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November 16, 2015

Ms. Ruby Potter
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Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: In the Matter of Seasons Residential Treatment Program
Matter No. 14-16-2357

Dear Ms. Potter:

On behalf of interested party Sheppard Pratt Health System, Inc., we are submitting six copies of its comments addressing the Modified Certificate of Need Application filed by Seasons Residential Treatment Program, LLC in the above-referenced matter.

I hereby certify that a copy of this submission has been forwarded to the appropriate local health planning agency as noted below. Thank you for your assistance.

Sincerely,



James Buck

JB:blr

Enclosures

cc: Kevin McDonald, Chief, Certificate of Need
Paul Parker, Director, Center for Health Care Facilities Planning & Development, MHCC
Suellen Wideman, Esq., Assistant Attorney General, MHCC
Pamela B. Creekmur, Health Officer, Prince George's County
Tyeaesis Johnson, CEO, Seasons Residential Treatment Program, LLC
Richard G. McAlee, Esq.
Howard L. Sollins, Esq.
Bonnie Katz, VP Business Development and Support Operations, Sheppard Pratt Health System, Inc.
Thomas C. Dame, Esq.

#544410
011000-0006

IN THE MATTER OF

SEASONS RTC, LLC

Docket No. 14-16-2357

* BEFORE THE
*
* MARYLAND HEALTH
*
* CARE COMMISSION
*

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**SHEPPARD PRATT HEALTH SYSTEM'S INTERESTED PARTY COMMENTS ON
SEASONS RESIDENTIAL TREATMENT PROGRAM'S CON APPLICATION
PROPOSING THE CONSTRUCTION OF A NEW 72-BED RESIDENTIAL
TREATMENT CENTER IN PRINCE GEORGE'S COUNTY MARYLAND**

Sheppard Pratt Health System, Inc. ("Sheppard Pratt"), by its undersigned counsel and pursuant to COMAR 10.24.01.08F, submits these comments addressing the Modified Certificate of Need Application ("CON Application") and related materials filed by Seasons Residential Treatment Program, LLC ("Seasons"), proposing to construct a new, 72-bed residential treatment center located in Fort Washington, Prince George's County, Maryland. Sheppard Pratt respectfully requests that the Maryland Health Care Commission deny Seasons' Application.

INTRODUCTION

As explained herein, the Commission should deny Seasons' CON Application because Seasons failed to meet each of the applicable standards and review criteria. Most importantly, Seasons failed to demonstrate need for another residential treatment center ("RTC") in Maryland.

Sheppard Pratt is a mission driven, private non-profit psychiatric institution borne of the social reforms of the 19th century. Among Sheppard Pratt's facilities and programs are two RTCs: (1) The Berkeley and Eleanor Mann Residential Treatment Center ("Mann RTC"); and (2) The Jefferson Residential Treatment Center ("Jefferson RTC"). Because both the Mann RTC

and Jefferson RTC will be adversely affected if the Commission were to grant Seasons' CON Application, Sheppard Pratt is an interested party pursuant to COMAR 10.24.01.01B(20).

The Mann RTC is a 63-bed licensed RTC and certified Psychiatric Residential Treatment Facility ("PRTF") in Baltimore County, Maryland.¹ The Mann RTC serves males and females between the ages of 12 and 21 who suffer from severe emotional and behavioral problems and require a specialized educational environment, a therapeutic milieu, and recreational and community based activities. The average length of stay at the Mann RTC is 6-11 months. Mann RTC residents receive educational services at The Mann Residential School, a full day special and general education school that operates as a 12-month program and is located on the grounds of the Sheppard Pratt Health System in Towson, Maryland.

The Jefferson RTC is a 53-bed licensed treatment center and certified PRTF in Frederick County, Maryland. It serves males and females between the ages of 12 and 21 with severe emotional and behavioral problems, who are unable to live safely in the community and need a specialized educational environment, a therapeutic milieu, and recreational and community based activities. The average length of stay at the Jefferson RTC is 11 months. Educational services are provided to Jefferson RTC residents at The Jefferson School, a special education day school.

Both the Mann RTC and Jefferson RTC provide 24-hour care to residents in a supportive environment using a multi-disciplinary team of psychiatrists, psychologists, licensed clinicians, activities specialists, occupational therapists, nurses, and residential counselors to formulate an individualized treatment plan for each resident that addresses both therapeutic and educational needs. The Mann RTC and Jefferson RTC receive the majority of resident referrals from

¹ Unless otherwise noted, as used in Sheppard Pratt's comments, RTC connotes both a Maryland licensed RTC and/or a federally licensed PRTF.

government agencies, including departments of social services and juvenile services from both Maryland and Washington, D.C.

In its CON application, Seasons proposes to construct a 72-bed RTC and certified PRTF in Fort Washington, Maryland. According to Seasons, its program will be divided into two treatment tracks, including “an assessment unit and a residential program.” (App. at 7.)² The proposed assessment unit would consist of 20-beds in two separate 10-bed “wings” to accommodate female and male residents. (*Id.* at 14.) Seasons indicates the average length of stay in the diagnostic and assessment unit will be 30 days. (*Id.* at 8.) The proposed residential unit would include a 16-bed male adult unit,³ and two 18-beds units to separately serve male and female adolescents aged 13 to 17. (*Id.* at 14.) The average length of stay for the residential unit will be 6 months. (*Id.* at 8.)

Seasons proposes to serve adults and adolescents who “generally require treatment for more severe and chronic behavior disorders, emotional challenges and trauma-related mental illnesses,” and states that its residents “will likely have a history of: fire setting/arson, assaultive and aggressive behaviors, substance abuse, emotional disturbance and will likely present with dual diagnoses as defined by the DSM-IV.” (*Id.* at 7.) Seasons asserts that “[t]hese youth meet a level of inpatient service intensity that currently requires placement agencies to look outside of the State of Maryland for residential placement because they are tough to treat.” (App. at 22.) Seasons states that its “target area is a 150-mile radius” and estimates its census mix between

² Citations to “App.” refer to Seasons’ Modified CON Application submitted on June 4, 2015 and the exhibits thereto. Citations to “S.P. Ex.” refer to the exhibits submitted by Sheppard Pratt with its comments in opposition to Seasons’ CON Application filed contemporaneously herewith.

³ On page 14, the CON Application states the adult unit will be a coed 16-bed unit. Seasons later clarified in its September 3, 2015, response to the Commission’s completeness question 9 that the adult unit will exclusively serve male residents. (*See* Sept. 3, 2015 Seasons’ Completeness Question Resp. at 3.)

years 1-3 to include 45% from the State of Maryland, 30% from the District of Columbia, 10% from West Virginia, 5% from Virginia, and 10% from unidentified “states outside the Mid-Atlantic region.” (*Id.* at 24.) Seasons, moreover, indicates that residents admitted “will likely be referred by state mental health agencies ([Maryland Department of Human Resources], [Washington, D.C. Department of Human Services], [Washington, D.C. Child and Safety Services Agency]), juvenile services and juvenile courts.” (*Id.* at 37.) And for the residential adult unit, Seasons states that the “majority of the young adults . . . will be referred by juvenile services agencies.” (*Id.* at 40.)

Seasons failed to meet the standards required for the Commission to grant its CON Application. First, and fatal to its CON Application, Seasons did not address required standards of COMAR 10.24.10 relating to Acute Care Hospital Services or any of the approval policies found in COMAR 10.24.07 governing Psychiatric Services despite seeking licensure as a Special Hospital-Psychiatric Facility. Second, Seasons identified no need for another Maryland RTC to serve Maryland youth – much less youth from outside the State. If approved, Seasons’ proposal would not only compete for the same population and from the same referring agencies as those currently served by the Mann RTC, the Jefferson RTC, and the other nine currently licensed RTCs operating in the Maryland, it would siphon admissions from a continually shrinking population pool, who are admitted for shorter and shorter stays. This will have a substantial adverse impact on Sheppard Pratt and other licensed RTCs and PRTFs in Maryland. Finally, due to its lack of security features for the population and government agencies that Seasons intends to serve, its census projections are grossly inaccurate and unreliable. Without these referral sources – which will be non-existent – Seasons’ proposal is not viable.

I. SEASONS FAILED TO ADDRESS REQUIRED CON STANDARDS APPLICABLE TO SPECIAL HOSPITAL-PSYCHIATRIC FACILITIES.

Seasons' CON Application states that the proposed facility will be jointly licensed as a RTC and a "Specialty-Hospital Psychiatric Facility as outlined in COMAR 10.07.01." (App. at 67.) However, in its CON Application, Seasons did not address any of the standards required to build, construct, or develop a special hospital-psychiatric facility, including any of the standards in COMAR 10.24.10 relating to Acute Care Hospital Services or any of the approval policies found in COMAR 10.24.07 relating to Psychiatric Services. This fundamental defect standing alone requires denial of Seasons' CON Application.

II. SEASONS FAILED TO DEMONSTRATE NEED FOR A NEW RTC IN MARYLAND UNDER EITHER COMAR 10.24.08G(3)(b) OR THE CORE PRINCIPLES OUTLINED IN COMAR 10.24.07G(1)(a)-(c).

Seasons CON application failed to establish need for another privately operated RTC in Maryland. Seasons neither provided nor analyzed any utilization data for RTC services in its projected service area. Also, Seasons did not assess whether existing RTC capacity is sufficient to meet projected utilization of RTC services in Maryland.

Instead, Seasons attempted to establish need for its facility and program by cobbling together a series of reports from various government agencies in Maryland and Washington, D.C., which it identified as the primary sources of anticipated referrals. Far from supporting need for an additional RTC in Maryland, however, these materials evidence a concerted effort by all identified government referral agencies to reduce out-of-home admissions, including admissions to privately-operated RTCs, in favor in-home community-based services. These ongoing placement goals have already resulted in steadily declining placements at existing Maryland RTCs. Indeed, the exhibits to Seasons' CON Application and related materials demonstrate there is no need for a new, privately-operated RTC in Maryland – much less one

that would add 72-beds to an already underutilized health care system and make Seasons the fifth largest RTC in Maryland. Seasons has failed to satisfy the need standards of COMAR 10.24.08G(3)(b) or the core principles outlined in COMAR 10.24.07G(1)(a)-(c).

A. Maryland Referral Sources.

In support of its “need” analysis, Seasons relies heavily on the FY 2014 Out-of-Home Placement and Family Preservation Resource Guide prepared by the Governor’s Office for Children (“*FY 2014 Out-of-Home Placement Guide*”). In its CON application, Seasons contends that it “highlighted several areas” of the *FY 2014 Out-of-Home Placement Guide* “where the data supports [its] program model or treatment philosophy.” (App. at 26-27.) But contrary to Seasons’ cherry-picked statements and mischaracterization of data, placement trends, and the recommendations outlined in the report, each Maryland agency referring youths for placement in RTCs – the Maryland Health Administration (“MHA”), the Department of Juvenile Services (“DJS”), and the Department of Human Resources (“DHR”) – identified a steadily declining trend in RTC placements and a collaborative effort to divert out-of-home placements to in-home community-based programs.

The stated purpose of the *FY 2014 Out-of-Home Placement Guide* “is to document the State’s capacity for and utilization of out-of-home placements, analyze the costs associated with out-of-home placements, facilitate an evaluation of Statewide family preservation programs, and identify areas of need across Maryland.” (S.P. Ex. 1 at 4.)⁴ The report was prepared by the Children’s Cabinet, which is comprised of Secretaries from the Departments of Budget and Management, Disabilities, Health and Mental Hygiene, Human Resources, Juvenile Services,

⁴ The report also fulfills the requirements of Maryland Code, Human Resources § 8-703 “to annually produce a State Resource plan ‘in order to enhance access to services provided by [Residential Child Care Programs].’” (*Id.*)

and the State Superintendent of Schools for the Maryland State Department of Education. (*Id.* at 9.) “The Children’s Cabinet coordinates the child and family focused delivery system by emphasizing prevention, early intervention, and community-based services for all children and families.” (*Id.* at 9.) Its report tracks all out-of-home placements from each reporting agency, provides a five-year trend analyses, and future resource development priorities. (*Id.*)

During a one-day snapshot of January 31, 2014, intended to “gauge the total serving capacity of placements on a comparable, specific day” in the approximate midpoint of the state fiscal year, the Children’s Cabinet reported that there were 601 youth placed by DHR, DJS, and MHA in both in-state and out-of-state RTCs – but the actual number of youth and children residing in RTCs was more likely closer to 418, the number of MHA placements alone. (*Id.* at 7, 11, Table 2.)⁵

⁵ As explained in the *FY 2014 Out-of-Home Placement Guide*, RTC placements reported by DJS are also reported by MHA, resulting in a double-counting of these “placements.” (*Id.* at 8, 13 n. 3.) The placements reported by DHR are also likely duplicative of the placements made by MHA, given that RTC services are overwhelmingly covered by Medicaid. (*Id.* at 9 (stating DHR’s costs for RTC placements are billed through Medicaid and therefore appear in the MHA reported cost tables).) As the report describes, a “placement” does not represent one individual because “one child can be placed in more than one category, jurisdiction, **or agency in one year.**” (*Id.* at 8 (emphasis added).) Accordingly, to the extent DHR “placed” a youth in a RTC and Medicaid later covered the youth, the placement would likely appear for both DHR and MHA. In any event, Seasons’ assertion that there were 740 Maryland youth admitted to RTCs on January 31, 2014 in furtherance of Seasons’ need analysis, is grossly overstated. (*See App.* at 27.)

State Agency Placement Categories: Placement Totals on 1/31/2014																		
Placing Agency	Family Home Placement						Community-Based Placement				Non-Community-Based Placement							
	Adoptive Care	Foster Care	Formal Relative (Kinship) Care	Restricted Relative (Kinship) Care	Treatment Foster Care	Living Arrangement - Family Home	Independent Living Programs	Residential Child Care Program	Community Supported Living Arrangement	Living Arrangement - Community-Based	Diagnostic Evaluation Treatment Program	Juvenile Detention and Commitment Centers	Non-Secure/Non-RTC	Residential Educational Facilities	Residential Treatment Centers	Substance Abuse and Addiction Programs	Living Arrangement - Non-Community Based	Hospitalization Placement
DHR	32	1128	761	326	1541	236	188	611		43					183		89	9
DJS		4			86		13	221			24	159	41		141	184		8
MSDE														47				
MHA															418			
DDA								17	68									
ADAA																196		

Table 2

Source: **FY2014 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan**
(Maryland Governor's Office for Children) - Exhibit 7 to Seasons RTP Modified CON Application

This figure includes approximately 31 or 32 combined out-of-state RTC placements by DHR and duplicate placements by MHA and DJS. (*See Id.* at 39, Table 49; *id.* at 54, Table 78; *id.* at 78, Table 119.)⁶

⁶ The graphs from Tables 49, 78, and 119 have not been included.

DHR Out-of-State Non-Community-Based Trends								
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	0.0%	0.0%
Juvenile Detention and Commitment Centers	0	0	0	0	0	0	0.0%	0.0%
Non-Secure/Non-RTC	0	0	0	0	0	0	0.0%	0.0%
Residential Educational Facilities	0	0	0	0	0	0	0.0%	0.0%
Residential Treatment Centers	0	0	1	3	5	11	3.3%	120.0%
Substance Abuse and Addiction Programs (ASAM)	0	0	0	0	0	0	0.0%	0.0%
Living Arrangement - Non-Community Based	0	0	0	0	4	2	1.0%	-50.0%
All Categories	0	0	1	3	9	13	NA	44.4%

Table 49

Source: **FY2014 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan**
(Maryland Governor's Office for Children) - Exhibit 7 to Seasons RTP Modified CON Application

DJS Out of State Non-Community-Based Placement Trends								
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	1	2	5	0	0	0	NA	NA
Juvenile Detention and Commitment Centers	0	0	0	0	0	0	NA	NA
Non-Secure/Non-RTC	28	19	28	38	30	30	6.0%	0.0%
Residential Educational Facilities	0	0	0	0	0	0	NA	NA
Residential Treatment Centers	32	21	23	18	26	21	-4.3%	-19.2%
Substance Abuse and Addiction Programs	51	53	68	76	67	45	-0.1%	-32.8%
Living Arrangement - Non-Community Based	0	0	0	0	0	0	NA	NA
Total	112	95	124	132	123	96	-1.4%	-22.0%

Table 78

Source: **FY2014 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan**
(Maryland Governor's Office for Children) - Exhibit 7 to Seasons RTP Modified CON Application

MHA OOS Placement Trends								
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Residential Treatment Centers	23	8	8	6	8	20	18.6%	150.0%
Total	23	8	8	6	8	20	18.6%	150.0%

Table 119

Source: **FY2014 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan**
(Maryland Governor's Office for Children) - Exhibit 7 to Seasons RTP Modified CON Application

To put these RTC placement figures into perspective, Maryland currently has 11 licensed RTCs with a total bed capacity of 597. (See S.P. Ex. 2.) This means that, with the exception of private RTC admissions and Maryland RTC placements from out-of-state agencies, there were a

minimum of 27 open beds at currently licensed Maryland RTCs and more likely closer to 179 open beds during the one-day snapshot evaluated by the Children’s Cabinet. To this end, over the past six years, State agency placements in RTCs have declined by 27%; the unadjusted placement totals (which do not account for double reporting of DJS RTC placements or possible triple reporting of DHR RTC placements) went from a high of 988 on January 31, 2009 to a low of 722 on January 1, 2014. (*Id.* at 19, Table 12.)⁷

Statewide Non-Community-Based Settings Placement Trends								
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	9	12	15	14	25	24	25.2%	-4.0%
Juvenile Detention and Commitment Centers	174	178	166	160	185	159	-1.3%	-14.1%
Non-Secure/Non-RTC	32	23	35	45	39	41	8.9%	5.1%
Residential Educational Facilities	52	59	44	58	53	47	0.0%	-11.3%
Residential Treatment Centers	988	914	826	719	729	722	-5.9%	-1.0%
Substance Abuse and Addiction Programs (ASAM)	365	400	438	429	387	359	0.0%	-7.2%
Living Arrangement - Non-Community Based	84	100	122	106	96	89	2.2%	-7.3%
Total	1,704	1,686	1,646	1,531	1,514	1,441	-3.3%	-4.8%

Table 12

Source: FY2014 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan (Maryland Governor’s Office for Children) - Exhibit 7 to Seasons RTP Modified CON Application

This is consistent with the steady decline of out-of-home placements across all categories. (*Id.* at 14, Table 4 (reflecting an approximate 27% decline in total out-of-home placements between January 1, 2009 and January 1, 2014, and nearly an 11% decrease between SY 2013 and SY 2014).)

⁷ The graph from Table 12 cited has not been included.

All Agencies Total Served								
Category	2009	2010	2011	2012	2013	2014	Average Change	Last Year Change
Family Home	15,306	15,720	14,772	14,351	12,682	11,015	-6.2%	-13.1%
Community-Based	5,370	4,544	4,161	3,935	3,563	2,925	-11.3%	-17.9%
Non-Community Based	6,637	6,992	6,154	6,115	5,865	5,737	-2.7%	-2.2%
Hospitalization	326	307	292	306	393	337	1.7%	-14.2%
Not Available	1,057	572	887	877	850	832	0.6%	-2.1%
Total	28,696	28,135	26,266	25,584	23,353	20,846	-6.1%	-10.7%

Table 4

Source: **FY2014 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan**
(Maryland Governor's Office for Children) - Exhibit 7 to Seasons RTP Modified CON Application

Accordant with the steadily declining trend of out-of-home placements, neither DHR, nor DJS, nor MHA` reported a need for additional RTC capacity. Instead, each of these agencies recommended increases in community-based services. And, to the extent these State agencies identified any “gaps” in RTC service areas, both in Maryland and out-of-state, Seasons cannot fill those gaps through its proposed program, facility specifications, or staffing plan.

1. *Mental Health Administration.*

Between fiscal year 2009 and 2014, MHA had by far the most reported RTC placements, though its placements also included all DJS placements and likely most DHR placements. (*See id.* at 8-9, 13 n. 3.) RTC placements were the only non-community based placements reported by MHA because it is the only non-community service funded by Medicaid. (*Id.* at 71.) MHA's mid-year, one-day placement trends reflected a 22% decrease in RTC placements over the last six years (a total reduction of 116 placements) with an average annual decrease of approximately 4%. (*Id.* at 71, Table 109.)

MHA Placement Trends (One-Day Totals)								
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	NA	NA
Juvenile Detention and Commitment Centers	0	0	0	0	0	0	NA	NA
Non-Secure/Non-RTC	0	0	0	0	0	0	NA	NA
Residential Educational Facilities	0	0	0	0	0	0	NA	NA
Residential Treatment Centers	534	482	440	371	393	418	-0.04%	6%
Substance Abuse and Addiction Programs	0	0	0	0	0	0	NA	NA
Living Arrangement - Non-Community Based	0	0	0	0	0	0	NA	NA
Total	534	482	440	371	393	418	-0.04%	6%

Table 109

Source: **FY2014 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan**
(Maryland Governor's Office for Children) - Exhibit 7 to Seasons RTP Modified CON Application

Although MHA reported average increases in RTC placements between FY 2012 and 2014, this resulted from the discontinuation of a five-year Medicaid Section 1915(c) waiver program, which was encouraged by the federal government to identify alternatives to RTC and PRTF placements. (*Id.* at 71.) According to MHA, the number of children and youth enrolled in the waiver program increased from 60 in FY 2010, to 166 in FY 2011, and to 210 in FY 2012. (*Id.* at 72.) New enrollments in the waiver program ceased on September 30, 2012, and children and youth enrolled in the program declined from approximately 103 in FY 2013 and FY 2014 to zero in early FY 2015. (*Id.*) The Department of Health and Mental Hygiene, however, received CMS's approval for a Medicaid State Plan amendment that will once again allow MHA to provide targeted case management and community-based wraparound services as alternatives to RTC placement. (*Id.*) The new waiver program's retroactive start date was October 1, 2014, and MHA's RTC placements are expected to again sharply decline as children and youth are placed in these alternative community-based programs. (*See id.*)

In addition to decreases in overall RTC placements, MHA also reported that the average length of stay for youths placed in RTCs has declined over the past six years, primarily due to efforts by MHA to move children to community-based treatment as soon as their clinical needs can be met at a lower level of care. (*Id.*) At the same time, total costs associated with RTC placements have also steadily decreased. (*Id.* at 75, Table 114.)⁸

⁸ Table 114 also reflects the costs of DHR and DJS RTC placements, both of which are covered by Medicaid. (*See* Ex. 1 at 8-9.)

MHA Non-Community Based Cost Trends								
Subcategory	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change
Residential Treatment Centers	\$94,033,805	\$91,629,633	\$72,649,911	\$71,180,664	\$66,348,547	\$67,700,710	-6.0%	2.0%
Total	\$94,033,805	\$91,629,633	\$72,649,911	\$71,180,664	\$66,348,547	\$67,700,710	-6.0%	2.0%

Table 114

Source: **FY2014 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan**
(Maryland Governor's Office for Children) - Exhibit 7 to Seasons RTP Modified CON Application

Contrary to Seasons' assertion, MHA did not identify a gap in necessary services that could be filled by Seasons' program and MHA explained that the recent uptick in RTC placements is a temporary anomaly due to end of a waiver program that has since been replaced. (See App. at 27.) Read in its entirety, the MHA report disavowed any need for additional RTCs in Maryland and concluded that a program designed to serve the few children and youth currently placed in RTCs out-of-state would not be viable. MHA's recommendation stated:

The current capacity of residential treatment centers in Maryland appears adequate to meet the needs of Maryland youth for this level of care for the foreseeable future, based on vacancy rates for the in-State RTCs and plans to serve youth in the community via the 1915(i) State Plan amendment. It would seem desirable to have the Maryland RTCs offer more options for specialized treatment, such as treatment for fire-setting and sexually offensive behavior, especially for youth with low levels of intellectual functioning. **At this time, however, it appears unlikely that there would be sufficient numbers of in-State referrals to make financial sense for an in-State RTC to develop such programming.**

MHA efforts to minimize the number of Maryland youth in out-of-State placements have been successful and will continue. **At the present time, however, it appears likely that for a very small number of Maryland youth with needs for specialized treatment or who are in especially complicated circumstances, an out-of-State placement will continue to be necessary.**

(S.P. Ex. 1 at 76 (emphasis added).)

In any event, Seasons' program would not fill the gap in services that results in a small number of youth referred to out-of-state RTCs. First, Seasons indicates that its program will be limited to youth and adults with a "full scale IQ score of 70 and above" and that an IQ score of "70 or below is considered a 'low IQ'[" (App. at 41.) Accordingly, Seasons will not be able to

treat the youth MHA identifies as having “low levels of intellectual functioning” currently requiring placement in out-of-state RTCs. And, for the reasons discussed below with respect to potential joint referrals from MHA and DJS, Seasons’ proposed facility and staffing will not permit it to accept the population of arsonists and other adjudicated violent youth offenders who are currently placed in hardware and staff secure RTCs outside Maryland.

2. Department of Juvenile Services.

As noted above, DJS’s RTC placements reported to the Children’s Cabinet were also included within the MHA’s reported placements. Further, data reported by DJS to the Children’s Cabinet included only youth “placed in either in-State or out-of-State committed programs,” each of whom was “adjudicated delinquent and committed to the custody of DJS by the juvenile court.” (S.P. Ex. 1 at 8.) Like other agencies responding to the Children’s Cabinet, DJS reported an overall decline in RTC placements in recent years. Over the last four years, DJS’s reported mid-year, one-day snapshot demonstrates a 22% decrease in RTC placements with an annual decrease of nearly 8% occurring between FY 2013 and FY 2014. (*Id.* at 50, Table 68.)

DJS Non-Community Placement Trends								
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	9	12	15	14	25	24	25.2%	-4.0%
Juvenile Detention and Commitment Centers	178	180	178	167	185	159	-1.9%	-14.1%
Non-Secure/Non-RTC	28	21	23	38	39	41	11.5%	5.1%
Residential Educational Facilities	1	1	0	0	0	0	NA	NA
Residential Treatment Centers	156	156	180	155	153	141	-1.5%	-7.8%
Substance Abuse and Addiction Programs	184	192	234	249	212	184	0.9%	-13.2%
Living Arrangement - Non-CB	0	0	0	0	0	0	NA	NA
Total	556	562	630	623	614	549	0.0%	-10.6%

Table 68

Source: **FY2014 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan**
(Maryland Governor’s Office for Children) - Exhibit 7 to Seasons RTP Modified CON Application

The reduction in RTC placements by DJS is likely due to an overall decrease in the number of juvenile cases referred to DJS along with DJS's efforts to increase options of in-home services to "lower-risk youth[.]" (*See id.* at 43.) But despite DJS's goal of minimizing out-of-home placements for lower-risk youth, it has identified a need to increase "capacity to serve higher-risk youth who may have in previous years either been placed in out-of-State non-community based placements or in Maryland non-secure community-based residential programs." (*Id.*) According to DJS, "[o]ne of the drivers of pending-placement populations has been the youth who had been placed into non-secure programs, only to be sent back to detention from programs that were not equipped to manage behavior." (*Id.* at 43.) In its CON application, Seasons seizes on DJS's reported need for additional hardware and staff-secure facility capacity to establish a need for its program, but Seasons' proposed facility and staffing levels will not permit it to fill this service gap. Moreover, absent an unfathomable sea change to the manner in which DJS assigns security levels to youths committed to its custody, Seasons' targeted population – youth with "a history of arson/fire setting, emotional disturbance, aggressive and assaultive behavior" and "high rates of recidivism" – will likely be assigned a security level well beyond the capabilities of Seasons' proposed facility and staffing levels. (*See App.* at 12.)⁹

More specifically, Seasons relies upon a separate DJS report entitled 2013 Residential and Community-Based Services Gap Analysis, in which DJS reported a need for additional capacity at Level III hardware secure facilities for male youths and a need for additional services at Level II staff secure facilities for female youths. (*See App.* at 27-31; *see also* S.P. Ex. 3 at 3.) Maryland currently has two State-run Level III "hardware secure" facilities, including the Victor

⁹ DJS assigns youth in accordance with the Maryland Comprehensive Assessment and Services Planning guide in place since 2010 that takes into account structured risk and needs assessments. (S.P. Ex. 1 at 43)

Cullen Center, a 48-bed committed placement facility for males aged 15-18, and the J. DeWeese Carter Center, a 48-bed committed placement facility for females aged 14-18. (S.P. Ex. 4, DJS Committed Programs at 158, 152.) Level III “hardware secure” programs rely “primarily on the use of construction and **hardware such as locks, bars, and fences** to restrict youth’s movement.” (S.P. Ex. 3 at 12 (emphasis added).)¹⁰ “The hardware secure programs are generally designed for youthful offenders who are adjudicated for violent offenses or have a history of violent offending.” (*Id.*)

In contrast, DJS Level II committed “programs are staff secure residential programs, meaning a youth’s movement is controlled by staff supervision rather than by architectural features.” (*Id.*) “These programs are typically utilized for more serious, non-violent and/or chronic offenders.” (*Id.*) There are several “staff secure” facilities presently operating in Maryland, including the DJS-run Western Maryland Youth Centers, the William Donald Shaefer House, and the privately-run Silver Oak Academy. (*Id.* at 21; *see also* S.P. Ex. 4 at 123.) According to the Office of Attorney General, DJS policy requires all youth in committed facilities – including Level III and Level II programs – to be subject to strip searches to prevent importation of contraband following any trip off campus and “be restrained in handcuffs, shackles, waist chains and a black box [handcuff cover] with a padlock when [committed youths] are transported to and from court, [or to] medical and education appointments.” (S.P. Ex. 5, Juvenile Justice Monitoring Unit 2014 Annual Report at 33.)¹¹

¹⁰ See also Maryland Code, Criminal Law § 9-401 (defining a “hardware secure facility” as one that “is securely locked or fenced to prevent escape”).

¹¹ Currently operating Level III and Level II DJS committed facilities are all gender specific. It is doubtful that DJS would permit youths requiring this level of security to be housed in a mixed-gender facility as Seasons proposes.

Despite Seasons’ unadorned and unexplained statements that it will be both “staff and hardware secure” (*see* App. at 68), it is clear Seasons cannot accommodate DJS youth assigned to this level of security. As an initial matter, Seasons has not identified any contract or discussions with DJS to serve as a Level III hardware secure or Level II staff secure facility, and Seasons’ construction plans and staffing proposals do not account for security at these levels. Indeed, in its completeness question responses dated September 3, 2015, Seasons clarified that it “will not have bars or fences around [its] perimeter or interior outdoor space,” thereby precluding it from serving as a Level III, hardware secure facility. (*See* Sept. 3, 2015 Completeness Question Resp. to Question 7.) Further, Seasons indicates that it will have only 1.5 full-time equivalent security staff for up to 72 proposed high-risk residents and 14 day-students, rendering it incapable of providing the level of security required for its purported core population. (*See* App. at Table 5, 72-73.)¹² And, as the Commission staff noted in the July 24, 2015 completeness questions to Seasons, DJS has proposed through a Capital Improvement Plan to establish two 48-bed secure treatment centers for male youth, the Baltimore Regional Treatment Center and the Cheltenham Treatment Center. These facilities are planned to meet DJS’s identified need for additional program capacity for high-risk youth with psychological and behavioral problems that cannot be met at currently licensed Maryland RTCs.

3. *Department of Human Resources.*

In FY 2014 DHR reported to the Children’s Cabinet the lowest number of out-of-home placements in 25 years, “with a 39% reduction since 2009 and a 48% reduction since 2007 both

¹² Nor will DJS be a referral source for youth currently placed in out-of-state RTC programs. DJS referred only 27 youths for placement out-of-state in FY 2014 with an average daily census of 14.4. (S.P. Ex. 3 at 144.) The vast majority of these out of state placements by DJS – 93 total or 77.5% – were to staff secure or hardware secure facilities which Seasons will be unable to accommodate. (*Id.*)

as an absolute number and as a proportion of children in [out-of-home] placement.” (S.P. Ex. 1 at 24.) Like other reporting agencies, DHR’s mid-year snapshot of RTC placements reflects an approximate 27% decrease in RTC placements over the past six years, from a high of 251 in FY 2009 to a low of 183 in both FY 2013 and 2014. (*Id.* at 35, Table 33.)

DHR Non-Community-Based Placements								
Subcategory	1/31/ 2009	1/31/ 2010	1/31/ 2011	1/31/ 2012	1/31/ 2013	1/31/ 2014	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	NA	NA
Juvenile Detention and Commitment Centers	0	0	0	0	0	0	NA	NA
Non-Secure/Non-RTC	0	0	0	0	0	0	NA	NA
Residential Educational Facilities	0	0	0	0	0	0	NA	NA
Residential Treatment Centers	251	239	184	193	183	183	-5.6%	0.0%
Substance Abuse and Addiction Programs (ASAM)	0	0	0	0	0	0	NA	NA
Living Arrangement - Non-Community Based	84	100	122	106	96	89	2.2%	-7.3%
Total	335	339	306	299	279	272	-4.0%	-2.5%

Table 33

Source: **FY2014 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan**
(Maryland Governor’s Office for Children) - Exhibit 7 to Seasons RTP Modified CON Application

Although DHR continues to place a relatively small number youth out-of-state, the vast majority are to family home placements with relatives, in adoptive homes, or in the youth’s own homes. (*Id.* at 30.) DHR had only 11 children and youth placed in out-of-state RTCs on January 31, 2014, which was up from an average of 7.5 in the preceding 4 years. (*See id.* at 39, Table 49 *supra.*) DHR, however, determined these out-of-state RTC placements were necessary due to “severe mental health and medical needs, and/or the juvenile/adult criminal justice system.” (*Id.* at 29-30.) As with out-of-state RTC placements by MHA and DJS, Seasons is unlikely to be able to fill any unmet need for DHR out-of-state RTC placements because of Seasons’ minimum full scale IQ score and lack of security features to accommodate high-risk youth.

* * *

In sum, Seasons' own exhibits establish that the capacity of existing RTCs is more than adequate to meet the needs of government placement agencies from which Seasons plans to seek 45% of its admissions. Seasons has failed to establish the need for another RTC to serve Maryland youth under the standards of COMAR 10.24.08G(3)(b) or the core principles outlined in COMAR 10.24.07G(1)(a)-(c).

B. Washington, D.C. Referral Sources.

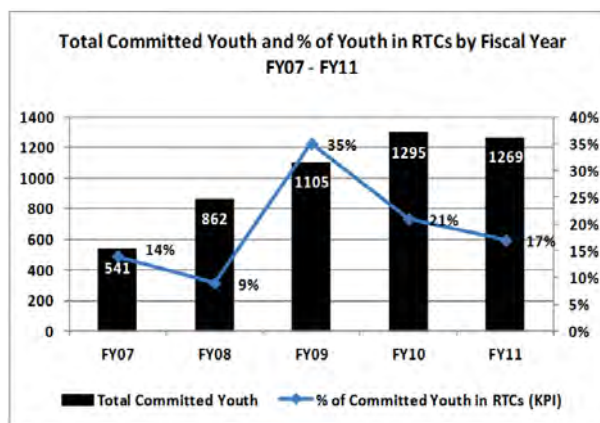
Seasons identifies the Washington, D.C. Department of Youth Rehabilitation ("DYRS") as a referral source for 25% of its first year admissions to each of its 18-bed PRTF units and to its 20-bed diagnostic and assessment unit. (*See* Sept. 3, 2015 Completeness Resp. at Question 11.) Similarly, Seasons expects that referrals from the DYRS will account for 18% of its admissions to its 16-bed male adult unit. (*Id.*) In support of its "need" analysis, Seasons cites its contract with DYRS as evidence of "the need for a strong local program of [the proposed] type for area youth." (App. at 33.) As an initial matter, it should be noted that Seasons' contract with DYRS provides no guarantee of referrals and creates no obligation for the District of Columbia to purchase any particular service from Seasons. (S.P. Ex. 6, Seasons Contract with DYRS.) More importantly, however, it is doubtful Seasons could receive any referrals from DYRS pursuant to the contract terms, and even if it could, each referral would exponentially decrease Seasons' bed capacity.

First, Seasons' contract with DYRS is for "short term placement services" in "Staff Secured" and "Hardware Secured" facilities. (*Id.* at 1.) As described above, Seasons will be neither, and therefore, incapable of accepting residents requiring this level of security. To this end, DYRS recently terminated a contract with Boys Town Washington, D.C., Inc. to operate a 25-bed hardware secure facility because "Boys Town could not meet the hardware secure

regulations.” (See Ex. 7, DYRS Human Care Agreement With Boys Town.; Ex. 8, Andrea Noble, DYRS To Spend \$1.6M To House Youths In Fairfax, Wash. Times, Mar. 15, 2015.)

Second, Seasons’ proposal indicates that “[e]ach resident room is double-occupancy.” (App. at 14.) But, Season’s contract with DYRS precludes double-occupancy and requires that “[t]he orientation and assessment facility shall include, but not be limited to, **separate sleeping quarters for each youth**[.]” (S.P. Ex. 5 at 11, § 4.7.1 (emphasis added).) Accordingly, if Seasons were somehow able to admit 25% of its residents pursuant to the DYRS contract (notwithstanding its inability to accept referrals requiring a “staff” and “hardware” secure facility), each DYRS resident would effectively fill two beds.

In support of its need analysis, Seasons also offered a DYRS authored report entitled Trends in DYRS Residential Treatment Center Usage, which describes RTC placement trends between FY 2007 and FY 2012. (App. at 33.) Like its Maryland counterparts, DYRS reported a decreasing propensity to place committed youths in RTCs. In FY 2009, 35% of the average daily population of youth committed to DYRS were placed in RTCs but by FY 2011 that percentage had dropped to 17%. (See S.P. Ex. 9.)



Source: *Trends in DYRS Residential Treatment Center Usage*, Government of the District of Columbia, Dept. of Youth Rehabilitation Services

Despite the number of youths in DYRS's custody having more than doubled between FY 2007 and FY 2011, DYRS reported that "[d]ue to this steady decline, the FY 2011 levels [of RTC placements] are basically aligned with the 14% rate from FY 2007." (*Id.*) DYRS expected its placements to RTCs would continue to fall "going forward." (*Id.* at 2.) DYRS also expressed a "clear and unwavering preference for treating young people through community-based services rather than in institutional settings," and indicated that it was "working hard to reduce the number of young people in out-of-state [RTCs]." (*Id.*) Among its efforts, DYRS expanded local capacity by opening three 6-bed facilities, freeing up 10 beds at another facility "for youth who might otherwise be sent to RTCs," expanding community-based services, and reducing the lengths of stay of youth committed to RTCs. (*Id.* at 3.)

Importantly, DYRS's efforts appear to have worked. In Exhibit 9 to Seasons' CON Application, Seasons provides unidentified data from DYRS indicating that in calendar year 2012 there was "an overall 51% reduction in the agency's out-of-state [RTC] population," with the out-of-state population regressing from 187 in January 2012 to 92 in December 2012. (App. at Ex. 9.) By December 2012, DYRS committed youth in Mid-Atlantic region RTCs was down to 45. (*Id.*)

At bottom, Seasons identified no need for a Maryland RTC to serve DYRS committed youth and offered nothing from other identified D.C. referral sources to substantiate such a need. To the extent representatives from DYRS provided letters in support of Seasons' application, it may be due to a misunderstanding of Seasons' security measures. For example, the May 11, 2015 letter of support from Jose de Artega, DYRS, Program Manager appears to be premised on the misunderstanding that Seasons will be a staff and hardware secure RTC; his letter states:

Unlike other jurisdictions, the District of Columbia does not have a PRTF, or secure RTC. All youth meeting this level of care must be referred outside the

District of Columbia. Although we are working to keep [sic] closer to home, historically, we have placed youth in programs as far away as Colorado, Texas, Florida and Arizona because we have not had options closer to home.

(S.P. Ex. 10.) Seasons cannot be an option due its limited security capabilities and staffing. Due solely to security requirements, there may be some truth to Seasons' reported "perception [that] Maryland RTC programs 'cannot handle DC youth'" (App. at 32), and neither can Seasons based on its proposed program and facility.

C. Other Referral Sources.

Seasons provided no data or other information to establish need for additional RTC beds in Maryland to serve Virginia or West Virginia youth. On the contrary, Seasons' CON Application states that Virginia has "several RTC and PRTF programs that serve a broad range of programming and levels," and that "[d]ue to the number of and types of programs available in Virginia every effort is made to keep Virginia youth in state." (App. at 34.) With respect to data from West Virginia, the May 15, 2015 letter from the Department of Health and Human Resources, indicates that West Virginia had a single short-term acute psychiatric patient admitted out-of-state. (S.P. Ex. 11 at 1.) And, although West Virginia had a number of out-of-state long-term care placements, there is no indication of the security requirements of this population, whether they would fall within the parameters of Seasons' program, or whether there is sufficient capacity in RTCs closer than Prince George's County, Maryland.

Seasons also provides no data or other information concerning a need for RTC capacity for youth insured by Tricare or commercial insurance, including Kaiser, Blue Cross and Blue Shield, and Cigna. (*See* App. at 34.) In Sheppard Pratt's experience, commercial insurance plans generally do not cover an inpatient level of care for RTC admission. Nevertheless, Seasons has failed to identify any capacity need from any of these anticipated services lines.

III. IF APPROVED, SEASONS' PROPOSED PROJECT WOULD HAVE A SUBSTANTIAL ADVERSE IMPACT ON THE OCCUPANCY OF EXISTING MARYLAND LICENSED RTCs UNDER COMAR 10.24.08G(3)(f), INCLUDING SHEPPARD PRATT.

