	45	52	91
5. Seclusion	0	0	0
6. Contraband	45	50	45
7. Suicide Ideation/Attempt	24	15	21

As indicated in the chart above, reported incidents have increased substantially at the youth centers. All DJS staff should be trained treatment specialists. The Department should further enhance staffing levels, particularly at Savage Mountain where the physical plant hampers effective supervision. The Department should implement an evidence-based treatment model and increase activities for youth. The installation of a comprehensive security camera system at the centers should also be a priority.

The Maryland State Department of Education (MSDE) provides education services at the youth centers. All core education classes should be offered at the centers and MSDE should also provide hands-on vocational education programs leading to certification.

Treatment Center

Victor Cullen

Victor Cullen (Cullen) is an all-male 48-bed hardware secure (high security) treatment facility in Frederick County operated by the Department of Juvenile Services (DJS/the Department).

Victor Cullen – Selected Incident Categories	2011	2012	2013
1. Youth on Youth Assault/Fight	94	69	85
2. Alleged Youth on Staff Assault	73	33	30
3. Restraint	346	287	283
4. Restraint with Handcuffs and/or Shackles	199	195	171
5. Seclusion	47	86	97
6. Contraband	49	13	17
7. Suicide Ideation/Attempt	6	9	7

As indicated in the chart above, assaults and fights, restraints and seclusion remain high at Victor Cullen.

Youth should have access to comprehensive treatment programming. The Department should train all staff to be treatment specialists and implement an evidence-based, trauma informed treatment program. Victor Cullen should be staffed with four mental health counselors and a mental health supervisor.

The Maryland State Department of Education (MSDE) provides core educational instruction at Victor Cullen. Youth should have access to wide-ranging and hands-on vocational programming leading to certification and job placement. Additionally, cameras should be installed in the school building.

Treatment Center

Silver Oak Academy

Silver Oak Academy (SOA), located in Carroll County, is a privately operated treatment center for boys licensed by the Maryland Department of Juvenile Services (DJS). In June 2013, the license was amended to increase Silver Oak's capacity from 48 to 96. At times during the fourth quarter of 2013, the population at SOA surpassed 70 and then decreased to 55 by the end of the year.

In response to increased population, direct care, clinical and educational staff were added to ensure that Silver Oak continued to provide youth with evidence-based treatment services and robust educational, vocational and athletic programs in a nonrestrictive setting. The chart below indicates that reported incidents at Silver Oak remained low throughout 2013.

SOA – Selected Incident Categories	2011	2012	2013
1. Youth on Youth Assault/Fight	14	19	24
2. Alleged Youth on Staff Assault	6	4	3
3. Restraint	16	18	17
4. Restraint with Handcuffs and/or Shackles	0	0	0
5. Seclusion	0	0	0
6. Contraband	1	15	24
7. Suicide Ideation/Attempt	0	1	2

The comprehensive therapeutic program at Silver Oak consists of a wide range of educational opportunities for youth, on and off campus, including the possibility to graduate from high school and attend local community colleges. Formal on-campus vocational programs leading to certification are complemented by the opportunity to pursue part-time employment in the community. Youth are also able to participate in interscholastic sports. Upon returning home, Silver Oak provides youth with six months of aftercare services.

An evidence-based treatment model and comprehensive vocational, core educational and athletic resources comparable in quality and variety to those available to youth at Silver Oak should be accessible to youth at all DJS operated treatment facilities.

Detention Center

Baltimore City Juvenile Justice Center

The Baltimore City Juvenile Justice Center (BCJJC) is a state-owned and operated maximum security detention center for boys with a DJS-rated 120-bed housing capacity.

In 2013, there were 2231 total youth entries to BCJJC, an 18% decline compared to 2012. African American youth represented 97% of the population, down from 98% in 2012.

BCJJC – Selected Incident Categories	2011	2012	2013
1. Youth on Youth Assault/Fight	352	264	209
2. Alleged Youth on Staff Assault	47	28	13
3. Restraint	591	428	347
4. Restraint with Handcuffs and/or Shackles	186	136	114
5. Seclusion	530	394	246
6. Contraband	49	42	26
7. Suicide Ideation/Attempt	27	34	17

The chart above indicates there was a substantial reduction in incidents of aggression at BCJJC in 2013 compared with the prior two years. Between 2012 and 2013, there was a 21% reduction in assaults/fights, a 19% reduction in physical restraints, a 38% reduction in the use of seclusion and a 50% reduction in suicide ideation and attempts.

Detention Center

Cheltenham Youth Facility

The Cheltenham Youth Facility (CYF/Cheltenham) in Prince George's County is a state owned and operated maximum security detention center for 12 to 18 year old boys. The DJS rated capacity is 115 youth. There were 13% fewer entries to Cheltenham in 2013 compared to 2012. African American youth represented 79% of youth entries in both 2012 and 2013.

CYF – Selected Incident Categories	2011	2012	2013
1. Youth on Youth Assault/Fight	370	259	187
2. Alleged Youth on Staff Assault	44	36	22
3. Restraint	555	454	299
4. Restraint with Handcuffs and/or Shackles	44	36	17
5. Seclusion	138	61	7
6. Contraband	14	21	21
7. Suicide Ideation/Attempt	74	48	22

There has been a significant reduction in aggressive incidents at Cheltenham in recent years. In 2013, there was a 28% reduction in assaults/fights, a 34% reduction in restraints, an 89% reduction in the use of seclusion and a 54% reduction in suicide ideation/attempts, compared to 2012.

Detention Center

Charles H. Hickey, Jr., School

The Charles H. Hickey, Jr., School (Hickey) in Baltimore County is a 72-bed detention center for boys which is owned and operated by the Maryland Department of Juvenile Services. The average daily population during 2013 was 52, down 13% in comparison to 2012.

Hickey – Selected Incident Categories	2011	2012	2013
1. Youth on Youth Assault/Fight	236	153	130
2. Alleged Youth on Staff Assault	41	22	12
3. Restraint	254	249	303
4. Restraint with Handcuffs and/or Shackles	13	18	31
5. Seclusion	53	53	72
6. Contraband	34	6	7
7. Suicide Ideation/Attempt	66	49	36

As indicated in the chart above, incidents of aggression at Hickey decreased in 2013 while the use of physical and mechanical restraints increased. The number of restraints peaked during the second quarter. However, during the third quarter of 2013, administrators at Hickey began providing supplementary staff training and introduced additional steps to the incident reporting process designed to decrease the use of physical and mechanical restraints. During the fourth quarter of 2013, there were 47% fewer physical restraints than during the second quarter. Efforts to minimize the use of physical restraints should continue at Hickey and be expanded to other facilities.

