

Transition Committee for Juvenile Services Report

Executive Summary

The Department of Juvenile Services Transition Committee met with representatives of the Department, community stakeholders, and other experts to review the agency's operations and develop recommendations for the new administration. We discovered an agency that is dangerously dysfunctional, trapped in a cycle of reacting to scandals and deferring proactive reforms. Several themes emerged for our review:

- Need for Decentralization
- Lack of Interagency Coordination
- Lack of Family Involvement
- Poor Data Collection and Performance Monitoring
- Poor Procurement Practices
- Flawed Intake and Assessment Process
- Poor Fiscal Management and Planning
- Poor Human Resources Practices (particularly recruiting and retention)

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In 2005, the agency served 4,888 youth on probation, 1,681 in community-based aftercare, and over 2,400 in committed placements.¹ The Department received over 53,000 intake referrals in 2005, but many youth were referred multiple times.²

The Committee strongly recommends that the new administration proceed quickly with making strategic, evidence-based reforms and that it avoid repeating the mistakes of past administrations by addressing problems proactively. The Committee also recommends that the agency act immediately to improve relations with partner agencies, families, and local governments by engaging in meaningful collaboration with these important partners.

Finally, please note that this report is the culmination of a series of interviews and research conducted in a relatively short period of time. This is clearly a troubled agency and the transition team focused on identifying and making recommendations that address problem areas. There may be areas of the Department that function well, but they were not immediately apparent to the Transition Team. The new administration should identify these areas and seek to expand them, even as it strives to correct the decades of poor management and failure.

¹ Maryland Department of Juvenile Services, Annual Statistical Report 2005, Part II. http://www.djs.state.md.us/pdf/2005stat_report-section2.pdf

² Maryland Department of Juvenile Services, Annual Statistical Report 2005, Part I. http://www.djs.state.md.us/pdf/2005stat_report-section1.pdf

Overview of the Maryland Juvenile Justice System

This overview is intended to provide an introduction to the basic legal processes and principles that govern the Maryland juvenile justice system.

The juvenile justice system, which handles the cases of children who have committed delinquent acts³ or are in need of supervision,⁴ seeks to balance three primary purposes:⁵

- Public Safety
- Accountability
- Competency and Character Development

Courts and the Department of Juvenile Services (DJS) have a great deal of flexibility in determining how to accomplish these purposes for each child. There are no mandated penalties for offenses and, within certain limits, courts and DJS are free to craft treatment plans and conditions of supervision/commitment designed to meet the unique needs of each child.

While the trajectory of a child through the juvenile justice system can be as individualized as the treatment and disposition plans constructed for him, the most important steps are described below:

1. **Arrest:** Most children who enter the system do so after being arrested by the police. Police can release a child to his parents/guardians or take him to a DJS intake officer for assessment of the case. In some jurisdictions, like Baltimore City, virtually all arrested children are taken to a DJS intake officer before being released.
2. **Intake:** A DJS intake officer reviews the child's case to determine whether the court has jurisdiction and whether judicial action is in the best interests of the public or the child. The intake process can include interviews with the child and/or his guardians, mental health and substance abuse screenings, and other means of gathering information about the child and the case. A child's cooperation in the process is voluntary. Within 25 days of receiving the complaint, the intake officer must make one of the following recommendations:
 - a. **Refuse to authorize a formal petition:** This decision can be based on a lack of evidence or on the intake officer's assessment that further action will not promote the child's or the public's interest (roughly equivalent to "abated by arrest"). The State's Attorney may override this decision if the child was referred based on an allegation that he committed a felony or handgun offense.
 - b. **Propose an informal adjustment:** If the parent, child, and victim consent, DJS may authorize an informal adjustment. Such an adjustment is a **diversion**, permitting a child to avoid formal adjudication by meeting certain requirements,

³ Courts and Judicial Proceedings Article §3-8A-01(l) – a "delinquent" act is one which would be a crime if committed by an adult.

⁴ Courts and Judicial Proceedings Article §3-8A-01(e) – a "child in need of supervision" is one who is ungovernable and beyond the control of his parents, has committed an offense applicable only to children, or departs himself in a manner that endangers himself or others.

⁵ Maryland Courts and Judicial Proceedings Article §3-8A-02

such as completing drug treatment. The informal adjustment period usually does not last longer than 90 days.