In its description of the impact of its project on existing RTCs and the health care delivery system, Seasons repeatedly contends that there is a gap in capacity of current Maryland RTCs to serve Season's expected population and that there will be no adverse impact on utilization or occupancy of existing Maryland RTCs. The CON Application states:

- "The type of youth we wish to serve are the youth many Maryland programs do not support due to the severity and persistence of behavioral or mental health challenges. Agencies are forced to send youth to out of state programs for these youth. There will be minimal impact on the cost and charges of care for similar services in the areas if this project is approved." (App. at 77.)
- "We believe there is an unmet need and documented 'gap' in the services for the type of youth and families we wish to serve and this project will not duplicate existing health care resources. Current existing providers do not serve a significant segment of youth in need of residential treatment services. . . The approval of this project will not duplicate existing resources." (App. at 82.)
- "This project will extend access to Maryland residents who need more specialized care close to home. A large percentage of the youth we wish to serve are currently going out of state to receive care causing a significant burden on the financial resources in the health care system due to higher costs to treat you in out of state programs." (App. at 83.)
- "Occupancy rates for area providers should not be adversely affected by the introduction of this program. Our target population is primarily youth Maryland providers cannot or do not want to treat. The need for additional hardware secure programs in Maryland has been clearly established by Maryland referral sources." (App. at 83.)

As explained in Section II above, however, Seasons proposed program and facility will not be able to accept the bulk of youth currently placed by Maryland agencies in RTCs out-of-state, which are overwhelmingly to staff and hardware secure facilities. All other potential Maryland referral agencies indicate there is no need for additional RTCs and the trend across all referring agencies is to limit RTC admissions in favor of community-based programs. As a

result, Seasons will necessarily compete with and seek to redirect admissions from currently licensed Maryland RTCs. To the extent that any specific needs for Maryland RTCs are identified, these needs should be addressed by existing RTCs with already underutilized capacity.

IV. SEASONS FAILED TO DEMONSTRATE THAT THE PROPOSED PROJECT WOULD BE VIABLE UNDER COMAR 10.21.01.08G(3)(d).

In its CON application, Seasons estimates that its census mix between years 1-3 to include 45% from the State of Maryland, 30% from the District of Columbia, 10% from West Virginia, 5% from Virginia, and 10% from unidentified “states outside the Mid-Atlantic region.” (App. at 24.) Seasons’ proposal also indicates that placements for both its assessment and residential units “will likely be referred by state mental health agencies . . . , juvenile services and juvenile courts.” (*Id.* at 37.)

As detailed in Sections II and III above, each of the Maryland agencies from which Seasons proposes to draw referrals has disclaimed a need for additional Maryland RTC bed capacity, and the only identified gaps in presently available RTCs services are for youth that Seasons will be unable or unwilling to accept. Furthermore, Seasons will be unable to fulfill its contract with DYRS, and even if it accepted referrals pursuant to this contract, its maximum bed capacity would decrease two-fold for each resident accepted. Absent anticipated placements from these agencies, including a proposed 25% of admissions from DYRS, Seasons proposal is not financially viable.

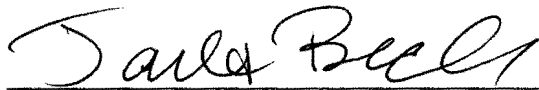
And, despite projecting revenues of more than \$1 million annually for its proposed outpatient day school (App. at Table 4), Seasons did not identify any support for its school program from the Maryland Department of Education or local school boards. Seasons also has

not identified a need for additional special education programs that would make its proposed education program viable.

CONCLUSION

For the reasons set forth above, Sheppard Pratt respectfully asks that Seasons' Modified Application proposing to construct a new, 72-bed RTC in Fort Washington be denied.

Respectfully submitted,



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November 16, 2015

CERTIFICATE OF SERVICE

I hereby certify that on the 16th day of November 2015, a copy of the foregoing
Comments on Seasons' Modified Application was sent via first-class mail to:

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/s/ James Buck

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I hereby declare and affirm under the penalties of perjury that the facts stated in Sheppard Pratt Health System's Interested Party Comments on Seasons Residential Treatment Program's CON Application Proposing the Construction of a New 72-Bed Residential Treatment Center in Prince George's County, Maryland and its attachments are true and correct to the best of my knowledge, information, and belief.

November 16, 2015

Date



Bonnie Katz
Vice President, Business Development
and Support Operations
Sheppard Pratt Health System, Inc.

#524242
011000-0005

EXHIBIT 1



**FY2014 State of Maryland Out-of-Home Placement
and Family Preservation Resource Plan**

Submitted by the
Governor's Office for Children
On behalf of the Children's Cabinet

December 12, 2014

Acknowledgements

The following individuals and agencies provided invaluable assistance with this report:

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For further information or copies of this report, please visit the Governor's Office for Children's website at www.goc.maryland.gov.

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Introduction & Overview

The State is responsible for linking children in out-of-home care with placements and services that meet their needs. It is imperative that the State conducts ongoing, unified and comprehensive reviews of the placements and services provided to the children placed in its care. The purpose of the Out-of-Home Placement (OOHP) and Family Preservation Resource Plan (Report) is to document the State's capacity for and utilization of out-of-home placements, analyze the costs associated with out-of-home placements, facilitate an evaluation of Statewide family preservation programs, and identify areas of need across Maryland. The Report fulfills the requirement, pursuant to the Maryland Annotated Code, Human Services Article, §8-703, to annually produce a State Resource Plan "in order to enhance access to services provided by RCCPs [(Residential Child Care Programs)]" and the 2014 Joint Chairmen's Report requesting an evaluation of "Maryland's family preservation programs in stemming the flow of children from their homes."

The purpose for the Report is to document what is driving placement decisions in Maryland, identify children's needs in Maryland, and describe how the agencies plan to meet those needs. The Report contains information as reported by the child-serving agencies, including Department of Human Resources (DHR), Department of Health and Mental Hygiene (DHMH), Department of Juvenile Services (DJS) and the Maryland State Department of Education (MSDE). In the Report, these agencies summarize notable details about their out-of-home placements, based on common data elements, and may elaborate on other data presented in the Addendum of each agency's section.

In Maryland, children enter out-of-home care for a variety of reasons and under a number of circumstances. Children may be placed in the care and custody of the State when they are determined to be a Child In Need of Assistance (CINA), a Child In Need of Supervision (CINS), or Delinquent. Children can also enter placement through a Voluntary Placement Agreement (VPA) under which a parent voluntarily places a child in the care of the State. This most often occurs when a child is unable to access funding for needed treatment through any other avenue. The State child-serving agencies and administrations responsible for placing children in out-of-home placements are DHR; DJS; and DHMH, including the Developmental Disabilities Administration (DDA) and the Behavioral Health Administration [which recently combined the former Alcohol and Drug Abuse Administration (ADAA) and Mental Hygiene Administration (MHA)]. Although MSDE funds out-of-home placements made by the Local School Systems (LSS), MSDE is not a placing agency and does not place children out-of-home. Children whose placements are funded by MSDE, either in whole or in part, will be discussed in this Report as well as children placed by other agencies and administrations. These agencies and administrations may fund the placements, or the placements may be funded by Medical Assistance (MA), which is administered through DHMH. Placements may also be co-funded by several State agencies.

Each of these child-placing and funding agencies and administrations operates differently at the local level. DHMH (ADAA and MHA), DHR, and MSDE serve children and families through their

24 local counterparts within each of the State's local jurisdictions - the local Department of Social Services (LDSS), the local Core Service Agencies (CSAs)¹, the local Substance Abuse Councils, and the LSS. DJS and DDA have regional offices, which, in turn, have local offices. For administrative purposes, DJS has six designated regions and DDA has four.

These regions are:

DJS

- ≠ Baltimore City
- ≠ Central Region (Baltimore, Carroll, Harford, and Howard Counties)
- ≠ Metro Region (Montgomery and Prince George's Counties)
- ≠ Eastern Shore Region (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties)
- ≠ Southern Region (Anne Arundel, Calvert, Charles, and St. Mary's Counties)
- ≠ Western Region (Allegany, Frederick, Garrett, and Washington Counties)

DDA

- ≠ Central Region (Baltimore City, and Anne Arundel, Baltimore, Harford and Howard Counties)
- ≠ Eastern Shore Region (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties)
- ≠ Southern Region (Calvert, Charles, St. Mary's, Montgomery, and Prince George's Counties)
- ≠ Western Region (Allegany, Carroll, Frederick, Garrett, and Washington Counties)

Data Collection Methodology, Definitions, and Considerations

The data in this Report is aggregate data submitted by each agency for the fiscal years, and the one-day census for each fiscal year. Each agency was given a data request guide along with data collection templates for data reporting and clarification of the information request. GOC also worked individually with each agency to ensure a thorough understanding of reporting requirements and identification of each agency's unique placement process and data collection methods.

¹ One Core Service Agency located on the Eastern Shore serves five local jurisdictions.

Methodology

Each child-serving agency was requested to provide aggregate data using specific templates for children in placement and associated costs for the last three fiscal years. The following information describes the parameters of the requested data:

Reporting Period

This Report features tables and graphs derived from two data sources – “full fiscal year” data and “one-day census” data. This Report differentiates tables using fiscal year data with a shaded background, and graphs using the one-day census with a white, or blank, background.

These are the definitions for each data reporting period:

- ≠ *“Full Fiscal Year”* - All placements during the fiscal year including carryover placements from the prior fiscal year(s). The fiscal year periods are as follows:

FY2010: July 1, 2009 through June 30, 2010
FY2011: July 1, 2010 through June 30, 2011
FY2012: July 1, 2011 through June 30, 2012
FY2013: July 1, 2012 through June 30, 2013
FY2014: July 1, 2013 through June 30, 2014

- ≠ *“One-Day Census”* - The one-day count date used for each fiscal year is as follows:

FY2010: January 31, 2010
FY2011: January 31, 2011
FY2012: January 31, 2012
FY2013: January 31, 2013
FY2014: January 31, 2014

Age Group

This Report classifies placement for children through their 21st birthday (*i.e.*, to age 20.999) as of the date of admission for new placements, and as of July 1st of the fiscal year for carryover placements. There are two exceptions to this construct: placements that are funded by MSDE include children who are served through the academic year of their 21st birthday, and ADAA placements that end at the child’s 18th birthday when they are transitioned to the adult system.

Race

Any child who is characterized in case records as identifying with more than one race is included in the “Bi-Racial/Multiple Race” category. Children who identify as Hispanic are included in the “Other” category if they did not identify as any race but identified as being Hispanic in ethnicity.

Definitions

- ≠ *“Bed-Day”* - A unit of measurement that refers to a single day in which one child is provided placement in any out-of-home placement.
- ≠ *“Children/Youth”* - The term “youth” is used interchangeably with the term “child” but is often used to describe older adolescents or individuals age 18 or older, and is typically used by agencies that primarily serve these populations. A child is anyone under age 18, but most agencies will serve individuals until their 21st birthday.
- ≠ *“One-Day Census”* - The measurement of total population on one day out of the year. January 31st is consistently used because it is about halfway through the State fiscal year. This measurement is used to gauge the total serving capacity of placements on a comparable, specific, single day.
- ≠ *“Population Flow”* - The total number of placements at the start of the fiscal year, new admissions within the fiscal year, discharges within the fiscal year, and placements at the end of the fiscal year.
- ≠ *“Rate of New Placement Settings”* - The rate of new admissions into a category of out-of-home placement per 1,000 children (aged 0 to 18) within a given geographic population.
- ≠ *“Total Served”* – The number of placements at the start of the fiscal year in addition to the number of new placements added during the fiscal year. The placements are counted, and not the number of children, because one child can be placed in more than one category, jurisdiction, or agency in one year. The “total served” encompasses children who may have been placed since the previous year, or before.

Considerations

The FY2014 Report uses a variety of measurements to capture placement dynamics among diverse services, agencies, and jurisdictions. Among those measurements are cost per bed-day, one-day census, population flow, and rate of entry per jurisdiction. These measurements provide a uniform method, based on substantive information, for comparing diverse placements and agencies. Where the data serves as only a partial representation of placement dynamics, or if a particular agency does not calculate data as prescribed by the measurement, the authors of this Report have endeavored to supplement the data and tables with additional information.

Other considerations should be noted as follows:

- **Cost per Bed-Day:** Not all agencies calculate bed-days.
- **One-Day Census:** The totals are derived from a count of all children in placement on one day of the year. This is not the total number of children served in placement during the course of the year. This number is a snapshot in time that demonstrates how many children may be in placement at any given time.

- **Population Flow:** The population flow reflects changes in placements throughout the year. A change is considered to be a discharge or enrollment of any child in a new placement category (*e.g.*, from family home setting to community-based placement), a new jurisdiction (*e.g.*, a transfer from one county to another), or a new placing agency (*e.g.*, a change in custodial responsibility). The population flow counts *placements*, and not *children*, because one child can be placed in more than one category, jurisdiction, or agency in one year. A child may enter a new placement more than once in one year for a number of reasons, including because the child needs to be placed in a more restrictive placement for his or her needs, or because the child has progressed in meeting treatment goals and can be moved to a less restrictive environment. Placement numbers coming from population flow will be higher than the number of children who are actually placed.
- **Rate of New Placement Settings per Jurisdiction:** This shows the trend of children being placed within a jurisdiction. For jurisdictions in which few children are placed each year, the difference of one or two children being placed can exaggerate changes in the trend. The rate of new placement settings comes from the number of new placements (or starts) during the fiscal year, so this number counts placements and not children (see “Population Flow” above).
- **DJS Out-of-Home Placement Information:** The data reported includes only youth who are placed in either in-State or out-of-State committed programs. All committed youth are adjudicated delinquent and committed to the custody of DJS by the juvenile court. A continuum of out-of-home placement options is available for these youth, ranging from placement in a foster care setting to placement in a secure confinement facility. The cost data reported under each section also reflects only youth in committed placements. “Non-committed” DJS youth, who are not adjudicated delinquent or placed by the juvenile court, are not represented in the placement totals and placement costs in this Report.
- **DJS Hospitalization Costs:** When a DJS-committed child is admitted to a psychiatric hospital, DJS pays only the educational portion of the costs, and other entities, such as Medical Assistance or private insurance, pay the remaining costs. This Report includes only educational costs, rather than the total costs.²
- **Residential Treatment Center Placements:** These placements are reported by DJS and included in the MHA Residential Treatment Center placements. Because the population flow totals cannot be disaggregated, some placements may be double-counted within the Residential Treatment Center category.
- **MHA Cost Data:** MHA services that are billed through Medicaid can be processed up to one year following the provision of the service, which is the time when MHA receives notice of an expenditure. Costs that were incurred by MHA from the previous fiscal year but that are billed in the current fiscal year are reconciled in the

² Prior to 2013, this Report included total costs.

following year. Because of this, current fiscal year costs may be slightly understated and prior fiscal year costs may be higher than reported in the previous year.

- **DHR Cost Data:** Services that DHR bills through Medicaid for its placements are not reflected in the DHR cost tables and primarily include Residential Treatment Center placements. Instead, these costs appear in the MHA section. Additionally, DHR costs are reported by main placement category, but not by placement subcategory (see descriptions below).
- **Unknown and Not Available Placements:** An “Unknown” or “Not Available” placement category is used to describe children who have run away or who cannot be identified in a placement category because an agency’s records have not been updated. Differences among the placement subcategories are further explained in each of the placement category descriptions.

Report Overview

This OOHP Report is presented by the Children’s Cabinet. The Children’s Cabinet coordinates the child and family focused service delivery system by emphasizing prevention, early intervention, and community-based services for all children and families. The Children’s Cabinet includes the Secretaries from the Departments of Budget and Management, Disabilities, Health and Mental Hygiene, Human Resources, and Juvenile Services, as well as the State Superintendent of Schools for the Maryland State Department of Education. The Executive Director of the Governor’s Office for Children chairs the Children’s Cabinet.

The FY2014 Report includes a Statewide summary of all out-of-home placements, five-year trend analyses and recommendations for out-of-home placements by the State agencies that place children or fund children’s placements, a description of placements at Maryland’s School for the Blind and School for the Deaf, and a discussion of Family Preservation Services.

The Children’s Cabinet’s objective for the Report is to provide an accurate and precise analysis of each agency’s placement trends and future resource development priorities. The Children’s Cabinet continues to strengthen, develop, and adopt strategies to serve children in their homes and communities. This Report supports a more comprehensive understanding of the needs of children who require out-of-home placement. The Children’s Cabinet agencies seek to improve the tracking and monitoring of placements, and identify meaningful ways to measure progress. These efforts assist the State and local jurisdictions in the planning of effective services and utilizing funding in the most effective and efficient manner.

Placement Categories

There are four categories of out-of-home placement for children in the State of Maryland. These categories fall on a continuum, beginning with the least restrictive setting (Family Home) and moving toward more highly-structured and treatment-oriented setting (Hospitalization).

Family Home	Non-Community-Based
Adoptive Care	Diagnostic Evaluation Treatment Programs
Foster Care	Non-Secure/Non-Residential Treatment Center
Formal Relative (Kinship) Care	Residential Educational Facilities
Restricted Relative (Kinship) Care	Residential Treatment Centers
Treatment Foster Care	Substance Abuse and Addiction Programs
Living-Arrangement – Family Home	Living Arrangement – Non-Community-Based
Community-Based	Hospitalization
Independent Living Programs	In-Patient Private
Residential Child Care Programs	Psychiatric Hospitalization
Community Supported Living Arrangement	
Living Arrangement – Community-Based	

Table 1

While there is a range of out-of-home placement types, only DHR and DJS place children in all the placement categories. DHMH and its administrations (MHA, DDA, and ADAA) place children in only one category each. MSDE only funds placements and does not directly place children. Table 2 illustrates overlaps among agencies in placement subcategories, and the subcategories specific to a particular agency.

State Agency Placement Categories: Placement Totals on 1/31/2014																				
Placing Agency	Family Home Placement						Community-Based Placement				Non-Community-Based Placement							Hospitalization Placement		
	Adoptive Care	Foster Care	Formal Relative (Kinship) Care	Restricted Relative (Kinship) Care	Treatment Foster Care	Living Arrangement - Family Home	Independent Living Programs	Residential Child Care Program	Community Supported Living Arrangement	Living Arrangement - Community-Based	Diagnostic Evaluation Treatment Program	Juvenile Detention and Commitment Centers	Non-Secure/Non-RTC	Residential Educational Facilities	Residential Treatment Centers	Substance Abuse and Addiction Programs	Living Arrangement - Non-Community Based	In-Patient Private	Psychiatric Hospitalization	
DHR	32	1128	761	326	1541	236	188	611		43								89	9	8
DJS		4			86		13	221			24	159	41				184			8
MSDE														47						
MHA																				
DDA									17	68										
ADAA																	196			

Table 2

Organization of the Report

Out-of Home Placement Summaries

The out-of-home placement portion of the FY2014 Report consists of summaries from each of the child-placing and funding agencies, as well as a Statewide summary of all placements in Maryland. Each section utilizes the same data metrics to aid comparison between the varying populations served by the agencies, organized under the following headings:

Summary

An overview of the number of children in placement during each year's one-day census and the total number of placements at the beginning of the fiscal year, in addition to the number of placements added during the fiscal year, the population flow during the last five fiscal years, rate of placement by jurisdiction based on one-day census data, total costs, and costs per bed-day.

Recommendations

The agency's or administration's strategies to: address gaps in services, serve children in their home jurisdictions whenever possible, and reduce the length of stay in out-of-home placement programs while increasing the rates of positive discharges to less-restrictive settings or permanent homes.

Addendum

This section includes data on the demographics of children in placement (age, gender, race), out-of-State placement trends, as well as out-of-State demographics for agencies with 10 or more out-of-State placements. The section also includes placement subcategory total costs and costs per bed-day for agencies with more than one placement category (DHR and DJS).

Maryland School for the Deaf and Blind

A brief description of the number of students enrolled and costs (residential and educational) associated with the two schools.

Family Preservation Services

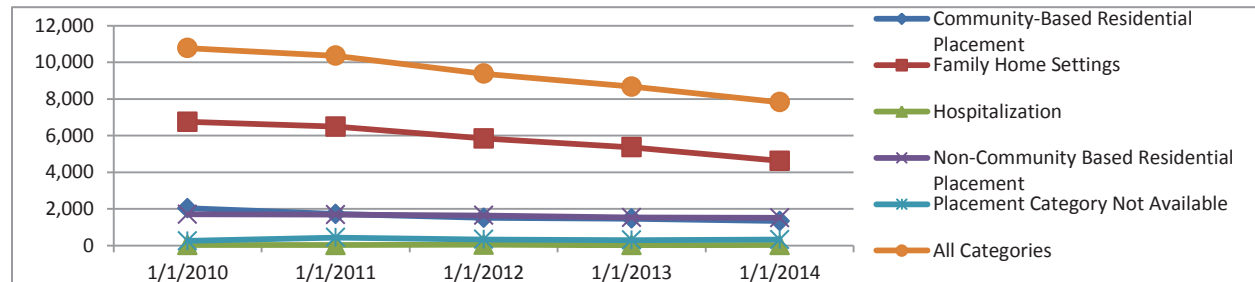
A summary of the outcomes achieved by families participating in Family Preservation Services to prevent the out-of-home placement of children involved with the services.

Appendix: Placement by Jurisdiction

The number of children from each jurisdiction in Maryland who were in out-of-home placements on January 31, 2014 and where they were placed, by out-of-home placement subcategory.

Statewide Summary

The Maryland regulations addressing DHR's out-of-home placement program (COMAR 07.02.11) set forth the requirements of the program to reduce the rate at which children enter and re-enter out-of-home placements; reduce the median length of stay in out-of-home placements; minimize the number of placement changes within 24 months of entering out-of-home placements; increase the percentage of reunifications, guardianships, and adoptions; and decrease the number of children in out-of-home placements.

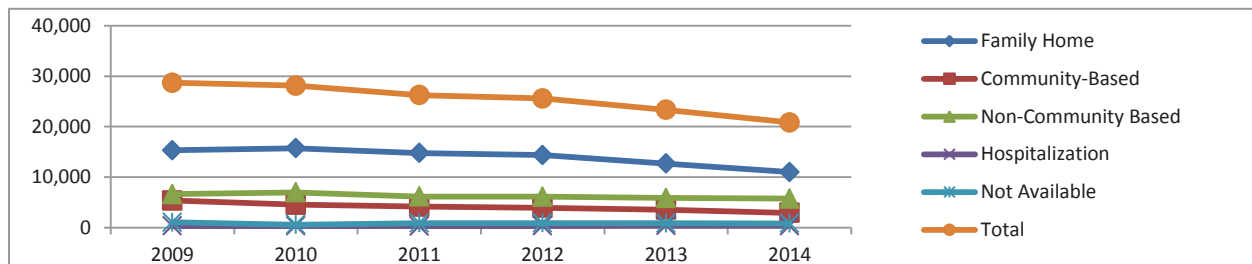


Category	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Community-Based Residential Placement	2,035	1,718	1,514	1,465	1,335	1,161	-10.5%	-13.0%
Family Home Settings	6,755	6,490	5,840	5,359	4,619	4,114	-9.4%	-10.9%
Hospitalization	29	31	43	18	31	25	8.1%	-19.4%
Non-Community Based Residential Placement	1,704	1,686	1,646	1,531	1,514	1,482	-2.7%	-2.1%
Placement Category Not Available	251	435	336	302	324	322	9.4%	-0.6%
All Categories	10,774	10,360	9,379	8,675	7,823	7,104	-8.0%	-9.2%

Table 3

The number of children in out-of-home placements has been steadily decreasing since FY2009. In the last fiscal year, the number decreased by 719.³ The most significant decrease has been in the Community-Based Placement category, with a decrease of 17.9% from last fiscal year. It is estimated that nearly 8,000 Maryland children are in out-of-home placements on any given day.

³The number of non-community-based residential placements is higher than actual placements because DJS Residential Treatment Center placements (included in the number of non-community-based residential placements) are reported by both DJS and MHA. DJS Residential Treatment Center placements are included in Table 60. The numbers are unchanged in Table 3 to ensure consistency between the data based on the Statewide one-day census totals, which are not disaggregated by placement subcategory.



All Agencies Total Served								
Category	2009	2010	2011	2012	2013	2014	Average Change	Last Year Change
Family Home	15,306	15,720	14,772	14,351	12,682	11,015	-6.2%	-13.1%
Community-Based	5,370	4,544	4,161	3,935	3,563	2,925	-11.3%	-17.9%
Non-Community Based	6,637	6,992	6,154	6,115	5,865	5,737	-2.7%	-2.2%
Hospitalization	326	307	292	306	393	337	1.7%	-14.2%
Not Available	1,057	572	887	877	850	832	0.6%	-2.1%
Total	28,696	28,135	26,266	25,584	23,353	20,846	-6.1%	-10.7%

Table 4

The total number of out-of-home placements each fiscal year has decreased, as well, by more than 8,000 in the last five fiscal years. As shown in Table 4, the number of Total Served comes from the number of children in out-of-home placements at the start of the fiscal year and all the new out-of-home placements added until the end of the fiscal year.

All Agencies Placement Population Flow (Placements, Not Children)					
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY
2010	10,499	17,636	28,135	17,972	10,163
2011	9,635	16,631	26,266	16,871	9,395
2012	9,060	16,524	25,284	17,170	8,414
2013	8,278	15,075	23,353	15,747	7,606
2014	7,337	12,983	20,320	13,562	6,758
Three-Year Change	-23.9%	-21.9%	-22.6%	-19.6%	-28.1%
Average Yearly Change	-8.5%	-6.7%	-7.8%	-6.1%	-9.7%
Recent Year Change	-11.4%	-13.9%	-13.0%	-13.9%	-11.1%

Table 5

The rate of new out-of-home placement has also decreased (Table 6). FY2014 had a less than average rate of new out-of-home placement in the last four fiscal years, with 9.8 per 1,000 in the population of children in Maryland. Fluctuations in the rates can be common in jurisdictions with low populations, but many jurisdictions had significant decreases. New out-of-home placement indicates children initially being placed or being moved from one placement to another. Placement moves may occur when a child is in need of more intensive services or when a child has met placement goals and enters a less restrictive setting.

All Agencies Rate of New Placement Setting By Jurisdiction								
Jurisdiction	2010	2011	2012	2013	2014	Three Year Change	Average Change	Last Year Change
Allegany	13.9	14.3	17.6	19.7	17.4	22%	7%	-12%
Anne Arundel	5.5	4.8	6.1	6.5	5.6	17%	2%	-14%
Baltimore	10.3	9.1	9.2	8.5	7.3	-20%	-8%	-14%
Baltimore City	44.7	42.7	50.7	43	36.4	-15%	-4%	-15%
Calvert	9.0	9.5	8.5	10.5	9.1	-4%	1%	-13%
Caroline	12.7	14.0	13.1	10.1	11.4	-19%	-2%	13%
Carroll	5.3	6.2	7.6	6.4	5.5	-11%	2%	-14%
Cecil	13.0	13.2	15.3	16.1	17.9	36%	8%	11%
Charles	8.1	7.6	7.8	7.4	7.8	3%	-1%	5%
Dorchester	19.5	12.1	11.9	17	11.2	-7%	-8%	-34%
Frederick	8.4	6.9	8.1	7.3	6.3	-9%	-6%	-14%
Garrett	22.0	15.1	24.8	21.1	17.1	13%	0%	-19%
Harford	8.1	8.1	9.8	9.3	9.2	14%	4%	-1%
Howard	2.9	2.9	2.9	3	2.9	0%	0%	-3%
Kent	11.3	9.5	7.7	6.7	8.1	-15%	-7%	21%
Montgomery	5.6	5.1	4.9	4.9	4.2	-18%	-7%	-14%
Prince George's	5.9	5.7	6.9	6.9	6.3	11%	2%	-9%
Queen Anne's	8.5	6.6	7.6	7.6	2.8	-58%	-18%	-63%
Somerset	17.1	14.7	24.3	19.4	18.2	24%	6%	-6%
St. Mary's	8.2	11.5	10.2	8.3	9.1	-21%	5%	10%
Talbot	9.8	11.3	13.7	9.5	7.3	-35%	-4%	-23%
Washington	13.1	13.6	15.1	13	11.1	-18%	-3%	-15%
Wicomico	10.6	10.6	11.8	11.3	10.2	-4%	-1%	-10%
Worcester	14.8	12.3	10.4	8.7	10.5	-15%	-7%	21%
Total	11.6	11.0	12.3	11.2	9.9	-10%	-3%	-12%

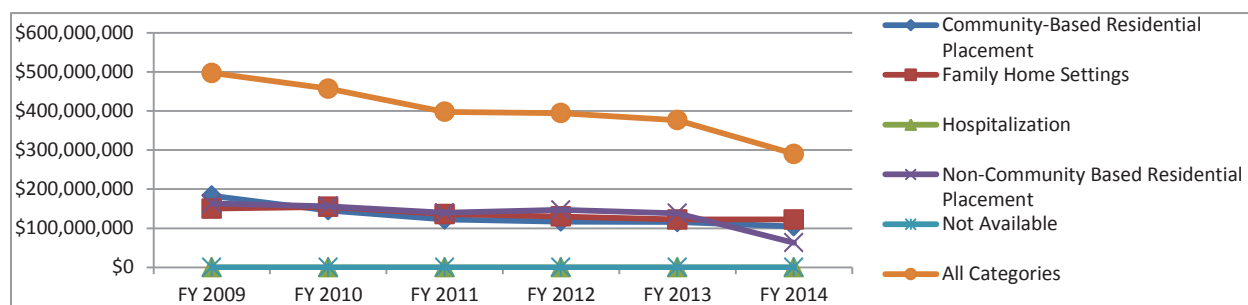
Table 6

Another of Maryland's goals for out-of-home placement is for children to remain close to their homes so they can preserve their family, social, educational, and cultural connections during the period of out-of-home placement. This is not always possible due to the unavailability of resources to suit the child's needs in that jurisdiction or because Kinship and Family Foster Care is available away from the child's home. At least half of the children in out-of-home placement in 10 of Maryland's 24 jurisdictions were placed in their home jurisdiction. Of all the children placed in Maryland, Baltimore City is the location for 36.4% of out-of-home placements, followed by Somerset County with 18.2% of all out-of-home placements in Maryland.

Statewide Placement By Jurisdiction																														
		Jurisdiction Where Children Were Placed																												
		# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown	
Home Jurisdiction of Children	Allegany	114	1.6%	77	0	2	7	0	0	0	1	0	1	7	6	1	0	0	0	0	1	0	0	0	3	0	0	6	2	
	Anne Arundel	326	4.6%	19	96	41	48	2	2	13	0	3	8	13	9	4	2	1	11	11	1	1	2	0	0	12	2	0	22	4
	Baltimore	737	10.4%	15	7	387	156	0	3	18	6	0	7	12	13	19	7	1	10	12	0	0	1	0	12	1	0	25	25	
	Baltimore City	2784	39.3%	12	53	984	1261	2	4	40	1	5	8	26	12	47	26	2	28	75	1	4	0	0	17	6	0	83	87	
	Calvert	115	1.6%	3	6	13	2	43	2	3	0	11	3	2	5	0	1	0	0	4	1	0	4	0	4	2	0	4	2	
	Caroline	40	0.6%	1	1	6	0	0	0	10	0	0	0	5	0	0	0	0	0	0	0	1	0	0	4	0	6	0	4	2
	Carroll	88	1.2%	7	0	18	6	0	0	39	0	0	0	5	2	0	1	2	0	0	0	0	0	0	6	0	0	2	0	
	Cecil	193	2.7%	4	2	27	16	0	3	0	112	0	5	2	1	8	0	2	1	0	0	0	0	0	1	1	0	3	5	
	Charles	136	1.9%	2	0	12	5	1	1	1	1	0	80	3	2	3	0	0	1	4	7	0	0	3	0	2	0	3	6	
	Dorchester	54	0.8%	0	0	8	8	0	1	2	0	0	0	21	2	0	0	0	2	0	0	0	0	0	2	1	1	5	0	
Frederick	182	2.6%	5	1	19	13	0	2	4	2	0	0	0	92	0	2	5	0	10	3	0	0	0	15	1	0	6	2		
Garrett	47	0.7%	4	0	0	3	0	0	0	0	0	0	0	2	25	0	0	0	0	0	0	0	0	0	6	1	0	2	4	
Harford	300	4.2%	6	2	64	20	0	4	5	9	0	4	4	2	140	1	3	6	2	1	4	0	0	0	7	0	0	11	9	
Howard	90	1.3%	2	4	28	17	1	0	0	1	0	0	0	3	1	0	22	0	2	3	0	0	0	0	2	0	0	4	0	
Kent	22	0.3%	3	0	7	1	0	5	0	1	0	0	0	1	0	0	4	0	4	0	0	0	0	0	0	0	0	0	0	
Montgomery	549	7.7%	16	9	47	28	0	5	4	6	2	4	18	4	4	4	4	1	313	35	0	0	0	0	17	1	0	22	9	
Prince George's	738	10.4%	28	11	81	42	8	1	20	4	13	11	25	20	1	15	7	27	335	1	2	0	1	14	4	0	52	15		
Queen Anne's	12	0.2%	0	0	1	0	0	0	4	0	0	0	0	0	0	0	0	0	0	1	4	0	0	0	0	0	2	0	0	
Somerset	40	0.6%	2	1	3	1	0	1	0	0	0	0	5	0	0	0	0	0	2	2	0	11	0	0	0	10	0	2	0	
St. Mary's	110	1.6%	3	1	13	4	2	0	1	0	12	1	1	1	1	2	2	0	1	8	1	1	45	0	1	2	0	6	2	
Talbot	38	0.5%	0	0	1	0	0	0	7	0	0	0	10	5	0	0	0	0	0	0	0	0	0	11	0	3	0	0	1	
Washington	191	2.7%	10	0	23	12	0	0	4	0	0	0	1	7	1	1	0	0	3	3	0	0	0	0	117	0	0	6	3	
Wicomico	110	1.6%	6	0	25	10	0	2	2	0	0	0	13	1	3	0	0	2	6	1	0	0	0	0	32	0	7	0	0	
Worcester	28	0.4%	0	0	4	0	0	0	1	1	0	0	1	0	3	0	0	0	0	0	0	3	0	0	0	12	1	1	1	
Out-of-State	48	0.7%	1	0	14	3	1	0	2	0	0	0	3	2	0	0	0	0	4	0	0	0	0	0	0	2	1	15	0	
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Grand Total	7092	100.0	226	194	1828	1663	60	58	159	143	126	114	232	111	229	86	28	428	503	11	23	53	18	237	87	3	293	179	
% of children from jurisdiction				67.5%	29.4%	52.5%	45.3%	37.4%	25.0%	44.3%	58.0%	58.8%	38.9%	50.5%	53.2%	46.7%	24.4%	18.2%	57.0%	45.4%	33.3%	27.5%	40.9%	28.9%	61.3%	29.1%	3.6%	31.3%	0.0%	
% children Statewide in all				3.2%	2.7%	25.8%	23.4%	0.8%	0.8%	2.2%	2.0%	1.8%	1.6%	3.3%	1.6%	3.2%	1.2%	0.4%	6.0%	7.1%	0.2%	0.3%	0.7%	0.3%	3.3%	1.2%	0.0%	4.1%	2.5%	

Table 7

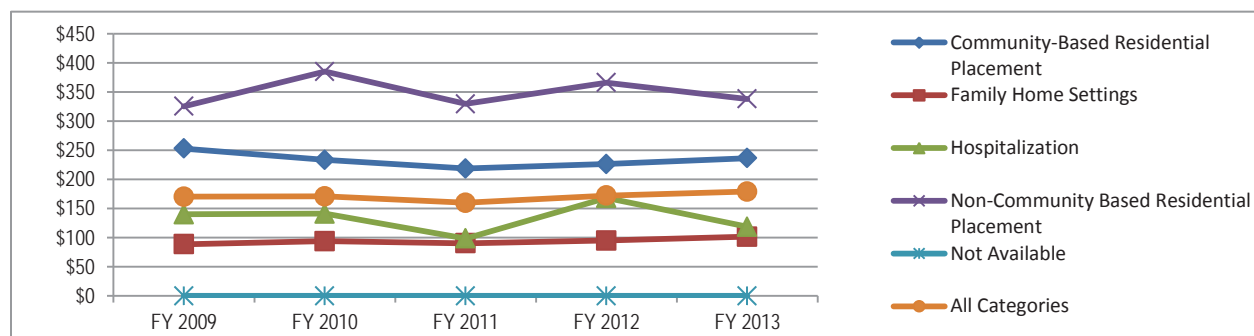
Costs



Statewide Total Costs								
Category	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change
Community-Based Residential Placement	\$183,469,850	\$145,760,440	\$122,210,854	\$117,152,599	\$115,749,751	\$104,784,520	-10.3%	-9.5%
Family Home Settings	\$150,052,028	\$154,528,388	\$136,152,905	\$130,233,996	\$122,415,468	\$122,192,288	-3.9%	-0.2%
Hospitalization	\$110,292	\$97,064	\$28,977	\$14,946	\$41,220	\$2,082	-9.9%	-94.9%
Non-Community Based Residential Placement	\$163,382,867	\$156,486,635	\$139,430,318	\$147,085,835	\$138,213,891	\$63,113,560	-14.0%	-54.3%
All Categories	\$497,015,037	\$456,872,528	\$397,823,054	\$394,487,375	\$376,420,330	\$290,092,450	-9.9%	-22.9%

Table 8

Placement costs have been driven down each year since FY2009, with a total reduction of more than \$205 million since that time. This is mostly due to the decrease in the number of children entering out-of-home placements.



Statewide Costs Per Bed Day								
Category	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change
Community-Based Residential Placement	\$253	\$233	\$219	\$226	\$236	\$297	3.9%	25.6%
Family Home Settings	\$89	\$94	\$90	\$95	\$102	\$165	15.3%	62.5%
Hospitalization	\$140	\$141	\$99	\$168	\$118	<\$1	NA	NA
Non-Community Based Residential Placement	\$325	\$385	\$329	\$366	\$338	\$340	1.6%	0.6%
All Categories	\$170	\$171	\$160	\$172	\$179	\$227	6.5%	26.9%

Table 9

Statewide Recommendations

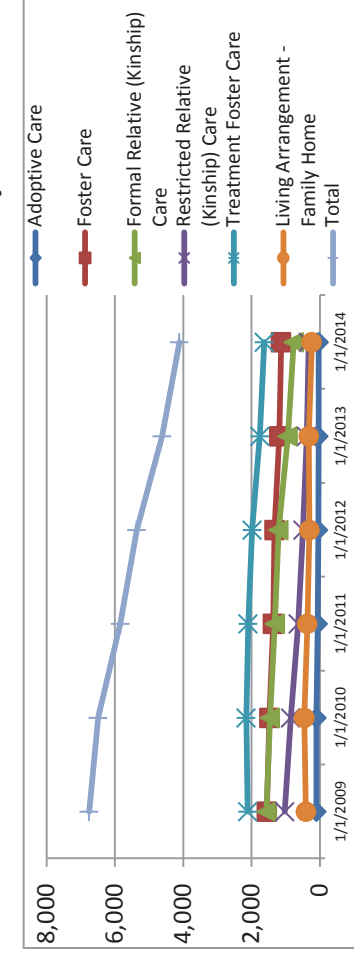
Maryland's State child and family-serving agencies provide a continuum of care to meet an array of needs along a wide spectrum. The purpose of the State Resource Plan is to ensure that the State is doing the best it can to build a multifaceted network that can strengthen the lives of every child in need in Maryland. In the remainder of this Report, State agencies will describe the means by which they meet children's needs and the challenges they face in helping them. The following is a summary of the State agencies' recommendations to improve the efficiency and effectiveness of the State network. Please note that the Interagency Strategic Plan⁴ may also be consulted as a resource for in-depth discussion of issues surrounding out of home placement and for further recommendations:

Agency	Recommendations
DHR	<ul style="list-style-type: none"> ≠ Expand intensive family preservation and post-permanency services. ≠ Create a trauma-informed system that uses standardized assessments to identify services and supports for children and families to prevent out-of-home care and re-entries into out-of-home care as well as to improve well-being. ≠ Support programs such as <i>Family Connections</i>, <i>Homebuilders</i>, <i>SafeCare</i>, and <i>Functional Family Therapy</i> to promote family preservation - multi-faceted, community-based programs that work with families experiencing difficulty in meeting the basic needs of their children and at-risk for child emotional and/or physical neglect.
DJS	<ul style="list-style-type: none"> ≠ Maintain the Continuum of Care statute to ensure that DJS continues to have the ability to quickly move youth as necessary from committed placements that are not working out, without need for further court action. ≠ Support DJS capital projects to ensure that sufficient in-State secure slots are available for high-risk committed youth.
DDA	<ul style="list-style-type: none"> ≠ Identify youth early before they age out of support systems and transition planning. ≠ Continue to work with other administrations and community resources to allow children to remain in their homes.
MSDE	<ul style="list-style-type: none"> ≠ Continue working with Maryland providers of services to children with autism through the Autism Waiver. ≠ Continue to support local schools systems to enhance services and supports for students to remain in their community schools. ≠ Support cross-agency collaboration to ensure the development of community-based and residential programs to meet the needs of students typically placed out-of-State and to facilitate the return of these students to Maryland programs and schools.
MHA	Continue efforts to minimize out-of-State placements through the implementation of a 1915(i) Medicaid State Plan amendment providing intensive wraparound services. The feasibility of in-State Residential Treatment Centers offering specialized services such as treatment for fire-setting and sexually offensive behavior should continue to be assessed.