During 2013, there were two incidents at Hickey (113597, 115447) in which the involved staffers reviewed relevant video footage before writing witness statements for the incident reports and being interviewed by investigators (both incidents were investigated by the Department's Office of the Inspector General and Child Protective Services). DJS should ensure that staffers do not participate in the video review process, for training or any other purpose, until a supervisor has preliminarily determined that the incident is not likely to result in an allegation of abuse or investigation.

III. INDIVIDUAL FACILITY UPDATES –

INDIVIDUAL FACILITY UPDATES INDEX

1. Alfred D. Noyes Children's Center …….. 17

2. J. DeWeese Carter Children's Center ……. 18

3. Karma Academy – Randallstown ……. 20

4. Kent Youth Boys' Group Home …… 20

5. Lower Eastern Shore Children's Center …..... 21

6. Liberty House Shelter for Boys ……..…….. 22

7. Morningstar Youth Academy ……..…….. 22

8. One Love Group Home for Boys 22

9. Thomas J. S. Waxter Children's Center …….. 23

10. The Way Home – Mountain Manor …….. 24

11. Western Maryland Children's Center…… 24

12. William Donald Schaefer House…… 25

JJMU ANNUAL REPORT - INDIVIDUAL FACILITY UPDATES

Alfred D. Noyes Children's Center

The Alfred D. Noyes Children's Center (Noyes) in Montgomery County is a state-owned and operated maximum-security detention center with a DJS rated capacity of 57 youth. However, Noyes is over 40 years old and the DJS rated capacity includes double occupancy cells which contravene the best practice of ensuring that each youth has his or her own cell.

In 2013, there were 704 youth entries to Noyes, a 23% decline from 2012. African American youth at Noyes comprised 70% of the population in both 2012 and 2013.

The Maryland State Department of Education provides six hours of instruction on weekdays in three trailers in the backyard of the facility. Classes are also held inside the education resource room in the main detention building.

There should be security cameras in the education trailers, the education resource room and the gymnasium. Comprehensive video coverage enhances safety, facilitates accurate incident reporting, and contributes to effective staff training.

There is no dedicated infirmary at Noyes – youth who need to be separated from the general population for medical reasons are placed in the larger four-bed cells.

Noyes – Selected Incident Categories	2011	2012	2013
1. Youth on Youth Assault/Fight	97	84	53
2. Alleged Youth on Staff Assault	20	14	9
3. Restraint	189	139	103
4. Restraint with Handcuffs and/or Shackles	15	6	11
5. Seclusion	39	19	11
6. Contraband	13	8	15
7. Suicide Ideation/Attempt	24	21	22

There has been a significant reduction in aggressive incidents at Noyes in recent years. In 2013, there was a 37% decrease in assaults and fights, a 26% decrease in restraints and a 42% decrease in the use of seclusion compared to 2012. Incidents involving suicide ideation have not decreased.

J. DeWeese Carter Children's Center

The J. DeWeese Carter Center (Carter) is a DJS operated, 14-bed hardware secure treatment facility for girls located on the eastern shore of Maryland. The average daily population at Carter during 2013 was 11, equal to the population level in 2012.

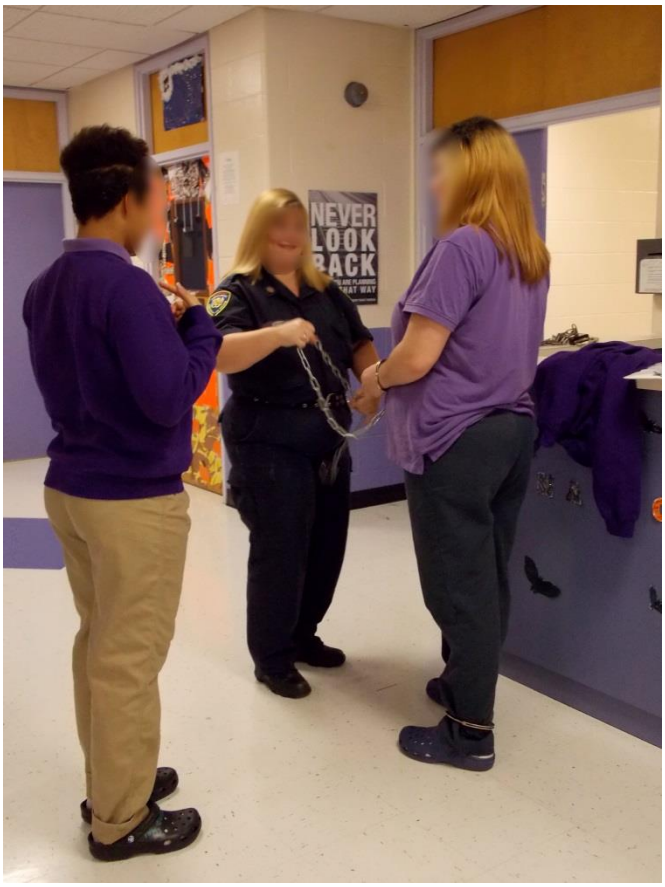
There is no cohesive treatment program at Carter. DJS data shows that, in 2010, 75% of girls in out-of-home placements had a moderate to high mental health need.[1] To provide meaningful rehabilitative services to girls at Carter, DJS should adopt an evidence-based, trauma-informed treatment model and train all staff accordingly.