- c. **Authorize a formal petition:** If the State’s Attorney agrees and the Court permits, the case will proceed to adjudication (trial).
3. **Detention, Shelter Care, and Community Detention:** An intake officer or the Court may authorize detention, shelter care, or community detention prior to a hearing if the conditions set forth in the Courts and Judicial Proceedings Article §3-8A-15 are met. An intake officer’s decision must ordinarily be confirmed by the Court on the next Court day.
 - a. **Detention** is when a child is placed in a secure, physically restricting facility. A child may be detained if detention is required to protect the child or others OR to ensure the child appears for the next court date.
 - b. **Shelter Care** is when a child is placed in a facility that is not physically restrictive. A child may be placed in shelter care if it is required to protect the child or the person or property of others OR to ensure that the child appears for the next court date.
 - c. **Community Detention** is when a child is placed in his parent or guardians home on the condition that he complies with restrictions on his movements and behavior. It can include electronic monitoring. A child may be placed in community detention if the conditions to place him in detention or shelter care are otherwise met.
4. **Adjudication** is a trial where a Court determines whether the facts alleged in the State’s petition are sustained. It is similar to a criminal trial, in that the child is entitled to representation by counsel and the State must prove its case beyond a reasonable doubt. Rather than finding the child “guilty” or “not guilty”, the Court enters a finding of “**facts sustained**” or “**facts not sustained.**”
5. **Pre-Disposition Investigation:** If a child is found “facts sustained”, the Court refers the case to DJS for a predisposition investigation. The investigation should take from two to four weeks and includes psycho-social assessments, interviews with the youth and his guardian, etc. DJS develops a recommendation for the court based on this investigation.
6. **Disposition:** Based on DJS’s recommendations and information presented by the defense and prosecution, the Court enters a disposition order. The Court may order a child be placed on probation supervision or be committed to the Department. The Court may incorporate aspects of a treatment plan into the order, or leave the treatment plan to the discretion of the Department. Supervision can extend until the child’s 21st birthday.
7. **Commitment:** A Court may order a commitment with or without ordering a residential placement. If ordering a residential placement, the Court may specify the type of placement, but may not specify the specific institution.

Finance and Administration

During the 1960s, the State's Department of Health and Mental Hygiene organized the Juvenile Services Administration (JSA) to administer all schools, youth detention centers, forestry camps, and probation/aftercare programs. In 1987, JSA became an independent agency, and by 1989, was restructured as a "cabinet-level" department. Over the past fifteen years, the Department of Juvenile Services has worked to evolve from a system that primarily provided custodial care to a comprehensive service delivery system providing for a range of programs and services designed to address the needs of the diverse population served. When DJS was created as an independent agency, it likely lacked sufficient infrastructure to support its expanded role.

DJS is led by the Secretary, supported by two Deputy Secretaries. One of the Deputy Secretaries oversees operations and the other is responsible for administration. Within the operations division, there are two assistant secretaries – one for residential services and one for community programs – as well as six other direct reporting units that include gender specific programs, behavioral health, Civil Rights of Institutionalized Persons Act (CRIPA) coordination, Region III (an area consisting of Montgomery County and several western counties that is the agency's pilot regionalization initiative), BCJJC and medical. Administration includes research and planning, procurement, intergovernmental relations, policy and program development, human resources, budget and finance, IT, facilities and other administrative functions housed at headquarters.

The Department is highly centralized and field and facility staff have little flexibility or input into major decisions. Often, decisions are made centrally, but not communicated to field staff. This results in a fractured, poorly coordinated department where, paradoxically, field staff lack flexibility and the central administration cannot exercise effective control over departmental operations. This poor communication and coordination both results from and exacerbates the failure to strategically plan for agency operations and administration.

Fiscal and Budget

DJS has a \$230 million budget this fiscal year and is operating at a deficit. Over 90% of the budget comes from State General Funds, 6.5% from federal funds and less than 1% comes from non-federal grants and other state agencies. Last fiscal year, it had a \$15 million deficit that it carried forward. This year, it anticipates an additional \$20 million deficit. This deficit is primarily attributable to overtime costs and the amount being paid on a per diem basis for committed placements. Analyses of the DJS budget performed by the Department of Legislative Services indicate significant underbudgeting for per diem payments for committed placements. The remaining deficiency appears to be attributable to a number of staffing and programming decisions that contradict the annual operating and budget plan for the year.

As indicated by its general failure to strategically plan for services and operations, DJS has no annual funding and procurement plan. Even if the agency were to attempt to create such a plan, it would be hindered by (1) the lack of activity-based budgeting, which makes it nearly impossible to determine the cost of specific programs and services, and (2) the lack of staff and agency fiscal accountability and internal controls. This failure to plan and the general poor quality of fiscal information make it impossible to determine whether the Department is underfunded or if it simply fails to use its existing funding effectively.

Finally, the Department is almost exclusively reliant on general funds. It has failed to aggressively seek grant funds or to take advantage of Medicaid reimbursements. The current

Medical Director has some interest in expanding Medicaid reimbursement, but it does not appear that the agency currently has the expertise to plan for or implement such an expansion.

Procurement and Contract Monitoring

The DJS procurement process has for years been identified as unpredictable, inefficient, and inflexible. Law requires that any large procurement (more than \$25,000) be put out for competitive bid. The Department has two primary vehicle that it can use for such procurements: (1) IFB (Competitive Sealed Bidding/Invitation for Bids) and (2) RFP (Request for Proposals). The IFB requires DJS to hire the lowest qualified bidder -- a phenomenon identified by both DJS insiders and external critics as a flawed process that has failed both as a means for establishing needed services and for saving money. The RFP requires more time and work to prepare, but allows for the development of a more specific and focused request and allows DJS to hire the best all around bidder based on price, proposal and qualifications.

Unfortunately, DJS does not often use the RFP process and when it does, RFPs often fail to allow for innovation and the incorporation of evidence-based practice. In some instances, it has taken the Department over a year to issue an RFP for a needed service. DJS fiscal staff report that there are insufficient procurement staff to produce and issue RFPs in a timely fashion and that program staff refuse to work with procurement staff to develop RFPs. What has resulted are numerous methods to avoid the procurement process including: the issuance of 88 credit cards with insufficient controls, a practice of issuing short term contracts under \$25,000 and repeatedly renewing them and entering intergovernmental agreements so that local governments can contract with needed private service providers.