⁴The Interagency Strategic Plan is a collaborative effort by the Maryland Children's Cabinet in partnership with families, communities, and providers to improve the child-family serving delivery system to better anticipate and respond to the needs of youth and families. For more information about the ISP, please visit www.mdchildrencabinetisp.org.

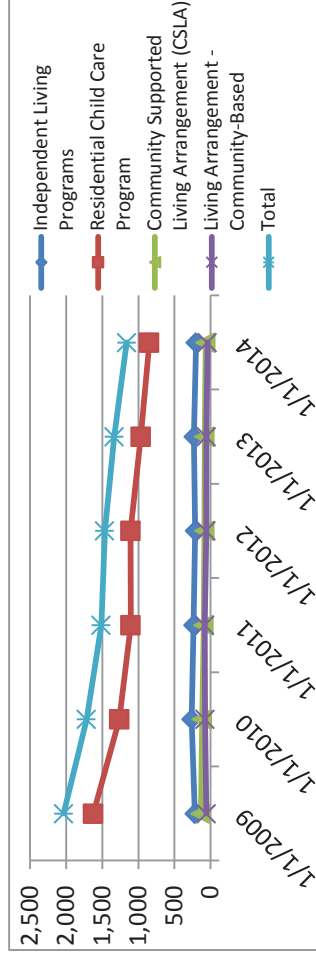
STATEWIDE ADDENDUM

Maryland State Placement Trends by Category



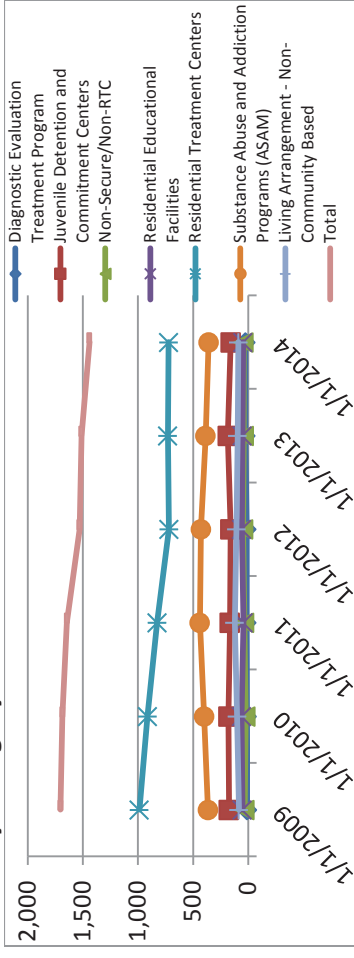
Statewide Family Home Settings Placement Trends							
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Adoptive Care	100	98	60	47	37	32	-19.4%
Foster Care	1,552	1,473	1,365	1,327	1,185	1,132	-6.1%
Formal Relative (Kinship) Care	1,558	1,460	1,316	1,207	936	761	-13.1%
Restricted Relative (Kinship) Care	1,027	854	634	491	382	326	-20.4%
Treatment Foster Care	2,112	2,152	2,100	1,981	1,757	1,627	-7.4%
Living Arrangement - Family Home	406	453	365	306	322	236	-9.1%
Total	6,755	6,490	5,840	5,359	4,619	4,114	-10.9%

Table 10



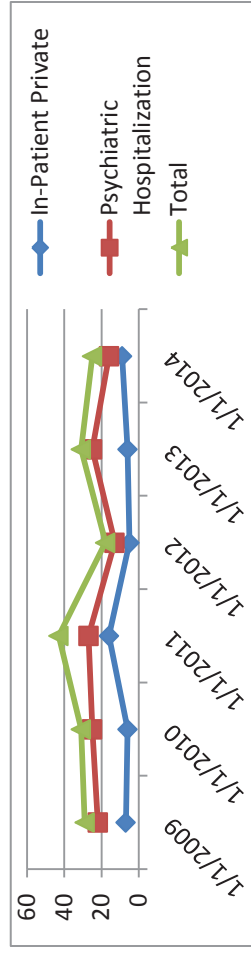
Statewide Community-Based Placement Trends							
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Independent Living Programs	217	261	234	213	230	201	-0.7%
Residential Child Care Program	1,625	1,264	1,105	1,108	966	849	-11.9%
Community Supported Living Arrangement (CSLA)	135	117	96	84	81	68	-12.7%
Living Arrangement - Community-Based	58	76	79	60	58	43	-3.7%
Total	2,035	1,718	1,514	1,465	1,335	1,161	-10.5%

Table 11



Statewide Non-Community-Based Settings Placement Trends							
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Diagnostic Evaluation Treatment Program	9	12	15	14	25	24	25.2%
Juvenile Detention and Commitment Centers	174	178	166	160	185	159	-1.3%
Non-Secure/Non-RTC	32	23	35	45	39	41	8.9%
Residential Educational Facilities	52	59	44	58	53	47	0.0%
Residential Treatment Centers	988	914	826	719	729	722	-5.9%
Substance Abuse and Addiction Programs (ASAM)	365	400	438	429	387	359	0.0%
Living Arrangement - Non-Community Based	84	100	122	106	96	89	2.2%
Total	1,704	1,686	1,646	1,531	1,514	1,441	-3.3%

Table 12



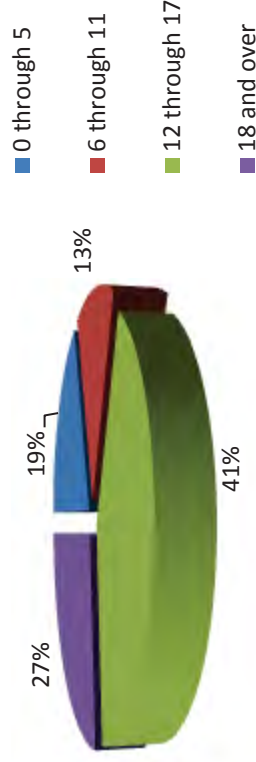
Statewide Hospitalization Trends							
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
In-Patient Private	7	6	16	5	6	9	30.7%
Psychiatric Hospitalization	22	25	27	13	25	16	5.2%
Total	29	31	43	18	31	25	8.1%

Table 13

STATEWIDE Addendum

Statewide Demographic Comparisons

Age



Race



Statewide Age Trends							
Age	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
0 through 5	2,122	1,953	1,647	1,616	1,481	1,346	-9.1%
6 through 11	1,842	1,562	1,306	1,116	1,034	881	-14.8%
12 through 17	4,703	4,481	3,972	3,639	3,201	2,631	-17.8%
18 and over	2,107	2,364	2,454	2,304	2,107	1,891	-10.3%
Total	10,774	10,360	9,379	8,675	7,823	6,749	-13.7%

Table 14

Gender



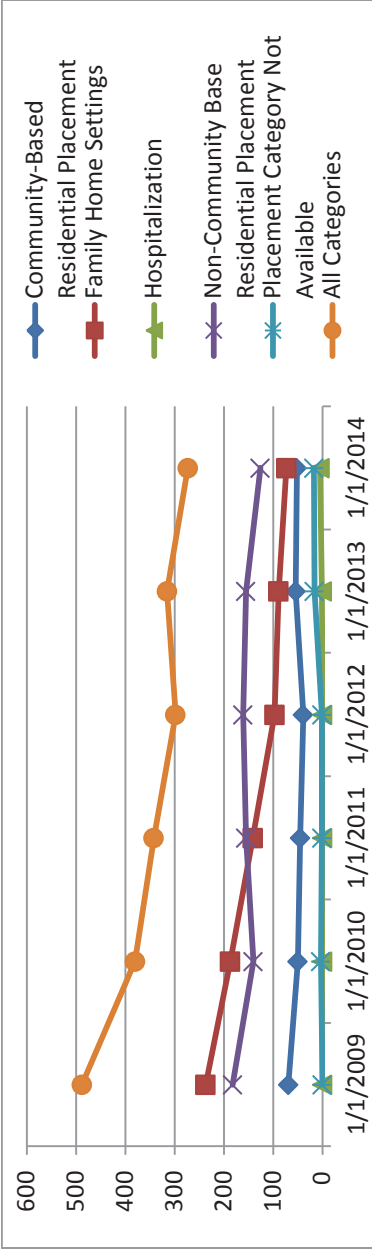
Statewide Gender Trends							
Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Male	6,085	5,766	5,285	4,815	4,370	3,768	-13.8%
Female	4,689	4,593	4,093	3,859	3,453	2,979	-13.7%
Unknown	0	1	1	1	0	2	NA
Total	10,774	10,360	9,379	8,675	7,823	6,749	-13.7%

Table 15

Statewide Race Trends								
Race	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
American Indian / Alaskan	13	10	7	6	6	7	-16.8%	0.0%
Asian	33	33	33	30	32	34	-0.6%	6.7%
Black or African American	7,482	7,131	6,289	5,643	4,949	4,203	-9.8%	-12.3%
Native Hawaiian / Pacific	3	5	5	5	3	3	6.7%	-40.0%
White	2,602	2,489	2,383	2,388	2,247	1,952	-3.6%	-5.9%
Bi-Racial / Multiple Race	302	309	279	267	236	233	-5.8%	-11.6%
Other	223	252	238	227	220	191	-0.1%	-3.1%
Unknown	116	131	145	109	130	126	4.5%	19.3%
Total	10,774	10,360	9,379	8,675	7,823	6,749	-7.7%	-9.8%

Table 16

Statewide Out-of-State One-Day Comparisons



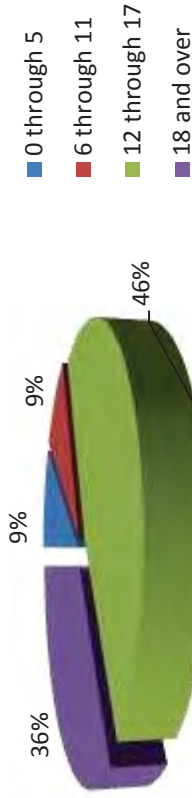
Category	Maryland Out of State Placements							Average Change	Last Year Change
	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014			
Community-Based Residential Placement	69	50	45	39	54	52	-3.2%	-3.7%	
Family Home Settings	237	187	141	97	89	73	-20.6%	-18.0%	
Hospitalization	0	0	0	0	1	5	NA	400.0%	
Non-Community Based Residential Placement	182	140	155	161	155	126	-6.2%	-18.7%	
Placement Category Not Available	0	3	1	1	16	17	NA	6.3%	
All Categories	488	380	342	298	315	273	-10.5%	-13.3%	

Table 17

STATEWIDE Addendum

Statewide Out-of-State One-Day Comparisons

Age



Maryland Out-of-State Age Trends

Age	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
0 through 5	89	69	44	28	29	39	-11.4%	34.5%
6 through 11	69	44	31	25	28	13	-25.3%	-53.6%
12 through 17	210	154	169	155	146	116	-10.3%	-20.5%
18 and over	120	113	98	90	112	105	-1.8%	-6.3%
Total	488	380	342	298	315	273	-10.5%	-13.3%

Table 18

Gender

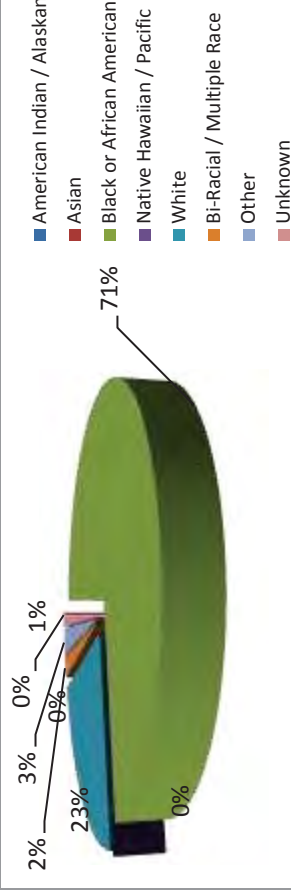


Maryland Out-of-State Gender Trends

Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Male	323	253	246	221	218	187	-10.0%	-14.2%
Female	165	127	96	77	97	84	-10.9%	-13.4%
Unknown	0	0	0	0	0	2	NA	NA
Total	488	380	342	298	315	273	-10.5%	-13.3%

Table 19

Race



Maryland Out-of-State Race Trends

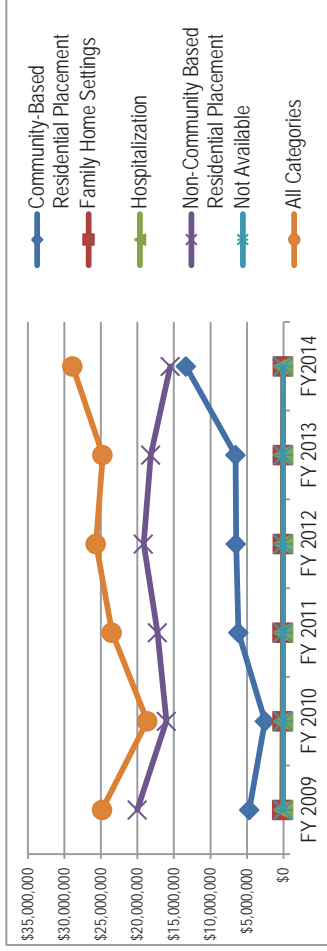
Race	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
American Indian / Alaskan	0	1	0	0	0	0	NA	NA
Asian	4	2	3	0	1	0	NA	-100.0%
Black or African American	295	239	235	216	223	180	-9.0%	-19.3%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	169	121	87	69	74	74	-14.0%	0.0%
Bi-Racial / Multiple Race	9	7	9	6	6	8	1.3%	33.3%
Other	7	6	6	6	8	9	6.3%	12.5%
Unknown	4	4	2	1	3	2	13.3%	-33.3%
Total	488	380	342	298	315	273	-10.5%	-13.3%

Table 20

STATEWIDE Addendum

Statewide Out-of-State Cost Comparisons

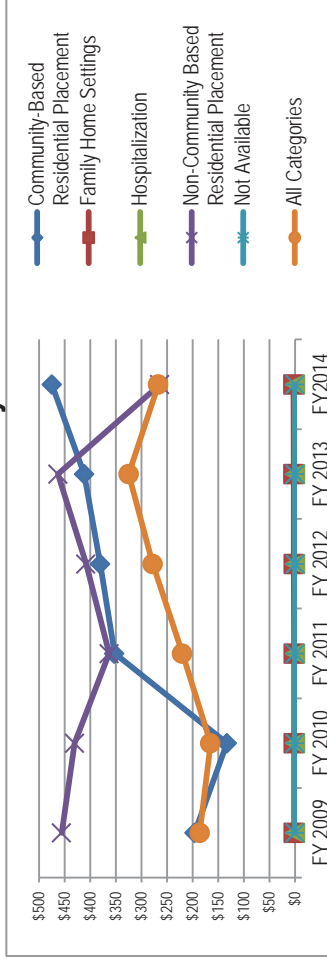
Total Costs



Statewide Out-of-State Total Costs							Last Year Change
Category	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change
Community-Based Residential Placement	\$4,677,421	\$2,529,376	\$6,167,030	\$6,481,015	\$6,545,427	\$7,710,073	24.4%
Family Home Settings	\$142,750	\$0	\$87,060	\$65,818	\$56,033	\$47,603	-19.6%
Hospitalization	\$0	\$0	\$0	\$0	\$0	\$0	NA
Non-Community Based Residential Placement	\$20,004,852	\$16,008,362	\$17,242,719	\$19,139,903	\$18,157,431	\$15,490,295	-4.2%
Not Available	\$0	\$0	\$0	\$0	\$0	\$0	NA
All Categories	\$24,825,023	\$18,655,328	\$23,496,809	\$25,686,736	\$24,758,892	\$23,247,971	0.1%

Table 21

Per Bed-Day



Statewide Costs Per Bed Day								Last Year Change
Category	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change
Community-Based Residential Placement	\$196	\$133	\$353	\$380	\$412	\$475	32.9%	15.3%
Family Home Settings	\$2	\$2	\$2	\$2	\$3	\$3	6.9%	12.8%
Hospitalization	NA	NA	NA	NA	NA	NA	NA	NA
Non-Community Based Residential Placement	\$456	\$431	\$363	\$408	\$463	\$264	-7.7%	-43.0%
Not Available	NA	NA	NA	NA	NA	NA	NA	NA
All Categories	\$186	\$165	\$220	\$278	\$325	\$267	9.5%	-17.9%

Table 22

Department of Human Resources (DHR) Summary

DHR prioritizes child safety, permanency, and well-being for children and families. DHR is committed to ensuring that children and youth are kept with their families whenever safe and possible. This is one of the central principles of the Place Matters and Family-Centered Practice initiatives. Since the beginning of Place Matters, the number of children in DHR out-of-home (OOH) care has decreased 48% (10,330 in July 2007 to 5,339 in June 2014).⁵

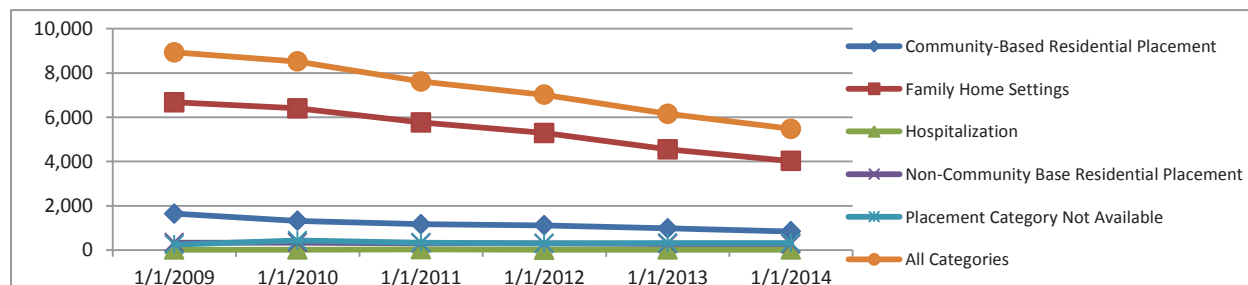
Maryland's Family-Centered Practice model is a fundamental component of DHR's and the local Departments of Social Services' work with families. Workers develop individualized service plans based on comprehensive assessments of the families' strengths and needs, with goals of increasing families' capacities to protect their children. Family Involvement Meetings (FIMs) are also used to engage families in service plan development, especially when safety/risk issues are severe enough that a child may be removed from the home. When OOH placement is necessary, the first choice is always a family home (family foster home or relative placement).

FIMs and other Family-Centered Practice approaches strengthen families by bringing additional resources to families, and helping children stay with their families of origin or relatives. These efforts are designed to reduce risk factors which lead to abuse and neglect, increase safety for children, and avoid OOH placement or reduce time in care.

Most children—an average of 75% over the last six years—in DHR OOH care are in family homes (Table 23). The Family-Centered Practices of child and family inclusion in case planning and decision-making have been crucial in achieving these goals.

DHR 2014 Highlights

The number of children in DHR OOH care is at its lowest point in at least the past 25 years, with a 39% reduction since 2009 and a 48% reduction since 2007 both as an absolute number and as a proportion of children in placement.⁶ In 2014, 73% of children/youth in DHR OOH care were in family homes, with another 15% in community-based placements (Table 23).



⁵ State Stat Place Matters data June 2014; DHR.

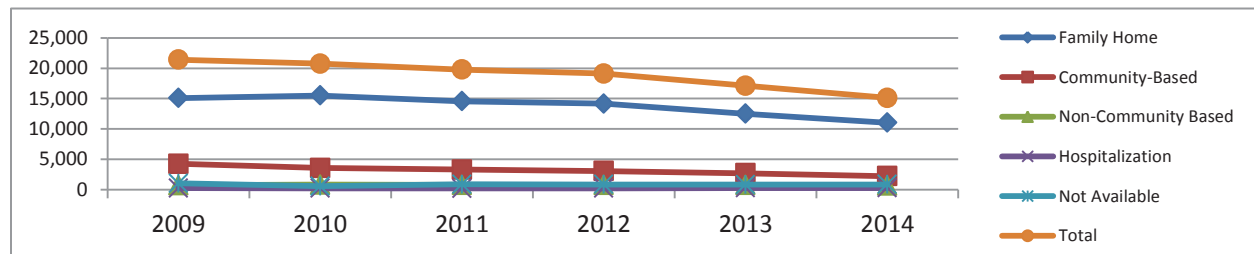
⁶ State Stat Place Matters data June 2014; DHR.

DHR Placement Trends								
Category	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Community-Based Residential Placement	1,649	1,321	1,170	1,116	978	842	-12.4%	-13.9%
Family Home Settings	6,672	6,397	5,765	5,286	4,548	4,024	-9.6%	-11.5%
Hospitalization	21	23	38	11	22	17	16.2%	-22.7%
Non-Community Base Residential Placement	335	339	306	299	279	272	-4.0%	-2.5%
Placement Category Not Available	251	435	336	302	324	322	9.4%	-0.6%
All Categories	8,928	8,515	7,615	7,014	6,151	5,477	-9.3%	-11.0%

Table 23

Across all 24 Maryland jurisdictions, 54% of all children in DHR OOH care are placed in their home jurisdiction. These placements are in alignment with Place Matters and Family-Centered Practice values, which focus on the placement of children close to their families and communities when safe and possible, in order to maintain relationships and facilitate frequent family visitation. Other children may be placed in adjacent jurisdictions or even out of State, which may be closer to a child's home than a location within the same jurisdiction or state. Additionally, relative placements even out of the jurisdiction (or out of State) may be preferable to non-relative placements within the jurisdiction.

Nearly half (46%) of children in DHR OOH care comes from Baltimore City. Another 27% come from Baltimore County, Montgomery, and Prince George's Counties; each of these jurisdictions placed more than 60% of children within their own County as of January 31, 2014. Baltimore City had 48% of its children in care placed within its jurisdiction. Each other local department/jurisdiction had less than 4% each of the total DHR OOH population.



DHR Total Served								
Category	2009	2010	2011	2012	2013	2014	Average Change	Last Year Change
Family Home	15,095	15,510	14,564	14,178	12,498	11,039	-5.9%	-11.7%
Community-Based	4,276	3,592	3,317	3,074	2,719	2,235	-12.1%	-17.8%
Non-Community Based	732	831	794	755	751	675	-1.3%	-10.1%
Hospitalization	253	237	208	232	297	294	4.0%	-1.0%
Not Available	1,057	572	887	877	850	866	1.4%	1.9%
Total	21,413	20,742	19,770	19,116	17,115	15,109	-6.7%	-11.7%

Table 24

DHR Population Flow						
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY	
2010	8,685	12,057	20,742	12,789	7,953	
2011	7,953	11,817	19,770	12,261	7,509	
2012	7,341	11,775	19,116	12,396	6,720	
2013	6,606	10,509	17,115	11,157	5,958	
2014	5,919	9,190	15,109	9,811	5,298	
Three-Year Change	-25.6%	-22.2%	-23.6%	-20.0%	-29.4%	
Average Yearly Change	-7.3%	-5.1%	-6.0%	-5.0%	-7.7%	
Recent Year Change	-10.4%	-12.6%	-11.7%	-12.1%	-11.1%	

Table 25

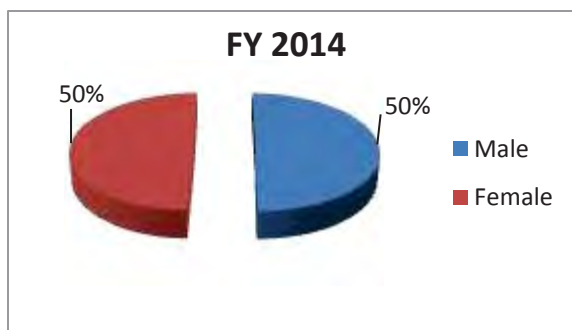
DHR Placement By Jurisdiction																													
	Jurisdiction Where Children Were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown	
Allegany	81	1.5%	61	0	0	0	0	0	0	1	0	0	0	6	1	0	0	0	0	1	0	0	0	3	0	0	0	6	2
Anne Arundel	163	3.0%	0	86	19	17	1	2	0	0	3	0	1	0	3	2	0	4	6	1	2	0	0	0	0	0	0	12	4
Baltimore	561	10.2%	0	7	343	99	0	2	5	6	0	4	6	2	19	7	0	6	12	0	0	1	0	8	1	0	8	25	
Baltimore City	2496	45.6%	1	51	922	1186	2	3	10	1	5	2	6	3	47	23	0	15	75	1	4	0	0	5	2	0	45	87	
Calvert	87	1.6%	0	5	9	1	41	2	1	0	11	0	0	2	0	1	0	0	4	1	0	4	0	2	0	0	1	2	
Caroline	34	0.6%	0	1	4	0	9	0	0	0	0	4	0	0	0	0	0	0	0	1	0	0	4	0	6	0	3	2	
Carroll	46	0.8%	0	0	11	2	0	0	29	0	0	0	0	0	0	1	0	0	0	0	0	0	0	3	0	0	0	0	
Cecil	158	2.9%	0	1	19	5	0	1	0	111	0	4	0	0	8	0	0	1	0	0	0	0	0	0	0	0	3	5	
Charles	103	1.9%	0	0	5	2	0	0	1	0	77	0	0	0	0	0	0	2	7	0	0	2	0	0	0	0	1	6	
Dorchester	26	0.5%	0	0	4	0	0	1	1	0	0	12	1	0	0	0	0	0	0	0	0	0	2	0	1	0	4	0	
Frederick	123	2.2%	0	0	12	4	0	2	3	1	0	67	0	0	2	3	0	7	3	0	0	0	0	12	1	0	4	2	
Garrett	39	0.7%	1	0	0	0	0	0	0	0	0	0	1	25	0	0	0	0	0	0	0	0	0	6	0	0	2	4	
Harford	241	4.4%	0	2	52	6	0	3	2	9	0	0	3	0	138	1	0	4	2	1	0	0	0	1	0	0	8	9	
Howard	62	1.1%	0	4	23	7	1	0	0	0	0	0	2	1	0	19	0	2	0	0	0	0	0	1	0	0	2	0	
Kent	10	0.2%	0	0	2	0	0	3	0	1	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	
Montgomery	391	7.1%	0	6	35	7	0	1	3	3	2	0	14	0	4	4	1	245	32	0	0	0	0	14	0	0	11	9	
Prince George's	501	9.1%	1	8	45	16	7	1	3	4	13	1	1	1	1	14	0	15	319	1	2	0	1	1	0	0	31	15	
Queen Anne's	9	0.2%	0	0	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	2	0	
Somerset	30	0.5%	0	1	2	1	0	1	0	0	0	4	0	0	0	0	0	0	1	0	10	0	0	0	9	0	1	0	
St. Mary's	91	1.7%	0	0	11	1	2	0	0	0	11	0	0	0	2	2	0	0	8	1	1	44	0	0	1	0	5	2	
Talbot	25	0.5%	0	0	0	0	0	7	0	0	0	4	1	0	0	0	0	0	0	0	0	0	11	0	1	0	0	1	
Washington	146	2.7%	2	0	16	3	0	0	2	0	0	6	1	1	1	0	0	0	3	0	0	0	0	103	0	0	6	3	
Wicomico	33	0.6%	0	0	4	2	0	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	20	0	4	0	
Worcester	21	0.4%	0	0	2	0	0	1	0	0	0	1	0	2	0	0	0	0	0	0	3	0	0	0	9	1	1	1	
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	5477	100.0	66	172	1541	1359	54	41	60	137	122	37	110	43	226	77	6	301	473	11	22	51	18	159	51	1	160	179	
% of children from jurisdiction			75.3	52.8	61.1	47.5	47.1	26.5	63.0	70.3	74.8	46.2	54.5	64.1	57.3	30.6	40.0	62.7	63.7	44.4	33.3	48.4	44.0	70.5	60.6	4.8	2.9%	3.3%	
% children Statewide in all				3.1%	28.1%	24.8%	1.0%	0.7%	1.1%	2.5%	2.2%	0.7%	2.0%	0.8%	4.1%	1.4%	0.1%	5.5%	8.6%	0.2%	0.4%	0.9%	0.3%	2.9%	0.9%	0.0%	2.9%	3.3%	

Table 26

DHR Demographics

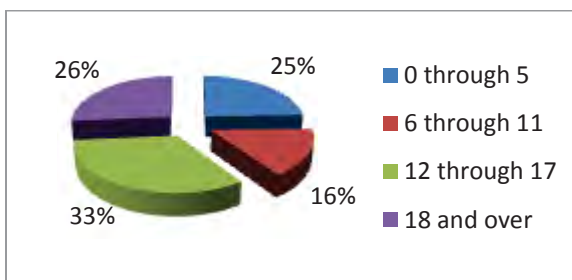
As of January 31, 2014, 25% of children in DHR OOH care were age 5 and younger; 16% were ages 6 to 11; 33% were ages 12 to 17; and 26% were age 18 and older. These percentages are similar to last year's data. Nearly 60% of youth in DHR OOH care are over the age of 11; this has significant implications for placement needs and challenges. Foster parenting skills, therapeutic treatments, and other service needs of older children and youth are different than those of infants, toddlers, and young children.

Although there is still a significant disparity, the percentages of Black/African-American children in DHR OOH care have been decreasing over the past several years. The percentage of White children also has decreased, but by a smaller percentage. In 2009, 72% of children in DHR OOH care were Black/African-American; in 2014, the percentage fell to 63%. In 2009, 21% of children in DHR OOH care were White; in 2014, 28% were White. Gender remains nearly evenly split between males and females.



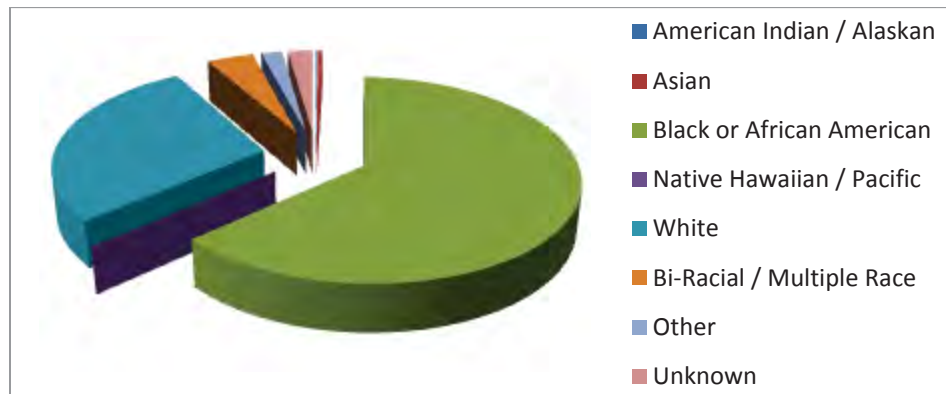
DHR All Categories Gender Trends								
Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Male	4,674	4,388	3,922	3,531	3,099	2,754	-10.0%	-11.1%
Female	4,254	4,127	3,692	3,482	3,052	2,721	-8.5%	-10.8%
Unknown	0	0	1	1	0	2	NA	NA
Total	8,928	8,515	7,615	7,014	6,151	5,477	-9.3%	-11.0%

Table 27



DHR All Categories Age Trends								
Age	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
0 through 5	2,121	1,952	1,647	1,615	1,480	1,346	-8.6%	-9.1%
6 through 11	1,773	1,516	1,245	1,058	930	870	-13.2%	-6.5%
12 through 17	3,381	3,201	2,784	2,476	2,046	1,812	-11.6%	-11.4%
18 and over	1,653	1,846	1,939	1,865	1,695	1,449	-2.1%	-14.5%
Total	8,928	8,515	7,615	7,014	6,151	5,477	-9.3%	-11.0%

Table 28



DHR All Categories Race Trends								
Race	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
American Indian / Alaskan	10	7	4	3	5	5	-6.2%	0.0%
Asian	23	23	24	20	15	23	3.2%	53.3%
Black or African American	6,461	6,085	5,270	4,705	3,988	3,449	-11.7%	-13.5%
Native Hawaiian / Pacific	3	5	3	3	2	3	8.7%	50.0%
White	1,917	1,843	1,792	1,809	1,698	1,543	-4.2%	-9.1%
Bi-Racial / Multiple Race	302	309	278	264	232	229	-5.2%	-1.3%
Other	118	137	139	136	112	103	-2.1%	-8.0%
Unknown	94	106	105	74	99	122	7.9%	23.2%
Total	8,928	8,515	7,615	7,014	6,151	5,477	-9.3%	-11.0%

Table 29

DHR Placement Subcategory Trends

Placement subcategory tables include data on new entries into DHR OOH care, placement changes among children already in DHR OOH care, and children exiting DHR OOH care. Placement changes are counted as both “entries” and “exits.” The Total Served, Entries, and Exits numbers are therefore duplicate counts of children in care, representing the number of placements, not children (a child may have multiple placements within a fiscal year, and each placement is counted; therefore a child may be counted multiple times.).

These placement changes are often appropriate and to a lesser level of “restrictiveness” – for example, a child may move from a group home to a family foster home and then to trial home visit with his/her biological parents, in preparation for reunification. Or, a child may need a short-term hospitalization and then be placed into a group home or foster home.

As the total DHR OOH care population has decreased since July 2007, the numbers of family home and community-based placements have correspondingly decreased. There was a total DHR OOH population decrease of 39% from 2009 to 2014; there was a corresponding 40% decrease in family home placements and a higher 49% decrease in community-based placements. The larger decrease in community-based placements is a result of the Place Matters focus on family home placements for children, and the idea that every child deserves a family. There has been a 19% decrease in both hospitalizations and non-community based placements since 2009.

Family homes (for DHR) are defined as placements in a family setting, and include placement categories of:

- ≠ Relative/kinship care (paid/restricted/relative and unpaid/formal kinship care);
- ≠ Living arrangements (primarily Trial Home Visits with family of origin, but also including own home/apartment);
- ≠ Adoptive care (pre-finalized adoptive homes);
- ≠ Foster care (emergency, intermediate, regular foster care, and respite care); and
- ≠ Treatment foster care (private and public).

Within the family home subcategory, the greatest decreases are seen in adoptive and formal relative (kinship) and restrictive relative (kinship) care placements. Meanwhile, although the raw numbers of foster care, treatment foster care, and living arrangement/family homes (trial home visit or own home/apartment) have decreased, the proportion of children in these placements (out of all DHR placements) has been increasing.

Care must be taken when interpreting Family Home data, if used to analyze private provider usage. Thirty-three percent (33%) of Family Home placements are specific to individual children – meaning, they are relative homes: Formal Relative (Kinship) Care, Restrictive Relative (Kinship Care), or Living Arrangement – Family Home (primarily trial home visits). Meanwhile, another 1% are adoptive homes, 38% are Treatment Foster Care placements (the majority of which are private providers), and 28% are regular foster care which typically are public homes (*i.e.*, licensed by the local Department of Social Services).

Community-based placements constitute DHR's second-most used placement type; an average of 16% of all DHR children/youth are in community-based placements. For DHR, this includes: college, JobCorps, independent living residential programs, and residential child care programs (group homes).

Twenty-six percent of all children/youth in DHR care as of January 31, 2014 were above age 17; college, JobCorps, and independent living placements are age-appropriate for this population, and therefore least-restrictive. Fifty-eight percent of all youth in DHR community-based placements are age 18 and older.

Youth age 18 and over have a choice to remain in DHR OOH care or not; they may choose to remain in care until age 21, but are not legally required to do so. Youth are eligible for independent living programs at age 16.

Less than 1% of children in DHR OOH care are placed in the State's most restrictive placements (hospitalizations), while an average of 4% are in non-community-based placements (Residential Treatment Centers, Correctional Institutions, or Secure Detention). Placements of children/youth in these settings are driven by severe mental health and medical needs, and/or

the juvenile/adult criminal justice system, although past abuse and trauma may contribute to individual children's mental health issues and/or criminal acting-out behaviors.

There has also been an average of 5% of child records with incomplete placement information – this includes children on runaway status, as well as children whose placement data has not been fully entered into MD CHESSIE (DHR's client information system).

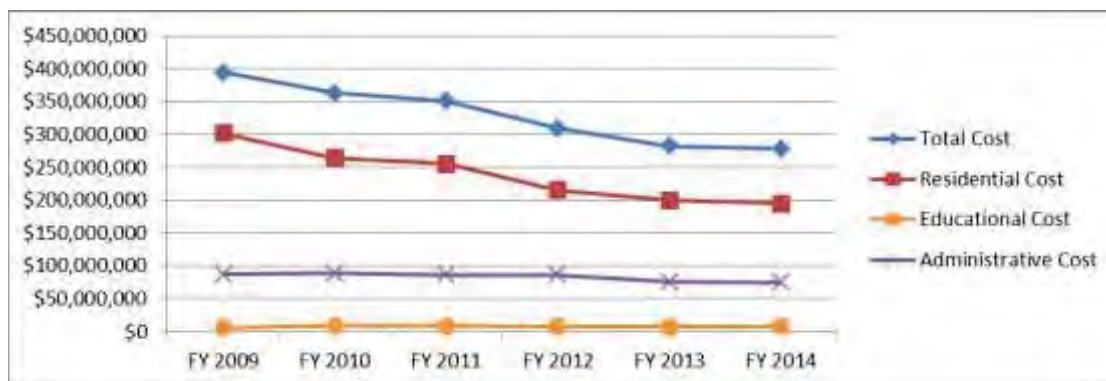
DHR Out-of-State (OOS)

Only 3% of all DHR OOH placements on January 31, 2014 were out-of-State; this is consistent with the percentage in prior years. Of those, the largest number was family home placements, and 66% of children in family homes were placed with family members, adoptive homes, or their own homes. Only one percent of all community-based placements were out-of-State, primarily residential child care (group home) placements but also independent living, college, and JobCorps placements. Residential treatment centers, hospitalizations, and detention and correctional institutions were other out-of-State placements.

DHR Costs

DHR funds only two categories of placements - family home and community-based placements, although not all of these placements require funding. Family foster home placements of trial home placement and formal kinship care placements do not require funding, nor do some types of community-based placements. Hospitalizations are paid for by Medical Assistance, as is the residential portion of residential treatment center placements (non-community based); the other non-community based placements of secure detention or correctional institution are mandated for and paid for by the criminal justice system for youth detained, charged, adjudicated, and/or found guilty of criminal or delinquent behavior.

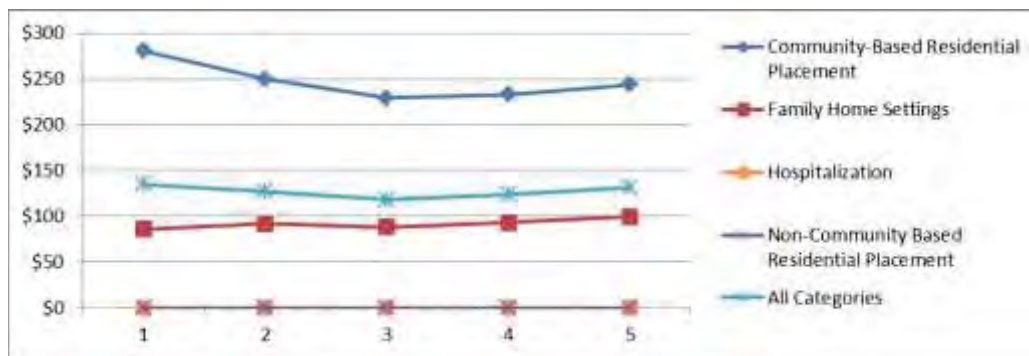
Over the past five fiscal years, DHR's residential costs have continued to decrease, with an average annual decrease of 8%, and an overall decrease of 35% since 2008. In FY2009, the costs were just over \$300M. In FY2013, residential costs were slightly under \$200M, for the first time in several years; in FY 2014, the costs decreased to just under \$195M.



DHR Cost Trends									
Cost Type	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change	2009 - 2014 Change
Total	\$394,552,605	\$362,826,762	\$350,625,684	\$309,430,208	\$282,614,057	\$278,030,287	-7%	-2%	-30%
Residential	\$301,566,171	\$264,644,544	\$255,439,051	\$215,361,539	\$199,942,040	\$194,867,565	-8%	-3%	-35%
Educational	\$6,028,754	\$9,439,103	\$8,972,787	\$7,854,822	\$6,799,657	\$7,966,645	9%	17%	32%
Administrative	\$86,957,680	\$88,743,115	\$86,213,846	\$86,213,846	\$75,872,360	\$75,196,077	-3%	-1%	-14%
% Residential	76%	73%	73%	70%	71%	70%			
% Educational	2%	3%	3%	3%	2%	3%			
% Administrative	22%	24%	25%	28%	27%	27%			

Table 30

Total costs, which include residential as well as education and administrative costs, also continue to decrease. The average annual decrease of total costs is 7%, with an overall decrease of 30% since 2009, to \$278M in FY 2014. Education costs, however, have increased from \$6M in FY 2009 to \$8M in FY 2014, while administrative costs have decreased 14% from \$87M in FY 2009 to \$75M in FY 2014.⁷



DHR All Categories Cost Per Bed-Day Trends								
Category	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change
Community-Based Residential Placement	\$281	\$250	\$229	\$233	\$244	\$278	0%	14%
Family Home Settings	\$86	\$92	\$88	\$93	\$99	\$111	5%	12%
Hospitalization	NA	NA	NA	NA	NA	NA	NA	NA
Non-Community Based Residential Placement	NA	NA	NA	NA	NA	NA	NA	NA
Not Available	NA	NA	NA	NA	NA	NA	NA	NA
All Categories	\$135	\$127	\$118	\$124	\$132	\$146	2%	11%

Table 31

Community-based placements continue to have higher per-bed-day costs than family home placements, with a FY2014 average bed-day cost of \$278, compared to \$111 family home placements (only paid placements were included in these averages). Despite the higher per-bed-day cost, however, community-based placements constitute 40% of all DHR residential placements costs, while family homes constitute 60%; this is due to the larger number of family home placements.