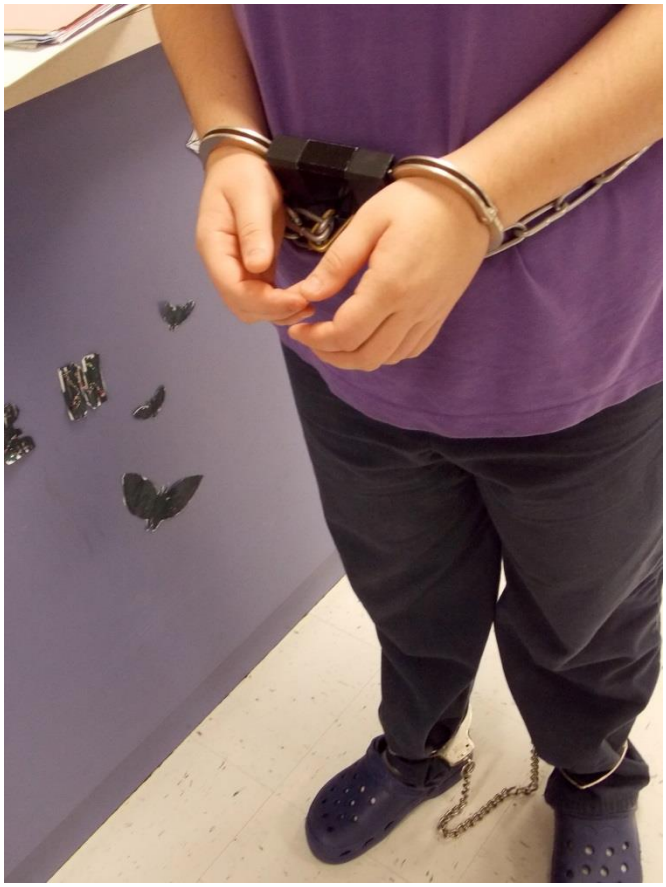
The Department's data also shows that 90% of girls in out-of-home-placements in 2010 had a moderate to high family need.[2] DJS should enhance the level of family involvement by incorporating home passes (of gradually increasing duration) into the program as early as possible. Similarly, DJS should increase the number of weekly phone calls for youth in treatment, as it currently equals the amount allotted to youth in detention.

Carter – Selected Incident Categories	2012	2013
1. Youth on Youth Assault/Fight	6	6
2. Alleged Youth on Staff Assault	11	2
3. Restraint	44	43
4. Restraint with Handcuffs and/or Shackles	1	10
5. Seclusion	12	9
6. Contraband	4	0
7. Suicide Ideation/Attempt	18	15

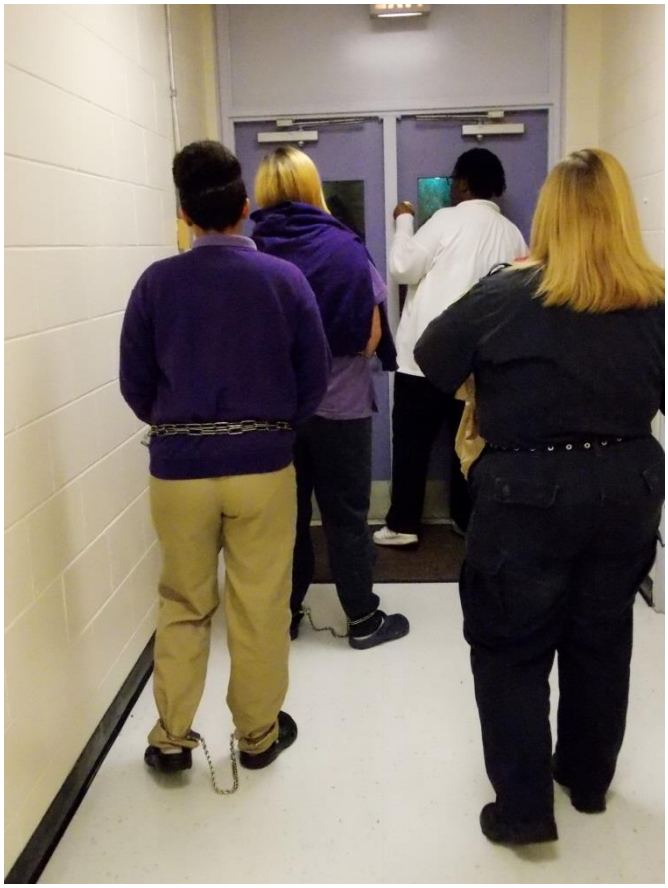
Incidents of aggression remained low at Carter during 2013, although the use of mechanical restraints increased from one in 2012 to ten in 2013. According to a report by the U.S. Attorney General, trauma-specific treatment is "free from the use of…restraints."[3] Furthermore, DJS policy states that physical and mechanical restraints are only to be used as a last resort when a youth is an imminent threat to herself or others, or is actively trying to escape.[4]

[1] DJS Report on Female Offenders, February 2012, p.11. The full report can be accessed here: http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf
[2] DJS Report on Female Offenders, February 2012, p.11.
[3] Defending Childhood Initiative, "Report of the Attorney General's National Task Force on Children Exposed to Violence," December 2012. P 210. The full report can be accessed here: http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf
[4] Md. Dept of Juvenile Services Policy and Procedure RF-02-07.





The girls pictured here were preparing to take their GED tests. Both were on the highest level of the behavior management program and eligible for weekend home passes at the time the photos were taken.



As illustrated by the photographs on the previous page, DJS applies mechanical restraints (shackles, handcuffs and belly chains fastened in black boxes) to youth being transported to and from medical and educational appointments. Youth remain in the apparatus during receipt of medical services.

This practice applies to girls at Carter regardless of their level in the behavior management program. In the event that a pregnant girl placed at Carter needs to be transported, handcuffs only are applied during the first two trimesters. During the final trimester, no mechanical restraints of any kind are applied.

For the third consecutive year, DJS implemented a curfew during winter months which prohibits outdoor movement after dark. Due to the limits of the physical plant and a continued vacancy for a recreation specialist, opportunities for structured exercise indoors at Carter are extremely limited. Because of the curfew, there are no trips to the community recreation center. DJS policy states that youth shall receive one hour of large muscle activity daily. However, because of a lack of resources at Carter, it is very difficult for girls at Carter to routinely participate in one hour of physical exercise.

The Maryland State Department of Education operates the school at Carter, which includes the vocational education program. Carter is not currently staffed with a full time special education or vocational instructor. Additionally, ServSafe, a week-long course in food hygiene, the only vocational program available to girls at Carter, is only offered intermittently.

During the fourth quarter, a youth who had previously earned her GED was placed at Carter. Youth in possession of a high school diploma or GED should have access to higher education in addition to vocational opportunities. Aside from ServSafe, there are currently no vocational or higher education opportunities available at Carter. Since girls are in treatment at Carter for at least six to nine months, all youth should have regular and ongoing access to vocational education, including formal training programs that lead to certification, internships and part-time employment.

Karma Academy - Randallstown

The Karma Academy for Boys (Karma) is a privately operated group home licensed by the Maryland Department of Juvenile Services to serve up to eight youth with low-level sex offenses. Youth receive treatment services on grounds and attend a local public high school. In 2013, Karma continued to serve youth in a safe, nonrestrictive environment and reported incidents remained low throughout the year.