Once a contract is awarded, DJS does a poor job of monitoring providers' performance. Clear performance measures are not collected or reported. DJS and the Gap Analysis Report also point to providers' broad right to refuse to serve referrals as a significant problem, as it hinders the Department's ability to plan for or provide necessary services. This problem is exacerbated by the failure to include clear inclusionary and exclusionary criteria for referrals in contracts and the poor quality of assessments and information used to determine whether a youth is eligible for a particular service.

Human Resources

The agency currently has 2100 PINS and 130 vacancies. The majority of these vacancies are for direct service employees at residential institutions. The Human Resources Department is responsible for recruiting and hiring and reports long delays in the hiring process. On average, it takes six months to fill a position. This is attributable to a number of factors including the State hiring regulations, delays in obtaining background checks and the mental health screening requirement. In addition, HR reports that the mental health screening requirement is vague and causes a high number of applicants to be deemed ineligible.

The turnover rate for direct service employees is high, particularly at Cheltenham and the Eastern Shore facility. HR staff believe that this is due to salary levels that are not commensurate with those of correctional officers at State penal facilities. HR has started conducting centralized recruiting and hiring practices in an effort to fill more vacancies and has developed some professional development programs in order to aid with employee retention.

Once hired, direct care staff must receive Maryland Correctional Training Center (MCTC) training and certification. These requirements are sometimes inconsistent with best practices for

juvenile probation and correctional practices and do not address the unique needs of juveniles. Staff receive little training to supplement the MCTC trainings. As a result, they are often unaware of best practices for supervising juvenile offenders and of resources available for juveniles in Maryland.

Internal Performance Monitoring and Data Systems

DJS has an office of Research and Planning that analyzes data and makes reports available to DJS staff. Unfortunately, this resource is underutilized. DJS collects most data through the ASSIST system. This system is antiquated and difficult to use in a number of locations due to connectivity issues (i.e.: dial up service only, lack of computers, malfunctioning of ASSIST, etc.) Some field offices use the individual paper files to hand count and report data for local projects. In addition, some direct service staff do not enter data into the ASSIST system. Therefore, the reliability of data produced through ASSIST is questionable.

DJS does collect data regarding intake, demographics, case dispositions and recidivism. It tracks the number of youth admitted to placement, the number of incidents at each facility and the average number of days in placement. DJS does not appear to systematically evaluate the efficacy of its community programs or track recidivism rates for youth that are not placed or detained. In addition, DJS does not appear to systematically evaluate its per diem providers.

Intake, Assessment, and Diversion

Intake officers use a variety of tools to assess a youth's case at intake, including the Risk Needs Assessment (to assess the youth's needs and the desirability of handling the case formally)⁶ and, in Baltimore City, the Detention Risk Assessment Instrument (to assess the need for detention). Other tools, such as substance abuse and mental health assessment can also be used. However, the use of these tools is inconsistent and the results are unreliable.

The Department's internal evaluation reveals that intake officers make full use of available assessment and tracking tools and record the results less than half of the time. This is due to the length of the current Risk Needs Assessment, the voluntary nature of the youth's participation in the assessment process, and poor staff training and accountability. The first problem is currently being addressed – DJS is revising the instrument so that it includes fewer than 10 items shown to be the best indicators of risk.

The information gathered during the intake and pre-adjudication assessment process is often incomplete and unreliable. For instance, the results of the Risk Needs Assessments show that 0.2 percent of youth at Intake have a substance abuse problem, while national statistics indicate that fully two-thirds of such youth have an alcohol or drug abuse problem.⁷ This inaccuracy is primarily caused by the reliance on self-report, the presence of parents when the assessments are administered, and the lack of information sharing and coordination among state and local agencies.

The lack of information sharing and coordination in particular poses a threat to public safety. The failure to use ASSIST, DJS's case management database, and the incompatibility of the Department's data system with other agencies' (such as HATS) exacerbates these problems. Accurate information from police, schools, health care providers, and the departments of social services is essential to make determinations of risk and need, including detention decisions.

DJS's highly centralized structure and decision making undermines coordination with local partners. Decisions about assessment instruments are made without consulting local law enforcement and social service agencies. This prevents DJS from taking local conditions and risks into account when making decisions – for instance, drug dealing is a significant risk factor for violence in Baltimore City, but it is not adequately taken into account in statewide risk assessments.

Despite the importance of intake decisions and the broad discretion granted to intake officers by statute, DJS currently contracts with outside vendors to perform this function on nights and weekends. Doing so limits the Department's ability to hold officers accountable for decisions.

Finally, intake officers encounter youth and their parents or caregivers when the youth are going through the most difficult period of adolescence and when both youth and adults are responding to crises or traumatic events in their lives. Intake officers usually have insufficient training in behavioral health and crisis management to successfully guide youth and adults through the intake and assessment processes. Moreover, behavioral support staff are not available to ensure that youth are referred or connected to services designed to meet the needs identified during the intake process.

⁶ The Risk Needs Assessment consists of 52 questions in five domains: physical health, mental health, substance abuse, education, and family functioning.

⁷ DJS Gap Analysis Report, page 3-17.