⁷ Education and administrative costs were not reported in the last three JCR Reports.

DHR Recommendations

The primary goal of DHR is to prevent maltreatment and out-of-home placement of children and youth—when placement is necessary to protect a child’s safety, reunification is the preferred goal; therefore, services that can support these goals are the priority of DHR.

DHR has identified the following critical areas for increased services:

- ≠ Services to children ages 0 to 8 and at risk for out-of-home placement;
- ≠ Services to youth ages 14 to 17 and at risk for out-of-home placement;
- ≠ Older youth in out-of-home care;
- ≠ Children/youth exiting out-of-home care and at risk for reentry to out-of-home care; and
- ≠ A need to strengthen all services to build a system of trauma-informed care.

In FY 2013, children 0-8 and 14-17 years old represent 81% of all entries into out-of-home placement;⁸ 26% of children in DHR’s OOH population in FY 2014 were over age 17. Slightly more than 15% of children exiting DHR OOH care re-enter care within 12-months (FY 2013 data).⁹ Trauma affects nearly all children in the child welfare system, as well as many parents and caregivers.

DHR has several current initiatives which address these needs:

1. Award of IV-E Waiver Block Grant – DHR was awarded a 5-year, \$650 million federal demonstration project from the U.S. Department of Health and Human Services that allows Maryland more flexibility in using federal foster care funds to achieve improved safety, permanency and well-being of vulnerable children. This grant allows funds that could previously only be used as reimbursement for out-of-home placement to be used for in-home supports, prevention services, and other services that keep children at home safely. The project includes an extensive planning process and can begin as early as July 1, 2015.
2. Performance-based contracting for residential congregate care providers (RCCs) (or group homes) increases accountability and quality of community-based out of home care.

⁸ *Maryland Department of Human Resources Title IV-E Child Welfare Waiver*, Maryland Department of Human Resources, February 2014,
<http://www.dhr.state.md.us/documents/Data%20and%20Reports/SSA/Maryland%202014%20IV-E%20Waiver%20Application.pdf>.

⁹ *Maryland Department of Human Resources Child and Family Services Plan, 2015 – 2019*, Maryland Department of Human Resources, June 2014.

3. Continuation of Family-Centered Practice and Place Matters initiatives, which focus on child, youth, and family involvement, natural and community supports, and keeping children in their homes and communities whenever safe and possible. Family Involvement Meetings are used to plan services, identify resources, avoid out-of-home placement, and engage the family. Guardianship Assistance Program, Kinship Navigators, and Family Finding are used to avoid out-home-placement and/or help children find permanent homes with relatives.
4. Ready by 21™ is Maryland's initiative to ensure that youth are prepared for the transition into adulthood. Focusing on the five core areas of housing, education, finances, health, and mentoring, Ready by 21 provides a framework and key strategies that are implemented at the local level by the LDSS and their community partners. Ready by 21 is designed to ensure that youth have the necessary skills and resources to integrate back into their homes and communities when they reunify with their families or to be successful if they emancipate from care at age 21.
5. Additional programs such as Youth Matter, Alternative Response, and Tuition Waivers further engage and strengthen youth and families.

DHR is also working to expand additional programs and services, subject to available funding:

1. DHR will expand intensive family preservation and post-permanency service, including both prevention and post-permanency services.
2. DHR proposes to create a trauma-informed system that uses standardized assessments to identify services and supports for children and families to prevent out-of-home care and re-entries into out-of-home care as well as to improve well-being.
3. **Family Connections:** A multi-faceted, community-based evidence-based program that works with families experiencing difficulty in meeting the basic needs of their children and at-risk for child emotional and/or physical neglect.
4. **Homebuilders:** An intensive evidence-based family preservation program that works with the caregivers to provide in-home crisis intervention, counseling, and life skills education over a short-term period.
5. **SafeCare:** An in-home evidence-based parenting model for parents with children ages 0-5 who are at risk for or have a history of child abuse or neglect. SafeCare provides direct skill training with parents using four modules: health, home safety, parent-child/parent-infant interactions, and problem solving and communication.
6. **Functional Family Therapy (FFT):** FFT is an evidence-based therapy designed for 11-18 year-olds with behavioral health problems including conduct and substance abuse problems. FFT improves family relationships by teaching families how to promote the safety of their children, improve communication skills and skills for solving family problems.

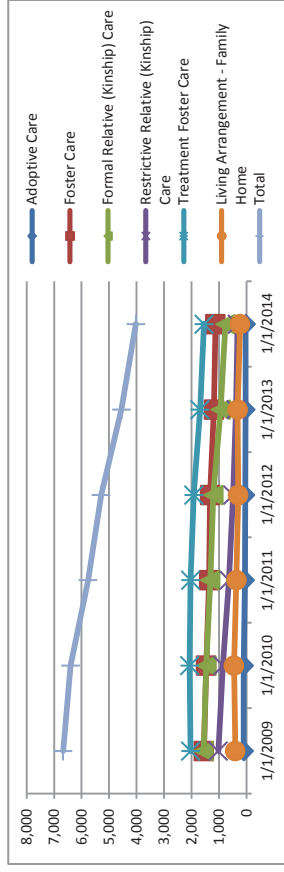
Additional considerations:

Based on LDSS and stakeholder feedback through advisory committees and the quality assurance process, and SSA analysis, DHR would prioritize the following within available resources:

- ≠ Specialized resources and increased awareness for the child victims of human sex trafficking that DHR serves.
- ≠ Foster and adoptive parents for teens, sibling groups, medically fragile children, and Spanish-speaking children.
- ≠ Community services for biological families – for those involved in child welfare as well as for those not involved — including mental health, substance abuse, anger management and financial management services.
- ≠ Transportation in every jurisdiction – both intra- and inter-jurisdictional public transportation, for both parents and older youth.
- ≠ Job training, employment opportunities, and low-cost housing for both older youth and families.
- ≠ Specialized and intensive services for medically fragile, developmentally delayed children, and children/youth with severe mental health disorders.
- ≠ Substance abuse treatment programs that accept parents and children together.

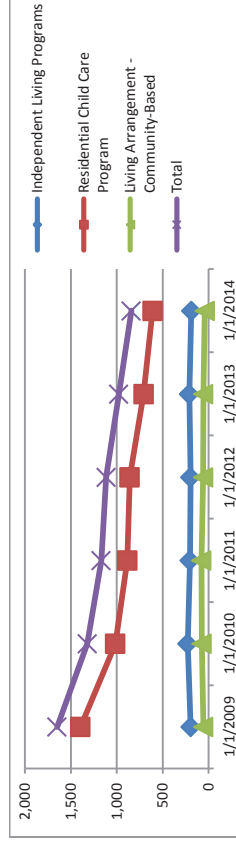
DHR Addendum

Subcategory One-Day Census Totals Placement Trends



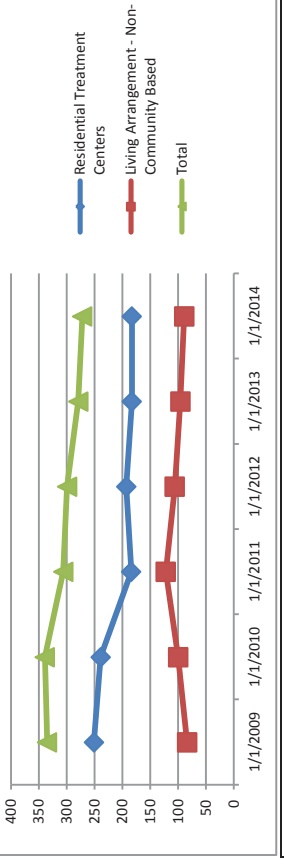
DHR Family Home Placement Trends							
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Adoptive Care	100	98	60	47	37	32	-13.5%
Foster Care	1,547	1,466	1,358	1,321	1,180	1,128	-4.4%
Formal Relative (Kinship) Care	1,558	1,460	1,316	1,207	936	761	-18.7%
Restrictive Relative (Kinship) Care	1,027	854	634	491	382	326	-14.7%
Treatment Foster Care	2,034	2,066	2,032	1,914	1,691	1,541	-8.9%
Living Arrangement - Family Home	406	453	365	306	322	236	-26.7%
Total	6,672	6,397	5,765	5,286	4,548	4,024	-11.5%

Table 31



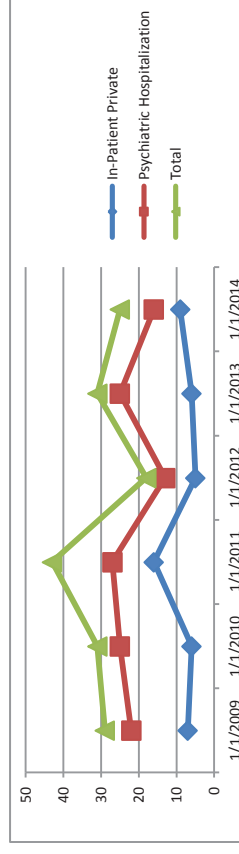
DHR Community-Based Placement Trends							
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Independent Living Programs	195	229	205	197	212	188	-11.3%
Residential Child Care Program	1,396	1,016	886	859	708	611	-13.7%
Community Supported Living Arrangement	0	0	0	0	0	0	NA
Living Arrangement - Community-Based	58	76	79	60	58	43	-25.9%
Total	1,649	1,321	1,170	1,116	978	842	-13.9%

Table 32



DHR Non-Community-Based Placements								
Subcategory	1/31/ 2009	1/31/ 2010	1/31/ 2011	1/31/ 2012	1/31/ 2013	1/31/ 2014	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	NA	NA
Juvenile Detention and Commitment Centers	0	0	0	0	0	0	NA	NA
Non-Secure/Non-RTC	0	0	0	0	0	0	NA	NA
Residential Educational Facilities	0	0	0	0	0	0	NA	NA
Residential Treatment Centers	251	239	184	193	183	183	-5.6%	0.0%
Substance Abuse and Addiction Programs (ASAM)	0	0	0	0	0	0	NA	NA
Living Arrangement - Non-Community Based	84	100	122	106	96	89	2.2%	-7.3%
Total	335	339	306	299	279	272	-4.0%	-2.5%

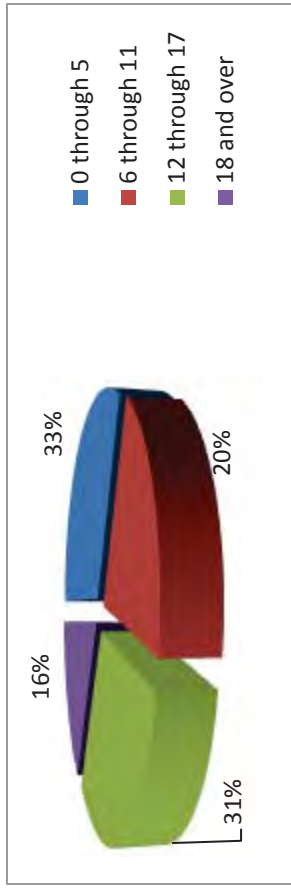
Table 33



DHR Hospitalization Trends								
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
In-Patient Private	7	6	16	5	6	9	30.7%	50.0%
Psychiatric Hospitalization	22	25	27	13	25	16	5.2%	-36.0%
Total	29	31	43	18	31	25	8.1%	-19.4%

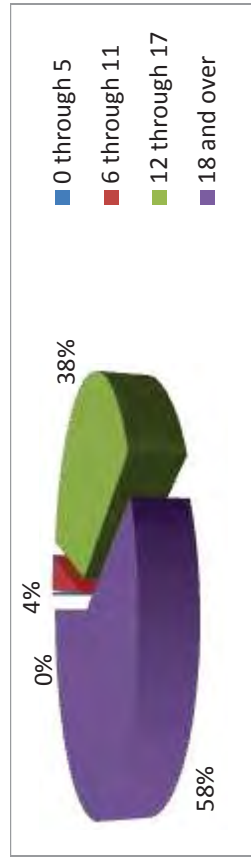
Table 34

DHR Addendum Subcategory Demographic Totals Age



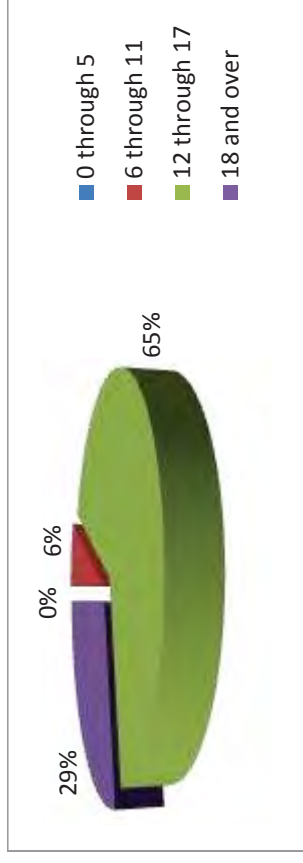
DHR Family Home Settings							
Age	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
0 through 5	2,091	1,892	1,622	1,589	1,461	1,324	-8.7%
6 through 11	1,599	1,386	1,166	984	871	816	-12.5%
12 through 17	2,069	2,140	1,960	1,744	1,377	1,239	-9.4%
18 and over	913	979	1,017	969	839	645	-6.0%
Total	6,672	6,397	5,765	5,286	4,548	4,024	-11.5%

Table 35



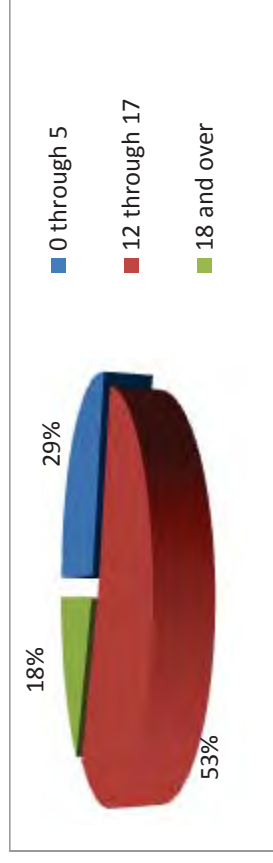
DHR Community-Based Settings							
Age	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
0 through 5	15	4	1	6	5	3	-40.0%
6 through 11	116	71	34	36	36	31	-13.9%
12 through 17	914	610	510	475	401	322	-18.4%
18 and over	604	636	625	599	536	486	-4.1%
Total	1,649	1,321	1,170	1,116	978	842	-12.4%

Table 36



DHR Non-Community-Based Settings							
Age	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
0 through 5	0	0	0	0	0	0	NA
6 through 11	30	17	21	27	17	17	-5.7%
12 through 17	255	250	193	192	186	176	-6.8%
18 and over	50	72	92	80	76	79	11.5%
Total	335	339	306	299	279	272	-4.0%

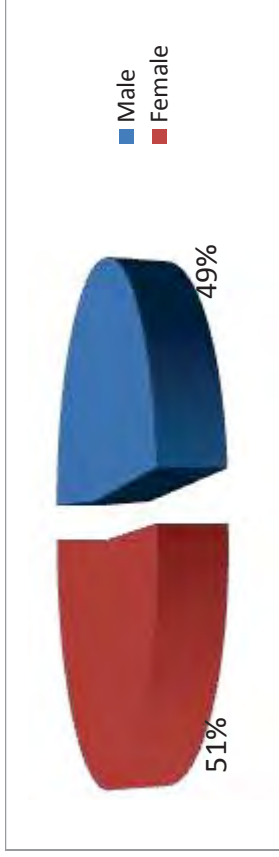
Table 37



DHR Hospitalizations							
Age	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
0 through 5	2	3	4	5	4	5	22.7%
6 through 11	2	0	5	1	0	0	NA
12 through 17	15	16	24	4	12	9	29.7%
18 and over	2	4	5	1	6	3	99.0%
Total	21	23	38	11	22	17	16.2%

Table 38

DHR Addendum Subcategory Demographic Totals Gender



DHR Family Home Settings							
Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Male	3,377	3,194	2,853	2,568	2,241	1,954	-12.8%
Female	3,295	3,203	2,911	2,717	2,307	2,068	-10.4%
Unknown	0	0	1	1	0	2	NA
Total	6,672	6,397	5,765	5,286	4,548	4,024	-9.6%

Table 39



DHR Community-Based Settings							
Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Male	969	779	702	647	543	477	-12.2%
Female	680	542	468	469	435	365	-16.1%
Unknown	0	0	0	1	0	0	NA
Total	6,672	6,397	5,765	5,286	4,548	4,024	-9.6%

Table 40



DHR Non-Community-Based Settings							
Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Male	107	89	123	130	117	87	-1.7%
Female	5	6	1	2	6	9	57.3%
Unknown	0	0	0	0	0	0	NA
Total	112	95	124	132	123	96	-1.4%

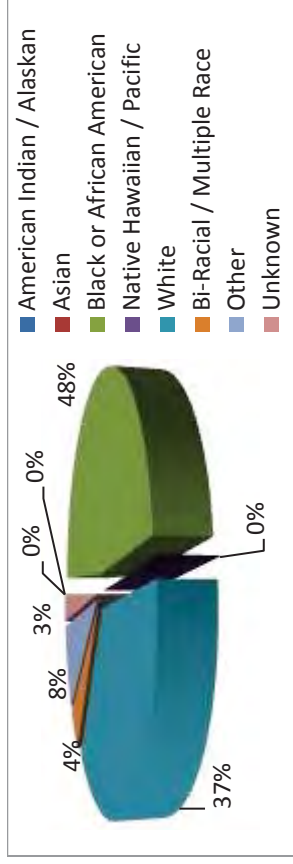
Table 41



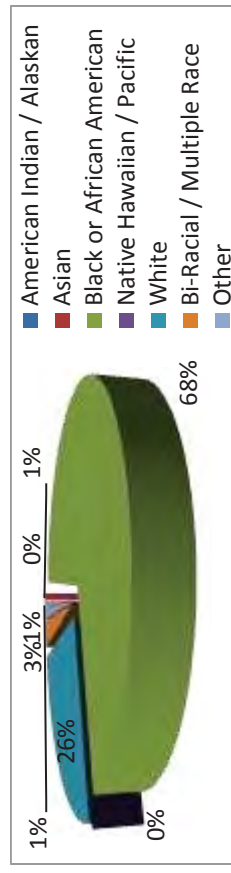
DHR Hospitalization Settings							
Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Male	8	8	23	7	10	13	38.2%
Female	13	15	15	4	12	4	15.1%
Unknown	0	0	0	0	0	0	NA
Total	21	23	38	11	22	17	16.2%

Table 42

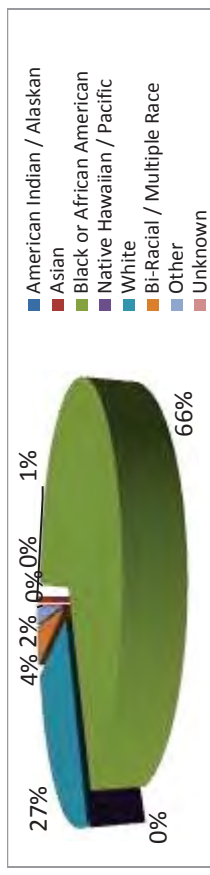
DHR Addendum Subcategory Demographic Totals Race



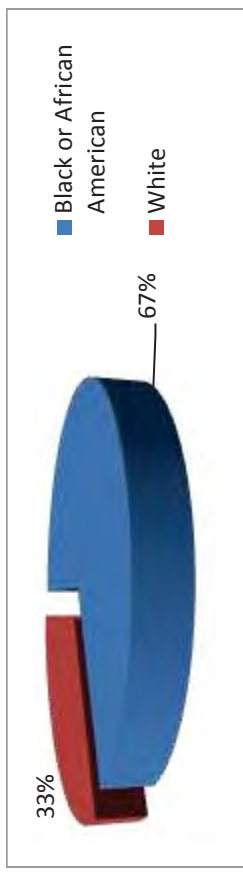
DHR Family Home Settings								
Race	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
American Indian / Alaskan	5	5	1	2	3	2	7.3%	-33.3%
Asian	13	12	14	13	11	14	2.7%	27.3%
Black or African American	4,845	4,588	3,931	3,479	2,866	2,466	-12.5%	-14.0%
Native Hawaiian / Pacific	1	2	2	2	1	3	50.0%	200.0%
White	1,403	1,356	1,384	1,403	1,300	1,155	-3.7%	-11.2%
Bi-Racial / Multiple Race	234	250	227	212	188	188	-4.1%	0.0%
Other	93	113	120	112	86	82	-1.4%	-4.7%
Unknown	78	71	86	63	93	114	11.1%	22.6%
Total	6,672	6,397	5,765	5,286	4,548	4,024	-9.6%	-11.5%



DHR Community-Based Settings								
Race	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
American Indian / Alaskan	2	1	1	0	0	1	NA	NA
Asian	9	8	10	6	3	5	-1.9%	66.7%
Black or African American	1,190	915	841	766	676	575	-13.4%	-14.9%
Native Hawaiian / Pacific	2	2	1	1	1	0	-30.0%	-100.0%
White	369	318	267	284	248	222	-9.3%	-10.5%
Bi-Racial / Multiple Race	42	33	26	35	32	23	-8.9%	-28.1%
Other	20	17	11	17	12	11	-6.7%	-8.3%
Unknown	15	27	13	7	6	5	-9.8%	-16.7%
Total	1,649	1,321	1,170	1,116	978	842	-13.9%	-13.9%

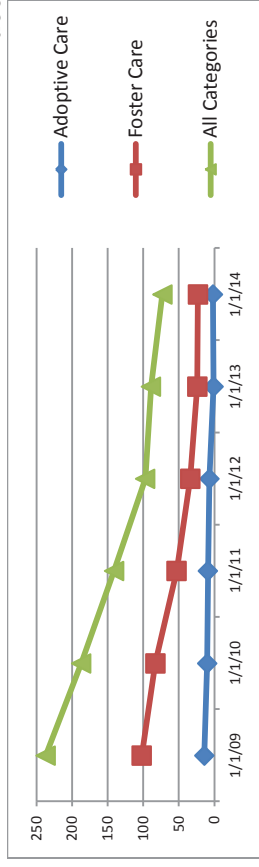


DHR Non-Community-Based Settings								
Race	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
American Indian / Alaskan	2	0	1	0	0	0	NA	NA
Asian	1	1	0	0	0	2	NA	NA
Black or African American	216	217	213	200	187	179	-1.5%	-4.3%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	94	107	74	81	75	74	-4.9%	-1.3%
Bi-Racial / Multiple Race	20	13	10	14	9	11	-17.0%	22.2%
Other	2	0	6	3	8	5	NA	-37.5%
Unknown	0	1	2	1	0	1	NA	NA
Total	335	339	306	299	279	272	-3.0%	-2.5%



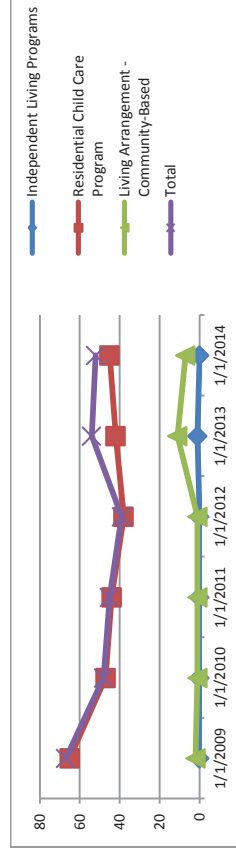
DHR Hospitalizations								
Race	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
American Indian / Alaskan	0	1	0	0	0	0	NA	NA
Asian	0	0	0	0	0	0	NA	NA
Black or African American	10	12	15	5	14	10	26.0%	-28.6%
Native Hawaiian / Pacific	0	1	0	0	0	0	NA	NA
White	8	7	15	5	8	5	11.5%	-37.5%
Bi-Racial / Multiple Race	2	1	7	1	0	2	NA	NA
Other	1	1	0	0	0	0	NA	NA
Unknown	0	0	1	0	0	0	NA	NA
Total	21	23	38	11	22	17	16.2%	-22.7%

Placement Trends



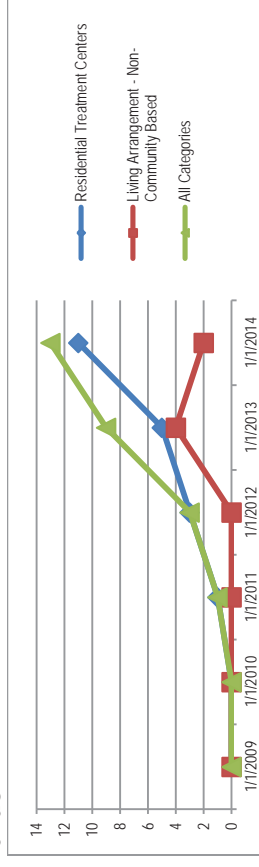
DHR Out-of-State Family Home Trends							
Subcategory	1/31/ 2009	1/31/ 2010	1/31/ 2011	1/31/ 2012	1/31/ 2013	1/31/ 2014	Last Year Change
Adoptive Care	14	10	9	7	1	2	-9.3%
Foster Care	102	83	53	34	24	23	-24.8%
Formal Relative (Kinship) Care	41	22	26	23	27	21	-8.9%
Restrictive Relative (Kinship) Care	70	63	44	25	19	11	-29.9%
Treatment Foster Care	6	9	9	6	2	2	-10.0%
Living Arrangement - Family Home	4	0	0	2	16	14	NA
All Categories	237	187	141	97	89	73	-20.6%
							-18.0%

Table 47



DHR Out-of-State Community-Based Trends								
Subcategory	1/31/ 2009	1/31/ 2010	1/31/ 2011	1/31/ 2012	1/31/ 2013	1/31/ 2014	Average Change	Last Year Change
Independent Living Programs	0	0	0	0	1	0	NA	-100.0%
Residential Child Care Program	65	47	44	38	42	45	-6.0%	7.1%
Community Supported Living Arrangement	0	0	0	0	0	0	NA	NA
Living Arrangement - Community-Based	2	1	1	1	11	7	182.7%	-36.4%
Total	67	48	45	39	54	52	-2.6%	-3.7%

Table 48



DHR Out-of-State Non-Community-Based Trends									
Subcategory	1/31/2 009	1/31/2 010	1/31/2 011	1/31/2 012	1/31/2 013	1/31/2 014	Average Change	Last Year Change	
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	0.0%	0.0%	
Juvenile Detention and Commitment Centers	0	0	0	0	0	0	0.0%	0.0%	
Non-Secure/Non-RTC	0	0	0	0	0	0	0.0%	0.0%	
Residential Educational Facilities	0	0	0	0	0	0	0.0%	0.0%	
Residential Treatment Centers	0	0	1	3	5	11	3.3%	120.0%	
Substance Abuse and Addiction Programs (ASAM)	0	0	0	0	0	0	0.0%	0.0%	
Living Arrangement - Non-Community Based	0	0	0	0	4	2	1.0%	-50.0%	
All Categories	0	0	1	3	9	13	NA	44.4%	

Table 49

DHR Addendum Subcategory Out-of-State Demographic Comparisons

Age

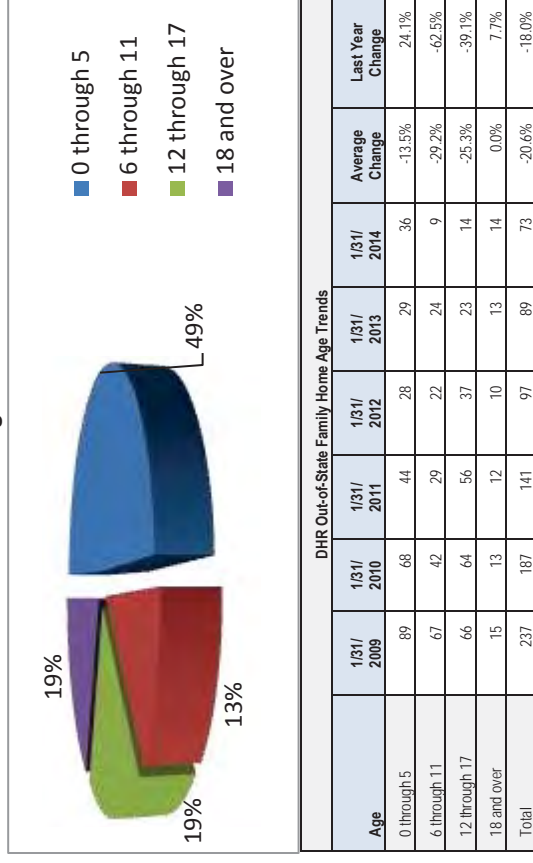


Table 50

Gender

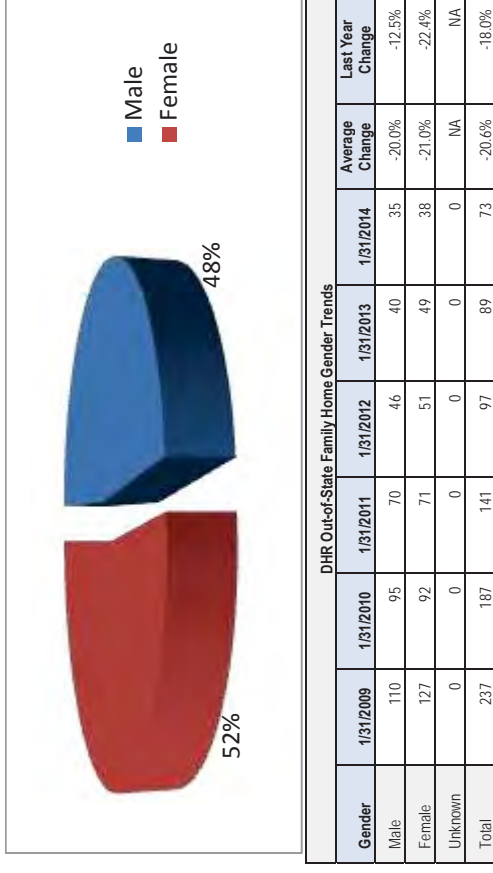


Table 52

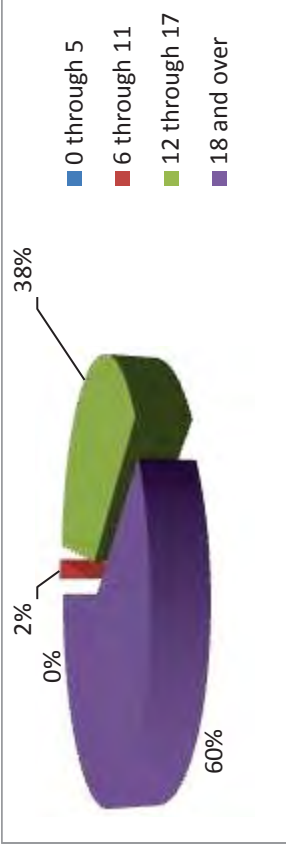


Table 51

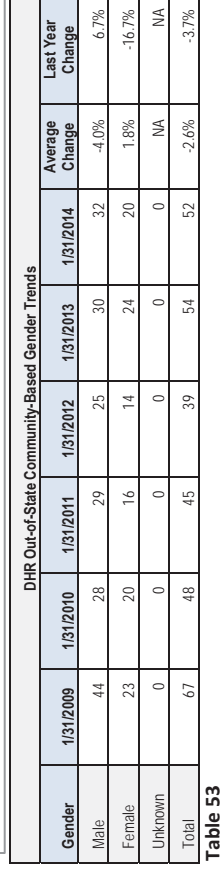


Table 53

DHR Addendum

Subcategory Out-of-State Demographic Comparisons

Race

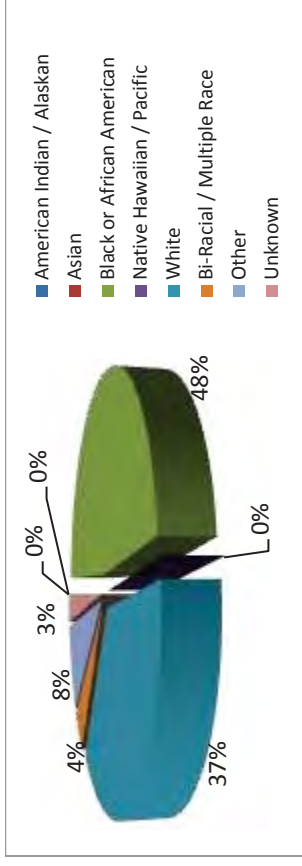


Table 54

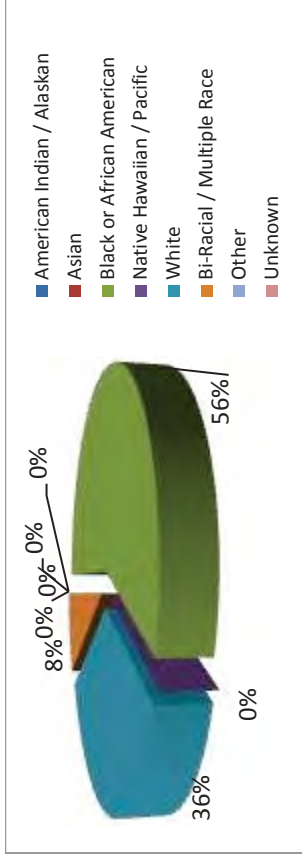


Table 55

DHR Addendum

Subcategory Cost Comparisons

Total Costs and Per Bed-Day

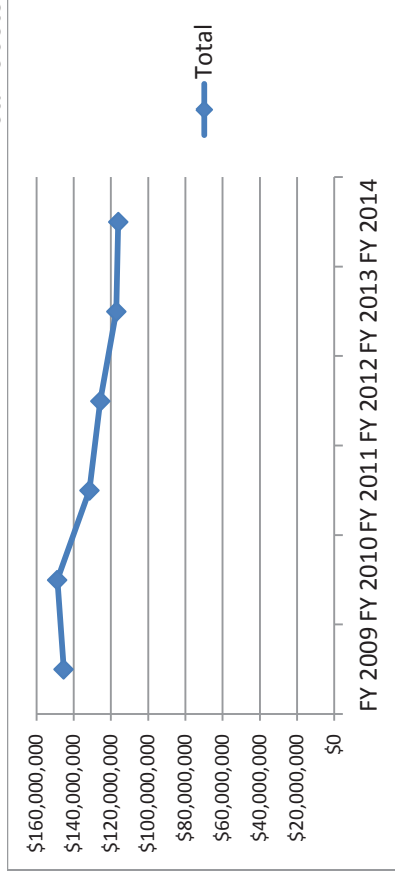


Table 56

DHR Family Home Total Costs					
FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
\$145,335,272	\$148,811,233	\$131,576,951	\$125,716,002	\$117,085,829	\$116,053,950
					-0.9%
					-4.3%

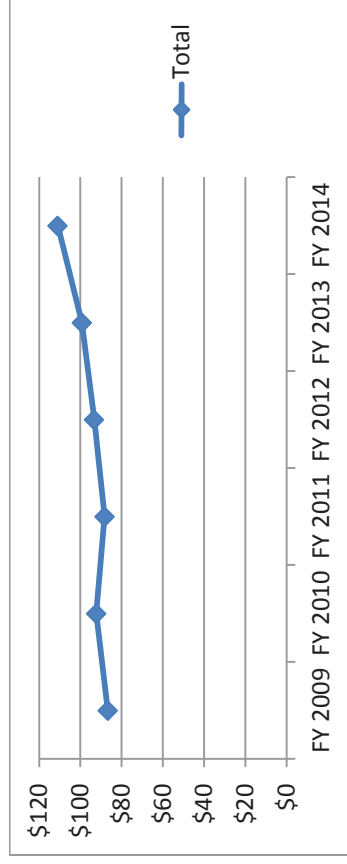


Table 57

DHR Family Home Costs Per Bed-Day (Residential Only)					
FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
\$87	\$92	\$88	\$93	\$99	\$111
					11.9%
					5.2%

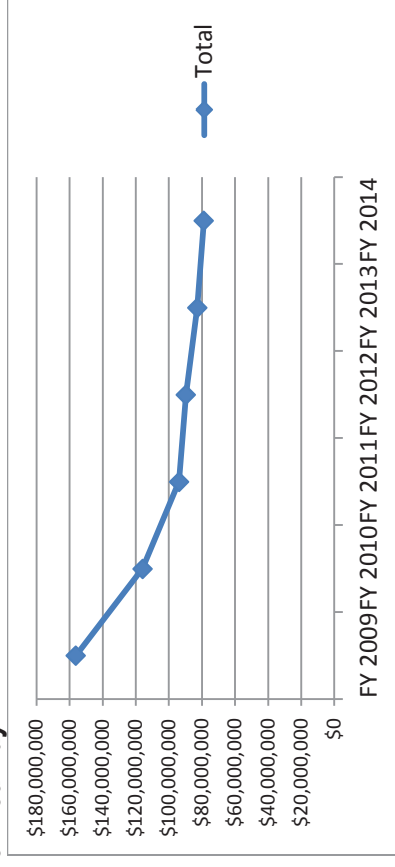


Table 58

DHR Community-Based Total Costs					
FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
\$156,230,898	\$115,833,310	\$93,862,099	\$89,445,537	\$82,856,211	\$78,813,615
					-14.2%
					-7.6%

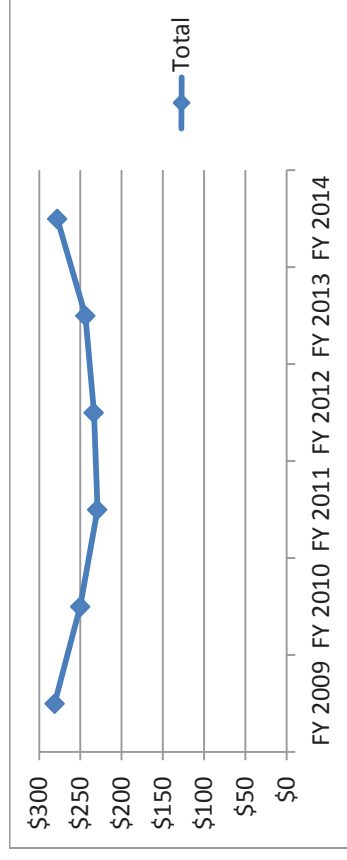


Table 59

DHR Community-Based Costs Per Bed-Day (Residential Only)					
FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
\$281	\$250	\$229	\$234	\$244	\$278
					-3.3%
					4.3%

Department of Juvenile Services (DJS) Summary

DJS has in recent years focused on reducing the time youth who have been committed by the juvenile court to out-of-home placement must stay in detention centers prior to placement. Central to these efforts is making sure that placement decisions are made in a timely, structured, and informed manner, and that youth are ultimately placed into programs meeting both security and treatment needs, to confirm a successful placement that does not result in a removal back to detention. At the same time, DJS has worked to ensure that those placement options are available by increasing the number of in-home slots for lower-risk youth and more secure placement options for higher-risk youth. Initiatives include:

More structured risk and needs assessments

Assessment and treatment planning policies have been refined to better capture the specific treatment needs of each youth, and to structure and guide the placement and case-management processes. The Maryland Comprehensive Assessment and Services Planning (MCASP) has been in place since FY2010 to guide case-forwarding and case-management decisions based on structured risk and needs assessments.

Increased capacity and use of in-home evidence-based programs for lower-risk youth

These programs are meant for youth who are at risk of out-of-home placement, but can be kept at home with intensive family-based services. In prior years such youth may have been placed in group homes or other community-based residential programs, due more to family and home issues than to significant risk to public safety. Since these in-home evidence-based programs (including Functional Family Therapy and Multisystemic Therapy) have been available, DJS use of family home settings (mainly Treatment Foster Care), and community-based residential programs (mainly Group Homes and Therapeutic Group Homes) has declined, as lower-risk youth are kept home.

Increased capacity for non-community-based residential programs for higher-risk youth

DJS has in recent years increased capacity to serve higher-risk youth who may have in previous years been either placed in out-of-State non-community-based placements or in Maryland non-secure community-based residential programs - often with unsuccessful outcomes. These secure placements are available at the State-run Victor Cullen Center, the J. DeWeese Carter Center, the Western Maryland Youth Centers, the William Donald Schaefer House, and the privately-run Silver Oak Academy. Thus, the decline in family home setting and community-based residential placements over the past few years can also be attributed to this increase in more secure slots, as higher-risk youth are more appropriately placed. One of the drivers of pending-placement populations has been the youth who had been placed into non-secure programs, only to be sent back to detention from programs that were not equipped to manage behavior.

Legislative changes allowing for rapid administrative transfer of committed youth

Statutory changes passed during the 2012 legislative session give DJS the ability to move youth from placements that are not working out to different committed programs of either equal or higher security without need for a new court hearing. The Continuum of Care statute¹⁰ now allows DJS (through its new Central Review Committee) to review and, as necessary, quickly move such youth to more secure non-community-based residential programs that are better able to meet the security and treatment needs of the youth. This reduces the need for many youth to be sent back to detention pending a court hearing, and can reduce time in detention for youth that have been ejected. Having more programming capacity at the non-community-based residential placement level is key to the success of this initiative.