Kent Youth Boys' Group Home

The Kent Youth Boys' Group Home (Kent Youth) is a privately operated group home licensed by the Department of Juvenile Services to serve up to ten youth. Residents at Kent Youth attend a local public high school where they may participate in school sports, depending on academic performance. Youth participate in several treatment groups in addition to individual treatment services and those who are eligible also participate in off-grounds activities.

During 2013, reported incidents remained low and Kent Youth continued to provide treatment services in a safe and nonrestrictive setting. Kent Youth is a valuable program that effectively serves young people who may otherwise be more deeply involved in the juvenile justice system.

Lower Eastern Shore Children's Center

The Lower Easter Shore Children's Center (LESCC) in Salisbury is a 24-bed maximum-security detention facility owned and operated by the Maryland Department of Juvenile Services (DJS/the Department).

The Maryland State Department of Education provides youth in detention at LESCC with core education classes, a GED preparation course and two vocational education programs leading to certification.

LESCC – Selected Incident Categories	2011	2012	2013
1. Youth on Youth Assault/Fight	53	41	27
2. Alleged Youth on Staff Assault	13	11	2
3. Restraint	76	91	160
4. Restraint with Handcuffs and/or Shackles	11	13	6
5. Seclusion	12	19	8
6. Contraband	5	7	10
7. Suicide Ideation/Attempt	26	13	26

Throughout 2013, there were vacancies for several clinical counselors at LESCC and suicide ideations doubled while physical restraints increased by 76%.

However, the number of fights/assaults decreased and staff managed to maintain a well-structured and caring environment.

Liberty House Shelter for Boys

Liberty House began operating as a shelter-care facility licensed by the Department of Juvenile Services during the second quarter of 2011. The facility offers a 24-hour residential alternative to detention for boys 13 to 18 years old. The program emphasizes therapy and tutoring in life skills and coordinates with local providers for medical, behavioral health and legal services as needed. There were few incidents at Liberty during 2013 and the facility offered an appropriate alternative to secure detention for youth.

Morningstar Youth Academy

The Maryland Department of Juvenile Services (DJS/the Department) licenses Morning Star Youth Academy (Morning Star) to serve up to 40 youth. The facility is located in rural Dorchester County on the eastern shore.

The educational program has been insufficient to meet youths' needs during most of this year. In December, Morning Star shifted its education program to a distance-learning model.

Reported incidents remained low and Morning Star continued to provide treatment services for youth in a safe environment during 2013.

One Love Group Home for Boys

The One Love Group Home is located in the Northwood community in Baltimore City. The facility is operated by Building Communities Today for Tomorrow, Inc., and began accepting admissions during the first quarter of 2011. One Love provides a comfortable, home-like environment for adjudicated boys ages 14 to 17. Youth are referred to the home by DJS, which also licenses the facility.

Youth at One Love attend local schools. The program includes a case manager who works with youth and local school administrators in assuring youth receive appropriate education services. Throughout 2013, incidents remained rare and staff continued to provide personal attention and mentoring within a less restrictive setting than youth would experience in an institution.

The One Love program encourages individual development and includes individualized and group therapy, academic tutoring, conflict resolution, and money management. The home and staff offer a positive and constructive program to help redirect children who might otherwise become more deeply involved with the juvenile justice system.

Thomas J. S. Waxter Children's Center

The Thomas J.S. Waxter Children's Center (Waxter) is the only all-female youth detention center in the state. Waxter is located in Anne Arundel County and has a DJS rated capacity of 42 beds. During 2013, the average daily population was 26, down 16% compared to 2012.

Waxter – Selected Incident Categories	2012	2013
1. Youth on Youth Assault/Fight	93	106
2. Alleged Youth on Staff Assault	24	15
3. Restraint	226	172
4. Restraint with Handcuffs and/or Shackles	9	8
5. Seclusion	29	26
6. Contraband	10	18
7. Suicide Ideation/Attempt	75	117

During 2013 there was a 14% increase in fights/assaults, however, physical restraints decreased by 24%.

There was a 56% increase in the number of incidents involving suicidal behavior. Data produced by the Department shows that, in 2010, 75% of girls in out-of-home placements had a moderate to high mental health need, compared to 57% of boys.[5] However, the availability of mental health services at Waxter is inferior to that at comparable facilities for boys (Cheltenham Youth Facility and Charles H. Hickey, Jr. School). The Department should ensure that there are mental health clinicians on site at Waxter during the majority of waking hours, as there are at CYF and Hickey.

[5] DJS Report on Female Offenders, February 2012, p.11. The full report can be accessed here: http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf

The Way Home – Mountain Manor

The Way Home, located within the Mountain Manor complex in West Baltimore, is a privately operated group home licensed by the Department of Juvenile Services to serve adjudicated female youth. Girls at the Way Home receive treatment services on grounds, attend local public schools or community colleges, and can pursue part-time employment. Incidents remained low during 2013 and the Way Home continued to provide girls with treatment services in a safe environment.

Western Maryland Children's Center

The Western Maryland Children's Center (WMCC) in Washington County is a state owned and operated maximum-security detention center for males. The DJS-rated capacity is 24 youth. In 2013, there was a 9% decline in youth entries compared with 2012. African American youth comprised 49% of the population, a two percent increase from 2012. White/Caucasian youth comprised 48% of the population, a one percent drop over 2012.
Currently, there is one case manager for 24 youth. The Department should expedite the hiring of a second case manager.

WMCC – Selected Incident Categories	2011	2012	2013
1. Youth on Youth Assault/Fight	46	20	40
2. Alleged Youth on Staff Assault	11	9	0
3. Restraint	111	72	87
4. Restraint with Handcuffs and/or Shackles	29	17	11
5. Seclusion	8	12	8
6. Contraband	7	5	4
7. Suicide Ideation/Attempt	12	9	14

During 2013, fights/assaults and restraints increased in comparison to 2012. The use of seclusion and mechanical restraints decreased. A 56% increase in suicide ideation points to a need for enhanced mental health services at WMCC.

William Donald Schaefer House

The William Donald Schaefer House (WDSH) is a 19-bed facility operated by the Department of Juvenile Services (DJS) that serves adjudicated boys in need of substance abuse treatment. Four substance abuse counselors (two of whom are licensed clinical social workers) provide treatment to youth placed at WDSH. The Maryland State Department of Education provides onsite education services, however, there is currently no vocational program available to youth at WDSH. Reported incidents remained low during 2013 and WDSH continued to serve youth in a safe environment.