Detention Alternatives

Nationally, a major contribution to disproportionate minority confinement is the inappropriate use of detention. To address this problem in Maryland, DJS has attempted to provide effective alternatives to detention that serve the statutory purpose of detention – to protect the child and the community and ensure that the child appears for court – without requiring confinement. Such alternatives include Community Detention, Community Detention Electronic Monitoring, and, in Baltimore City, the Juvenile Detention Alternatives Initiative (JDAI).

The Juvenile Detention Alternatives Initiative (JDAI) is the Annie E. Casey Foundation's flagship juvenile justice reform initiative. The initiative's four main objectives are to:

- eliminate the inappropriate or unnecessary use of secure detention;
- minimize re-arrest and failure-to-appear rates pending adjudication;
- ensure appropriate conditions of confinement in secure facilities; and,
- redirect public finances to sustain successful reforms.

JDAI is currently being replicated in more than 75 jurisdictions in 19 states and the District of Columbia, and many of these sites are achieving remarkable results.

Baltimore has been a JDAI site for the past five years. During a frank discussion about Baltimore's JDAI site, Bart Lubow, a program officer with the Casey Foundation and point man on Baltimore's site, reported that the results of the Baltimore's efforts have been disappointing, so much so that "the only reason we're still in Baltimore is because our headquarters are in Baltimore." According to Lubow, the poor results are primarily due to the Department's reluctance to shift its focus and resources from the deep-end and into the community-based alternatives that drive JDAI. DJS has also failed to work closely with the local stakeholders, including judges, service providers, and community groups, as called for in the JDAI model, resulting in DJS initiating JDAI "reforms" that are hobbled by a lack of fidelity to the model.

The Casey Foundation wants to retain Baltimore as a JDAI site, but asserts that it must see a real commitment and real cooperation from the Department for the initiative to be successful.

Diversion

Diversion programs attempt to divert first time offenders from penetrating further into the juvenile justice system. Typically, youth with less serious charges and are amenable to treatment are forwarded to a community-based program. Currently, the average DJS-involved youth has five or more contacts with DJS before the agency provides any real services or treatment.⁸ Effective screening and diversion services early on could prevent many of these youth from committing the more serious offenses that currently trigger the Department's services.

A quick review of the Department's resources—human and financial—reveals that the Department places its emphasis on deep-end detention and confinement services, and not diversion. Although attention must be given to serious, violent and recidivist offenders, too often the early onset of delinquency is neglected and could be better addressed through more and better diversion services. A few programs, such as the Baltimore County JOINS program, have

⁸ Committee interview with Dr. Andrea Weisman, DJS Director of Behavioral Health Services.

implemented promising diversion services in Maryland, but there has been no systematic effort to implement diversion programs throughout the state.

The dearth of diversion services exacerbates the problem of disproportionate minority confinement. Efforts are underway to address this problem. In 1995, DJS conducted a study called *The Disproportionate Representation of African-American Youth at Various Decision Points in the State of Maryland: Summary Report*, which revealed African American males were disproportionately referred to the Department at intake and also disproportionately represented in more severe dispositions. In compliance with Federal requirements of the JJDP Act of 2002, a DMC Plan is prepared and submitted by GOCCP. According to the GOCCP, current DMC efforts include: targeting the 5 largest jurisdictions, releasing a NOFA to utilize JDAI principles, promote use of Burns Institute model, re-institution of the DMC Subcommittee, improved data collection techniques at local level, and working with DJS to ensure the RRI data is accurate and collecting data from all ethnic groups.

Finally, the lack of interagency and intergovernmental collaboration hinders how diversion decisions are made and how diversion services function even when they exist.

Community Supervision

In fiscal year 2005, 4,888 youth were assigned to probation and 1,681 were under after care supervision in the community.⁹

Community services and programs are managed by one Assistant Secretary, except for Region III (Montgomery and 6 other western counties) which manages its own community services as a pilot project. The state is divided into four other administrative areas for the purposes of administering community services, each led by an Area Director – Area I is Baltimore City; Area II consists of Baltimore and Harford Counties; Area IV consists of the nine Eastern Shore counties; and Area V consists of Prince George’s, Anne Arundel, Charles, St. Mary’s, and Calvert Counties.

Community Services Supervision provides 24-hour Intake, Community Detention, Probation, and Aftercare services statewide. As part of treatment and supervision services, this division is responsible for the collection of restitution, the monitoring of community reparation, and the collaboration with other agencies in linking youth and their families to resources in the community.

Informal Supervision

Many youth are diverted from court and put on 90 day informal supervision. However, many such youth do not receive services or supervision except for instructions to perform community service. Some local offices assign informal-only caseloads to staff; this should be systematically evaluated to see if outcomes are improved for assigned youth.

Probation Supervision

Youth under DJS probation supervision are supposed to receive individualized treatment service plans designed to meet their unique needs. However, plans are often not followed through and services are undermined by inconsistent assessments, poorly trained case managers, lack of access to relevant services, ineffective or nonexistent case management protocols, and poor accountability for youth and staff. Moreover, anecdotal information indicates that parents and families are poorly educated regarding the system and are left out of the treatment planning and case management process. This runs contrary to national best practices, which demonstrate that programs are more effective when they empower parents to be active partners in treatment.