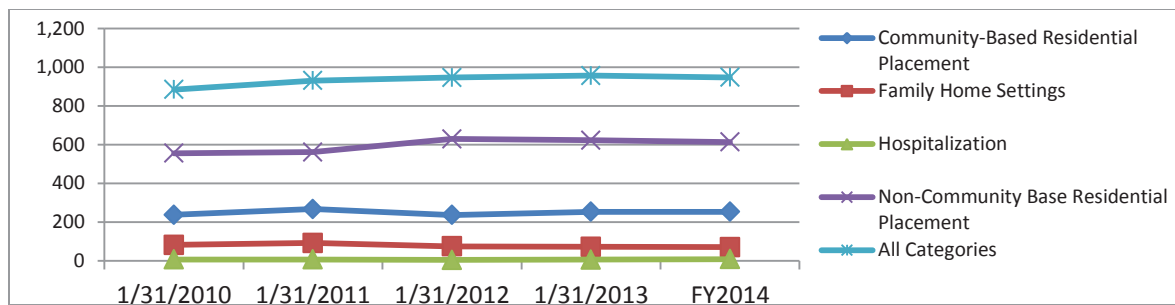
Restructuring the placement decision process for youth at risk of out-of-home placement

The Multi-disciplinary Assessment Staffing Team (MAST) process - an enriched multi-disciplinary process, intended to develop comprehensive individualized plans for youth who are removed from home, and to match youth with the right programs and services so that youth will be successful - was implemented across the State in FY2014. This process has shown initial success at moving youth more quickly through the placement decision process, thus reducing the time youth spend in detention centers prior to placement.

Streamlining placement process for out-of-State placements

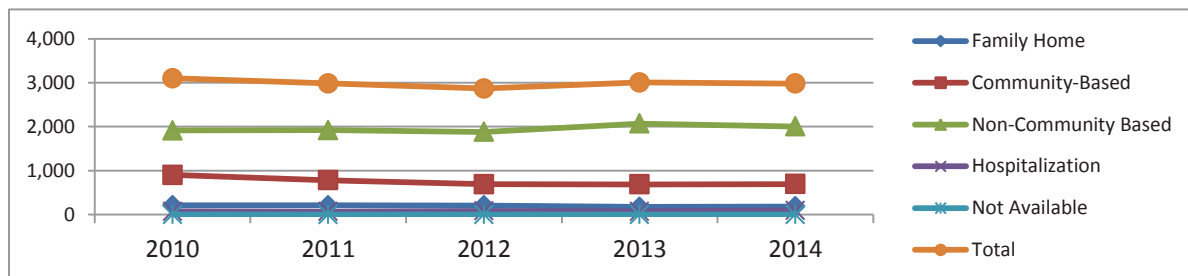
A large portion of secure placement options for committed youth continues to be in out-of-State programs, and the placement process for these youth has often led to long stays in detention for youth requiring secure placement. Youth being placed in out-of-State placements were previously required to be reviewed by the State Coordinating Council (SCC). Following legislation passed in 2011, the SCC has reevaluated and restructured the way it reviews the information on out-of-State placements in accordance with the 2008 Interagency Strategic Plan. The SCC notification form has also been streamlined to ensure that the SCC process does not interfere with placing a youth into the most appropriate placement possible based on individual needs. DJS developed a checklist and tip-sheet for DJS personnel to use which structured and streamlined internal processes. Once it is determined that in-State options have been exhausted, no out-of-State placement for a youth should be delayed due to incorrect or incomplete administrative requirements.

¹⁰ Maryland Annotated Code, Courts and Judicial Proceedings Article, §3-8A-19.



Category	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Community-Based Residential Placement	238	268	237	254	254	258	2.4%	1.6%
Family Home Settings	83	93	75	73	71	90	3.5%	26.8%
Hospitalization	8	8	5	7	9	8	5.0%	-11.1%
Non-Community Base Residential Placement	556	562	630	623	614	525	-1.0%	-14.5%
Placement Category Not Available	0	0	0	0	0	0	NA	NA
All Categories	885	931	947	957	948	881	0.0%	-7.1%

Table 60



Category	2009	2010	2011	2012	2013	2014	Average Change
Family Home	210	210	208	173	184	206	0.1%
Community-Based	902	783	692	688	694	631	-6.7%
Non-Community Based	1,915	1,922	1,883	2,070	2,005	1,592	-3.1%
Hospitalization	73	70	84	74	96	88	5.1%
Not Available	0	0	0	0	0	0	NA
Total	3,100	2,985	2,867	3,005	2,979	2,517	-3.8%

Table 61

DJS Trends in Out-of-Home Placement

Maryland has seen a sharp decline in the number of juvenile cases referred to DJS Intake in recent years. Since FY2009 the number of complaints referred to DJS declined 48%. This reduction in cases coming to the DJS “front door” has slowly rippled through the system in recent years. Detention populations have begun to decline, though at a slower rate than Intakes: down 36% since FY2009. Cases supervised in the community by DJS caseworkers have declined, with probation orders down 48% since FY2009. This declining trend has just begun to be reflected in the committed out-of-home population. Table 62 shows a three-year change in end of Fiscal Year population of 24%. Much of this decline occurred in the final quarter of FY2014. It is too early to tell if this decline will be sustained in FY2015. Declines in committed population, though evenly distributed by gender, are not evenly distributed by race. While the committed population of white youth declined 12.5%, the drop was just 2.9% for youth of color. The Department has recently partnered with the Annie E. Casey Foundation to study the

way youth are committed to out-of-home placements in Maryland, and to better understand how decisions made throughout the juvenile justice system can impact these racial disparities.

A large portion of secure placement options for committed youth continues to be in out-of-State programs. The population of youth placed out of State has also begun to decline in FY2014, averaging under 100 youth for the first time in five years.

DJS Population Flow (Placements, Not Children)					
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY
2010	894	2,091	2,985	2,104	881
2011	881	1,986	2,867	1,894	973
2012	961	2,044	3,005	2,039	966
2013	950	2,029	2,979	2,049	930
2014	810	1,707	2,517	1,778	739
Three-Year Change	-8.1%	-14.0%	-12.2%	-6.1%	-24.0%
Average Yearly Change	0.2%	-3.7%	-3.1%	-3.0%	-2.9%
Recent Year Change	-14.7%	-15.9%	-15.5%	-13.2%	-20.5%

Table 62

DJS Placement By Jurisdiction																													
	Jurisdiction Where Children Were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown	
Allegany	19	2.2%	11	0	2	2	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Anne Arundel	101	11.5%	10	1	15	12	0	0	11	0	0	4	9	9	1	0	1	6	5	0	0	0	0	0	6	2	0	9	0
Baltimore	65	7.4%	9	0	11	5	0	0	4	0	0	1	4	11	0	0	1	3	0	0	0	0	0	0	3	0	0	13	0
Baltimore City	164	18.6%	10	0	30	13	0	0	15	0	0	4	16	9	0	3	2	12	0	0	0	0	0	11	4	0	34	0	0
Calvert	17	1.9%	2	0	2	0	0	0	1	0	0	1	2	3	0	0	0	0	0	0	0	0	0	2	2	0	2	0	0
Caroline	1	0.1%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	20	2.3%	5	0	2	0	0	0	2	0	0	0	2	2	0	0	2	0	0	0	0	0	0	3	0	0	2	0	0
Cecil	13	1.5%	0	0	6	1	0	1	0	0	0	0	2	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0
Charles	23	2.6%	2	0	5	2	0	0	0	0	0	2	2	3	0	0	1	2	0	0	0	0	0	2	0	0	2	0	0
Dorchester	11	1.2%	0	0	2	3	0	0	1	0	0	1	0	0	0	0	2	0	0	0	0	0	0	1	0	0	1	0	0
Frederick	18	2.0%	4	0	4	5	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
Garrett	5	0.6%	3	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Harford	25	2.8%	2	0	5	5	0	0	0	0	0	2	1	2	0	0	1	2	0	0	0	0	0	5	0	0	0	0	0
Howard	14	1.6%	2	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	1	0	0	1	0	0
Kent	4	0.5%	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	57	6.5%	13	0	6	5	0	0	1	0	0	0	4	4	0	0	0	12	3	0	0	0	0	2	1	0	5	0	0
Prince George's	182	20.7%	26	0	24	14	1	0	17	0	0	3	19	19	0	1	7	9	5	0	0	0	0	13	4	0	17	0	0
Queen Anne's	2	0.2%	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	7	0.8%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	1	0	1	0	0
St. Mary's	13	1.5%	2	0	1	2	0	0	1	0	0	1	1	1	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0
Talbot	7	0.8%	0	0	1	0	0	0	0	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Washington	24	2.7%	7	0	2	3	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	9	0	0	0	0	0
Wicomico	57	6.5%	3	0	15	4	0	2	2	0	0	6	0	3	0	0	1	6	1	0	0	0	0	0	12	0	2	0	0
Worcester	6	0.7%	0	0	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
Out-of-State	26	3.0%	1	0	7	3	1	0	1	0	0	1	1	0	0	0	0	2	0	0	0	0	0	0	2	0	7	0	0
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	881	100.0	115	0	150	84	2	5	58	0	0	29	70	68	1	4	19	59	1	0	0	0	0	61	36	0	96	0	0
% of children from jurisdiction			57.9%	1.0%	16.9%	7.9%	0.2%	0.6%	10.0%	0.0%	0.0%	3.3%	11.1%	0.0%	0.1%	0.5%	2.2%	6.7%	2.7%	0.0%	0.0%	0.0%	0.0%	37.5%	21.1%	0.0%	26.9%	0.0%	0.0%
% children Statewide in all			13.1%	0.0%	17.0%	9.5%	0.2%	0.6%	6.6%	0.0%	0.0%	0.0%	7.9%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.9%	4.1%	0.0%	10.9%	0.0%	0.0%

Table 63

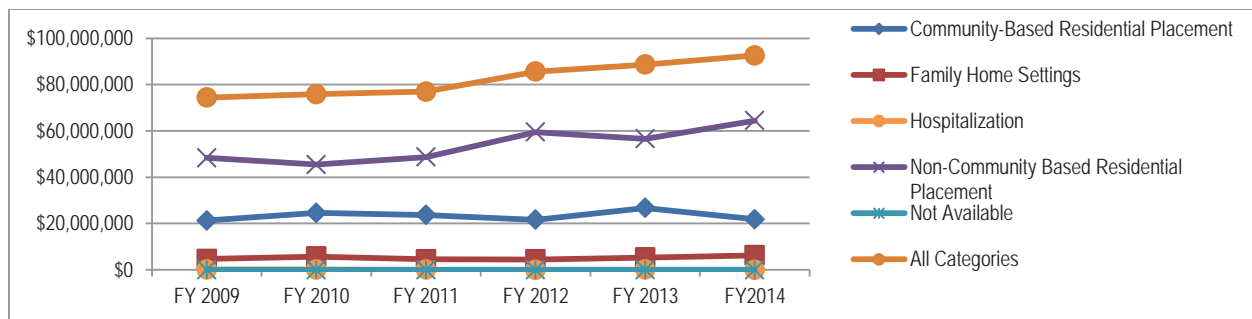


Table 64

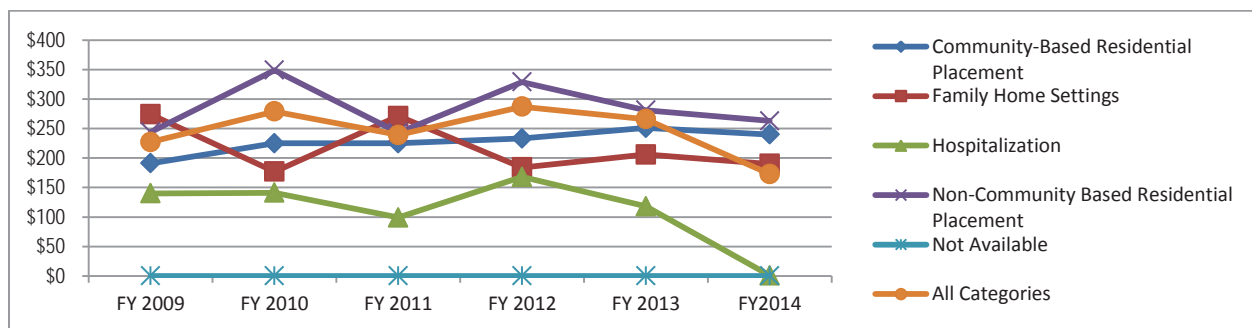


Table 65

DJS Recommendations

The Continuum of Care statute should be maintained to ensure that DJS continues to have the ability to quickly move youth as necessary from committed placements that are not working out, without need for further court action. This will permit DJS to continue to leverage current resources and to strengthen the DJS Continuum of Care to best serve youth committed to DJS for treatment and rehabilitation by:

- ≠ Eliminating a youth's time in detention when a youth is ejected from a residential placement. Youth do not receive treatment services while awaiting placement in detention.
- ≠ Reducing the likelihood a youth will be released from pending placement without the benefit of treatment when s/he remains in pending placement for long periods of time.
- ≠ Decreasing the overall length of time the youth stays in committed status with DJS, by allowing DJS to swiftly address treatment concerns and issues without the youth being placed in detention.

The Continuum of Care legislation has a significant impact on DJS operations. The implementation of this legislation has led to a sustained reduction of youth pending placement in detention centers and has improved the youth's ability to receive the required treatment services.

The Legislature should continue to support DJS capital projects to ensure that DJS has access to adequate capacity to serve the diverse needs of the youth that require an out-of-home placement.

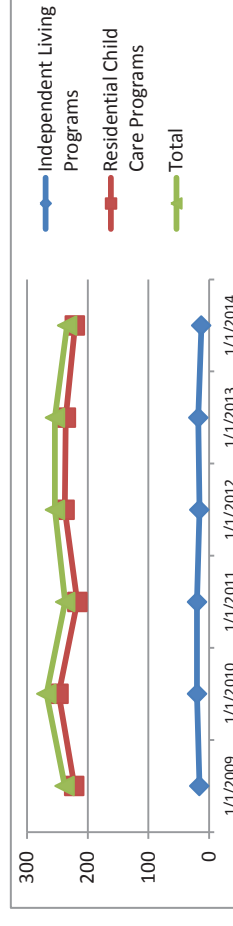
DJS is participating on a subcommittee of the Interagency Rate-Setting Committee (IRC) to evaluate the current rate-setting process for residential child care programs. The subcommittee is exploring ways in which the process can: a) allow for flexibility and innovation in order to meet the needs of children placed in out-of-home care; and b) establish a link between the rate and performance-based outcomes of the program and of children served.

DJS Addendum Subcategory One-Day Census Totals Placement Trends



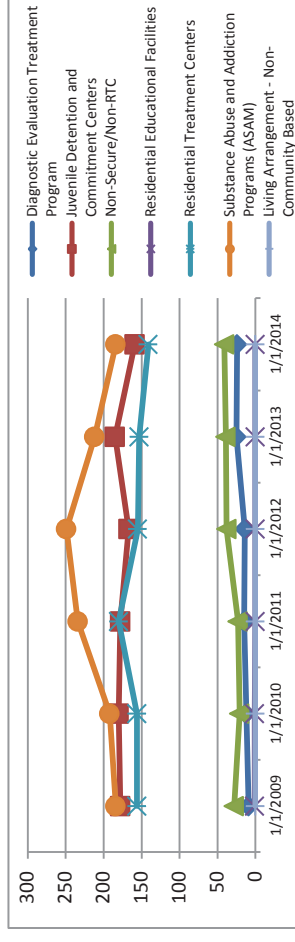
DJS Family Home Settings Placement Trends							
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Adoptive Care	0	0	0	0	0	0	NA
Foster Care	5	7	7	6	5	4	-2.2%
Formal Relative (Kinship) Care	0	0	0	0	0	0	NA
Restrictive Relative (Kinship) Care	0	0	0	0	0	0	NA
Treatment Foster Care	78	86	68	67	66	86	30.3%
Living Arrangement - Family Home	0	0	0	0	0	0	NA
Total	83	93	75	73	71	90	2.8%

Table 66



DJS Community-Based Trends							
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Independent Living Programs	16	20	20	16	18	13	-27.8%
Residential Child Care Programs	222	248	217	238	236	221	-6.4%
Community Supported Living Arrangement (CSLA)	0	0	0	0	0	0	NA
Living Arrangement - CB	0	0	0	0	0	0	NA
Total	238	268	237	254	254	234	-7.9%

Table 67



DJS Non-Community Placement Trends							
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Diagnostic Evaluation Treatment Program	9	12	15	14	25	24	-4.0%
Juvenile Detention and Commitment Centers	178	180	178	167	185	159	-14.1%
Non-Secure/Non-RTC	28	21	23	38	39	41	5.1%
Residential Educational Facilities	1	1	0	0	0	0	NA
Residential Treatment Centers	156	156	180	155	153	141	-7.8%
Substance Abuse and Addiction Programs	184	192	234	249	212	184	-13.2%
Living Arrangement - Non-CB	0	0	0	0	0	0	NA
Total	556	562	630	623	614	549	-10.6%

Table 68

DJS Addendum

Subcategory Totals Demographic Comparisons

Age



Table 69

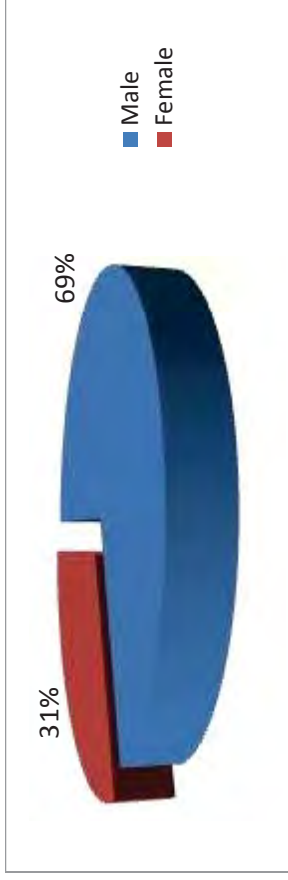


Table 70



Table 71

DJS Addendum Subcategory Totals Demographic Comparisons Gender



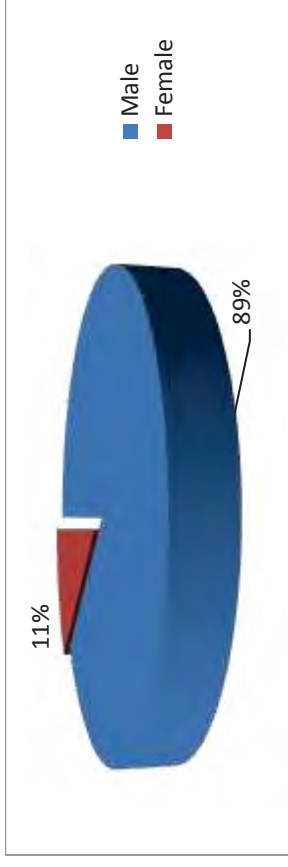
DJS Family Home Settings Gender Trends							
Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Male	66	68	57	52	54	62	-0.7%
Female	17	25	18	21	17	28	16.3%
Unknown	0	0	0	0	0	0	NA
Total	83	93	75	73	71	90	2.8%
							26.8%

Table 72



DJS Community-Based Gender Trends							
Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Male	191	213	189	197	194	183	-0.5%
Female	47	55	48	57	60	51	2.7%
Unknown	0	0	0	0	0	0	NA
Total	238	268	237	254	254	234	0.1%
							0.0%

Table 73



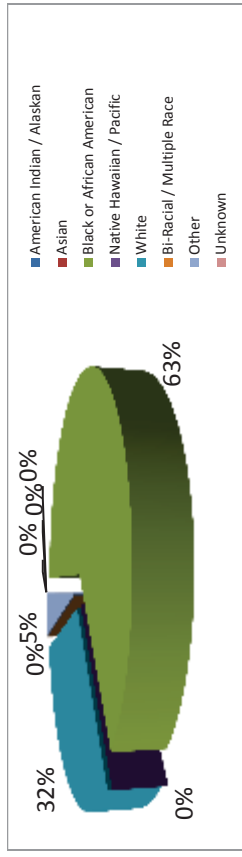
DJS Non-Community-Based Gender Trends							
Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Male	502	506	575	565	545	490	-0.2%
Female	54	56	55	58	69	59	2.4%
Unknown	0	0	0	0	0	0	NA
Total	556	562	630	623	614	549	0.0%
							-10.6%

Table 74

DJS Addendum

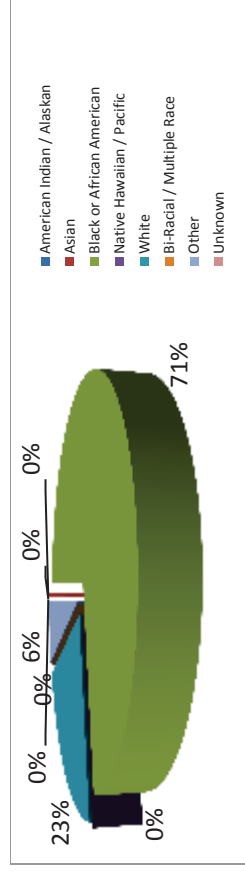
Subcategory Totals Demographic Comparisons

Race



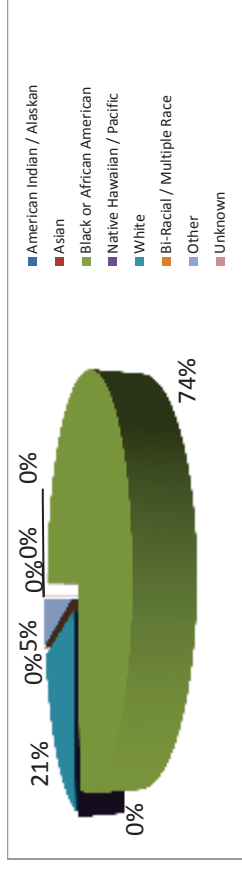
DJS Family Home Settings Race Trends									
Race	1/31/ 2009	1/31/ 2010	1/31/ 2011	1/31/ 2012	1/31/ 2013	1/31/ 2014	Average Change	Last Year Change	
American Indian / Alaskan	0	1	0	0	0	0	NA	NA	
Asian	0	0	0	0	0	0	NA	NA	
Black or African American	54	62	47	43	37	57	4.4%	54.1%	
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA	
White	24	25	23	25	31	29	4.5%	-6.5%	
Bi-Racial / Multiple Race	0	0	0	0	0	0	NA	NA	
Other	4	4	5	4	3	4	2.7%	33.3%	
Unknown	1	1	0	1	0	0	NA	NA	
Total	83	93	75	73	71	90	2.8%	26.8%	

Table 75



DJS Community-Based Settings Race Trends									
Race	1/31/ 2009	1/31/ 2010	1/31/ 2011	1/31/ 2012	1/31/ 2013	1/31/ 2014	Average Change	Last Year Change	
American Indian / Alaskan	1	0	0	0	0	0	NA	NA	
Asian	1	1	0	0	2	1	NA	-50.0%	
Black or African American	169	205	182	185	168	165	0.2%	-1.8%	
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA	
White	60	54	42	60	66	53	0.2%	-19.7%	
Bi-Racial / Multiple Race	0	0	0	0	0	0	NA	NA	
Other	7	7	11	9	18	15	24.5%	-16.7%	
Unknown	0	1	2	0	0	0	NA	NA	
Total	238	268	237	254	254	234	0.1%	-7.9%	

Table 76

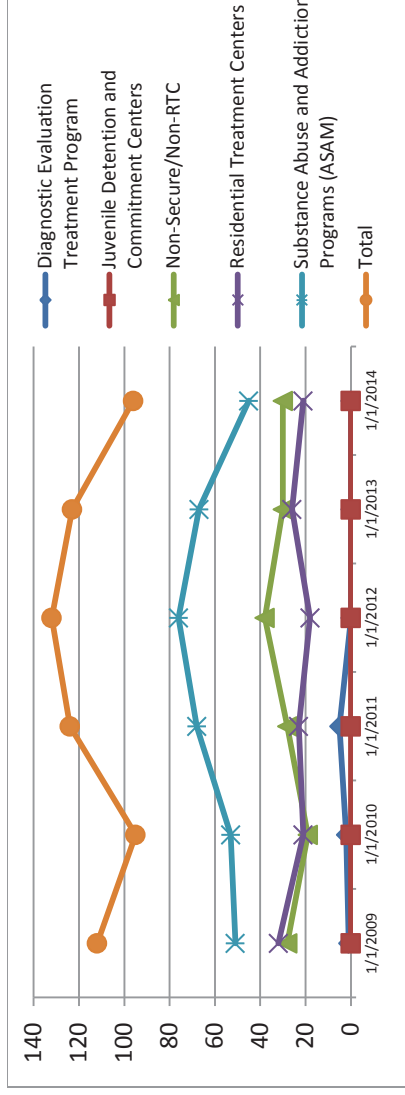


DJS Non-Community Based Settings Race Trends									
Race	1/31/ 2009	1/31/ 2010	1/31/ 2011	1/31/ 2012	1/31/ 2013	1/31/ 2014	Average Change	Last Year Change	
American Indian / Alaskan	1	1	0	0	0	0	NA	NA	
Asian	2	1	3	0	2	1	NA	-50.0%	
Black or African American	383	398	456	450	450	399	1.2%	-11.3%	
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA	
White	154	132	143	151	131	113	-5.5%	-13.7%	
Bi-Racial / Multiple Race	0	0	0	0	0	0	NA	NA	
Other	14	25	24	22	31	27	18.8%	-12.9%	
Unknown	2	5	4	0	0	0	NA	NA	
Total	556	562	630	623	614	540	-0.3%	-12.1%	

Table 77

DJS Addendum

Subcategory Out-of-State One-Day Census Totals

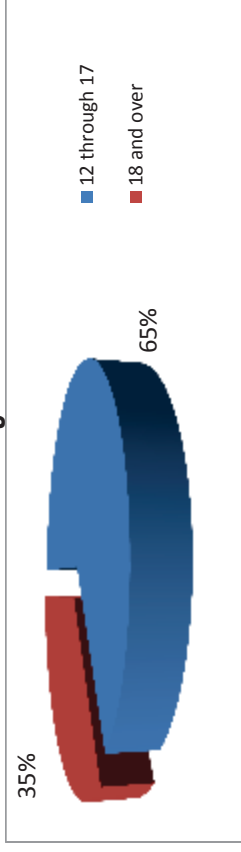


DJS Out of State Non-Community-Based Placement Trends							
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Diagnostic Evaluation Treatment Program	1	2	5	0	0	0	NA
Juvenile Detention and Commitment Centers	0	0	0	0	0	0	NA
Non-Secure/Non-RTC	28	19	28	38	30	30	0.0%
Residential Educational Facilities	0	0	0	0	0	0	NA
Residential Treatment Centers	32	21	23	18	26	21	-19.2%
Substance Abuse and Addiction Programs	51	53	68	76	67	45	-32.8%
Living Arrangement - Non-Community Based	0	0	0	0	0	0	NA
Total	112	95	124	132	123	96	-22.0%

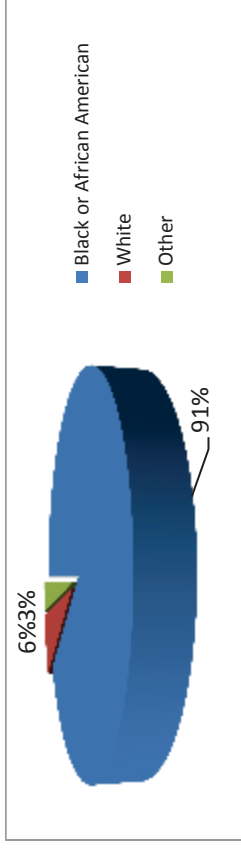
Table 78

DJS Addendum Subcategory Out-of-State Demographic Comparison

Age



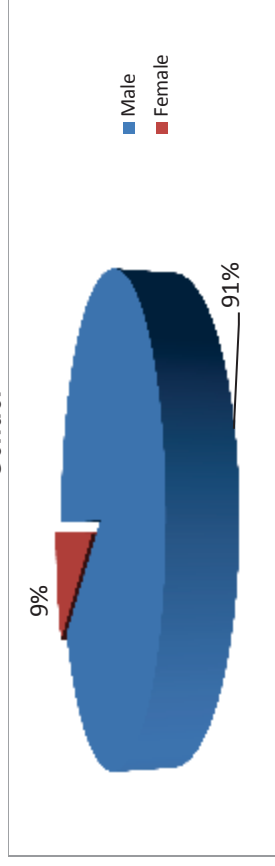
Race



DJS Out of State Non-Community-Based Age Trends									
Age	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change	
0 through 5	0	0	0	0	0	0	NA	NA	
6 through 11	0	0	0	0	0	0	NA	NA	
12 through 17	78	59	79	88	79	62	-2.2%	-21.5%	
18 and over	34	36	45	44	44	34	1.2%	-22.7%	
Total	112	95	124	132	123	96	-1.4%	-22.0%	

Table 79

Gender



DJS Out-of-State Non-Community-Based Gender Trends									
Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change	
Male	107	89	123	130	117	87	-1.7%	-25.6%	
Female	5	6	1	2	6	9	57.5%	50.0%	
Unknown	0	0	0	0	0	0	NA	NA	
Total	112	95	124	132	123	96	-1.4%	-22.0%	

Table 80

DJS Out-of-State Non-Community-Based Race Trends								
Race	1/31/ 2009	1/31/ 2010	1/31/ 2011	1/31/ 2012	1/31/ 2013	1/31/ 2014	Average Change	Last Year Change
American Indian / Alaskan	0	1	0	0	0	0	NA	NA
Asian	2	0	1	0	0	0	NA	NA
Black or African American	92	78	104	119	107	87	0.8%	-18.7%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	17	12	12	8	10	6	-15.5%	-40.0%
Bi-Racial / Multiple Race	0	0	0	0	0	0	NA	NA
Other	1	4	6	5	6	3	60.7%	-50.0%
Unknown	0	0	1	0	0	0	NA	NA
Total	112	95	124	132	123	96	-1.4%	-22.0%

Table 81

DJS Addendum Subcategory Cost Comparison Total Costs

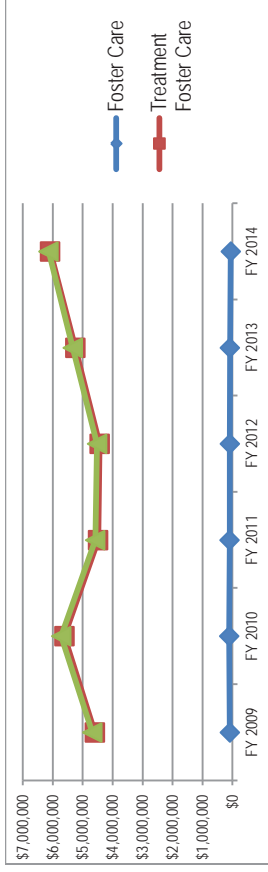


Table 82

DJS Family Home Total Costs							
Subcategory	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Last Year Change
Foster Care	\$87,217	\$108,702	\$94,347	\$85,937	\$83,656	\$55,821	-33.3%
Treatment Foster Care	\$4,592,411	\$5,608,453	\$4,481,607	\$4,432,057	\$5,245,983	\$6,082,517	7.0%
Total	\$4,679,628	\$5,717,155	\$4,575,954	\$4,517,994	\$5,329,639	\$6,138,338	6.8%

Table 82

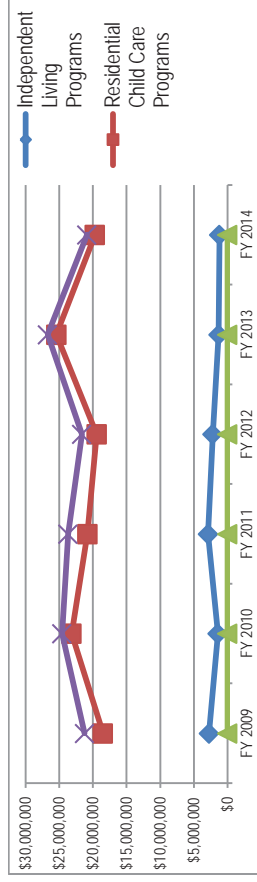


Table 83

DJS Community Based Total Costs							
Subcategory	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Last Year Change
Independent Living Programs	\$2,735,959	\$1,423,270	\$2,879,310	\$2,197,844	\$1,314,246	\$1,187,123	-9.7%
Residential Child Care Programs	\$18,506,801	\$23,168,746	\$20,797,494	\$19,436,207	\$25,410,964	\$19,687,564	-22.5%
Community Supported Living Arrangement - CB	\$0	\$0	\$0	\$0	\$0	\$0	NA
Living Arrangement - CB	\$0	\$0	\$0	\$0	\$0	\$0	NA
Total	\$21,242,760	\$24,592,016	\$23,676,804	\$21,634,051	\$26,725,210	\$20,874,687	-21.9%

Table 83

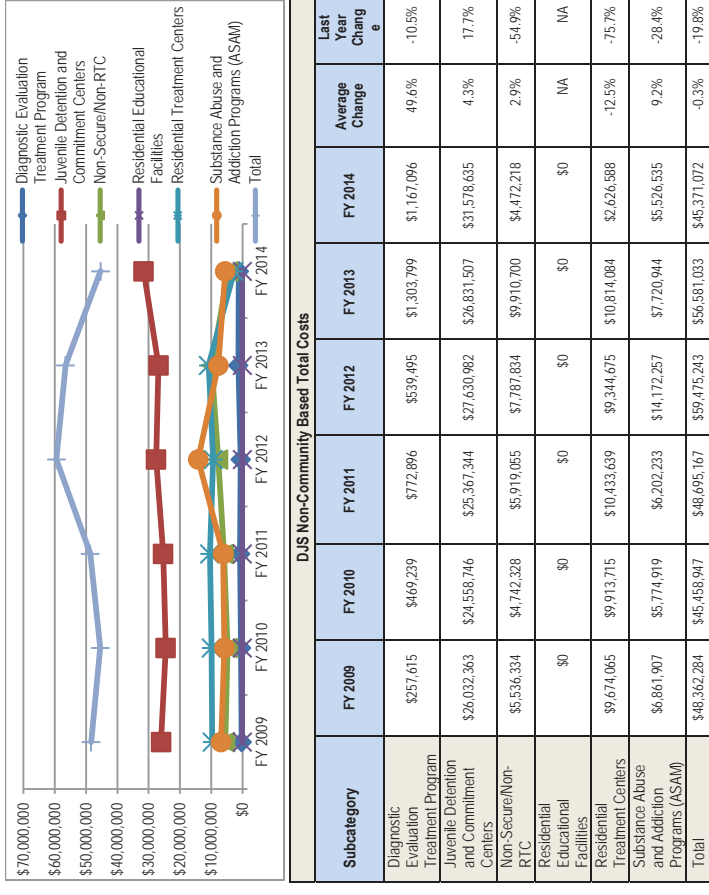


Table 84

DJS Addendum Subcategory Cost Comparison Per Bed-Day

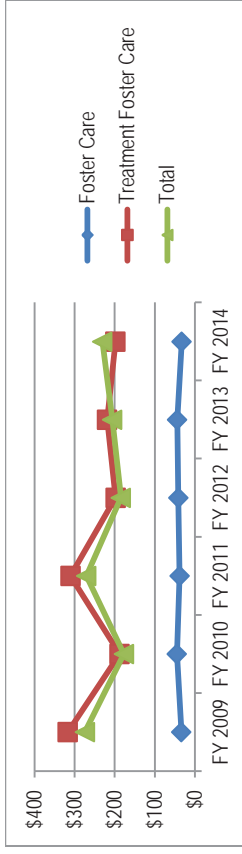


Table 85

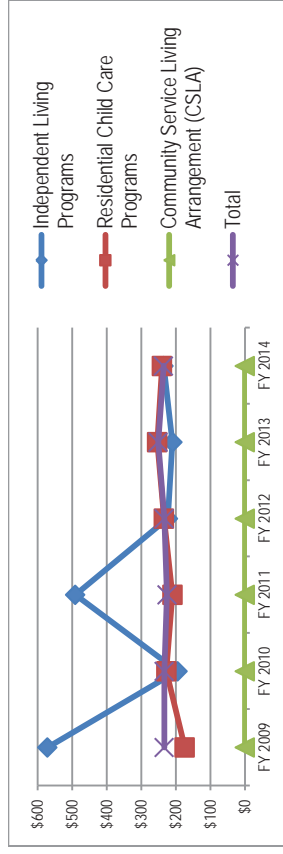


Table 86

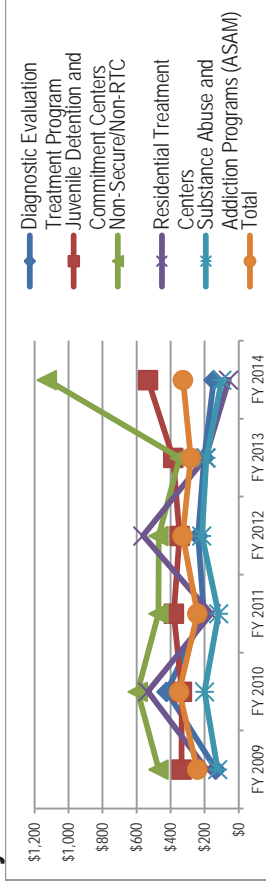
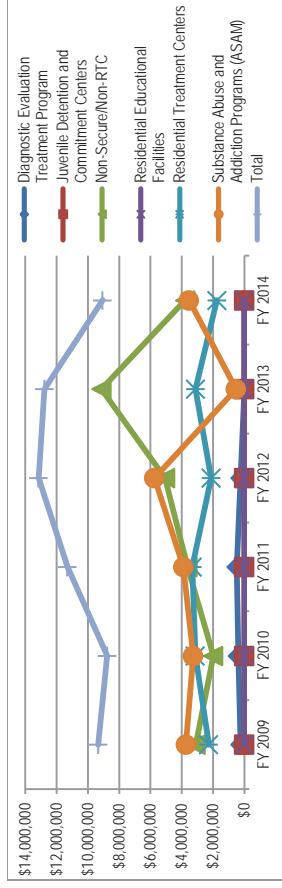


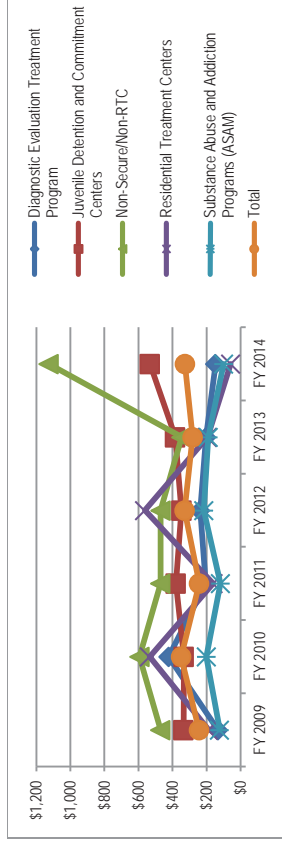
Table 87

DJS Addendum Subcategory Out-of-State Cost Comparison



Subcategory	DJS Out-of-State Non-Community Based Total Costs						Last Year Change
	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	
Diagnostic Evaluation Treatment Program	\$228,038	\$390,037	\$474,781	\$223,070	\$0	\$0	NA
Juvenile Detention and Commitment Centers	\$0	\$0	\$0	\$0	\$0	\$0	NA
Non-Secure/Non-RTC	\$3,111,076	\$1,980,475	\$3,628,879	\$5,062,804	\$9,129,507	\$4,405,939	21.6%
Residential Educational Facilities	\$0	\$0	\$0	\$0	\$0	\$0	NA
Residential Treatment Centers	\$2,271,162	\$3,126,830	\$3,317,929	\$2,115,372	\$3,114,182	\$2,207,451	-2.19%
Substance Abuse and Addition Programs	\$3,729,449	\$3,270,341	\$3,892,799	\$5,748,018	\$528,718	\$4,206,920	569.2%
Total	\$9,339,725	\$8,767,683	\$11,314,388	\$13,159,265	\$12,772,406	\$10,820,310	-14.9%

Table 88



Subcategory	DJS Out-of-State Non-Community Based Costs Per Bed Day						Last Year Change
	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	
Diagnostic Evaluation Treatment Program	\$500	\$362	\$294	\$281	NA	NA	NA
Juvenile Detention and Commitment Centers	NA	NA	NA	NA	NA	NA	NA
Non-Secure/Non-RTC	\$333	\$359	\$373	\$390	\$361	\$341	0.6%
Residential Educational Facilities	NA	NA	NA	NA	NA	NA	NA
Residential Treatment Centers	\$411	\$357	\$268	\$383	\$438	\$241	-5.2%
Substance Abuse and Addition Programs	\$196	\$180	\$192	\$232	\$240	\$210	2.1%
Total	\$272	\$261	\$257	\$298	\$369	\$264	1.2%

Table 89

Developmental Disabilities Administration (DDA) Summary

DDA provides a coordinated service delivery system oriented toward the goal of integrating individuals with intellectual and developmental disabilities into the community. DDA services are provided through a wide array of community-based services delivered primarily through a network of licensed providers. In addition to adults, DDA makes these services available to children residing in out-of-home placements and in their family homes. When children reside in out-of-home placements, they should receive all appropriate entitlement services prior to accessing DDA funds for services. In FY2014, DDA provided funding for out-of-home services to a total of 128 children, a decrease of 14.7% from FY2013.

DDA considers families and caregivers to be the primary supports for children with intellectual and developmental disabilities, and believes they should have an integral role in children's care. DDA recognizes that families and caregivers have unique and varied needs, and may need assistance from both formal and informal networks to provide their children with the support to reach their full potential as they grow up.