Appendix A

The Juvenile Justice Monitoring Unit in 2013

In calendar year 2013, our staff conducted over 400 facility monitoring visits (including facility related meetings) that resulted in 73 monitoring reports. These included the 2012 Annual Report with individual facility updates (published in February of 2013), in addition to the contents of the compilations for the first, second and third quarters of 2013. All reports of the Juvenile Justice Monitoring Unit are available at www.oag.state.md.us/jjmu

Throughout 2013, the Unit worked diligently with the Maryland Department of Juvenile Services and a variety of state and local agencies and youth-serving organizations to improve the quality of services for Maryland youth. The agencies and organizations included the Juvenile Detention Alternatives Initiative of the Annie E. Casey Foundation; the Maryland State Advisory Board for Juvenile Services and various facility advisory boards; Advocates for Children and Youth (ACY); the Female Youth Workgroup; Maryland State's Attorneys' Offices; the Maryland Office of the Public Defender including the Juvenile Protection Division; the Maryland Disability Law Center; the American Civil Liberties Union of Maryland; Child Protective Services; and the Montgomery County Commission on Juvenile Justice.

1. Current Issues

In 2013, the JJMU continued to work with DJS and other stakeholders to address particular concerns including: overpopulation at detention centers; long waiting periods for adjudicated youth before treatment placement; inadequate services for female youth; and a shortage of appropriate alternatives to detention.

As of early 2014, population at all of the DJS secure detention centers is lower than it has ever been. Similarly, the numbers of youth awaiting treatment has declined from approximately half the daily population at the largest detention centers to less than one-third. The availability and utilization of alternatives to secure detention have increased. In addition to working to further improve conditions for youth in the Maryland juvenile justice system, the JJMU continues to ensure that all stakeholders are aware of the most significant issues in Maryland juvenile justice.

2. Personnel

Number of staff: 4 (including the director and not including unfilled vacancies). Brief staff biographies are on page 30.

3. The Monitor's Function

Throughout 2013, the Juvenile Justice Monitoring Unit investigated and reported on conditions at 21 Maryland Department of Juvenile Services operated and licensed facilities per *Md. State Govt. Code Ann. §6-404 (2009 Replacement Volume).*

The facilities monitored by JJMU included DJS-operated detention centers and committed care programs, as well as privately operated shelters and committed care programs. Reports of the Unit's evaluations are issued on a quarterly basis and address the following issues:

- Treatment of and services to youth, including:
  - whether their needs are being met in compliance with State law;
  - whether their rights are being upheld;
  - whether they are being abused;
- Physical conditions of the facility;
- Adequacy of staffing; and
- Effectiveness of the child advocacy grievance process and DJS monitoring process.

Monitors make unannounced visits to facilities. Visiting frequency is determined by challenges and progress at each facility. During visits, monitors may inspect the physical plant, interview youth and staff, observe classes, review medical and school records, and receive copies of documents including full incident reports, seclusion logs and reports, activity logs, and staffing charts.

Monitors review the DJS Incident Reporting and ASSIST (includes population and case note information) databases and may follow up on incidents in facilities, particularly those involving alleged staff on youth violence, youth on youth violence, group disturbances or any incident involving injury or an allegation of abuse or neglect. They review DJS Investigative Reports as well as grievances filed by youth. Monitors also participate in multi-agency meetings convened to discuss reports of alleged child abuse or neglect in facilities.

For the first, second and third quarters of each year, monitors incorporate findings into comprehensive Individual Facility Reports or produce a topical system wide written or pictorial report. Findings and updates from the fourth quarter are included in an annual report which is produced after the close of each calendar year. In addition, if a serious or immediate threat to youth and/or staff safety is identified (e.g., fire safety code violations, escapes, or serious staffing or operational issues), the Juvenile Justice Monitoring Unit may issue a Special Report.

Monitors attend facility advisory board meetings, which include community leaders and advocates, and report their findings to the boards. The JJMU also attends meetings of the State Advisory Board for juvenile services.

Appendix B

JJMU Facility Monitoring Responsibilities (2013)

• Liberty House Shelter • One Love Group Home	**Nick Moroney**: (410) 576-6599, nmoroney@oag.state.md.us
• Baltimore City Juvenile Justice Center • Alfred D. Noyes Children's Center • Western Maryland Children's Center • Cheltenham Youth Facility	**José Saavedra**: (410) 576-6968, jsaavedra@oag.state.md.us
• Backbone Mountain Youth Center • Green Ridge Youth Center • Lower Easter Shore Children's Center (LESCC) • Meadow Mountain Youth Center • Morningstar Youth Academy • Savage Mountain Youth Center • Victor Cullen Center	**Tim Snyder**: (301) 687-0315, tsnyder@oag.state.md.us
• Karma Academy for Boys Randallstown • Kent Youth Boys Group Home • The Way Home - Mountain Manor • Thomas J.S. Waxter Children's Center • William Donald Schaefer House • Charles H. Hickey School • J. DeWeese Carter Children's Center • Silver Oak Academy	**Eliza Steele** (410) 576-6563, esteele@oag.state.md.us
Nick Moroney Director (410) 576-6599 nmoroney@oag.state.md.us	

JJMU Staff Biographies

The Maryland Juvenile Justice Monitoring Unit (JJMU) staff members have a broad range of professional experience and educational qualifications. In carrying out duties, monitors utilize practical skills and substantive knowledge of detention and treatment program operations and management, education, civil rights advocacy and counseling.

Nick Moroney was appointed as director of the JJMU in April of 2011. He joined the Unit as a monitor in February of 2008, was promoted to senior monitor in early 2010 and became acting director in October of the same year. For several years before he joined JJMU, Mr. Moroney taught in an alternative public school for troubled youth. Prior to teaching, he worked as an editor and writer on issues affecting vulnerable populations in Maryland and Washington, D.C. Mr. Moroney holds a Master's Degree from Georgetown University.

José Saavedra is a senior monitor who joined JJMU in August of 2010. Prior to joining the Unit, Mr. Saavedra worked on juvenile justice reform issues with youth in local communities and was Juvenile Justice Network Coordinator with a national non-profit organization. Mr. Saavedra also founded an after-school program for youth believed "hardest-to-reach." He holds a Master's Degree in Public Policy from American University.

Timothy Snyder is a senior monitor who joined the Unit in 2001 after many years of working directly with troubled youth and their families. Previously, for eleven years, he served as Director of the New Dominion School in Maryland, an adventure-based residential treatment program for troubled youth. He also worked in direct care and family services at New Dominion School in Virginia. As a private practitioner, Mr. Snyder consulted with numerous families experiencing difficulties with their children. He holds an M.A. in Pastoral Counseling (special emphasis in marriage and family counseling) from LaSalle University and a B.A. from Guilford College (Sociology).