Community stakeholders and juvenile justice experts consistently identify effective case management as the most important tool to ensure that delinquent youth receive effective treatment in the community without jeopardizing public safety. A combination of DJS staff and contract providers can be used to deliver effective case management services. Collaboration with local agency partners and stakeholders, including the courts, is essential. Probation supervision for all DJS-involved youth should include education, mental health and substance abuse treatment, family support services, medical care, life skills training, recreation, and other services designed to promote rehabilitation (see below for more information on specific services).

Other Maryland child-serving agencies are working to develop and coordinate comprehensive “wraparound”¹⁰ services for at-risk and high-needs youth and families. Although DJS has claimed to embrace the same philosophy, there is little evidence of meaningful reforms.

⁹ Annual Statistical Report, available at http://www.djs.state.md.us/pdf/2005stat_report-section2.pdf

Aftercare/Reentry

Youth reentering the community after out-of-home placements are frequently not provided with appropriate reentry services. In particular, there is poor preparation for transitions from placement to community supervision, poor discharge planning, and poor coordination with local partners, such as schools and health care providers. Otherwise, much of the description of Probation Supervision applies to Aftercare Supervision.

An extensive assessment of DJS aftercare services was done in 2000 by a multidisciplinary task force, which made extensive recommendations for improvements;¹¹ it does not appear that much progress has been made.

Behavioral Health Services

There is little or no coordination or planning for behavioral health services or assessments in the community. While DJS created the position of Assistant Secretary for Behavioral Health Services two years ago, that position is only responsible for mental health and substance abuse services for youth in DJS facilities. Similarly, the Director of Medical Services is only responsible for the medical care of youth in DJS facilities. As a result of these new hires, significant progress, at considerable expense, is being made in the facilities, but very little progress is being made in community based services.

No person has responsibility for behavioral health services in community supervision, where the vast majority of youth are served. Juvenile Drug Courts are the only structured programs generally available that achieve coordinated case management, graduated sanctions, interagency and judicial collaboration, and individualized substance abuse treatment and, where required, mental health treatment and family therapy for youth offenders.

DJS reports that available Medicaid reimbursement funds are being lost because the Department does not conduct the required assessments and processes for youth eligibility, significantly reducing available resources for treatment.

Education Services:

DJS-involved youth frequently have difficulty succeeding in school. The challenges are particularly serious for youth returning from residential placement. Often, they fall behind while in placement and have difficulty keeping up academically when they return to their local schools. The transition to large high schools with insufficient support also hinders progress. Baltimore County provides and is expanding its alternative high school services, in part to serve DJS-involved youth, and operates the Bridge Center to provide short-term intensive assessment, diagnostic, education, and case management services for youth leaving out-of-home placements to ensure their appropriate placement in their new school.

¹⁰ Although “Wraparound” is often used generically to describe comprehensive services, it is also a term of art that describes an evidence-based practice based on the “Milwaukee Wraparound” model. Here, it is used in the generic sense.

¹¹ Juvenile Offender Aftercare Assessment Team Report, February 28, 2000 (electronic copy of report and executive summary available from Meg Ferguson). The Department also issued an ‘Aftercare Strategy’ document in 2003 but has not achieved the ambitious stated goals or timelines for implementing standardized assessments, case management, wraparound services, and graduated sanctions. This document is available at <http://www.djs.state.md.us/pdf/aftercareplan09-01-03.pdf>

Special Populations: Females

Resources for female offenders are severely lacking, particularly facility placement options. Gender-responsive programming that meets the needs of female youth should be developed and expanded so girls will be referred to DJS for services and supervision instead of having their delinquent acts, and their needs, disregarded.

Special Populations: Latino Youth and Immigrant Families

Maryland has a growing number of Latino juvenile offenders, who have special needs and distinct patterns of behavior.¹² Very few bilingual staff are available to provide services to these youth and their families.

Maryland's increasing population of immigrant families poses special challenges for child-serving agencies. Non-English-speaking parents require assistance in navigating the justice system and the health services systems, and may require language assistance and extra support to be full partners with DJS staff in developing treatment and service plans, reentry plans, and to support youth who must comply with probation requirements. Youth from immigrant families may lack necessary documentation such as birth certificates, and pose special challenges for accessing services.

Current Regionalization Plans

As recommended in the Gap Analysis Report¹³, DJS has initiated a regionalization plan. Currently, Area Directors have no budgetary authority and minimal ability to tailor policies and procedures to meet local needs. They are also not encouraged to work with local stakeholders to identify and coordinate services and resources for youth under community based supervision. Regionalization coupled with decentralization of authority could be a promising step towards increasing the Department's flexibility and encouraging cooperation with local jurisdictions, but there have been serious problems with the implementation and planning process.

Area III (Montgomery County and 9 central and western counties), is the pilot Area for DJS' plan to make regional areas self-sufficient for facilities and services. Shortly after the pilot began, the Area was subdivided into two districts (each with a director) because the region was too large and a single director could not give adequate attention to Montgomery County.¹⁴ Secretary Montague told transition committee members that the subdivision was necessary to provide adequate attention to Montgomery County.

The current reorganization plan would reduce the number of areas to four. Howard County and Carroll County have already been moved from Area II to Area III. DJS plans to combine Baltimore City and Baltimore County into a new Area I, and move Harford County to the Eastern Shore Area. This is related to the Department's facilities plan, with the Areas designed to be self-sufficient for both non-specialized residential placements and community services.