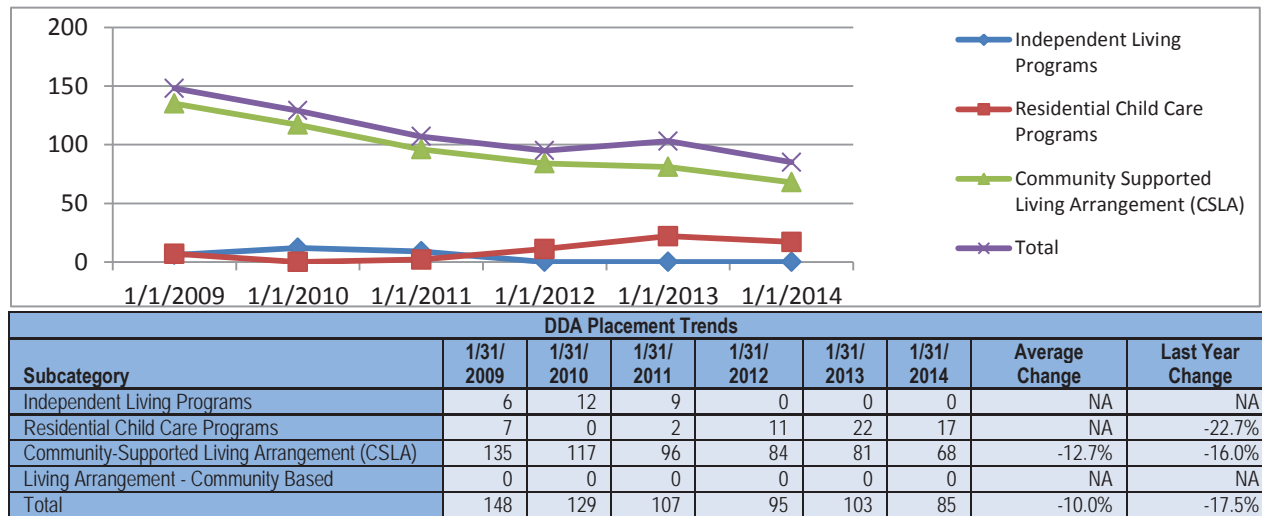
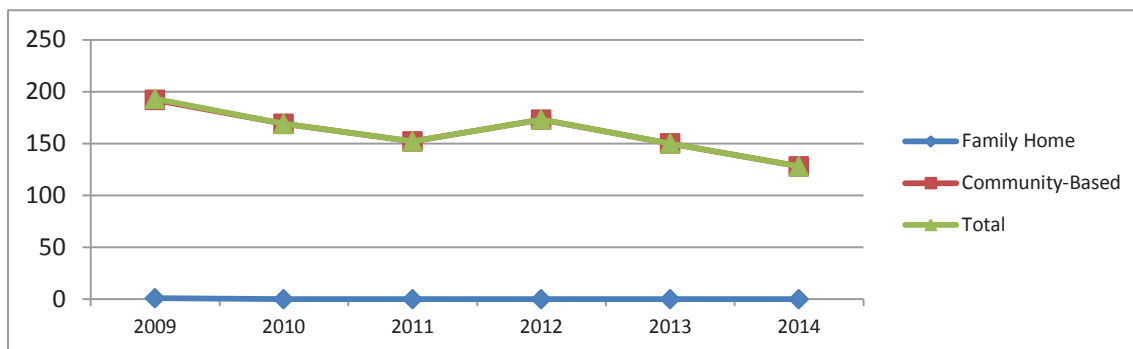


Table 90

Table 90 shows a one-day count of DDA's out-of-home placements on January 31st of each year from 2009 through 2014. In FY2014, the one day count of Community-Supported Living Arrangements (CSLA) services decreased by 16.0%, and the one-day count of children receiving DDA Residential Child Care Program (RCCP) services declined by 22.7%. CSLA services are provided for the majority of children (68 of 85 individuals) that DDA serves in out-of-home placements. CSLA services enable individuals to live in their own homes, apartments, family homes, or rental units by providing supervision and other necessary interventions, thus allowing individuals to remain near friends, members of their family, their local areas, and other known supports.

RCCP services are provided by DDA-licensed providers, and include Group Homes and Alternative Living Units. Group Homes are residences owned, leased, or operated by a DDA

licensee that provide specialized residential services to at least 4 but not more than 8 individuals with intellectual and developmental disabilities. Alternative Living Units are residences owned or leased by DDA licensees that provide specialized residential services to no more than 3 individuals with intellectual and developmental disabilities.



DDA Total Served								
	2009	2010	2011	2012	2013	2014	Average Change	Last Year Change
Family Home	1	0	0	0	0	0	NA	NA
Community-Based	192	169	152	173	150	128	-7.2%	-14.7%
Total	193	169	152	173	150	128	-7.3%	-14.7%

Table 91

Table 91 shows the number of children receiving out-of-home services in FY 2014 has decreased by 14.7% from FY 2013.

DDA Population Flow						
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY	
2010	136	33	169	29	140	
2011	116	36	152	28	124	
2012	102	71	173	34	139	
2013	102	48	150	28	122	
2014	92	36	128	27	101	
Three-Year Change	-20.7%	0.0%	-15.8%	-3.6%	-18.5%	
Average Yearly Change	-9.1%	12.2%	-6.1%	-0.8%	-7.2%	
Recent Year Change	-9.8%	-25.0%	-14.7%	-3.6%	-17.2%	

Table 92

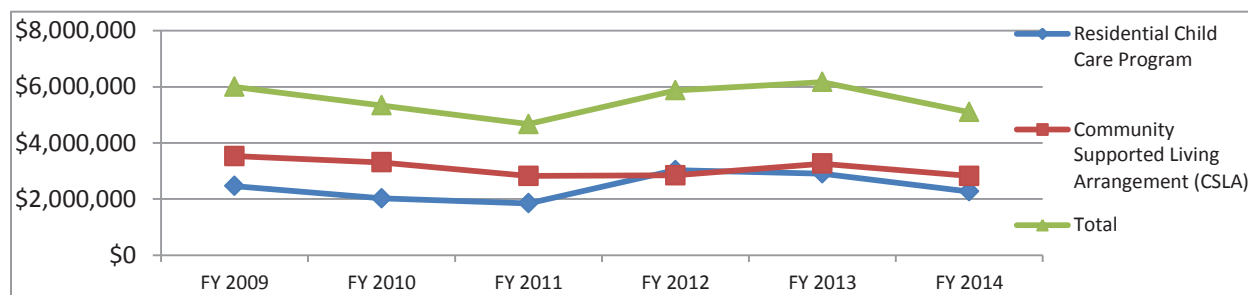
DDA is committed to individualized, flexible, family-centered, and family-directed services, and whenever possible attempts to place children in their home jurisdiction. If placement in the home jurisdiction cannot occur, DDA collaborates with other agencies such as DHR, MSDE, and the DHMH Behavioral Health Administration (BHA), responsible for the welfare of children through interagency and intra-agency boards, coordinating councils, committees, and task forces at the State and local levels. These collaborations help to ensure that services are coordinated and entities utilize all appropriate resources for the children. In addition, arrangements for co-funding of interagency service plans are made for children who qualify for services through multiple agencies in order to maximize available resources.

DDA Placement by Jurisdiction on 1/31/2014																												
Jurisdiction Where Children Are Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-Of State	Unknown-
Allegany	3	4.1%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Anne Arundel	2	2.7%	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore	8	11.0%	0	0	6	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore City	3	4.1%	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Calvert	2	2.7%	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Caroline	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Carroll	6	8.2%	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cecil	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Charles	2	2.7%	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dorchester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Frederick	1	1.4%	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Garrett	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford	1	1.4%	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
Howard	3	4.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	
Kent	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Montgomery	26	35.6%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26	0	0	0	0	0	0	0	0	0	
Prince George's	11	15.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0	0	0	0	
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
Somerset	1	1.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
St. Mary's	1	1.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
Talbot	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Washington	3	4.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	
Wicomico	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Worcester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Out-of State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	73	100.0%	3	2	6	4	2	0	7	0	2	0	1	0	1	3	0	26	11	0	1	1	0	3	0	0	0	
% of children from jurisdiction			100.0%	2.7%	8.2%	5.5%	100.0%	0.0%	9.6%	0.0%	100.0%	0.0%	1.4%	0.0%	100.0%	4.1%	0.0%	35.6%	15.1%	0.0%	1.4%	1.4%	0.0%	4.1%	0.0%	0.0%	0.0%	
% children Statewide in all			4.1%	2.7%	5.5%	2.7%	0.0%	0.0%	9.6%	0.0%	2.7%	0.0%	1.4%	0.0%	1.4%	4.1%	0.0%	35.6%	15.1%	0.0%	1.4%	1.4%	0.0%	4.1%	0.0%	0.0%	0.0%	

Table 93

As indicated in Table 92, the total number of placements at the start of each fiscal year has declined 20.7% over the past three years. The number of new placements in DDA services from FY2013 to FY2014 decreased by 25%. The total number of placements by DDA in out-of-home placements in FY2014 was 128, 14.7% lower than in FY2013. This table shows the number of placements and not the number of children. In some instances, a child will have more than one placement due to hospitalization, reunification, or move to a new setting.

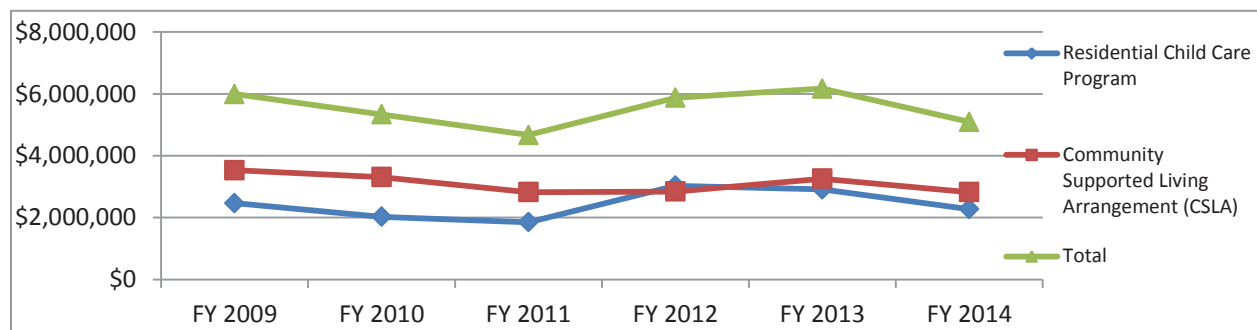
Of the 73 children receiving out-of-home placement services on January 31, 2014, all but two were placed in their local jurisdiction. Jurisdictions with larger percentages of children in out-of-home placements are consistent with the population of those jurisdictions as indicated in Table 93.



DDA Total Cost								
Subcategory	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change
Residential Child Care Program	\$2,464,420	\$2,027,781	\$1,848,389	\$3,029,693	\$2,908,846	\$2,272,657	2.3%	-21.9%
Community Supported Living Arrangement (CSLA)	\$3,531,772	\$3,307,332	\$2,823,561	\$2,843,317	\$3,259,484	\$2,823,561	-3.8%	-13.4%
Total	\$5,996,192	\$5,335,113	\$4,671,950	\$5,873,011	\$6,168,330	\$5,096,218	-2.0%	-17.4%

Table 94

While the cost per bed-day for RCCP services dropped slightly in the past year, it is still over four times more costly than providing out-of-home placement services through CSLA. Over the past six years there has been a slight increase in the cost of CSLA services, but it still remains the more cost-effective model for providing services. The total costs of DDA out-of-home placements have dropped by 17.4%. This is influenced by the decrease in the cost per bed-day as well as the number of children in DDA out-of-home placements.



DDA Cost Per Bed Day								
Subcategory	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change
Residential Child Care Program	\$365	\$319	\$324	\$353	\$321	\$304	-3.3%	-5.2%
Community-Supported Living Arrangement (CSLA)	\$68	\$73	\$72	\$87	\$95	\$72	2.4%	-23.9%
Total	\$102	\$103	\$105	\$142	\$142	\$188	14.1%	32.0%

Table 95

DDA Recommendations

The greatest challenge to the DDA system continues to be the identification and support of children between the ages of 18 and 21 who are aging out of other support systems and agencies within the State. It is critical to identify these children early to allow for thorough, effective transition planning. Incompatible data systems between State agencies and confidentiality issues create barriers to the process. Recent efforts to improve communication and collaboration through inter-agency and intra-agency boards, coordinating councils, committee, and task forces at State and local levels have been helpful in identifying some of these children earlier to allow for smoother transition to adult services. DDA and DHR currently have a comprehensive memorandum of understanding that has enabled DDA to improve the planning process for youth transitioning out of the DHR system.

DDA will continue to work with community resources and other State agencies to enable children to remain in their homes. DDA works in conjunction with other State and local agencies to assess the community's capacity to meet the ongoing needs of children with intellectual and developmental disabilities and their families. Ongoing needs may include medical or behavioral services, specialized childcare, respite, and supports for siblings and caregivers.

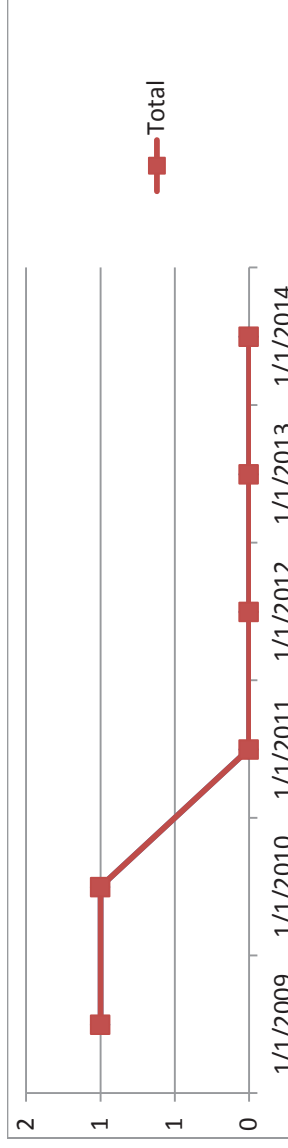
DDA will continue to explore needs and the development of resources that will allow families to support their children with disabilities in their homes. DDA remains committed to focusing on supporting families.

DDA Addendum

Table 96Table 97Table 98

DDA Addendum

Subcategory Out-of-State One-Day Census Totals



DDA OOS									
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change	
Independent Living Programs	0	0	0	0	0	0	NA	NA	
Residential Child Care Program	0	0	0	0	0	0	NA	NA	
Community-Supported Living Arrangement	1	1	0	0	0	0	NA	NA	
Living Arrangement - Community-Based	0	0	0	0	0	0	NA	NA	
Total	1	1	0	0	0	0	NA	NA	

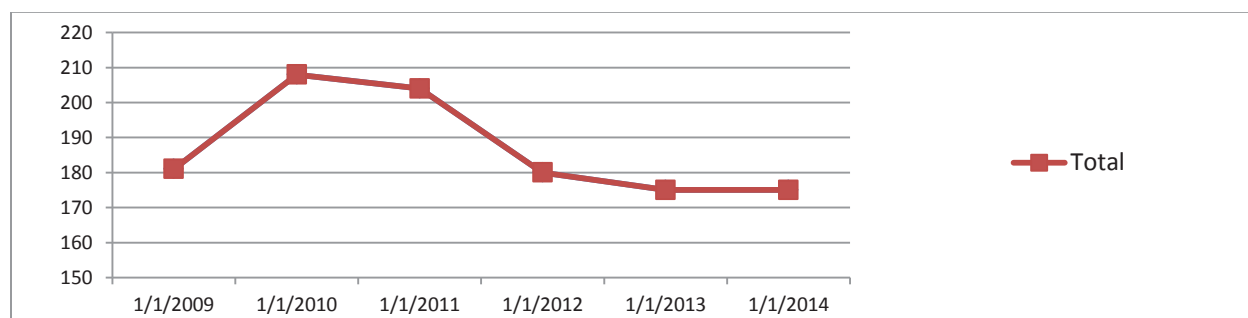
Table 99

Behavioral Health Administration (BHA) Summary

Effective July 1, 2014, within DHMH, the Alcohol and Drug Abuse Administration (ADAA) merged with the Mental Hygiene Administration (MHA) to form the Behavioral Health Administration (BHA). To ensure consistency with previous reports, this year's report will consider placement data from ADAA and MHA separately.

Alcohol and Drug Abuse Administration (ADAA)

As of January 1, 2015, virtually all data reporting by substance-related-disorder-treatment providers will go through the Administrative Services Organization (ASO), Value Options. In anticipation of that major changeover, some treatment providers became less than completely compliant with SMART¹¹ reporting requirements. This affects the data reported in the Out-of-Home Placement Report in two ways - incomplete reporting of treatment admissions or entries depresses the one-day totals, while incomplete reporting of discharges or exits from treatment tends to artificially inflate one-day totals. Estimated costs were also affected. With these reporting issues, the reporting and analysis for this year's out-of-home placements was more challenging than usual. Next year, all reporting for DHMH behavioral health will be through Value Options and accuracy and completeness should improve.



ADAA Placement Trends								
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	NA	NA
Juvenile Detention and Commitment Centers	0	0	0	0	0	0	NA	NA
Non-Secure/Non-RTC	0	0	0	0	0	0	NA	NA
Residential Educational Facilities	0	0	0	0	0	0	NA	NA
Residential Treatment Centers	0	0	0	0	0	0	NA	NA
Substance Abuse and Addiction Programs	181	208	204	180	175	175	-0.3%	0.0%
Living Arrangement - Non-Community Based	0	0	0	0	0	0	NA	NA
Total	181	208	204	180	175	175	-0.3%	0.0%

Table 100

¹¹ Strengthening Medicare and Repaying Taxpayers (SMART) Act, H.R. 1845, January 10, 2013.

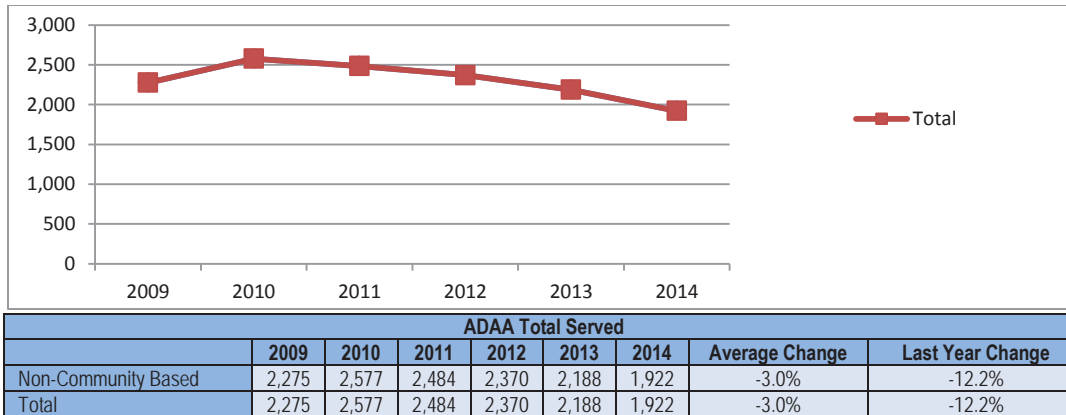


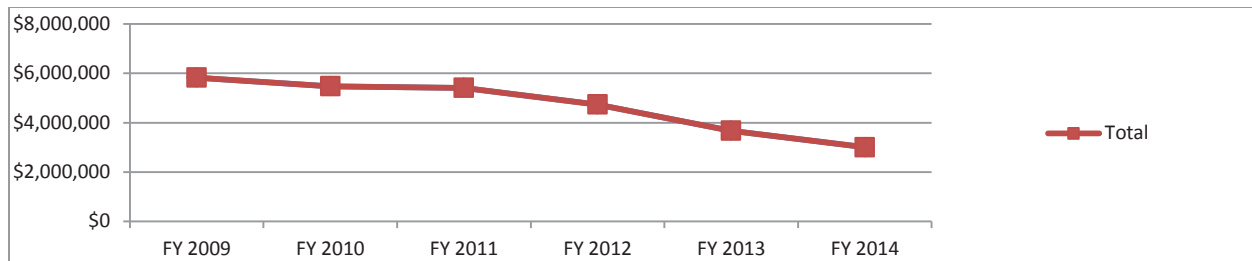
Table 101

ADAA Placement Population Flow (Placements, Not Children)						
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY	
2010	199	2,378	2,577	2,376	201	
2011	201	2,283	2,484	2,247	237	
2012	187	2,183	2,370	2,171	199	
2013	180	2,008	2,188	2,012	176	
2014	181	1,741	1,922	1,626	246	
Three-Year Change	-10.0%	-23.7%	-22.6%	-27.6%	3.8%	
Average Yearly Change	-2.3%	-7.4%	-7.0%	-8.8%	7.5%	
Recent Year Change	0.6%	-13.3%	-12.2%	-19.2%	39.8%	

Table 102

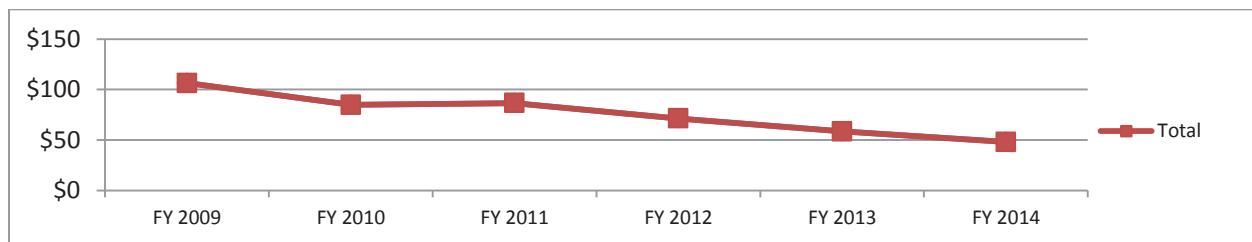
ADAA Placement By Jurisdiction																												
	Jurisdiction Where Children Were Placed																											
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
	2	1.0%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Allegany	33	16.8%	9	7	7	0	1	0	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	6	0	0	0	0
Anne Arundel	27	13.8%	6	0	11	1	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Baltimore	39	19.9%	1	1	9	11	0	0	15	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0
Baltimore City	6	3.1%	1	1	1	0	0	0	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Calvert	1	0.5%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	1	0.5%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	9	4.6%	2	0	2	1	0	0	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	8	4.1%	4	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
Charles	4	2.0%	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Dorchester	1	0.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Frederick	8	4.1%	1	1	1	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Garrett	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	11	5.6%	4	0	0	0	0	0	3	0	0	0	0	0	1	0	2	0	0	0	0	0	0	1	0	0	0	0
Howard	3	1.5%	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Kent	2	1.0%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	13	6.6%	3	2	3	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	1	0	0	0	0
Prince George's	4	2.0%	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Queen Anne's	1	0.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Somerset	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	2	1.0%	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	7	3.6%	1	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Wicomico	3	1.5%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	1	0.5%	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	11	5.6%	0	0	7	0	0	0	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	196	100.0	42	13	50	14	2	0	34	0	2	4	6	0	1	0	3	6	2	0	0	1	0	14	0	2	0	0
% of children from jurisdiction			21.0%	21.2%	40.7%	28.2%	0.0%	0.0%	22.2%	0.0%	25.0%	0.0%	50.0%	00.0%	9.1%	0.0%	0.0%	30.8%	0.0%	0.0%	0.0%	0.0%	0.0%	28.6%	0.0%	0.0%	0.0%	0.0%
% children Statewide in all			21.4%	6.6%	25.5%	7.1%	1.0%	0.0%	17.3%	0.0%	1.0%	2.0%	3.1%	0.0%	0.5%	0.0%	1.5%	3.1%	1.0%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	1.0%	0.0%	0.0%

Table 103



Subcategory	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change
Substance Abuse and Addiction Programs	\$5,824,947	\$5,479,180	\$5,412,365	\$4,739,245	\$3,676,839	\$3,003,888	-12.1%	-18.3%
Total	\$5,824,947	\$5,479,180	\$5,412,365	\$4,739,245	\$3,676,839	\$3,003,888	-12.1%	-18.3%

Table 104

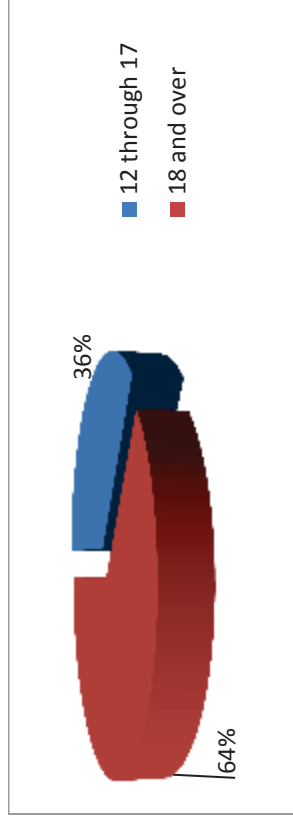


Subcategory	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change
Substance Abuse and Addiction Programs	\$106	\$85	\$87	\$71	\$59	\$48	-14.4%	-18.0%
Total	\$106	\$85	\$87	\$71	\$59	\$48	-14.4%	-18.0%

Table 105

ADAA Addendum Subcategory Totals Demographic Comparisons

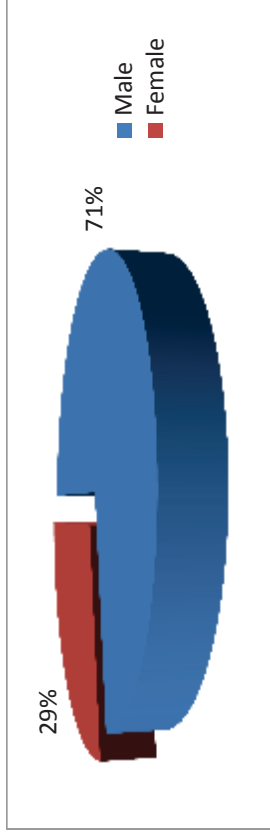
Age



ADAA Non-Community-Based Age Trends							
Age	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
0 through 5	0	0	0	0	0	0	NA
6 through 11	0	0	0	0	0	0	NA
12 through 17	87	83	85	89	82	71	-3.8%
18 and over	94	125	119	91	93	125	8.3%
Total	181	208	204	180	175	196	2.1%

Table 106

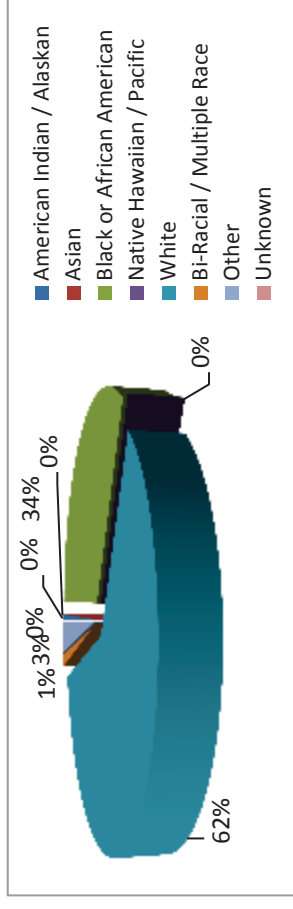
Gender



ADAA Non-Community-Based Gender Trends							
Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Male	144	154	153	129	124	140	-0.1%
Female	37	54	51	51	51	56	10.0%
Unknown	0	0	0	0	0	0	NA
Total	181	208	204	180	175	196	2.1%

Table 107

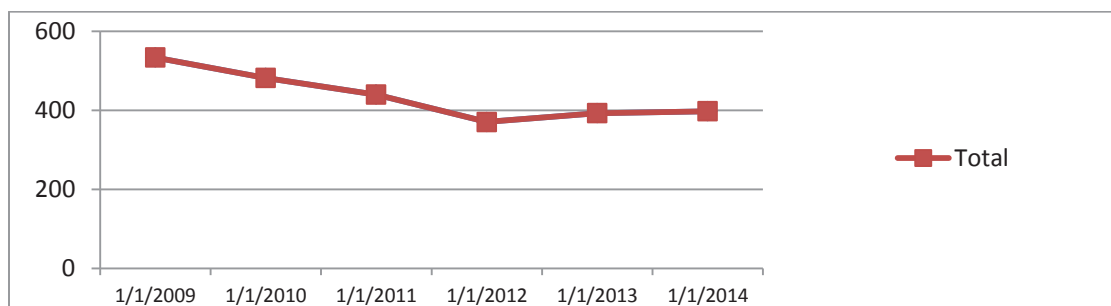
Race



ADAA Non-Community-Based Race Trends									
Race	1/31/ 2009	1/31/ 2010	1/31/ 2011	1/31/ 2012	1/31/ 2013	1/31/ 2014	Average Change	Last Year Change	
American Indian / Alaskan	0	1	1	0	0	1	NA	NA	NA
Asian	1	2	1	1	2	0	10.0%	-100.0%	
Black or African American	65	53	65	45	49	66	3.4%	34.7%	
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA	NA
White	111	146	133	127	116	121	2.8%	4.3%	
Bi-Racial / Multiple Race	0	0	1	1	1	2	NA	100.0%	
Other	4	6	4	6	7	6	13.8%	-14.3%	
Unknown	0	0	0	0	0	0	NA	NA	NA
Total	181	208	204	180	175	196	2.1%	12.0%	

Table 108

Mental Health Administration



MHA Placement Trends (One-Day Totals)								
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	NA	NA
Juvenile Detention and Commitment Centers	0	0	0	0	0	0	NA	NA
Non-Secure/Non-RTC	0	0	0	0	0	0	NA	NA
Residential Educational Facilities	0	0	0	0	0	0	NA	NA
Residential Treatment Centers	534	482	440	371	393	418	-0.04%	6%
Substance Abuse and Addiction Programs	0	0	0	0	0	0	NA	NA
Living Arrangement - Non-Community Based	0	0	0	0	0	0	NA	NA
Total	534	482	440	371	393	418	-0.04%	6%

Table 109

All MHA non-community placements are funded through Maryland medical assistance, which is a State and federal Medicaid dollar match. “Residential Treatment Centers” is the only placement subcategory utilized by MHA since it is a medical treatment service and, as such, it is the only non-community based placement which is funded by medical assistance.

For clarity in the discussion of MHA data, a residential treatment center may be referred to as an “RTC” or as a “psychiatric residential treatment facility” (PRTF) using federal government nomenclature. Medical assistance is often referred to simply as “MA,” or as “Medicaid” using federal government nomenclature. RTCs provide behavioral health treatment to children and youth with high levels of clinical need requiring intensive residential medical services and which cannot be met in typical community placements.

The yearly trend of one-day counts for the “Residential Treatment Centers” category shows an average decrease of about 4% over the last five years. The data, however, shows two trends. There were average *decreases* of 11.4% from FY2009 to FY 2012 and average *increases* of 6.1% from FY 2012 to FY 2014. The decreases from FY 2009 to FY 2012 are largely the result of the State’s community-based alternative to residential treatment centers put in place through the federal Medicaid process known as a “Section 1915(c) Home and Community-Based Services Waiver.” This was a demonstration waiver of five years duration.

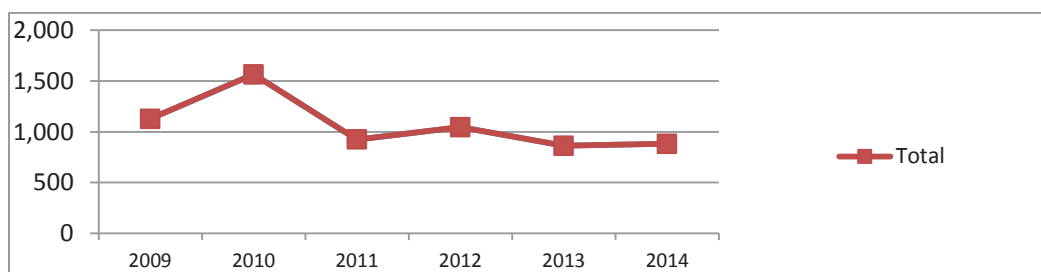
The federal government has specifically encouraged development of alternatives to the standard residential treatment center or “Psychiatric Residential Treatment Facility (PRTF)” in order to promote treatment in the community. The federal government approved Maryland’s “RTC Waiver” proposal in FY2009. Maryland began enrolling children and youth into this

community alternative in FY2010. The number of children and youth enrolled in the “RTC Waiver” was 60 in FY2010, 166 in FY2011, and 210 in FY2012. This represents children and youth who were treated in the community through intensive “wraparound” services instead of a physical RTC setting.

All children who required a residential treatment center level of care were eligible to be considered for “RTC Waiver” treatment in the community, up to the number of individuals specified in the waiver, as long as it had been determined that they could be safely treated in the community with an appropriate plan of care (POC) which included all of the necessary “wraparound” community services.

The 1915(c) Psychiatric Residential Treatment Facility demonstration waiver (“RTC Waiver”) reached its statutory end on September 30, 2012 when it was not reauthorized by the federal government and new enrollments ceased. The number of Maryland children and youth enrolled in the RTC Waiver population of the Care Management Entity gradually declined throughout FY2013 and FY2014 from approximately 130 to zero in early FY2015 (although new enrollments in the RTC Waiver were not permitted, children and youth already enrolled in the RTC Waiver on September 30, 2012 could continue to be served for a maximum of two years, if eligible). DHMH, however, is planning to offer services to a similar population of children and youth through a 1915(i) Medicaid State Plan amendment that will offer targeted case management and community-based services. The State Plan amendment was recently approved by the Centers for Medicare and Medicaid Services with a retroactive start date of October 1, 2014.

Also contributing to a decrease in the numbers of children in residential treatment centers, the average length of stay in the RTC level of care has declined over the past five years. This has been due primarily to an MHA effort to have children move from the RTCs to community treatment as soon as their clinical needs can safely be met at a lower level of care. MHA has accomplished this through both a process of monitoring their progress in the RTC and providing technical assistance in discharge planning.



MHA Total Served								
	2009	2010	2011	2012	2013	2014	Average Change	Last Year Change
Family Home	0	0	0	0	0	0	NA	NA
Community-Based	0	0	0	0	0	0	NA	NA
Non-Community Based	1,127	1,566	924	1,046	863	907	-0.2%	5.1%
Hospitalization	0	0	0	0	0	0	NA	NA
Not Available	0	0	0	0	0	0	NA	NA
Total	1,127	1,566	924	1,046	863	907	-0.2%	5.1%

Table 110

The MHA “Total Served” numbers of children and youth in residential treatment centers declined since FY2009 and FY2010. As with the one-day counts above, this is the result of the State’s community-based alternative to residential treatment centers put in place through the federal Medicaid process known as a “Section 1915(c) Psychiatric Residential Treatment Facilities (PRTF) Waiver.” During these years, larger numbers of Maryland children and youth have been served in community placements with wraparound services.

Note: “MHA Total Served” numbers for FY2012 through FY2014 in Table 110 are based on treatment episodes rather than unduplicated numbers of individuals and, so, likely over-represent the annual numbers of *individuals* served since a few individuals may have had more than one RTC admission and discharge during a fiscal year. Although it is difficult to estimate the precise impact of multiple discharges and readmissions, this may account for a small percentage (<3%) of these numbers.

MHA Placement Population Flow					
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY
2010	517	1,049	1,566	648	918
2011	435	489	924	430	494
2012	441	605	1,046	650	396
2013	407	456	863	496	367
2014	401	480	881	477	404
Three-Year Change	-7.8%	-1.8%	-4.7%	10.9%	-18.2%
Average Yearly Change	-4.7%	-5.9%	-8.6%	-2.0%	-12.7%
Recent Year Change	-1.5%	5.3%	2.1%	-3.8%	10.1%

Table 111

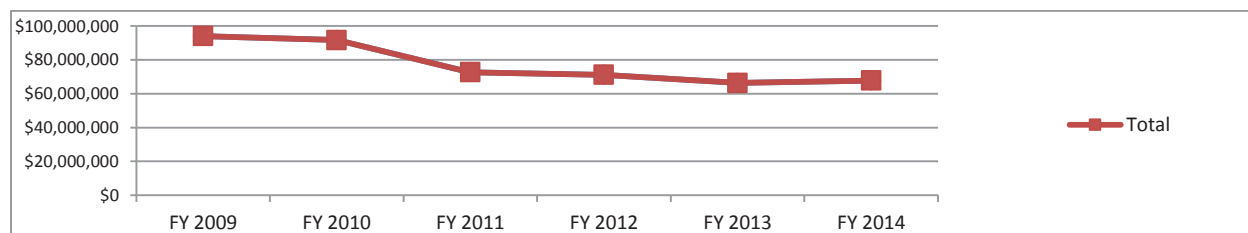
Table 111 represents the flow of admissions and discharges from the in-State and out-of-State residential treatment centers over the course of the fiscal year. It is based on claims for reimbursement for the residential treatment center level of care. When claims are received can slightly affect the numbers of placements at the ending and start of the fiscal year so they are not exactly equal.

The FY2010 figures in Table 111 are calculated differently from other years; however, it is included here for the sake of consistency with past reports. In FY2011, the method for calculating population flow was changed and has been applied in years FY2011-2014. FY2010 will not be included in future reports.

Total Served data for FY2011 through FY2014 show a 13.2% increase from FY2011 to FY2012, a 17.5% decrease from FY2013 to FY2013, and a 3.7% increase from FY2013 to FY2014. The average change from FY2011 to FY2014 is only -0.2%. A least-squares (Pearson correlation) line fitted to the FY2011 to FY2014 data, however, indicates a trend of moderate reduction in total served over the four years. This is due in part from Maryland’s community-based “RTC waiver” alternative to residential treatment centers in place from FY2009 through 2014, but the data also suggests a trend of reduction in overall RTC placements.

Although placement within (or near) a youth's jurisdiction is one factor considered in placing a child in a residential treatment center, the primary determinant is the youth's treatment needs, since some types of treatment services are available in some residential treatment centers and not in others (programming, ages and genders served are not identical across facilities), and whether or not a particular program has a vacancy at the time of referral or anticipates one within a reasonable time frame.

Furthermore, there are 10 RTCs located in five jurisdictions so these are not uniformly distributed throughout the State. Youth from jurisdictions other than these five will necessarily be placed outside his/her jurisdiction. The in-State RTCs are located in Baltimore County (4), Baltimore City (2), Montgomery County (2), Dorchester County (1), and Frederick County (1). Finally, each RTC determines which youth will be admitted, considering programming and vacancy constraints upon admissions.



MHA Non-Community Based Cost Trends								
Subcategory	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change
Residential Treatment Centers	\$94,033,805	\$91,629,633	\$72,649,911	\$71,180,664	\$66,348,547	\$67,700,710	-6.0%	2.0%
Total	\$94,033,805	\$91,629,633	\$72,649,911	\$71,180,664	\$66,348,547	\$67,700,710	-6.0%	2.0%

Table 114

As noted earlier, all MHA non-community based placements are in residential treatment centers. The figures in this Table represent the total medical assistance costs for all residential treatment center placements. These costs vary by the number of youth who are placed, by the specific placements since the programs receive different reimbursement, and these program costs themselves also vary year to year. As the number of youth in RTCs and the length of stay in the RTCs have decreased over the past five fiscal years, however, the cost for the treatment of youth in the RTCs has also decreased over the same period of time.



MHA Non-Community Based Cost Per Bed-Day Trends								
Subcategory	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change
Residential Treatment Centers	\$377	\$432	\$453	\$460	\$458	\$475	4.8%	3.8%
Total	\$377	\$432	\$453	\$460	\$458	\$475	4.8%	3.8%

Table 115

These figures represent the medical assistance costs for all youth placed by MHA in residential treatment centers divided by the number of bed days (the total number of days in residential treatment for all youth placed in residential treatment centers). These bed-day costs can vary due to utilization of residential treatment centers whose costs which may be higher or lower than average due to different programming. RTC costs overall can vary year to year and have increased slightly over the past four years.

MHA Recommendations

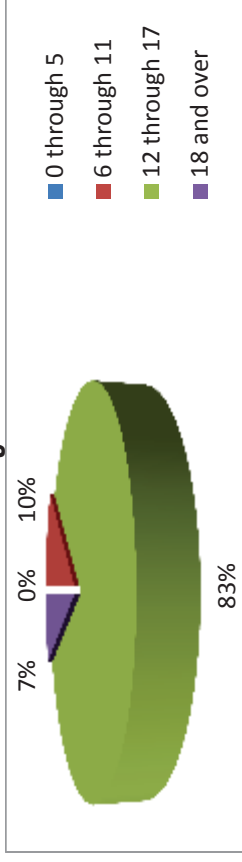
The current capacity of residential treatment centers in Maryland appears adequate to meet the needs of Maryland youth for this level of care for the foreseeable future, based on vacancy rates for the in-State RTCs and plans to serve youth in the community via the 1915(i) State Plan amendment. It would seem desirable to have the Maryland RTCs offer more options for specialized treatment, such as treatment for fire-setting and sexually offensive behavior, especially for youth with low levels of intellectual functioning. At this time, however, it appears unlikely that there would be sufficient numbers of in-State referrals to make financial sense for an in-State RTC to develop such programming.

MHA efforts to minimize the number of Maryland youth in out-of-State placements have been successful and will continue. At the present time, however, it appears likely that for a very small number of Maryland youth with needs for specialized treatment or who are in especially complicated circumstances, an out-of-State placement will continue to be necessary.