Eliza Steele joined the JJMU as a monitor in May of 2012. Prior to accepting a permanent position, Ms. Steele worked as an intern for the JJMU during 2011 when she visited facilities and contributed to the 2011 Pictorial Report. Ms. Steele has also studied with a judge in juvenile court in Pennsylvania where she attended court proceedings and shadowed a school based probation officer. She holds a B.A. from Dickinson College and is planning to pursue a Master's Degree in Social Work.

A Brief History of the Juvenile Justice Monitoring Unit

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

Legislation to codify the Office of the Independent Juvenile Justice Monitor was passed into law in 2002. The Independent Juvenile Justice Monitor was originally housed in the Governor's Office of Children, Youth, and Families.

In 2006, the monitoring unit was moved to the Office of the Attorney General and was renamed the Juvenile Justice Monitoring Unit (JJMU). Legislation was enacted in 2007 to expand the jurisdiction of the JJMU to include monitoring of any residential facility licensed by the Department of Juvenile Services.

MARYLAND
Department of
Juvenile Services

Successful Youth • Strong Leaders • Safer Communities

February 12, 2014

DJS Response to the Juvenile Justice Monitoring Unit's 2013 Annual Report

The Department of Juvenile Services appreciates the time and effort that JJMU has taken to provide the 2013 Annual Report. We have thoughtfully considered all findings and recommendations provided. We are appreciative of the JJMU's recognition of the Department's accomplishments during the past year.

As reported, the average daily population in secure detention centers decreased by 15% compared to 2012, and by 24% compared to 2011. The Department is committed to implementing reforms to ensure that detention utilization consistently meets the criteria of protecting youth, protecting others, and to ensure the youth's presence in court. The Department's continued partnership with the Annie E. Casey Foundation, Juvenile Detention Alternatives Initiative has led to significant detention reforms in Baltimore City. In February 2013, this initiative was expanded to Prince Georges County, the location of the second largest detention center. The reduction in the detention population has also been supported by the ongoing progress made in case management efficiencies, and by the expansion of staff secure placement beds at Silver Oak Academy. Additionally, Senate Bill 294, enacted in 2012, provided for the establishment of a Central Review Committee whose function provides for intervention and the timely placement of youth ejected from placements, thereby reducing and eliminating a youth's stay in detention.

A reduction in detention populations, as well as vigilant monitoring and intervention by direct care staff has resulted in the reduction of incidents of aggression, physical restraint and use of seclusion reported by JJMU. There has been a notable decrease of incidents involving aggression at Baltimore City Juvenile Justice Center (BCJJC), Charles H. Hickey, Jr., School (Hickey), Cheltenham Youth Facility (CYF), Alfred D. Noyes Children's Center (Noyes), and the Lower Eastern Shore Children's Center (LESCC). The reductions in youth acts of aggression have resulted in a decrease in the utilization of physical restraints as seen at BCJJC, CYF, Noyes and Thomas J.S. Waxter Children's Center (Waxter) and, decreases in the use of seclusion at BCJJC, CYF, Noyes and LESCC.

There have been some noted increases in incidents of aggression at the Youth Center staff secure facilities and Victor Cullen, the only hardware secure facility. The department makes every effort to provide services to youth in the least restrictive setting. All youth are screened for the appropriate level of supervision; supervision levels are increased when youth demonstrate the inability to manage their behavior and as necessary to provide for public safety. An analysis of the data indicated that the

populations at the Youth Centers and Victor Cullen increased in 2013 for the number of youth placed who had been ejected from multiple community based programs. These youth displayed more challenging and aggressive behaviors. While there were some spikes in incidents of aggression resulting in the use of mechanical restraints and use of seclusion, management responded with appropriate interventions. Data shows overall stability at each facility and responsiveness by management to address the individual needs of youth, and to modify staffing appropriately. Incidents at all state operated facilities are closely monitored by facility management and by the executive management team at DJS headquarters.

YOUTH SERVICES

Behavioral Health Services

An integral component of the Department's continuum of care plan has been the establishment of a comprehensive evaluation process for youth in detention pending a disposition hearing. In July 2013, the department realized the establishment of the evaluation initiative known as MAST, Multi-Disciplinary Assessment Staffing Teams. The MAST initiative standardized evaluations based on best practices to provide the courts' at pre-disposition a report to assist in determining the commitment of a youth. When determining an out of home placement for youth it is critical that the decision is based on a thorough assessment and diagnosis in order to make the best placement match to meet the needs of the youth. The MAST process includes completion of a psychological, psycho-social, educational testing, substance abuse and medical screening. MAST team evaluators consist of psychologist, social workers, resource specialist, community and detention case managers, a Maryland State Department of Education representative, and medical personnel as required. Upon completion of the evaluations the staffing team members collaborate to determine the best recommendation for the youth. This meeting includes participation by the youth and the youth's parent or guardian.

Behavioral health staff also provide crisis intervention services, substance abuse education, mental health assessments, medication monitoring and psychiatric services for youth in detention facilities. Behavioral health staff assigned to residential facilities provides individual and group therapy, family therapy, substance abuse counseling, psycho-educational groups, and crisis intervention. Youth with intensive mental health needs that cannot be addressed in detention or a residential facility are referred for hospitalization and/or placement in an intensive mental health services program.

Programming

Comprehensive services for all youth in DJS operated residential treatment facilities include implementation of the Challenge Behavioral Management Program, which incorporates evidence based practices of behavioral modification. The program supports trauma informed care by establishing a structured, predictable and safe environment, with a focus on positive youth and staff interactions, where positive reinforcement is used to shape and motivate youth to change their behavior. Youth screened with a substance abuse service need participate in 7 Challenges, an evidence based substance abuse program. Forward Thinking, an interactive cognitive-behavioral journaling series is implemented. This series uses evidence-based strategies to assist youth in making positive changes in their thoughts, feelings, and behaviors.