¹² A review of the Community Detention and Electronic Monitoring Admissions data from 2003 to 2004, revealed a 21.6% increase in the number of Latino youth being placed on home detention. Gap Analysis Report, Table 5.6.

¹³ Prepared in 2004 as the first step in DJS's facilities planning process. Available at http://www.djs.state.md.us/pdf/gap/gap_analysis.html. This document was prepared prior to the Facilities Master Plan, released in January 2006, also available online at <http://www.djs.state.md.us/publications.html>

¹⁴ Secretary Montague provided this explanation during his meeting with members of the Transition Committee. The subcommittee did not obtain detailed information about Area III operations; the DJS Transition Report does not provide information about community services for Area III.

The current plan will create two Areas (Area III and the Eastern Shore Area) that are too large, exacerbating the problem of placing youth far from home and reducing the ability of senior DJS managers to manage their Areas and to collaborate effectively with local jurisdictions. The new proposed structure also contradicts the Gap Analysis report, which advised that urban, suburban, and rural youth have distinct needs and that the regionalization should take these needs into account. Specifically, the report advises that Baltimore City be treated as a separate region.¹⁵

DJS also initiated a pilot Community Capacity Initiative last year. The Initiative gave funding to local field staff to use on for services to meet the unique needs of their youth. Each area selected different programs, with several choosing to buy “slots” in existing local programs.¹⁶ Although it is too early to judge the results, the Initiative is a significant first step in providing flexible local programming.

¹⁵ DJS Gap Analysis Report, page 12-9.

¹⁶ The Community Capacity Initiative is described in the DJS Transition Report in Operations, section 3 (page 15).

Residential Placements

In any given month, approximately 1000 youth are in committed residential placements, 300 in secure detention, and 150 to 200 are in detention pending placement.¹⁷ Despite the fact that the number of youth on community based supervision is more than treble that of those in residential placement, the bulk of the Department's time and attention is focused on residential placement. This focus is both due to the needs of these youth and the problems that have plagued the Department's residential programs for years.

DJS utilizes several kinds of residential placements. Some, including detention centers, are operated by the Department; others, including group homes, residential treatment centers¹⁸, and Bowling Brook, are operated by private providers. Since the closing of the troubled Hickey School's placement programs, DJS has not had access to an in-state, hardware-secure facility, requiring the Department to resort to out-of-state placements for youth needing this level of care.

An RFP has been issued to select a provider to open a hardware-secure facility, either at the currently closed Victor Cullen Academy or at a facility owned by a bidder. Applications have been received and reviewed, but a decision has not been made. Selecting a provider to operate Victor Cullen will require a change in State law because, effective July 1, 2007, the law bars DJS from using private contractors to operate DJS owned facilities.

The services provided in facilities, particularly transition services, are often inadequate to meet the health, educational, and rehabilitation needs of youth. The Maryland State Department of Education has assumed responsibility for educational programming at all DJS facilities, reportedly resulting in significant improvements, but their progress is hindered by the difficulty recruiting qualified teachers. Detention centers in particular are marred by a dearth of quality, comprehensive services.

The type of placement youth receive is determined primarily by DJS. The decision in *In re Demetrius J.* bars judges from ordering youth be placed in a specific residential placement, but a Court may specify the type of placement. Courts and judges vary in how specific they make their orders and as a practical matter, most determinations are made by DJS either during the pre-disposition investigation or post-disposition. The problems that hinder the treatment planning process in community services - accurate assessments, staff training, family involvement, etc. - also plague the treatment planning and placement process.

National best practices show that youth are best served in small placement facilities close to their homes where their families can remain involved in their treatment and care. DJS has examined the Missouri Model for such placements and determined that it would not be practicable in Maryland. The Department is currently developing what it calls the "Maryland Model"; it is unclear how this differs from the Missouri Model or what its central tenets will be.

In 2006, the Department and its consultants completed the Facilities Master Plan, a strategic plan for renovating existing facilities and building new facilities so that the Department can meet youths' needs in state. While the plan is important and should not be set aside lightly, the drafters have cautioned that it was based on the assumption that the Department's past patterns of residential placements accurately represent its needs. Given the poor quality of data and the

¹⁷ Monthly Population Report, November 2006. http://www.djs.state.md.us/pdf/pop_reports/monthly_pop_report_nov2006.pdf. Note that discussions with the Department reveal that these figures may not be reliable due to poor data collection practices.

¹⁸ Residential Treatment Centers are facilities for youth requiring in patient mental health or substance abuse treatment.

acknowledged weaknesses of the Department's placement practices, this assumption may not be accurate. The plan may need to be revised based on more accurate information.

Facility Safety and Monitoring

Problems with facility safety, especially physical attacks on youth and staff, unsafe physical conditions, lack of adequate medical care, and failures to report child abuse and other incidents, have been well documented by the Juvenile Justice Monitoring Unit of the Attorney General's Office (JJMU), the U.S. Department of Justice, and the news media.¹⁹

Two facilities, Cheltenham in Prince George's County and the Hickey School in Baltimore County, are the subject of a 2005 settlement agreement that spells out over 100 conditions intended to remedy safety and civil rights violations at the facilities.²⁰ DJS has not implemented these reforms outside Hickey and Cheltenham, despite evidence that they would be effective at remedying similar problems at other facilities.