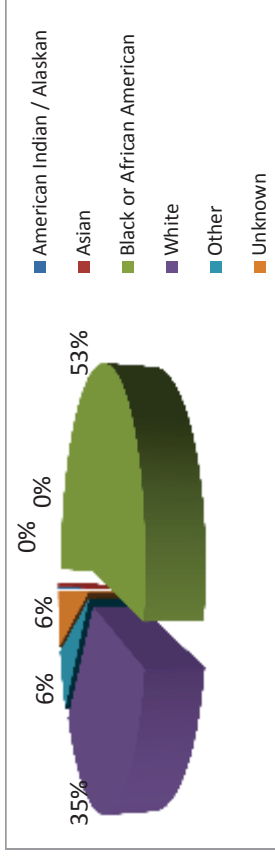
MHA Addendum

Subcategory Totals Demographic Comparisons

Age



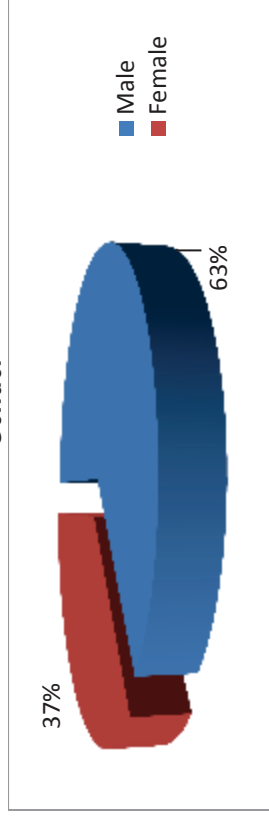
Race



MHA Age Trends							
Age	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
0 through 5	0	0	0	1	1	0	NA
6 through 11	53	32	50	49	88	51	10.4%
12 through 17	443	406	351	285	301	340	-4.4%
18 and over	38	44	39	36	3	27	141.0%
Total	534	482	440	371	393	418	-4.4%

Table 116

Gender



MHA Gender Trends							
Gender	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
Male	331	276	272	232	243	269	-3.5%
Female	203	205	168	139	150	157	-4.3%
Unknown	0	1	0	0	0	0	NA
Total	534	482	440	371	393	426	-4.0%

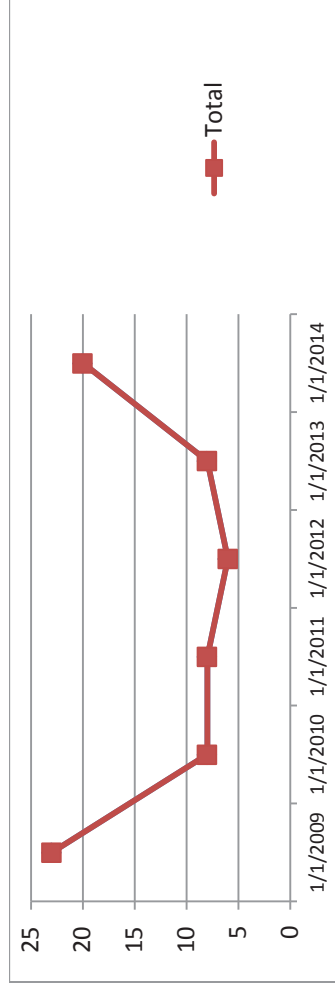
Table 117

MHA Race Trends							
Race	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Last Year Change
American Indian / Alaskan	0	0	3	3	1	1	NA
Asian	2	2	2	3	1	4	56.7%
Black or African American	287	263	225	177	208	221	-4.1%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA
White	221	193	175	149	137	157	-6.1%
Bi-Racial / Multiple Race	0	0	0	0	0	26	NA
Other	23	24	19	24	24	8	-11.4%
Unknown	1	0	16	15	22	1	NA
Total	534	482	440	371	393	418	-4.4%

Table 118

MHA Addendum

Subcategory Out-of-State One-Day Census Totals



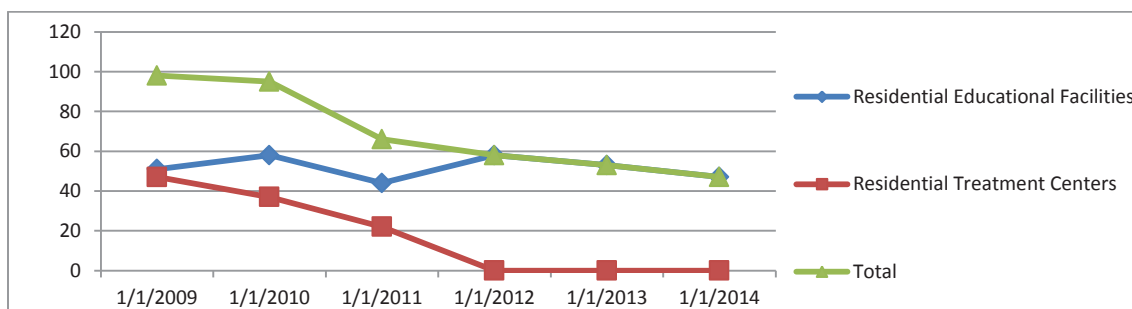
MHA OOS Placement Trends						
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014
Residential Treatment Centers	23	8	8	6	8	20
Total	23	8	8	6	8	20
					Average Change	Last Year Change
					18.6%	150.0%
					18.6%	150.0%

Table 119

Maryland State Department of Education (MSDE) Summary

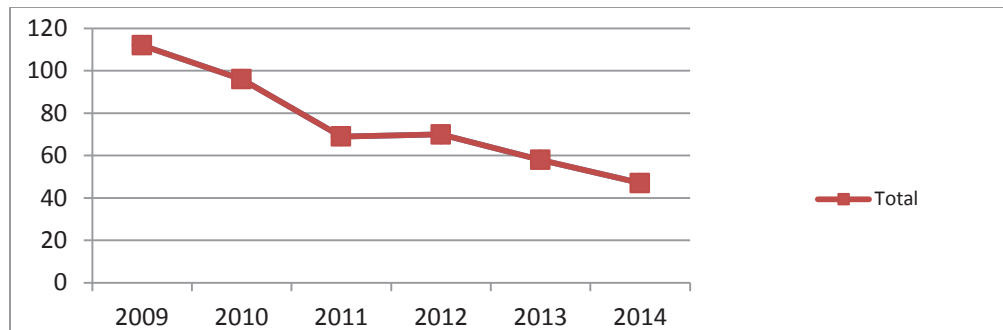
Local School Systems (LSSs) are required to provide a Free and Appropriate Public Education (FAPE) for all students who require special education and related services. Special education and related services for children in residential placements are determined through the Individualized Education Program (IEP) team process. The IEP team, including the parent, determines the services required, the type of program, and identifies the location for the delivery of services. The IEP team is charged with ensuring that the child is demonstrating educational progress in the approved placement and the team may determine at any time that a change in placement is necessary to implement the IEP and to provide a FAPE.

An out-of-home placement only occurs for a student, placed by a LSS, when the team determines that the child requires a residential educational facility. Maryland residential treatment centers are approved for educational purposes as residential educational facilities. The number of students requiring residential settings as a school placement is approximately .0005% of the total population of students with disabilities. The LSSs are experiencing a continued decline in the number of children requiring residential services through the IEP team process. There has been an increase of services at the community level under targeted initiatives such as the Autism Waiver and specific mental health partnerships. As students with severe autism and severe emotional disabilities enter their teen-age and young-adult years, providing educational services for these students may become increasingly challenging because of their age and the exhaustion of community-based services. Older students with residential needs frequently remain in residential schools until they transition to adult services. The LSSs are required to provide special education and related services through the school year in which the child turns 21.



MSDE Placement Trends								
Subcategory	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	0	0	0	0	0	0	NA	NA
Juvenile Detention and Commitment Centers	0	0	0	0	0	0	NA	NA
Non-Secure/Non-RTC	0	0	0	0	0	0	NA	NA
Residential Educational Facilities	51	58	44	58	53	47	0.3%	-11.3%
Residential Treatment Centers	47	37	22	0	0	0	NA	NA
Substance Abuse and Addiction Programs	0	0	0	0	0	0	NA	NA
Living Arrangement - Non-Community Based	0	0	0	0	0	0	NA	NA
Total	98	95	66	58	53	47	-13.1%	-11.3%

Table 120



MSDE Total Served								
Category	2009	2010	2011	2012	2013	2014	Average Change	Last Year Change
Family Home	0	0	0	0	0	0	NA	NA
Community-Based	0	0	0	0	0	0	NA	NA
Non-Community Based	112	96	69	70	58	47	-15.4%	-19.0%
Hospitalization	0	0	0	0	0	0	NA	NA
Not Available	0	0	0	0	0	0	NA	NA
Total	112	96	69	70	58	47	-15.4%	-19.0%

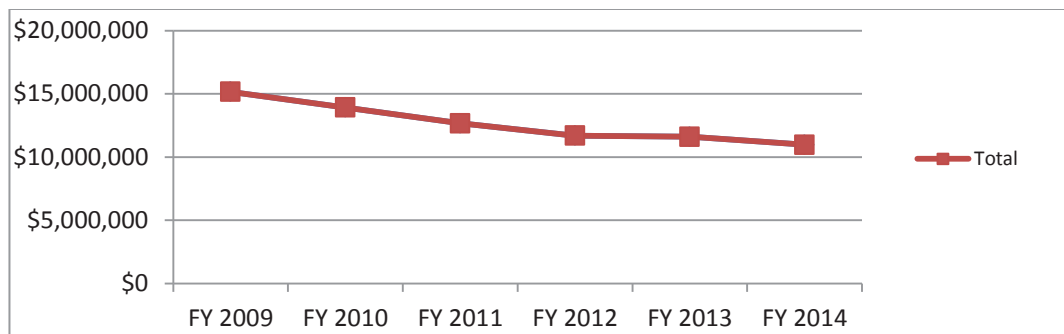
Table 121

MSDE Population Flow (All Placements)					
State Fiscal Year	Placements at Start of FY	Starts in FY (New Placements)	Total Served	Ends in FY (Placement Exits)	Placements at End of FY
2010	68	28	96	26	70
2011	49	20	69	11	58
2012	34	36	70	9	61
2013	33	25	58	5	53
2014	38	15	53	6	47
Three-Year Change	-22.4%	-25.0%	-23.2%	-45.5%	-19.0%
Average Yearly Change	-9.3%	-3.8%	-10.5%	-20.1%	-7.3%
Recent Year Change	15.2%	-40.0%	-8.6%	20.0%	-11.3%

Table 122

MSDE Placement By Jurisdiction																												
	Jurisdiction Where Children Were Placed																											
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Baltimore	Anne Arundel	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Unknown	
	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Allegany	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Anne Arundel	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore	4	8.5%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2	
Baltimore City	4	8.5%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	
Calvert	1	2.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Caroline	2	4.3%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Carroll	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cecil	2	4.3%	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Charles	1	2.1%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dorchester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Frederick	6	12.8%	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	2	
Garrett	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford	3	6.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Howard	1	2.1%	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Kent	2	4.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Montgomery	18	38.3%	0	0	0	0	0	4	0	3	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	6	
Prince George's	3	6.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	1	
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Somerset	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
St. Mary's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Talbot	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Washington	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Wicomico	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Worcester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	47	100.0%	0	0	0	1	0	12	0	6	0	0	0	0	0	2	0	9	0	0	0	0	0	0	0	0	17	0
% of children from jurisdiction																												
% children Statewide in all																												

Table 123



MSDE Total Costs								
Subcategory	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Average Change	Last Year Change
Residential Educational Facilities	\$15,161,831	\$13,918,875	\$12,672,875	\$11,690,683	\$11,607,471	\$10,972,899	-6.2%	-5.5%
Total	\$15,161,831	\$13,918,875	\$12,672,875	\$11,690,683	\$11,607,471	\$10,972,899	-6.2%	-5.5%

Table 124

MSDE Recommendations

MSDE Division of Special Education/Early Intervention Services (DSE/EIS) has worked directly with Maryland private day and residential education facilities to build in-State capacity for students requiring intensive services. For the school year 2013-2104, an established Maryland provider became active in serving students with autism for residential placements under the Autism Waiver. MSDE provided ongoing support and technical assistance to this provider and others to build capacity and quality programming for students. During the 2014-2015 school year MSDE, DSE/EIS will continue to support local schools systems to enhance services and supports for students to remain in their community schools.

In addition, MSDE, DSE/EIS increased the number of children directly served under the Autism Waiver. This increase in funding capacity increased the number of children with autism whose needs are supported in their homes and communities.

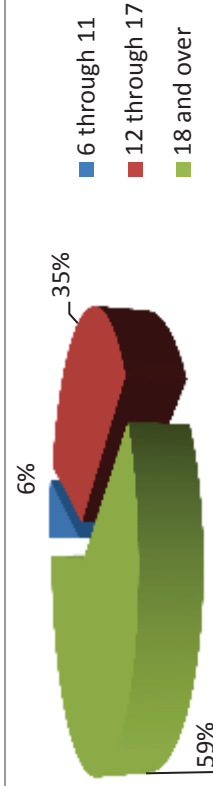
MSDE, DSE/EIS recommends the continuation of direct work with Maryland providers to meet the increasing needs of this population.

MSDE supports cross-agency collaboration to ensure the development of community-based and residential programs to meet the needs of students typically placed out-of-State and to facilitate the return of these students to Maryland programs and schools.

MSDE Addendum

Subcategory Totals Demographic Comparisons

Age



MSDE Non-Community-Based Age Trends

	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
0 through 5	0	0	0	0	0	0	NA	NA
6 through 11	2	1	1	1	1	1	-10.0%	0.0%
12 through 17	19	9	7	6	7	6	-17.4%	-14.3%
18 and over	26	27	14	13	7	10	-10.9%	42.9%
Total	47	37	22	20	15	17	-16.5%	13.3%

Table 125

Gender



MSDE Non-Community-Based Gender Trends

	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Male	37	31	15	12	8	11	-16.7%	37.5%
Female	10	6	7	8	7	6	-7.2%	-14.3%
Unknown	0	0	0	0	0	0	NA	NA
Total	47	37	22	20	15	17	-16.5%	13.3%

Table 126

Race

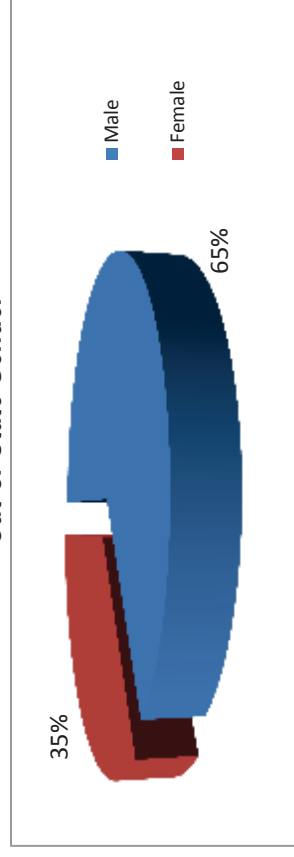


	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
American Indian / Alaskan	0	0	0	0	0	0	NA	NA
Asian	0	0	0	0	0	0	NA	NA
Black or African American	12	10	8	7	6	6	-12.7%	0.0%
Native Hawaiian / Pacific	0	0	0	0	0	0	NA	NA
White	34	25	14	13	9	11	-17.2%	22.2%
Bi-Racial / Multiple Race	0	0	0	0	0	0	NA	NA
Other	1	2	0	0	0	0	NA	NA
Unknown	0	0	0	0	0	0	NA	NA
Total	47	37	22	20	15	17	-16.5%	13.3%

Table 127

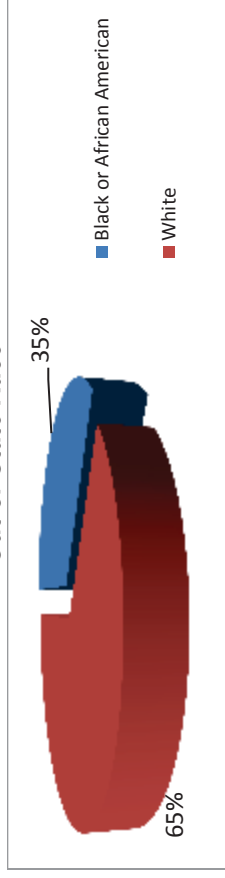
Subcategory Out-of-State One-Day Census Totals and Demographic Comparisons

Out-of-State Gender

[illegible]

MSDE Out-of-State Gender Trends								
	1/31/2009	1/31/2010	1/31/2011	1/31/2012	1/31/2013	1/31/2014	Average Change	Last Year Change
Male	37	31	15	12	8	11	-16.7%	37.5%
Female	10	6	7	8	7	6	-7.2%	-14.3%
Unknown	0	0	0	0	0	0	NA	NA
Total	47	37	22	20	15	17	16.5%	13.3%

Out of Control Data



Unknown

[illegible]

Maryland School for the Blind and Maryland School for the Deaf

The Maryland School for the Deaf (MSD)

MSD is established under §8-304 of the Education Article of the Annotated Code of Maryland. MSDE is required to admit free of charge all students who are Maryland residents and meet the established admissions criteria. Section §8-305 requires each Local School System (LSS) to notify parents or guardians of each hearing-impaired child of the availability of the educational programs offered by MSD. Funding for MSD is established under §8-310.3. MSD is also required to establish and operate a program of enhanced services for deaf students who have moderate to severe disabilities under §8-310.1 with funding provided jointly by the State and the local jurisdiction. The majority of students enrolled at MSD are placed by parents or guardians rather than by a LSS. Children receiving enhanced services are placed by LSSs through the Individualized Education Program (IEP) team process. A small number of students, placed by the IEP team process, live on campus during the school week.

Maryland School for the Deaf Total Costs				
	Total Residential Served	Residential Cost	Educational Cost	Total Cost
FY2010	125	\$2,296,579	\$5,893,239	\$8,189,818
FY2011	111	\$2,253,601	\$5,031,852	\$7,285,453
FY2012	123	\$2,476,233	\$6,162,792	\$8,639,025
FY2013	125	\$2,415,309	\$5,704,625	\$8,119,934
FY2014	125	\$2,456,214	\$5,877,375	\$8,333,589

Table 132

The Maryland School for the Blind (MSB)

MSB is established to provide services for children placed by LSSs through the IEP team process. In accordance with §8-307.1 each LSS in the State shall notify the parents or guardians of each blind or visually-impaired child, including children with multiple disabilities, of the availability of the educational programs and administrative policies of the schools under their jurisdiction. MSB is required to establish and operate a program of enhanced services¹² for students who are blind and have other disabilities. Funding for these services is provided jointly by the State and local jurisdiction. The budget for MSB is submitted annually by the Governor to the General Assembly. The residential program offers a continuum of service options. Students may participate in the program on an extended-day, part-time or full-time, and may reside in a dormitory or in a house on the campus during the school week.

Maryland School for the Blind Total Costs				
	Total Residential Served	Residential Cost	Educational Cost	Total Cost
FY2010	86	\$4,760,670	\$7,628,494	\$12,389,164
FY2011	93	\$4,844,775	\$8,702,304	\$13,547,079
FY2012	89	\$4,722,467	\$8,316,387	\$13,038,854
FY2013	91	\$5,043,578	\$9,632,009	\$14,675,587
FY2014	93	\$5,238,222	\$9,521,222	\$14,760,114

Table 132

¹² Enhanced services allow students to receive educational services in Maryland rather than out-of-State residential programs.

Family Preservation Services

DHR provides family preservation services to children and family at risk of child maltreatment and/or out of home placement. Rooted in the 1980 federal child welfare law to make “reasonable efforts to prevent out-of-home placement,” Maryland has provided in-home interventions since the early 1980s. These services are provided by the Local Departments of Social Services (LDSSs) as In-Home or Family Preservation services.

From 1990 to the present, Interagency Family Preservation Services (IFPS) was added in Maryland as an inter-agency approach to preserving families with children at imminent risk of placement from all child-serving Agencies. Until FY2008 IFPS was administered by the Governor’s Office for Children (GOC), after which it was integrated into DHR’s In-Home services.

Family preservation/In-Home services can be evaluated by examining families’ risk levels, and the incidence rates of maltreatment and out of home (OOH) placement. Risk is assessed by the Maryland Family Risk Assessment (MFRA), which is administered by the caseworker at the initiation of services, several times throughout services, and at case closure. Risk data for families served in In-Home services is discussed in this Report.

Maltreatment (child abuse or neglect) is measured by the number of indicated investigation findings of child maltreatment. OOH placement is measured by the number of children entering OOH care. Both measures are analyzed here for incidents of maltreatment or OOH placement among children while they were receiving In-Home services, and for children who had recently received In-Home services.

DHR In-Home services are separated into two (2) categories:

1. Interagency Family Preservation Services (IFPS); and
2. Consolidated In-Home Services – including Services to Families with Children (a short-term service featuring an assessment of family needs) and all other In-Home services.

Data for the two separate categories (IFPS and Consolidated) will be presented, along with data for the two programs combined (Total In-Home Services).

Service Counts for DHR In-Home Services

The table below contains four years of data for Total In-Home services, Consolidated In-Home services, and IFPS. A review of the last four years’ information on overall served cases indicates there was a 13% increase in the overall number of families and a corresponding 9% increase in the number of children served in In-Home programs from FY 2011 to FY 2014.

Families and Children Served and Newly Served*						
Total In-Home						
	All Cases Served during FY			New Cases during FY		
	Cases	Children	Child/Case	Cases	Children	Child/Case
FY 2011	7,517	16,425	2.2	5,260	11,396	2.2
FY 2012	8,755	18,799	2.2	6,583	13,935	2.1
FY 2013	8,751	18,836	2.2	6,278	13,391	2.1
FY 2014	8,494	17,836	2.1	6,552	13,463	2.1
Consolidated In-Home Services						
	All Cases Served during FY			New Cases during FY		
	Cases	Children	Child/Case	Cases	Children	Child/Case
FY 2011	6,555	14,173	2.2	4,488	9,593	2.1
FY 2012	7,850	16,633	2.1	5,870	12,237	2.1
FY 2013	7,777	16,508	2.1	5,467	11,481	2.1
FY 2014	7,527	15,643	2.1	5,807	11,797	2.0
Interagency Family Preservation Services						
	All Cases Served during FY			New Cases during FY		
	Cases	Children	Child/Case	Cases	Children	Child/Case
FY 2011	962	2,252	2.3	772	1,803	2.3
FY 2012	905	2,166	2.4	713	1,698	2.4
FY 2013	974	2,328	2.4	811	1,910	2.4
FY 2014	967	2,193	2.3	745	1,666	2.2
*FY 2011 – 2013 data revised						

Table 133

Total In-Home served and newly-served families increased significantly from FY2011 to FY2012 (12% and 24%, respectively). This was the first substantial increase among In-Home services in several years, and allayed concerns about the downward trends in In-Home services in prior years during a time period in which DHR out-of-home (OOH) placements had been decreasing significantly as well. Among some stakeholders, there had been the belief that if DHR OOH care placements were decreasing, then In-Home services should increase; this argument, however, ignored the increasing impact of DHR's Family-Centered Practice model, which emphasized child and family involvement in case planning and decisions, and utilizes natural and community resources to meet families' needs, which often negates the need for DHR/LDSS intervention.

Analysis of Indicated Findings of Child Maltreatment and Non-Placement Rates

This analysis focuses mainly on the question "Are children better off?" by measuring the absence of the occurrence of indicated findings of maltreatment, and the absence of placement in DHR out of home care.

The goal of In-Home services is to support families in caring for their children, and to remove risk of maltreatment, not the children, from their homes. Families generally want to stay together even when challenges exist, and In-Home staff strives to assist families in reaching that goal. Despite these efforts (by both families and DHR), there are instances of child maltreatment or the need for a child to be removed from the home while in (or after) In-Home services.

An indicated finding of child maltreatment refers to a decision made by a LDSS Child Protective Services (CPS) investigator, upon completion of an investigation, that there is sufficient

evidence, which has not been refuted, of child maltreatment. (There are two other CPS findings, not discussed here, including an “unsubstantiated” finding, meaning that there is not sufficient evidence to support the contention that maltreatment took place, or a “ruled out” finding, meaning that child protective services determined that maltreatment did not take place.)

OOH placements begin with a removal from the home of a child, which occurs when their safety cannot be assured in their home. The date of removal marks the beginning of the OOH placement episode.¹³ In this analysis, only DHR OOH placements are discussed—while other Maryland agencies place or fund the placement of children, this section discusses only DHR OOH placement among children who have participated in DHR’s In-Home services, as these placements are generally due only to child maltreatment. (A small number of placements exist due to children’s severe medical/mental health/developmental needs, through Voluntary Placement Agreements.)

Two measures are used to analyze the effectiveness of In-Home services in preventing child maltreatment and OOH placements:

- ≠ Did a CPS investigation result in an indicated finding for children receiving In-Home services?
- ≠ Did a DHR OOH placement occur for children receiving In-Home services?

For each of these indicators, data is analyzed for the time period during which a child received services, and then for the one-year time period after the child received services.

Measure	Timeframes	
Did a CPS investigation result in an <u>indicated finding</u> for children receiving services?	<u><i>During Services</i></u> For each fiscal year listed, the children newly-served in In-Home cases during that fiscal year are considered, and the observation time period for each child is the start of In-Home services to the first of either:	<u><i>Within 1 Year of Case Close</i></u> For each fiscal year listed, the children considered are those who were newly-served during the fiscal year and whose In-Home cases closed within 12 months of the start date of In-Home Services.
Did a DHR <u>OOH placement</u> occur for children receiving service?	<ul style="list-style-type: none"> ≠ the In-Home service close date; or ≠ 12 months following the start date of In-Home services. 	<p>In other words, these are the same children as the “During Services” children whose cases closed during the 12-month observation period.</p> <p>The observation time period for each child is the 12-month period beginning on the close date of In-Home services and ending 12 months later.</p>

Table 134

¹³ Not all children found to be the victim of an indicated maltreatment finding are removed, nor have all removed children been the victim in an indicated maltreatment finding. Removal is based on safety issues alone; if an alleged maltreater is no longer in the home and/or an appropriate safety plan is in place, removal may not be necessary. Additionally, safety is assessed continuously, and removal decisions are made based on the current situation while findings to investigations generally take up to two months to finalize. Safety issues may require removal regardless of an investigation finding.

Table 135 displays the counts of cases (families) and children newly-served each fiscal year, along with the counts and proportions of newly-served families whose cases closed within one year. It is evident that the majority of cases close within a year of starting. The child population associated with these cases were observed a year after case closing to determine whether a CPS Indicated Investigation or DHR OOH placement occurred.

For the “During Services” observation period, it is necessary for a year to elapse after the reported fiscal year ends. For the “Within 1 Year of Case Closure” observation period, it is necessary for two years to elapse after the reported fiscal year ends. Therefore, data for events occurring within 1 year of case closure are available for children newly served in FY2012, and data for events occurring during services is available for children who entered In-Home services in FY2013.

Using this construct, this table shows the number children who began In-Home services in FYs 2009-2014, and those that started In-Home services in those years but also completed services within 12 months of their service start date. Although this table includes data on cases (*i.e.*, families), subsequent data on indicated maltreatment and OOH placement will focus on children, not cases.

Total In-Home Cases*						
Fiscal Year	Cases			Children		
	Newly Served Cases	Newly-Served & Closed Within 1 Year	% Closed Within 1 Year	Newly-Served Children	Newly-Served & Closed Within 1 Year	% Closed Within 1 Year
FY2009	6,274	5,528	88%	13,462	11,689	87%
FY2010	5,515	4,784	87%	11,863	10,229	86%
FY2011	5,260	4,568	87%	11,396	9,800	86%
FY2012	6,583	5,827	89%	13,935	12,257	88%
FY2013	6,278	5,551	88%	13,391	11,783	88%
FY 2014	6,552	NA until FY15		13,463	NA until FY15	
*FY2009 – 2013 data revised						

Table 135

Over the past six fiscal years, the percentage of cases (families) and children that complete services within one year of beginning In-Home services is between 86% and 89%.

Indicated CPS Findings and Foster Care Placement Rates* (Total In-Home Cases)								
Fiscal Year	Indicated CPS Investigation				Out-of-Home Placement			
	During Services		Within 1 Year of Case Close		During Services		Within 1 Year of Case Close	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
FY2009	2.9%	396	3.3%	383	4.0%	536	2.4%	278
FY2010	3.9%	464	3.9%	401	4.6%	542	2.3%	233
FY2011	4.2%	475	3.3%	326	5.2%	598	2.5%	244
FY2012	2.6%	367	3.2%	397	4.5%	622	2.2%	264
FY2013	2.6%	345	NA until FY15		4.2%	557	NA until FY15	
*FY2009 – 2012 data revised								

Table 136

Indicated CPS Findings and OOH Care Placement Rates*								
Consolidated In-Home Services								
Fiscal Year	Indicated CPS Investigation				Out-of-Home Placement			
	During Services		Within 1 Year of Case Close		During Services		Within 1 Year of Case Close	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
FY2011	4.6%	440	3.4%	277	5.7%	548	2.5%	202
FY2012	2.7%	332	3.3%	354	4.6%	564	2.0%	219
FY2013	2.7%	314	NA until FY 15		4.3%	490	NA until FY 15	
Interagency Family Preservation Services								
Fiscal Year	Indicated CPS Investigation				Out-of-Home Placement			
	During Services		Within 1 Year of Case Close		During Services		Within 1 Year of Case Close	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
FY2011	1.9%	35	3.0%	49	2.8%	50	2.6%	42
FY2012	2.1%	35	2.7%	43	3.4%	58	2.9%	45
FY2013	1.6%	31	NA until FY 15		3.5%	67	NA until FY 15	

*FY2011 – 2012 data revised

Table 137

Indicated CPS Investigations/Child Maltreatment

During the past five fiscal years, the percentage of children who have experienced an indicated Child Protective Service investigation that resulted in an indicated finding of child maltreatment during In-Home services ranged between 2.6% in FY2012 and 2013, and 4.2% in FY2011. Despite these fluctuations, since FY2009, the average percentage of children not experiencing indicated maltreatment is 96.8%; for FY2013 the percentage was 97.4%.

Within one year of case closure, an average of 3.4% of children experienced an indicated finding of maltreatment within one year of case closure; therefore, since FY2009, an average of 96.6% of children did not experience an indicated maltreatment finding up to one year after finishing In-Home services.

During services and for the one-year period after services, therefore, approximately 97% of children did not experience an indicated finding of maltreatment over the past four to five years. For the past three fiscal years, there has been a lower rate of indicated maltreatment findings among children in IFPS compared to those in Consolidated In-Home services both during and within the year following case closure.

OOH Placement

Although there was a slight increase in FY2011 (to 5.2%), the general rate of OOH placement during In-Home services has ranged from 4.0% to 4.6%, dropping to 4.2% in FY 2013. Overall, an average of 95.5% of children served in In-Home services from FY 2009 to FY 2013 was able to remain with their families during In-Home services, and avoid OOH placement.

OOH placement in the year following In-Home services has been stable between 2.2% and 2.5% for the past four years, with the lowest rate (2.2%) this past fiscal year. For these past four years, an average of 97.7% of children remain in their home and avoided OOH placement within the first year after receiving In-Home services.

For OOH placement, a lower percentage of children in IFPS entered OOH care during services than Consolidated services – in FY2013, 3.5% of children in IFPS services entered OOH care, compared to 4.3% in Consolidated services. After care, however, there is a slightly higher rate among children who had received IFPS than Consolidated (2.9% versus 2.0%, respectively, FY 2012 rates).

Analysis of Maryland Family Risk Assessment (MFRA) for In-Home Services

DHR is in the process of revising and implementing two new risk and service assessment instruments. The Child and Adolescent Needs and Strengths- Family version (CANS-F) was developed, which provides specific caregiver information and is intended to support strengths-based case plans for in-home services. Additionally, a revised Maryland Family Risk Assessment (MFRA) has been designed based on an actuarial model, which will provide increased inter-rater reliability. It is anticipated that these instruments will be implemented in June 2015. Once these instruments are fully implemented, DHR will have a better set of integrated tools for its In-Home workforce to use, and will gain a well-rounded picture of a family's safety, risk, and functioning that will assist with service planning and data reporting.

Data presented here is based on the current MFRA, which offers the advantage of consistency in analyzing data from prior years, and consistency within cases. Workers are trained on the MFRA during pre-service orientation and through ongoing supervision.

DHR In-Home workers are required to complete an MFRA while the family is receiving services. An intake and closing risk assessment is required, as well as additional ratings every six months or when the family situation changes. The assessment is six pages and includes a central section wherein workers score family observations in five risk categories: (a) History of Child Maltreatment; (b) Type and Extent of Current Child Maltreatment Investigation; (c) Child Characteristics; (d) Caregiver Characteristics; and (e) Familial, Social and Economic Characteristics. A four-level risk rating of no-risk, low-risk, moderate-risk, or high-risk is assigned by assessing past incidents or the current incident leading to In-Home services. The final section of the MFRA is the Overall Rating of Risk. Workers enter their summary risk ratings for the five preceding risk categories before assigning an overall rating of risk for the family. Workers use the overall family risk rating to inform their case management decisions including case opening.

MFRA Intake Ratings

Within two weeks of starting an In-Home service case, workers are required to complete a MFRA rating for the family. Data, however, is not available for an average of 18% of In-Home cases for FY2011 - 2014. Two reasons seem most likely for this missing data: first, the MFRA may be completed during the investigation and then shared with the In-Home services team but not made a formal part of the In-Home service record; second, workers may be completing the MFRA in a paper-version but not recording the results in MD CHESSIE. DHR is working on

correcting these issues through a quality assurance system, as well as through improved supervision of case workers.

Safety, not risk, is the decisive factor in determining if children must be removed from their family of origin and placed into OOH care. (Safety is measured in a separate instrument, the SAFE-C.) Although safety and risk are different constructs (safety is concerned with the child's immediate condition), many cases with high risk also have enough immediate safety issues to warrant an out of home removal. Therefore, families with the highest risk may be more often served in OOH services than In-Home services.

Initial Risk based on MFRA Ratings*							
Total In-Home Services							
Fiscal Year	n	Percent					
		None	Low	Moderate	High	Missing	
FY 2011	7,517	9%	28%	39%	10%	14%	
FY 2012	8,755	15%	29%	33%	8%	16%	
FY 2013	8,751	17%	26%	31%	7%	18%	
FY 2014	8,494	14%	27%	28%	6%	24%	
Consolidated In-Home Services							
Fiscal Year	n	Percent					
		None	Low	Moderate	High	Missing	
FY 2011	6,555	9%	29%	38%	9%	14%	
FY 2012	7,850	16%	29%	31%	7%	16%	
FY 2013	7,776	19%	27%	29%	7%	19%	
FY 2014	7,527	15%	28%	26%	6%	25%	
Interagency Family Preservation Services							
Fiscal Year	n	Percent					
		None	Low	Moderate	High	Missing	
FY 2011	962	4%	21%	48%	17%	103%	
FY 2012	905	5%	22%	50%	12%	11%	
FY 2013	972	6%	24%	49%	12%	9%	
FY 2014	967	6%	23%	44%	13%	14%	

*FY 2011 – 2013 data revised

Table 138

This table shows initial MFRA ratings. In both Consolidated In-Home Services and IFPS cases over the past four years, the largest proportion of families has moderate risk levels. Families with low risk are the next largest group. Among Consolidated In-Home cases, those with no risk represented a higher proportion of cases than those with high risk in FYs 2012 and 2013, while the reverse is true for IFPS. Overall, over a third of all families in FY2014 (34%) had moderate or high risk at the initial MFRA evaluation.

Family Preservation Summary

DHR In-Home services are a critical component of meeting the needs of thousands of vulnerable children and their families. In FY2014 approximately 17,800 children from 8,500 families received DHR In-Home services.

Among those who had an initial MFRA (risk assessment) in FY2014:

≠ 34% had moderate to high risk at the initial assessment

Among those served in In-Home services, based on FY2013 entries (most recent year for which data is available):

- ≠ 97% of children did not experience an indicated finding for maltreatment during services, and
- ≠ 96% remained with their families and were not removed into a DHR OOH placement during services.

Among those children whose In-Home services ended, based on FY2012 entries (the most recent year for which data is available):

- ≠ 97% of children did not experience an indicated finding for maltreatment within one year of case closure, and
- ≠ 96% remain with their families and were not removed into a DHR OOH placement within one year of case closure.

As of August 31, 2014, there were 5,225 children in DHR OOH care (DHR/SSA State Stat Place Matters file, August 2014 data); this is the lowest number of children requiring removal from their homes in over 25 years. The provision of DHR In-Home services and other community supports are crucial in keeping children in their homes and families.

DHR's Place Matters Initiative has been able to achieve this success for children and families through its Family-Centered Practice model and use of Family Involvement Meetings. Child, youth, and family involvement are essential in DHR's OOH and In-Home practice models, which also rely on community supports and services. Providing In-Home services and other supports to families is necessary to continue to keep children with their families and to strengthen families' abilities to care for their children.