Education (Provided by Maryland State Department of Education)
The Maryland State Department of Education (MSDE) completed the assumption of educational services for all DJS schools on July 1, 2013. The MSDE, Juvenile Services Education (JSE) division provides six hours of academic instruction daily. Programming includes instruction in core academic contents subjects, Life Skills, Computer Literacy, and Career and Technology Education (CTE). Library Media services, special education services, and General Equivalency Diploma (GED) preparation programs are also provided. The CTE classes provide students with opportunities to prepare for careers in the construction, communication, business, and hospitality sectors of the economy. Participation in CTE programs results in students acquiring industry certification such as ServSafe (hospitality), OSHA 10 and NCCER Core (construction), C-Tech (telecommunications) and IC3 (IT business applications). CTE programs in the JSE schools are aligned to those offered by the 24 local school systems to facilitate students' transition back to their community schools.

Students in a JSE program can earn high school credit toward a Maryland High School Diploma that they may earn upon their return to their home schools. Alternately, some students are enrolled in GED programs to prepare them for the GED examination. A student who passes the GED examination receives a Maryland High School Diploma. There are two GED sites within JSE for students who reside in DJS detention and treatment facilities.

Youth placed at the Youth Centers have the opportunity to participate in the Garrett College Program where they can earn semester credits towards a college degree. Last year nineteen youth enrolled in the program and fourteen completed. MSDE is exploring the establishment of a similar program for the girls placed at the Carter Youth Center.

Recreation
The Department has expanded opportunities for youth participation in C.H.A.M.P.S. (Changing Habits and Making Progressive Strides) an intramural sports, arts, and academic challenge program. Activities include intramural sports in basketball, baseball, soccer, tennis, bowling; art, poetry and creative writing contest; academic bowl competitions, and camping experiences through the Reflections Program at Meadow Mountain Youth Center. The CHAMPS Program gives staff an opportunity to interact with youth in a coaching and mentoring role, which supports the development of positive healthy respectful relationships. Competitions have been scheduled among DJS facilities and one Job Corp site. Additionally, facilities offer youth participation in daily recreation activities. The department has contracted with local recreation centers to augment recreation programming at the Carter Center and Schaefer House facility who have limited indoor and outdoor space.

FACILITY RESPONSES – COMMITTED PROGRAMS

Youth Centers
In April 2013, the department completed a thorough analysis of the Youth Center population, staffing, and youth treatment needs to address the observed increase in acts of aggression. In response, the department re-aligned management teams, established a new supervisory structure for direct care staffing, increased coverage by assigning 14 allocated contract positions, assigned additional behavioral health staff, and modified the screening criteria for youth placements. A request to address

remaining staffing deficits has been submitted to the Department of Budget and Management. The Central Review Committee process was used to determine more suitable placements for those youth who demonstrated the inability to be successfully managed in a staff secure setting. Data for the year shows occasional spikes in behavior, but overall facility stability exists at the Youth Centers. All acts of aggression have been monitored closely by facility management and executive staff.

To enhance surveillance the department plans to install cameras at the Youth Centers during the fourth quarter of FY14.

Victor Cullen

Victor Cullen is the only state run hardware secure treatment facility which serves youth with the most serious committing offenses and aggressive behaviors. During 2013, there was an increase in incidents of aggression during the 1st and 2nd quarters. However, the data reflects a 31% reduction in incidents of aggression by the end of 2013. The facility management and executive staff have been very responsive in addressing the individual needs of youth.

Comprehensive services are provided for youth at Victor Cullen as reported in the *Youth Services* section of this report. The facility is staffed with three full time behavioral health clinicians and a half time behavioral health supervisor. An additional psychologist position has been established to provide half time services at Victor Cullen with a focus of programmatic and clinical services.

To enhance surveillance the department plans to install cameras in the school during the fourth quarter of FY14.

J. DeWeese Carter Children's Center

The Department appreciates the JJMU's acknowledgement that incidents of aggression have remained low at Carter during 2013. Restraints continue to be used to safely manage youth behavior and transport youth requiring a hardware secure placement.

The Department strongly disagrees with the JJMU's assertion that there is no cohesive treatment program at Carter. While the department is continuously working to improve the level of care and services for all youth, the following services are currently in place to address the needs of the girls at Carter. The Carter Center offers the comprehensive services described in the *Youth Services* section of this report. At admissions, all youth receive medical, behavioral health and education screening. The Substance Abuse Subtle Screening Instrument (SASSI) is administered to all youth to determine needs for substance abuse services. Services are provided by a certified substance abuse counselor utilizing 7 Challenges, an evidence based substance abuse program. The Massachusetts Youth Screening Instrument (MAYSI) is administered at intake to assist in the identification of youth who may require immediate mental health services. A full mental health assessment is completed within five days of admission. A Trauma Symptom Checklist for Children is administered and the results are interpreted and used by clinicians to develop the youth's treatment plan. Services to address trauma are incorporated in individual and family therapy. Onsite mental health services are provided by a licensed psychologist and social worker. Psychiatric assessments and services are available to all youth as

needed. The ratio of two therapists for a population of fourteen adequately addresses the clinical needs of youth, and in fact exceeds ratios established at more intensive residential treatment centers.

In June 2012, the department began implementation of ARC (Attachment, Self- Regulation, and Competency), a core-components trauma care treatment model. ARC was developed to provide a guiding framework for clinical intervention with complexly traumatized youth and their caregiving systems. Training was conducted by Dr. Margaret Blaustein, a developmental psychologist who is the co-developer of the model. Consultation with Dr. Blaustein was provided for one year following the initial training. The department continues to use this model to incorporate trauma informed principles in all programming for youth.

Additionally, girls participate in a nine week gender responsive program called "Girl's Circle". The Girl's Circle is a structured support group that integrates relationship theory and resiliency practices in a format designed to increase positive connection, skill building and competency in girls.

Family therapy is offered to assist girls with transitioning home. Each girl's behavioral adjustment as determined by their progress in the behavior management program and their progress in therapy determines their readiness for home visit privileges. The case manager works diligently to obtain Court ordered approval for home passes to coincide with the youth's program and treatment progress. In addition to the regular schedule, phone calls and visits are incorporated in the individual family therapy treatment provided to each youth. Therapists are available on weekends to meet with families and special visits are arranged and facilitated by community case managers. The department assists families by providing transportation to Carter on visitation days from two pick up/drop sites located at BCJJC and Waxter.