Many DJS facilities have physical plant concerns that pose a threat to youth (suicide, fire), staff (assaults) and the community (escape). These problems are partially due to the failure to budget for and provide routine maintenance and renovations. Specific facilities have significant problems with age and lack of use, notably Hickey and Cheltenham.

The Juvenile Justice Monitoring Unit (formerly the Independent Juvenile Justice Monitor) monitors conditions at DJS-owned facilities, but not at private facilities that serve DJS youth pursuant to contracts with the Department. Members of the unit have expressed concern that DJS does not adequately respond to the findings in its reports or act proactively to prevent problems.

The Office of Professional Responsibility and Accountability (OPRA) is DJS's internal unit for monitoring child safety and compliance with professional and safety standards at DJS facilities. The JJMU has documented the office's failure to ensure that child abuse and safety incident reports are either made as required or appropriately addressed when they are made. An Incident Report database has been developed, but it is poorly utilized and reports are often inaccurate, inconsistent, or nonexistent. Several cases of child abuse have resulted in DJS investigators failing to share information with the police and/or Child Protective Services. In the past, staff at OPRA failed to discover or effectively respond to abuses at the boot camps or the DRILL Academy (both are now closed and the DRILL Academy is the subject of a federal grand jury investigation).

DJS provides little monitoring to private providers, including group homes, Residential Treatment Centers, and other private per diem providers. While some of these facilities are also subject to monitoring by the Department of Health and Mental Hygiene and the Department of Human Resources, monitoring is poorly coordinated and DJS has little or no knowledge of or input into the monitoring provided by its sister agencies.

¹⁹ For the Juvenile Justice Monitoring Unit reports, see <http://www.oag.state.md.us/JJMU/index.htm>. The Department of Justice has investigated conditions at the Baltimore City Juvenile Justice Center, see http://www.usdoj.gov/crt/split/documents/baltimore_juve_findlet_8-7-06.pdf, and Cheltenham and Hickey, see http://www.usdoj.gov/crt/split/documents/cheltenham_md.pdf, http://www.usdoj.gov/crt/split/documents/split_maryland_comp_6-30-05.pdf, and http://www.usdoj.gov/crt/split/documents/split_maryland_agree_6-29-05.pdf.

²⁰ See http://www.usdoj.gov/crt/split/documents/split_maryland_agree_6-29-05.pdf.

Although detention standards were promulgated and passed, there is a lack of standards covering all residential facilities. Without such standards, staff training, accountability and uniform expectations cannot be as effectuate as need be.

Pending Placement

The problem of prolonged detention post disposition results from a combination of poor assessments, improper placements that increase the youth's risk of failure, and lack of appropriate placements. While pending placement detentions are only supposed to last 25 days, lengths of stay are routinely extended based on DJS's assurances that good faith efforts are being made to locate a placement. Youth pending placement receive minimal services and their conditions deteriorate as they remain isolated from their natural supports.

Increased lengths of stay in pending placement are a direct result of the lack of hardware-secure placements in Maryland. This has also led to increased out-of-state placements and to the highest risk youth being placed in programs that do not meet their needs or adequately protect public safety.

Pending placement is exacerbated by other problems, including the local coordinating council (LCC) process that is required for out-of-state residential placement, but is too often misunderstood or used improperly.

Recommendations

Critical Priority

1. **Pursue localization and decentralization with input from local governments and stakeholders.** The State should explore all options for localization, including local control of probation services as described in Attachment A. At a minimum, the central administration must provide a meaningful voice to local governments and should continue to devolve authority and responsibility to local offices, including limited fiscal control and responsibility for planning community services.
 - a. **If the agency continues to pursue regionalization, the current plan should be revised to ensure that areas are not too large and serve similar populations of youth.** For instance, Baltimore City and County should not be combined into a single area.
2. **Adopt data-driven, outcomes-based management at all levels of the agency.** This should include ensuring more consistent collection of data by staff and private providers. It will also require enhancing the ability of the Office of Research and Planning to analyze and collect data. The Department may need to establish data sharing agreements with partner agencies, including schools and DHMH.
3. **Ensure that the Department adopts and incorporates Evidence-Based Practices into all of its programs and policies.**
4. **Create a comprehensive resource guide for community and residential services for use by staff and other stakeholders.** This guide should include all programs used by the Department and indicate the criteria for referrals to the program.
5. **Implement activity-based budgeting.** This will allow the agency to plan for services and better control its expenditures.
6. **Review and restructure procurement process.** Over time the agency has developed methods to get around the procurement process (i.e.: issuing credit cards, entering intergovernmental agreements and entering and renewing short contracts for \$25,000). These methods have eroded procurement approvals and controls and there is no centralized control over contractual expenditures.
7. **Review and reform the Human Resources process to expedite hiring and ensure that staff are trained professionals.** This should include eliminating the requirement that all direct service staff receive MCTC training and replacing it with training designed to meet juvenile probation and corrections standards.
8. **Review capital plan and budget to ensure that all projects are in line with legislative directives and compatible with long range capital plan.** Revise the Facilities Master Plan if necessary and adhere to the current or revised plan when making capital decisions.
9. **Create and implement comprehensive assessment protocols.** This includes a revised risk needs assessment, detention risk assessment instruments, and a battery of psychosocial assessments that will assist in treatment planning. Assessments must be

consistently administered by trained staff, including clinical staff where appropriate, and the results recorded in the Department's database.

10. **Enhance youth accountability by administering graduated sanctions and creating levels of probation supervision.** Youth should be held accountable for probation violations and be subject to more intensive supervision if they have a history of violations. Currently, the only meaningful sanction is out-of-home placement.
11. **Work with the Courts to promote their active partnership in juvenile supervision and accountability.** This may include encouraging judges to adopt more detailed court orders.
12. **Work with JJMU, DHR, and DHMH to develop monitoring and quality assurance plans for all placements used by DJS.**
13. **Ensure compliance with regulatory requirements and standards, the DOJ Settlement Agreement, and JJMU recommended remedies for all facilities.** OPRA should take a more proactive role in ensuring compliance with requirements, particularly requirements related to child abuse and incident reporting. Consider adopting practices mandated by the Settlement Agreement in all DJS facilities.
14. **Immediately examine the RFP for a new secure facility at Victor Cullen Academy.** Effective July 1, 2007, it will be illegal to contract with a provider to operate the facility, unless the law is changed this session. It is essential that a hardware-secure facility be opened in Maryland and the new administration must act quickly to prevent further delays.

High Priority

1. **Enhance Medicaid Reimbursement.** DJS should work with DHMH to facilitate Medicaid reimbursement for health care services, including behavioral health services, received by covered youth. DJS should also work with DHMH to add evidence based treatments, including Multisystemic Therapy and Functional Family Therapy, to the state Medicaid plan so that proven treatments for high risk youth are available to DJS youth
2. **Enhance fiscal controls.** This includes reducing the routine use of credit cards by a large number of agency staff.
3. **Develop staff retention and recruiting plan.** This should include investigating the causes of poor retention and a salary study comparing DJS salaries to those of similar neighboring states and local jurisdictions.
4. **Improve interagency coordination and data sharing at all levels.** This may include gaining access to other agencies' data systems, incorporating information from other agencies into the intake and assessment process, and creating joint treatment plans for youth served by multiple agencies. Particularly important partners include police, health care providers, DHMH, DHR, and local schools.
5. **Adopt reforms to enhance intraagency collaboration and coordination.** This will facilitate and improve the planning process for administration and operations.

6. **Ensure that trained and qualified DJS staff provide intake services.** The practice of using contract providers for this service should be eliminated.
7. **Promote greater family involvement in assessment and treatment.** The Department should create an Office of Family Resources to educate families, assist them to navigate the system, and promote greater family involvement in supervision and treatment agency wide.
8. **Ensure that the Detention Risk Assessment Instruments incorporate public safety and other local concerns.** In particular, it should be adjusted at the local level to take into account offenses that pose a high risk in the local community (drug dealing, car theft, etc.) and the danger posed by youth arrested repeatedly in a short period of time.
9. **Expand diversion partnerships with local police and service providers.** Examples include the JOINS program in Baltimore County.
10. **Create and implement an agency wide plan for behavioral and physical health services for youth.** The plan should cover services for youth under community supervision. It should incorporate services provided existing systems of care in the public and private sector (Medicaid, etc.) and create protocols for information sharing and collaboration between and among these systems.
11. **Create more service and placement options for females.**
12. **Create a Latino Intervention Team to provide culturally competent services to Latino youth and families.**
13. **Improve transition planning and services for youth discharged from detentions and placements.** This includes coordinating with local service providers, especially schools, and incorporating family into the planning and transition process.
14. **Incorporate meaningful No Eject/Reject clauses into contracts with providers.** Contracts should detail inclusionary and exclusionary criteria for the programs and providers should be required to comply with the agreed upon criteria. DJS must also improve its efforts to provide complete information to providers so that they can accurately determine eligibility.

Important

1. **Conduct a cost-benefit analysis to determine the “break-even” point of hiring staff vs. paying overtime.** This analysis should take into account the quality of services provided by staff who are working overtime.
2. **Enhance grant development.**
3. **Community Capacity Initiative should be expanded to allow local staff to participate in all planning and resource allocation.** This will allow local services to be tailored to meet the needs of local youth. Outcome measures should be incorporated, and duplication of services should be avoided

4. **Create an evidence based plan to provide early intervention to youth who come into contact with the juvenile justice system.** This may include strengthening informal supervision or connecting youth to outside services at intake. However, the Department should be mindful that some forms of early intervention have been shown to be counterproductive.
5. **Enhance staff training in behavioral health, youth development, and family services.**
6. **Move the position of Assistant Secretary for Equal Justice and Policy back to DJS from GOCCP.** This position promotes coordination between state and local efforts to reduce Disproportionate Minority Confinement.
7. **Increase the number of bilingual staff.**
8. **Ensure that services are delivered in a culturally competent manner.**
9. **Develop a resource guide for staff to consult when working with immigrant youth and families.**
10. **Create localized case management plans with input from courts, families, and other stakeholders.**
11. **Explore best practices for expediting adjudication, disposition, and pending placement.**
12. **Ensure delivery of comprehensive services in all residential placements, including detention.**
13. **Work with the Local Coordinating Councils to expedite referrals and ensure DJS understanding of and compliance with the LCC process.**
14. **Review maintenance needs at facilities and ensure that routine and emergency maintenance costs are incorporated into the budget.**

Respectfully submitted,

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