Girls at Carter receive a mandated one hour of large muscle exercise daily. The facility has an enclosed recreation yard, however it does not have a gym. During inclement weather, girls use the indoor exercise room that is equipped with a treadmill, bike and other exercise equipment. The department contracts with Kent County Parks and Recreation Center as an additional resource, and access to a gym and swimming pool. Girls are taken to the center on non-school days and weekends. During 2013, the girls participated in camping trips at Meadow Mountain Youth Center and intramural competitions at Waxter Children's Center. They also participated in family carnival events at the facility and community outings, to include, bowling, movies, skating, and restaurant dining. The department contracts with Chester River Arts Council for additional programming which includes pottery making, cooking, and arts and crafts projects. As reported by JJMU, the department restricts outdoor recreation and off campus trips after dark; this policy supports safety and security for youth and staff. In 2013, the department established a recreation position at Carter. There have been three recruitment cycles to fill this position. At present, a candidate has been selected and is expected to start in the coming weeks.

In addition to the core education offering reported in the *Youth Services* section of this report, Maryland State Department Education, Juvenile Services Education (JSE) provides girls at Carter opportunities to participate in ServSafe, a career and technology education offering on a quarterly basis. Given the small population of 14, the offering of this program on a quarterly basis provides the majority of the girl's appropriate access to this industry recognized certified program. Additionally,

MSDE reports plans to implement a C-Tech fiber optics program at Carter during the 2014 school year. C-Tech is a nationally recognized certificate program in telecommunications. MSDE reports that they have engaged in preliminary work to explore further educational opportunities for the Carter students who have earned a high school diploma or GED.

JJMU reports a concern regarding the provision of special education services. MSDE reports that during the extended absence of the special education teacher, the responsibilities have been assumed by the principal, who has the required special education certification and experience to ensure appropriate provision of special education services.

William Donald Schaefer House

Vocational programming for youth will be addressed by the Maryland State Department of Education.

FACILITY RESPONSES – DETENTION PROGRAMS

Baltimore City Juvenile Justice Center (BCJJC)

The Department appreciates the JJMU's recognition of an 18% decline in the daily population, 21% decrease in assaults and fights, 19% decrease in physical restraints, and a 38% decrease in the use of seclusion. During 2013, the BCJJC staff successfully managed an increasing number of youth who have been charges as adults and are awaiting adjudication at the facility.

Cheltenham Youth Facility

The Department appreciates JJMU's acknowledgement of the decrease in the population and the significant decreases in acts of aggression at Cheltenham. As noted, in 2013 there was a 28% decrease in assaults and fights, a 34% decrease in the use of physical restraints, and an 89% decrease in the use of seclusion.

Charles H. Hickey, Jr. School

The Department appreciates JJMU's recognition of the efforts of facility administrators to take appropriate measures to reduce and manage incidents of aggressive behaviors.

JJMU cited a concern regarding staff review of recorded incidents. This practice has neither interfered with investigations nor the department's ability to hold staff accountable for performance issues. The video review of incidents has supported improved accuracy and detail in report writing.

Alfred D. Noyes Children's Center

As cited by JJMU, there has been a 23% decline in the facility population in 2013 when compared to 2012. Additionally, there has been a 37% decrease in acts of aggression, a 26% decrease in restraints and a 42% decrease in the use of seclusion.

Security cameras are scheduled for installation in the education trailers, the education resource room, the main lobby and the gymnasium during the fourth quarter of FY14.

The JJMU cites the lack of an infirmary at the Noyes facility. A medical clinic is held daily for assessment of youth's somatic health needs. If a youth is in need of emergent care they are immediately sent to the hospital. Youth who need twenty-four hour nursing care are transferred to a detention site that houses an infirmary. Youth with less serious illnesses are managed at the facility and are usually assigned to one of the single bed rooms.

Lower Eastern Shore Children's Center

The Department appreciates the JJMU acknowledgment of staff efforts to maintain a well structured and caring environment for youth and the recognition of staff efforts to decrease youth aggressive behaviors.

The facility experienced vacancies in both of the assigned behavioral health positions. During the period of vacancy, services were provided by social workers and psychologist from other sites. The licensed social worker vacancy has been filled and recruitment is ongoing for a substance abuse counselor. A psychologist position has been added and recruited for to provide MAST evaluations and clinical services three days a week.

Thomas J.S. Waxter Children's Center

The Department appreciates JJMU's recognition of the decrease in physical restraints.

As reported by JJMU there was a noted increase in the number of incidents of suicidal ideations at Waxter. All youth expressing suicidal ideations and or gestures are immediately evaluated by behavioral health staff. The clinician makes a determination for the appropriate level of supervision and intervention based upon risk and lethality. Youth may present risk based upon verbalizing intent and gestures; but may be at low lethality because of restricted access to instruments and close staff supervision. The assessment directs the transfer of a youth to an acute psychiatric facility or need for emergency medical intervention. While there was an increase in reported incidents of suicidal ideation, only two incidents involved gestures, and no youth required transfer to a hospital setting. The high frequency and low lethality pattern may be indicative of youth displaying this behavior seeking secondary gain in these verbalizations and gestures; either desiring one to one supervision by staff, attention from peers, or to receive other social reinforcers.

Consistent with operating procedures direct care staff respond to all verbalizations and gestures in the same manner. Incidents are immediately reported to the shift supervisor and behavior health staff. Youth are initially placed on one to one supervision until assessed by clinical staff to provide for the highest level of safety. Mental health clinicians and administrators will continue to closely monitor and evaluate interventions for this behavior at Waxter.

JJMU stated a concern regarding the level of mental health services provided at Waxter. During 2013, the average daily population at Waxter was 26. There are five full-time clinical staff assigned at the facility; one licensed clinical professional counselor, one clinical social worker, one doctoral level psychologist and two substance abuse counselors. The social worker and the psychologist provide MAST evaluations and clinical services. This establishes a 1:5 ratio, one behavior health clinician per

five youth. Clinical hours have been expanded to provide weekday evening and Saturday coverage. Staffing ratios at Waxter are comparable to Cheltenham and BCJJC who have an average ratio of 1:8.

Western Maryland Children's Center (WMCC)

The facility experienced an increase in aggressive behaviors and use of restraints during the second and third quarters of 2013, however, these incidents decreased during the fourth quarter. All incidents are monitored closely by facility administrators and executive staff at headquarters. Appropriate intervention and corrective action was taken to address the individual needs of youth.

The facility has three behavioral health staff assigned, a full time social worker and substance abuse counselor and half time social work supervisor. The substance abuse counselor has recently completed a masters' degree and can now provide additional mental health services. The Department is seeking to establish a psychologist position to work twenty hours per week at WMCC to provide MAST evaluation services and on site clinical services. Recruitment for the existing vacant case manager supervisor position is in progress.

Private Providers

The Department licenses eight residential child care programs that provide valuable services to appropriate youth requiring less restrictive placements.