APPENDIX: Placement by Jurisdiction

Family Home, Adoptive

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Jurisdiction Where Children were Placed																										
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown	
Allegany	4	12.5%	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Unknown	
Anne Arundel	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Out-of-State	
Baltimore	2	6.3%	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore City	5	15.6%	0	0	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Calvert	3	9.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Caroline	4	12.5%	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0	
Carroll	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cecil	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Charles	4	12.5%	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dorchester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Frederick	1	3.1%	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Garrett	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford	2	6.3%	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Howard	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Kent	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Montgomery	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prince George's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Somerset	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
St. Mary's	2	6.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	
Talbot	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Washington	2	6.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	
Wicomico	3	9.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	
Worcester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	32	100.0	4	0	4	2	3	1	0	0	4	0	0	3	1	0	0	0	0	0	0	2	0	2	4	0	2	0	
% of children from jurisdiction			12.5%	0.0%	50.0%	40.0%	100.0%	25.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	9.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.3%	0.0%	6.3%	100.0%	0.0%	0.0%	0.0%	0.0%
% children Statewide in all			12.5%	0.0%	12.5%	6.3%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.3%	0.0%	6.3%	12.5%	0.0%	6.3%	0.0%	

Family Home, Foster Care

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	29	2.6%	25	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Anne Arundel	52	4.6%	0	45	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	5	1
Baltimore	111	9.8%	0	0	95	6	0	0	3	2	0	0	0	0	2	0	0	0	0	0	0	0	0	1	0	0	1	1
Baltimore City	335	29.6%	0	2	70	242	0	3	0	0	1	0	1	0	2	1	0	0	0	0	0	0	0	0	1	0	7	5
Calvert	26	2.3%	0	0	0	0	24	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	8	0.7%	0	1	0	0	5	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	25	2.2%	0	0	1	0	0	23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Cecil	86	7.6%	0	0	0	0	0	0	0	86	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	45	4.0%	0	0	0	0	0	0	0	0	45	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	5	0.4%	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0
Frederick	44	3.9%	0	0	0	0	0	0	0	0	0	0	42	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Garrett	12	1.1%	0	0	0	0	0	0	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	67	5.9%	0	0	4	0	0	0	0	1	0	0	0	0	62	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	9	0.8%	0	0	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	3	0.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0
Montgomery	99	8.7%	0	0	0	0	0	0	0	1	0	0	3	0	0	0	0	95	0	0	0	0	0	0	0	0	0	0
Prince George's	72	6.4%	0	0	1	1	0	0	0	0	0	0	0	0	4	0	0	0	62	0	2	0	0	0	0	0	4	0
Queen Anne's	2	0.2%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
Somerset	7	0.6%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	5	0	0	0
St. Mary's	23	2.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23	0	0	0	0	0	0
Talbot	6	0.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0
Washington	50	4.4%	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	45	0	10	0	4	0
Wicomico	10	0.9%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	1	0	0
Worcester	6	0.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	1132	100.0	25	48	171	249	24	8	26	90	48	4	47	15	66	16	3	95	62	3	2	23	7	48	21	1	23	7
% of children from jurisdiction			86.2%	86.5%	85.6%	72.2%	92.3%	62.5%	92.0%	100.0%	100.0%	40.0%	95.5%	100.0%	92.5%	100.0%	0.3%	8.4%	5.5%	0.3%	0.2%	2.0%	0.6%	4.2%	1.9%	0.1%	2.0%	0.6%
% children Statewide in all			2.2%	4.2%	15.1%	22.0%	2.1%	0.7%	2.3%	8.0%	4.2%	0.4%	4.2%	1.3%	5.8%	1.4%	0.3%	8.4%	5.5%	0.3%	0.2%	2.0%	0.6%	4.2%	1.9%	0.1%	2.0%	0.6%

Family Home, Relative Care

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Jurisdiction Where Children were Placed																										
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown	
Allegany	19	2.5%	15	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	1	
Anne Arundel	12	1.6%	0	8	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	
Baltimore	26	3.4%	0	2	16	2	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	3	0	
Baltimore City	475	62.4%	0	16	127	283	1	0	0	0	2	0	2	0	17	7	0	1	8	0	0	0	0	0	0	0	8	3	
Calvert	15	2.0%	0	4	2	0	6	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0		
Caroline	6	0.8%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2		
Carroll	3	0.4%	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Cecil	10	1.3%	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3		
Charles	16	2.1%	0	0	0	0	0	0	0	0	11	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	3		
Dorchester	3	0.4%	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2		
Frederick	17	2.2%	0	0	0	0	0	0	0	2	0	0	13	0	0	0	0	0	0	0	0	0	0	0	1	0	0		
Garrett	1	0.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Harford	36	4.7%	0	2	10	0	0	0	0	1	1	0	2	0	13	1	0	1	1	0	0	0	0	0	0	0	4		
Howard	6	0.8%	0	3	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0		
Kent	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Montgomery	53	7.0%	0	0	0	0	0	0	0	0	0	0	4	0	2	1	0	41	2	0	0	0	0	0	0	1	2		
Prince George's	34	4.5%	0	2	1	0	1	0	0	0	3	0	0	0	0	0	0	3	21	0	0	0	0	0	0	2	1		
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Somerset	1	0.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		
St. Mary's	16	2.1%	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	10	0	0	0	3	0		
Talbot	2	0.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0		
Washington	8	1.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	1	1		
Wicomico	1	0.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
Worcester	1	0.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Grand Total	761	100.0	15	37	160	287	8	0	6	8	17	1	21	0	34	10	0	46	36	1	1	12	5	6	3	0	21	26	
% of children from jurisdiction			78.9%	66.7%	61.5%	59.6%	40.0%	0.0%	100.0%	70.0%	68.8%	33.3%	76.5%	0.0%	36.1%	16.7%	0.0%	77.4%	61.8%	0.0%	0.0%	62.5%	100.0%	75.0%	100.0%	0.0%	0.0%	0.0%	3.4%
% children Statewide in all			2.0%	4.9%	21.0%	37.7%	1.1%	0.0%	0.8%	1.1%	2.2%	0.1%	2.8%	0.0%	4.5%	1.3%	0.0%	6.0%	4.7%	0.1%	0.1%	1.6%	0.7%	0.8%	0.4%	0.0%	2.8%	0.0%	

[illegible]

Family Home, Treatment Foster Care

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Jurisdiction Where Children were Placed																										
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown	
Allegany	6	0.4%	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
Anne Arundel	50	3.1%	0	14	10	9	1	0	0	0	0	0	0	0	2	0	3	6	0	2	0	2	0	1	0	2	0	1	0
Baltimore	194	11.9%	0	4	107	53	0	1	1	0	1	1	1	1	10	2	0	1	2	0	0	1	0	6	0	0	0	3	
Baltimore City	806	49.5%	0	19	348	350	0	0	8	1	0	0	0	0	16	10	0	11	33	0	1	0	0	3	4	0	0	2	
Calvert	17	1.0%	0	0	1	0	1	0	1	0	7	0	0	0	0	1	0	0	3	0	0	0	2	1	0	0	0	0	
Caroline	8	0.5%	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	1	0	0	1	0	4	0	0	0	
Carroll	4	0.2%	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
Cecil	25	1.5%	0	1	5	2	0	0	0	6	0	2	0	0	6	0	0	0	0	0	0	0	0	1	0	1	0	1	
Charles	12	0.7%	0	0	1	0	0	0	0	1	5	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	
Dorchester	9	0.6%	0	0	0	0	0	0	1	0	0	6	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	
Frederick	17	1.0%	0	0	4	2	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	8	0	0	0	0	
Garrett	2	0.1%	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford	45	2.8%	0	0	14	4	0	0	1	2	0	0	0	0	22	0	0	1	1	1	0	0	0	0	0	0	0	0	
Howard	18	1.1%	0	1	7	5	0	0	0	0	0	0	0	0	4	0	1	0	0	0	0	0	0	0	0	0	0	0	
Kent	1	0.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
Montgomery	85	5.2%	0	2	14	4	0	0	1	0	2	0	0	0	2	3	1	34	15	0	0	0	0	6	1	0	0	0	
Prince George's	219	13.5%	1	3	13	7	6	0	3	0	7	1	0	0	0	8	0	16	2	1	0	0	0	1	2	0	0	1	
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	
Somerset	14	0.9%	0	1	1	0	0	0	0	0	0	3	0	0	0	0	0	2	0	4	0	0	0	0	3	0	0	0	
St. Mary's	24	1.5%	0	0	1	1	1	0	0	0	8	0	0	0	2	2	0	0	6	1	0	0	0	0	2	0	0	0	
Talbot	11	0.7%	0	0	0	0	0	5	0	0	0	1	0	0	0	0	0	0	0	0	0	0	3	0	2	0	0	0	
Washington	24	1.5%	5	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	16	0	0	0	0	0	
Wicomico	20	1.2%	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	17	0	0	0	0	
Worcester	13	0.8%	0	0	1	0	0	1	0	0	0	1	0	0	0	0	0	0	0	3	0	0	0	7	0	0	0	0	
Out-of-State	3	0.2%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	1627	100.0	12	45	532	438	9	7	8	10	29	17	3	3	59	32	2	53	5	4	10	1	5	44	49	0	2	8	
% of children from jurisdiction			66.7%	28.0%	55.2%	43.4%	5.9%	12.5%	0.0%	24.0%	41.7%	66.7%	5.9%	50.0%	48.9%	22.2%	100.0%	40.0%	74.0%	0.0%	28.6%	0.0%	0.1%	0.3%	27.3%	66.7%	85.0%	0.0%	0.5%
% children Statewide in all			0.7%	2.8%	32.7%	26.9%	0.6%	0.4%	1.1%	0.6%	1.8%	1.0%	0.2%	0.2%	3.6%	2.0%	0.1%	3.3%	14.4%	0.2%	0.6%	0.1%	0.3%	2.7%	3.0%	0.0%	0.1%	0.5%	

Family Home, Living Arrangement

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in jurisdiction	Jurisdiction Where Children were Placed																									
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	14	5.9%	13	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	21	8.9%	14	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	4	0
Baltimore	34	14.4%	0	25	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Baltimore City	71	30.1%	0	57	4	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	3	3	0
Calvert	2	0.8%	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	1	0.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Carroll	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	4	1.7%	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Charles	3	1.3%	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	1	0.4%	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	7	3.0%	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	23	9.7%	0	0	3	0	0	0	0	2	0	0	0	16	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Howard	1	0.4%	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	26	11.0%	0	2	0	0	0	0	1	0	0	0	0	0	0	0	16	3	0	0	0	0	0	0	0	0	1	3
Prince George's	18	7.6%	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0	7	0	0	0	0	0	0	0	0	5	3
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	1	0.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
St. Mary's	4	1.7%	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0
Talbot	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	5	2.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0
Wicomico	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	236	100.0%	13	15	91	4	1	0	1	5	3	2	7	2	18	1	0	16	11	0	2	3	0	6	1	0	14	20
% of children from jurisdiction			92.9%	66.7%	73.5%	1.7%	50.0%	0.0%	0.0%	0.0%	1.3%	0.8%	0.0%	7.6%	0.4%	0.0%	6.8%	4.7%	38.9%	0.0%	100.0%	75.0%	0.0%	2.5%	0.4%	0.0%	5.9%	8.5%
% children Statewide in all																												

Community, Independent Living

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in jurisdiction	Jurisdiction Where Children were Placed																									
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0
Anne Arundel	5	2.5%	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Baltimore	20	10.0%	0	14	5	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Baltimore City	126	62.7%	0	0	65	54	0	0	0	0	0	0	0	0	2	0	0	1	3	0	0	0	1	0	0	0	0	0
Calvert	1	0.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Caroline	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	1	0.5%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	2	1.0%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Dorchester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	3	1.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0
Garrett	1	0.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Harford	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	5	2.5%	0	0	2	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	13	6.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	2	0	0	0	0	0	0	0	0	0
Prince George's	22	10.9%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	16	0	0	0	0	0	2	0	0	1
Queen Anne's	1	0.5%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico	1	0.5%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	201	100.0%	0	0	86	60	0	0	0	0	0	0	0	1	5	0	21	22	0	0	0	0	0	1	4	0	0	1
% of children from jurisdiction			0.0%	0.0%	70.0%	42.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	60.0%	0.0%	84.6%	72.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% children Statewide in all			0.0%	0.0%	42.8%	29.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	2.5%	0.0%	10.4%	10.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	2.0%	0.0%	0.0%	0.5%

Community, RCCP

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children placed in jurisdiction	Jurisdiction Where Children were Placed																									
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	14	1.7%	6	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	3	0
Anne Arundel	49	5.9%	0	3	17	8	0	2	0	0	3	0	1	0	3	0	0	2	3	0	0	0	0	6	0	0	1	0
Baltimore	94	11.2%	1	0	36	23	0	2	0	3	0	0	1	1	3	1	0	6	7	0	0	0	0	4	0	0	5	0
Baltimore City	201	24.0%	0	7	51	93	0	0	0	0	1	0	0	0	0	2	1	12	20	0	0	0	0	10	0	0	4	0
Calvert	20	2.4%	1	0	5	1	1	2	0	0	2	0	1	2	0	0	0	0	1	0	0	1	0	2	0	0	1	0
Caroline	3	0.4%	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Carroll	9	1.1%	2	0	3	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	3	0	0	0	0
Cecil	25	3.0%	0	0	12	2	0	2	0	4	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	2	0
Charles	17	2.0%	1	0	3	2	0	0	0	0	7	0	0	0	0	0	0	1	0	0	0	0	0	2	0	0	1	0
Dorchester	5	0.6%	0	0	1	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0
Frederick	30	3.6%	2	0	8	1	0	2	0	1	0	0	2	0	1	0	0	2	3	0	0	0	0	6	0	0	2	0
Garrett	6	0.7%	2	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	3	0	0	0	0
Harford	46	5.5%	0	0	12	1	0	3	0	3	0	0	0	11	0	0	0	5	0	0	0	0	0	6	0	0	5	0
Howard	23	2.7%	0	0	14	1	1	0	0	0	0	0	0	1	0	0	0	1	2	0	0	0	2	0	0	0	1	0
Kent	6	0.7%	0	0	2	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	73	8.7%	0	3	6	2	0	1	0	2	0	0	2	0	0	0	0	34	9	0	0	0	0	8	0	0	5	1
Prince George's	117	14.0%	4	5	26	11	1	1	0	4	2	0	2	0	1	1	3	9	28	0	0	0	0	13	0	0	6	0
Queen Anne's	6	0.7%	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Somerset	3	0.4%	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
St. Mary's	17	2.0%	0	1	9	0	1	0	0	0	1	0	0	0	0	0	0	1	2	0	0	0	0	1	0	0	1	0
Talbot	3	0.4%	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Washington	36	4.3%	1	0	9	3	0	0	0	0	0	0	1	0	0	0	0	0	3	0	0	0	17	0	0	0	2	0
Wicomico	19	2.3%	0	0	5	2	0	2	0	0	0	0	0	0	0	0	1	6	1	0	0	0	0	0	0	0	2	0
Worcester	4	0.5%	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Out-of-State	11	1.3%	0	0	7	1	1	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	837	100.0	20	19	229	152	5	29	0	19	16	0	10	8	20	5	8	82	80	0	0	1	0	84	1	0	45	4
% of children from jurisdiction			2.4%	2.3%	27.4%	18.2%	0.6%	3.5%	0.0%	2.3%	1.9%	0.0%	1.2%	1.0%	2.4%	0.6%	1.0%	9.8%	9.6%	0.0%	0.0%	0.1%	0.0%	10.0%	0.1%	0.0%	5.4%	0.5%
% children Statewide in all																												

Community, CSLA

Home Jurisdiction of Children		# children from jurisdiction in placement	% of children Statewide in jurisdiction	Jurisdiction Where Children were Placed																				Unknown			
				Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's		Talbot	Washington	Wicomico
Allegany	3	4.4%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	2	2.9%	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	8	11.8%	0	6	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore City	3	4.4%	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Calvert	2	2.9%	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	6	8.8%	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	2	2.9%	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	1	1.5%	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard	3	4.4%	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	25	36.8%	0	0	0	0	0	0	0	0	0	0	0	25	0	0	0	0	0	0	0	0	0	0	0	0	0
Prince George's	8	11.8%	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	1	1.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
St. Mary's	1	1.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Talbot	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	3	4.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
Wicomico	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	68	100.0	3	2	6	4	2	0	7	0	2	0	0	0	1	3	0	25	8	0	1	1	0	3	0	0	0
% of children from jurisdiction				100.0%	75.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	4.4%	0.0%	36.8%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%
% children Statewide in all				4.4%	8.8%	5.9%	2.9%	0.0%	10.3%	0.0%	2.9%	0.0%	0.0%	0.0%	1.5%	4.4%	0.0%	0.0%	11.8%	0.0%	1.5%	1.5%	0.0%	4.4%	0.0%	0.0%	0.0%

Community, Living Arrangement

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Jurisdiction Where Children were Placed																				Grand Total	11.6%					
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's			Talbot	Washington	Wicomico	Worcester	Out-of-State
	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Anne Arundel	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Baltimore	4	9.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Baltimore City	26	60.5%	0	1	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Calvert	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Caroline	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Carroll	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Cecil	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Charles	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Dorchester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Frederick	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Garrett	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Harford	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Howard	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Kent	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Montgomery	7	16.3%	0	1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Prince George's	6	14.0%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0.0%
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Somerset	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
St. Mary's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Talbot	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Washington	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Wicomico	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Worcester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Grand Total	43	100.0%	0	2	13	0	0	0	0	0	0	0	0	2	0	0	0	0	9	0	4	0	0	0	1	0	7	5	0.0%
% of children from jurisdiction			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	20.9%	0.0%	9.3%	0.0%	0.0%	0.0%	2.3%	16.3%	11.6%	0.0%	
% children Statewide in all			0.0%	4.7%	30.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	20.9%	0.0%	9.3%	0.0%	0.0%	0.0%	2.3%	16.3%	11.6%	0.0%	

Non-Community, DETP

Home Jurisdiction of Children		# children from jurisdiction in placement	% of children statewide in placements from jurisdiction	Jurisdiction Where Children were Placed																									
				Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel		1	4.2%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore		2	8.3%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore City		1	4.2%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Calvert		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil		1	4.2%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles		1	4.2%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick		1	4.2%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford		2	8.3%	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard		2	8.3%	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery		3	12.5%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Prince George's		2	8.3%	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Queen Anne's		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's		1	4.2%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington		2	8.3%	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico		2	8.3%	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester		2	8.3%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State		1	4.2%	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total		24	100.0	0	0	9	14	0	0	0	0	0	0	0	0	0	0	1	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% of children from jurisdiction																													
% children Statewide in all																													

Non-Community, Detention

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Jurisdiction Where Children were Placed																				Out-of-State	Unknown		
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's			Talbot	Washington
Allegany	2	1.3%	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	11	6.9%	3	0	0	0	0	0	0	0	0	0	3	5	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	11	6.9%	3	0	0	0	0	0	0	0	0	0	3	5	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore City	32	20.1%	10	0	0	5	0	0	0	0	0	0	14	3	0	0	0	0	0	0	0	0	0	0	0	0
Calvert	3	1.9%	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	4	2.5%	2	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	2	1.3%	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Charles	5	3.1%	1	0	0	1	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	3	1.9%	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett	1	0.6%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	1	0.6%	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Howard	2	1.3%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent	1	0.6%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	18	11.3%	11	0	0	2	0	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	0
Prince George's	49	30.8%	20	0	0	3	0	0	0	0	0	0	15	11	0	0	0	0	0	0	0	0	0	0	0	0
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	2	1.3%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	3	1.9%	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	3	1.9%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico	5	3.1%	3	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	1	0.6%	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	159	100.0	65	0	0	15	0	0	0	0	0	0	46	33	0	0	0	0	0	0	0	0	0	0	0	0
			50.0%	0.0%	9.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% of children from jurisdiction			40.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	28.9%	20.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% children Statewide in all																										

Non-Community, Non-Secure

Home Jurisdiction of Children		# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Jurisdiction Where Children were Placed																									
				Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel		3	7.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	0
Baltimore		1	2.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Baltimore City		15	36.6%	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	14	0
Calvert		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caroline		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll		3	7.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0
Cecil		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles		3	7.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	0
Dorchester		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Garrett		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford		1	2.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Howard		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kent		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery		3	7.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
Prince George's		8	19.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	4	0	0
Queen Anne's		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Worcester		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State		4	9.8%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0
Unknown		0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total		41	100.0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0	30	0	0
% of children from jurisdiction				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
% children Statewide in all				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	26.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	73.2%	0.0%	0.0%

Non-Community, Residential Education

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Anne Arundel	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Baltimore	4	8.5%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	
Baltimore City	4	8.5%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	
Calvert	1	2.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
Caroline	2	4.3%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
Carroll	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cecil	2	4.3%	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Charles	1	2.1%	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
Dorchester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Frederick	6	12.8%	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	2	0	
Garrett	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harford	3	6.4%	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
Howard	1	2.1%	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Kent	2	4.3%	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Montgomery	18	38.3%	0	0	0	0	0	4	0	3	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	6	0	
Prince George's	3	6.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	1	0	
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Somerset	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
St. Mary's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Talbot	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Washington	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Wicomico	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Worcester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	47	100.0	0	0	1	0	0	12	0	6	0	0	0	0	0	2	0	9	0	0	0	0	0	0	0	0	17	
% of children from jurisdiction			0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	12.8%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%	0.0%	19.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	36.2%	
% children Statewide in all			0.0%	0.0%	2.1%	0.0%	0.0%	25.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	

Non-Community, RTC

Jurisdiction Where Children were Placed																												
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
	15	2.0%	0	0	1	7	0	0	0	0	0	1	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	46	6.2%	0	0	4	27	0	0	0	0	0	5	4	0	0	0	0	2	0	0	0	0	0	0	0	0	4	0
Baltimore	123	16.6%	0	0	43	62	0	0	0	0	0	3	7	0	0	0	0	1	0	0	0	0	0	0	0	0	7	0
Baltimore City	137	18.5%	0	0	64	54	0	0	0	0	0	3	8	0	0	0	0	2	0	0	0	0	0	0	0	0	6	0
Calvert	5	0.7%	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Caroline	5	0.7%	0	0	3	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	15	2.0%	0	0	8	4	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Cecil	22	3.0%	0	0	8	11	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charles	8	1.1%	0	0	3	1	0	0	0	0	0	1	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
Dorchester	26	3.5%	0	0	5	8	0	0	0	0	0	10	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Frederick	35	4.7%	0	0	5	8	0	0	0	0	0	0	20	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
Garrett	5	0.7%	0	0	0	3	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	37	5.0%	0	0	15	13	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0
Howard	15	2.0%	0	0	2	8	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
Kent	7	0.9%	0	0	5	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	67	9.0%	0	0	10	20	0	0	0	0	0	4	4	0	0	0	0	29	0	0	0	0	0	0	0	0	0	0
Prince George's	78	10.5%	0	0	27	18	0	0	0	0	0	7	8	0	0	0	0	6	0	0	0	0	0	0	0	12	0	0
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	6	0.8%	0	0	2	0	0	0	0	0	0	2	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
St. Mary's	4	0.5%	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Talbot	14	1.9%	0	0	1	0	0	0	0	0	0	8	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	24	3.2%	0	0	8	7	0	0	0	0	0	1	4	0	0	0	0	3	0	0	0	0	0	0	0	1	0	0
Wicomico	34	4.6%	0	0	15	5	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
Worcester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	14	1.9%	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	2	0	0	0	0	0	0	0	9	0	0
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	742	100.	0	0	234	260	0	0	0	0	0	66	79	0	0	0	0	51	0	0	0	0	0	0	0	52	0	0
% of children from jurisdiction			0.0%	0.0%	31.5%	39.4%	0.0%	0.0%	0.0%	0.0%	0.0%	38.5%	57.1%	0.0%	0.0%	0.0%	0.0%	43.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	64.3%	0.0%	0.0%
% children Statewide in all			0.0%	0.0%	35.0%	35.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.9%	10.6%	0.0%	0.0%	0.0%	0.0%	6.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%	0.0%	0.0%

Non-Community, ASAM

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in jurisdiction	Jurisdiction Where Children were Placed																									
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	2	0.5%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	67	17.6%	16	7	7	0	1	0	12	0	0	3	5	4	0	0	0	1	0	0	0	0	0	6	0	0	5	0
Baltimore	53	13.9%	11	0	11	1	0	0	12	0	0	1	0	6	0	0	0	0	0	0	0	0	0	1	0	0	10	0
Baltimore City	80	21.1%	1	1	9	11	0	0	30	0	0	4	0	6	0	0	0	1	0	0	0	0	0	1	0	0	16	0
Calvert	11	2.9%	2	1	1	0	0	0	2	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Caroline	1	0.3%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	13	3.4%	3	0	2	1	0	0	4	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	9	2.4%	4	1	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
Charles	8	2.1%	0	0	1	1	1	0	0	0	1	2	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Dorchester	2	0.5%	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Frederick	11	2.9%	2	1	1	0	0	0	1	0	0	0	5	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Garrett	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harford	15	3.9%	6	0	0	0	0	0	3	0	0	0	1	1	1	0	2	0	0	0	0	0	1	0	0	0	0	0
Howard	3	0.8%	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Kent	2	0.5%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	21	5.5%	5	2	3	0	0	0	1	0	0	0	0	3	0	0	0	4	0	0	0	0	0	1	0	0	2	0
Prince George's	39	10.3%	2	0	3	1	0	0	16	0	0	3	0	8	0	0	0	0	0	0	0	0	0	0	0	0	6	0
Queen Anne's	1	0.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Somerset	1	0.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
St. Mary's	6	1.6%	2	0	0	0	0	0	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	8	2.1%	1	0	3	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
Wicomico	11	2.9%	3	0	0	0	0	0	2	0	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Worcester	2	0.5%	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	14	3.7%	0	0	7	0	0	0	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	380	100.0	63	13	50	16	2	0	90	0	2	20	15	35	1	0	3	6	2	0	0	1	0	14	0	2	45	0
% of children from jurisdiction			16.6%	10.4%	20.8%	13.8%	0.0%	0.0%	23.7%	0.0%	12.5%	5.3%	3.9%	9.2%	6.7%	0.0%	0.8%	1.6%	0.5%	0.0%	0.0%	0.3%	0.0%	3.7%	0.0%	0.5%	11.8%	0.0%
% children Statewide in all																												

Jurisdiction Where Children were Placed

Journal Pre-proof

Hospitalization, General

Jurisdiction Where Children were Placed														
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford
			0	0	0	0	0	0	0	0	0	0	0	0
		0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Allegany	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore	1	11.1%	0	0	0	0	0	0	0	0	0	0	0	0
Baltimore City	5	55.6%	0	2	0	0	0	0	0	0	0	0	0	2
Calvert	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Caroline	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	1	11.1%	0	0	0	0	0	0	0	0	0	0	0	0
Cecil	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Charles	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Dorchester	1	11.1%	0	0	0	0	0	0	0	0	1	0	0	0
Frederick	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Garrett	1	11.1%	0	0	0	0	0	0	0	0	0	0	0	1
Harford	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Howard	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Kent	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Prince George's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Wicomico	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Worcester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	9	100.0%	0	3	0	0	0	0	0	0	1	0	0	3
			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
% of children from jurisdiction			0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%
% children Statewide in all			0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	11.1%

Unknown

Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Jurisdiction Where Children were Placed																		Out-of-State	Unknown							
			Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's			Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	
Allegany	3	0.9%	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0		
Anne Arundel	4	1.2%	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2		
Baltimore	18	5.6%	0	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3		
Baltimore City	170	52.8%	0	1	85	10	0	0	1	0	0	1	0	1	2	0	0	0	0	0	0	0	0	0	1	0	62		
Calvert	3	0.9%	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1		
Caroline	2	0.6%	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Carroll	5	1.6%	0	0	1	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
Cecil	6	1.9%	0	0	0	0	0	0	0	5	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0		
Charles	4	1.2%	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1		
Dorchester	1	0.3%	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Frederick	4	1.2%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	2		
Garrett	11	3.4%	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	2	0	0	4		
Harford	17	5.3%	0	0	4	0	0	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	4		
Howard	1	0.3%	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0		
Kent	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Montgomery	15	4.7%	0	1	3	0	0	0	1	0	0	0	1	0	0	0	3	1	0	0	0	0	0	0	0	0	2		
Prince George's	34	10.6%	1	0	2	0	0	0	0	0	0	0	0	0	0	0	1	18	0	0	0	0	0	0	0	8	3		
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Somerset	1	0.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		
St. Mary's	2	0.6%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2		
Talbot	2	0.6%	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1		
Washington	16	5.0%	0	0	2	0	0	0	0	0	0	0	0	1	0	0	0	13	0	0	0	0	0	0	0	0	0		
Wicomico	3	0.9%	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0		
Worcester	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Out-of-State	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Grand Total	322	100.0	2	4	114	10	2	1	6	5	1	2	2	7	12	3	1	5	19	0	0	1	1	17	3	0	17	87	
% of children from jurisdiction			33.3%	50.0%	77.8%	5.9%	66.7%	50.0%	60.0%	83.3%	25.0%	0.0%	0.0%	45.5%	52.9%	100.0%	0.0%	20.0%	52.9%	0.0%	0.0%	0.0%	0.3%	0.3%	81.3%	33.3%	0.0%	5.3%	27.0%
% children Statewide in all			0.6%	1.2%	35.4%	3.1%	0.6%	0.3%	1.9%	1.6%	0.3%	0.6%	0.6%	2.2%	3.7%	0.9%	0.3%	1.6%	5.9%	0.0%	0.0%	0.0%	0.3%	0.3%	5.3%	0.9%	0.0%	5.3%	27.0%

EXHIBIT 2

Residential Treatment Centers

[Home \(/index.htm\)](#) › [Resources \(/resources\)](#) › [Residential Treatment Centers \(/resources/pages/residential-treatment-centers\)](#)

Residential Treatment Centers, Wraparound and the RTC Medicaid Waiver

Residential Treatment Centers

In Maryland regulation, a “residential treatment center” (RTC) is a psychiatric institution that provides campus-based intensive and extensive evaluation and treatment of children and adolescents with severe and chronic emotional disabilities who require a self-contained therapeutic, educational, and recreational program in a residential setting. Next to inpatient psychiatric hospitalization, an RTC is the second-most restrictive and costly treatment for children and adolescents. Some facts about Maryland RTCs:

Maryland has 11 RTCs that are licensed by the Department of Health and Mental Hygiene (DHMH). Four facilities serve only boys, and one serves younger children ages 5-13. The other RTCs are co-ed and service adolescents.

All of the RTCs have their own schools. These schools serve the needs of both the youth in RTCs and those in the neighboring community who need a more intensive school placement.

About 50% of the youth served by RTCs have been placed there by the Department of Juvenile Services or the Department of Social Services.

It is important to note that RTCs are one small component of the full continuum of care for children. Maryland has been investing in community-based care to keep children with their families and in their communities.

What is the Process for Admission to an RTC?

While it is preferable to keep a child with their family and in their community rather than place a child out of home, in some instances this may be necessary. Accessing an RTC can be a lengthy and complicated process. The process also depends upon whether your child has private insurance or Medical Assistance. An additional consideration is the payment for the educational component of an RTC.

In all cases, your child will only be eligible for admission to an RTC by meeting "Medical Necessity Criteria." One of the criteria is that your child must have a psychiatric evaluation done within the last 30 days, which states that your child needs RTC level of care. If your child is in the hospital and is being discharged, and a recommendation for an RTC is made, be sure your child's psychiatrist puts the recommendation for an RTC into writing. The recommendation must state that it is medically necessary for treatment to be 24 hours a day, 7 days a week.

For the definition of the Medical Necessity Criteria for RTC level of care, click here (http://www.valueoptions.com/provider/handbook/rtc_and_community-based_rtc_level_of_care.pdf).

If your child has Medicaid

The organization that administers the public mental health system, ValueOptions, will review your child's psychiatric evaluation and make the determination that your child does or does not meet the criterion for RTC level of care. If your child meets Medical Necessity Criteria for an RTC, the cost of treatment and residential care will be paid by Medicaid.

The next concern is the educational costs for an RTC.

If your child has an IEP with a non-public school placement, you may directly contact one of the RTCs that are licensed by DHMH for admission to the RTC. The RTC will inform you of the documents you need for approval of admission to the RTC. If you want, you may request the help of your local Core Service Agency (see below) to provide you with additional information and assist you with the application process.

If your child does not have an IEP with a non-public school placement, but your child does have Medicaid, you need to contact your local Core Service Agency <http://www.dhmf.state.md.usmha/csa.html>, which will help assist you with gathering appropriate documentation, navigating the approval process, and accessing intensive community-based services prior to admission to an RTC.

If your child has Private Insurance

If your child does not have Medicaid, you must contact your private insurance company to see if your insurance policy covers treatment in an RTC.

If your policy covers an RTC:

Your insurance company will help you locate an RTC that is in their network. It is important to keep your child as close as possible to home so that you can have frequent visits and stay involved in your child's treatment.

If your policy covers treatment in an RTC and your child is denied by the insurance company, you can appeal the decision. All insurance companies must have an appeals process.

If your policy does not cover treatment in an RTC:

Other youth may be referred to an RTC through the Department of Juvenile Services or the Department of Social Services.

The following chart lists the RTCs licensed by the Department of Health and Mental Hygiene:

RTC/Bed Capacity	Operated By	Population	Location
Adventist Behavioral Health at Anne Arundel 30 beds 410.923.6410 www.adventistbehavioralhealth.com (www.adventistbehavioralhealth.com)	Adventist Healthcare	Adolescents 13-17 years	Anne Arundel County
Regional Institute for Children and Adolescents (RICA) Baltimore 45 beds 410.368.6800 www.dhmf.state.md.us/rica-balto (http://www.dhmf.state.md.us/rica-balto)	Maryland Department of Health and Mental Hygiene	Adolescents, 12-18 years, Co-ed	Baltimore County
Woodbourne Center 48 beds 410.433.1000 www.woodbourne.org (http://www.woodbourne.org/)	Private non-profit	Adolescent boys 12-18 years. Special population served: sexually suggestive youth. IQ criteria: 70 and up	Baltimore City

Berkeley & Eleanor Mann Residential Treatment Center

68 beds, some are restricted
410.938.5152
www.sheppardpratt.org
(<http://www.sheppardpratt.org/>)

Sheppard Pratt
Health
Systems

Adolescents 12-18
years, Co-ed
Baltimore
County

Chesapeake Treatment Center
29 beds
410.663.8500

Good Shepherd Center
105 beds
410.247.2770
www.goodshepherdcenter.org
(<http://www.goodshepherdcenter.org/>)

Sisters of the
Good
Shepherd

Adolescent males 16-
20 years. Special
population served:
sexually aggressive
youth with approval
of DJS gatekeeper
Adolescents 13-
21years. Special
population served:
dual diagnosis,
substance abusers,
developmentally
disabled
Baltimore
County

St. Vincent's Villa (<http://www.catholiccharities-md.org/st-vincent-villa/residential-treatment-center.html>) (formerly Villa Maria)
95 beds
410.252.4700

Associated
Catholic
Charities

Youth ages 5-13
years, co-ed
Baltimore
County

Adventist Behavioral Health Eastern Shore
(<http://www.adventistbehavioralhealth.com/>)
59 beds
410.221.0288

Adventist
Healthcare

Adolescent males 12-
17 years. Transitional
youth programs for
children 17-20, and
substance abuse
programs for children
who have dual
diagnosis

The Jefferson School
(<http://www.thejeffersonschool.org/>)
50 beds
301.624.8404

Sheppard Pratt
Health
Systems

Adolescents 12-17
years. Special
population served:
sexually aggressive
youth. IQ criteria: 65
and up. Co-ed
Frederick
County

John L. Gildner Regional Institute for Children
and Adolescents
(<http://www.dhmd.state.md.us/jlgrica>) (RICA)
Rockville
80 beds
301.251.6800

Maryland
Department of Children and
Health and adolescents 11-18
Mental years, co-ed
Hygiene
Montgomery
County

Adventist Behavioral Health Rockville
(<http://www.adventistbehavioralhealth.com/>)
83 beds
301.251.4500

Adolescents 13-18
years. Special
Adventist population served: Montgomery
Healthcare sexually aggressive County
youth. IQ criteria: 70
and above

The facilities listed in the chart above represent those programs specifically licensed to serve children with serious mental health needs. Other residential facilities in Maryland may be licensed to serve children involved with other state agencies, such as Juvenile Services or Developmental Disabilities.

Ideally, stays in RTCs should be as short as safely possible. In most cases, youth should begin to re-integrate with their family and community soon after placement. Long-term stays in RTCs have not been found to produce more positive outcomes than shorter stays. Cases are reviewed regularly to determine if the child is able to return to their home and community.

DO YOU NEED HELP ACCESSING SERVICES FOR YOUR CHILD?

Our trained staff, who themselves have cared for a child with mental health, substance use and/or other behavioral health needs, will work one-on-one to help you understand the services available in your community and how to access them.

Main office: 410.730.8267

Email: info@mdcoalition.org (<mailto:info@mdcoalition.org>)

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EXHIBIT 3

2013

Maryland Department of Juvenile Services
Residential and Community-Based Services Gap
Analysis



Submitted by the
Department of Juvenile
Services in partnership with
The Institute for Innovation
& Implementation

12/31/2013

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Executive Summary

The Department of Juvenile Services (DJS) is responsible for managing, supervising, and treating youth who are involved in the juvenile justice system in Maryland. This report summarizes DJS's current service continuum and data related to the risks and needs presented by girls and boys who are involved with DJS, and provides an assessment of whether the current array of services are sufficient to meet the needs of all youth, with specific focus on girls. A proposed action plan for addressing identified gaps is included at the end of the report.

Community-Based Service Gaps

- ≠ Youth in all jurisdictions have access to some form of evidence-based or promising programs that have shown to be effective for girls and boys, including Multisystemic Therapy (MST), Functional Family Therapy (FFT), Family-Centered Treatment (FCT), and High Fidelity Wraparound.
- ≠ All jurisdictions reported availability of treatment programming to address mental health and substance use needs; more detailed analyses are needed in each locality to determine whether the existing services are sufficient.
- ≠ The following jurisdictions reported having no gender-specific community services for girls, despite having a significant number of girls on probation supervision: Baltimore County (114 girls court-ordered to probation in Fiscal Year 2013 (FY13)), Prince George's County (62), Anne Arundel County (61), and Wicomico County (30).
- ≠ A significant number of youth under probation in Anne Arundel and Worcester Counties demonstrated a moderate or high need related to aggression, but these counties did not report access to any services to address this need.
- ≠ A significant number of youth under probation in Wicomico and Worcester (boys only) Counties demonstrated a moderate or high education/school need (e.g., truancy, misconduct, poor grades, etc.), but these counties did not report access to any education support services.

Residential Service Gaps for Girls

- ≠ Findings from a forecast analysis suggest that DJS has enough capacity to serve girls in Level III/hardware secure residential services through a single DJS-operated program (capacity of 14 girls) for the foreseeable future. An assessment of girls' needs indicates that Level III programming should address mental health, family functioning, aggression, and alcohol and drug use.

- ≠ There appears to be a shortage of services available for Level II/staff secure residential programs. On any given day, DJS has approximately eight slots available using two privately-run group homes to serve girls who require a staff secure placement, yet the forecast analysis projects that 16 girls require services at this level. An analysis of girls' needs indicates that programming in Level II programs should focus on alcohol and drug use, in addition to mental health. These findings are also supported by analyses of placement ejections and girls placed outside Maryland.
- ≠ There are sufficient resources for Level I/community-based residential programs, with 81 slots available to girls on any given day and 65-67 girls projected for this level of programming. The evidence-based services (EBSs) described above may also be utilized as alternatives to out-of-home placement for these youth, if they are eligible and the youth and caregivers are amenable to treatment.
- ≠ There are sufficient resources for mental health residential treatment based on prior utilization, with 47-48 girls projected to need this type of placement, and 51 mental health residential placements (MHRPs) utilized on average. This included 37 residential treatment center (RTC) beds, six beds in diagnostic units, eight psychiatric hospital beds, and one high intensity psychiatric respite bed. Nonresidential services, such as care coordination in the community through the Care Management Entity (CME), may also be appropriate alternatives to residential care for some youth.

Residential Service Gaps for Boys

- ≠ There is a shortage in capacity to serve boys in Level III programs. Whereas 135-138 boys are projected to require Level III programming on any given day, there is currently only one hardware secure program in Maryland that serves 48 boys. An assessment of boys' needs indicates that Level III programming should address the continuum of behavioral health needs with emphasis on alcohol and drug use, family functioning, aggression, and mental health. These findings are also supported by an analysis of boys who were placed in programs outside of Maryland in FY12 and FY13.
- ≠ There are sufficient services available for Level II programs. On any given day, DJS has approximately 335 slots available using seven staff secure programs, one therapeutic group home, one group home, and three intermediate care facilities for boys who require a staff secure placement. The forecast analysis projects that 269-275 boys require services at this level. An analysis of boys' needs indicates that services in Level II programs should

emphasize alcohol and drug use, family functioning, and aggression/assaultive behavior, and mental health.

- ≠ There are sufficient resources for Level I programs, with 240 slots available to boys and 254-260 boys projected for this level of programming on any given day. Some boys may be diverted to one of the in-home EBSs—over three-quarters of the boys were identified as having a moderate or high need related to family functioning and all currently available EBSs are family-based models.
- ≠ There is a potential shortage in appropriate mental health residential treatment beds. On the one hand, the forecast analysis indicated that 123-126 boys are projected to need this type of placement, and 130 MHRPs have been utilized on average. These included 77 RTC beds, 12 psychiatric hospital beds, 11 beds in diagnostic units, and one high intensity psychiatric respite bed. And once again, community-based services such as care coordination through the CMEs may also be appropriate alternatives to residential care for some youth. On the other hand, 29 boys have been sent to MHRPs located outside of Maryland over the past two fiscal years, and an additional 11 youth were sent to secure out-of-state programs that provide mental health or substance abuse treatment. These out-of-state placements suggest potential gaps in this type of residential care.

Introduction

The Department of Juvenile Services (DJS or the Department) administers the primary service delivery and supervision functions of the juvenile justice system in Maryland, including intake, detention, probation, commitment, and aftercare services.¹ To accomplish these tasks, DJS operates field offices in each of Maryland's counties, including Baltimore City, as well as detention and residential facilities throughout the state. Operational functions are organized into six Regions: Baltimore City, Central, Western, Eastern Shore, Metro, and Southern (Figure 1).

Figure 1. DJS Regional Map



Most of the youth involved with the juvenile justice system are managed and supervised in the community through pre-court (i.e., informal) or probation supervision. In these cases, youth may participate in community-based services provided directly by DJS or by another agency via a contract with DJS or another funding mechanism (e.g., insurance). A substantially smaller share of youth is committed to DJS by the juvenile court; in these cases, the Department provides services to youth in the least restrictive settings warranted by the youth's risk to public safety. A range of programs is available to committed youth. *Community-based treatment programs* allow youth to continue living at home in their community while they receive treatment. *Residential treatment programs* provide specific types of treatment within a continuum of restrictive environments.

DJS utilizes a broad network of public and privately-run programs to meet the needs of youth involved with the system. These programs vary in terms of size, location, populations served, security level, and

¹ A glossary of terms used in this report is available in Appendix A.

services provided, among other factors, and together they constitute a broad, yet comprehensive service array. The different types of programs are discussed in more detail in subsequent sections of this report.

Service Decisions

Decisions to refer and/or place youth in services and programs involve different stakeholders and processes, depending on the nature of the youth's involvement with the Department. At DJS intake, staff interview the youth and family member(s) and utilize a brief risk assessment to inform service referral decisions. For youth who have been adjudicated delinquent, service and placement decisions involve a social history investigation (SHI) and completion of the MCASP (Maryland Comprehensive Assessment and Service Planning) Assessment, as well as direction from the courts, who ultimately determine whether the youth will be served in the community or in out-of-home care. If the youth is committed to DJS, placement determinations are further guided by the Multidisciplinary Assessment and Staffing Team (MAST). The MCASP Assessment and MAST are briefly described below.

All adjudicated youth are assessed with the MCASP Assessment, which is used to inform supervision and service decisions for youth at disposition and treatment service plans (TSPs). It is typically completed as part of the SHI, which occurs between adjudication and disposition (unless these hearings occur on the same day; in these cases it is completed post-disposition). The MCASP Assessment was adapted from the Washington State Juvenile Court Assessment, a validated risk and need assessment instrument created specifically for a juvenile justice population (Barnoski, 1998). It consists of 106 items, which are grouped into 11 domains related to the youth's risk of recidivism: delinquency history, school/education, use of free time, employment, peer relationships, family, mental health, alcohol and drug use, anti-social attitudes, aggression, and neighborhood safety. The instrument's output provides case managers with two sets of information that are incorporated into their recommendations and decisions: 1) the recommended supervision level, which is based on the youth's overall risk level, current offense severity, and prior offending chronicity; and 2) a risk level for each need domain. The MCASP Assessment is not a clinical assessment instrument, thus findings cannot be interpreted to determine clinical levels of care.²

² For example, if a youth scores as "high" in the mental health domain, that youth should be further assessed by a licensed clinician.

Youth committed to the custody of DJS are evaluated by the Multidisciplinary Assessment and Staffing Team (MAST), which completes a battery of standardized assessments and evaluations to determine clinical needs and other individual factors that should be considered as part of the placement decision. The MAST's clinical staff convene with the youth's DJS case manager, the case manager supervisor, resource coordinator, education representative, and parents or caregivers to review the findings and recommendations. The review includes documentation of the youth's current offense, prior offenses, Social History Investigation and Report, MCASP scores, educational records, clinical assessments, and whether any other state agency is involved with the youth. The result of the meeting is a list of recommendations for appropriate programs and services that would best suit the youth's individual risks and needs. DJS then refers the youth's case to the recommended programs for consideration. Programs may accept or reject a youth based on program eligibility criteria and capacity. Once a youth is accepted, services must be authorized by DJS prior to the youth's placement.

To facilitate the identification of appropriate services for youth, the Department has also implemented the DJS Program Questionnaire, a 45-item instrument that is disseminated to all DJS-operated and contracted residential providers, and some nonresidential services, on an annual basis. The purpose of this questionnaire is to gather comprehensive information about the services offered and youth served by the programs. This information is used to describe DJS's service array, to identify gaps in services, and to improve service matching based on youth characteristics, including identified risks and needs.

Programming for Girls

Research demonstrates that the experiences and needs of girls involved in the juvenile justice system are different than boys (e. g., Bright & Jonson-Reid, 2008). "Traditional" delinquency interventions have typically been created for boys involved with the system, and are often ineffective with girls (Chesney-Lind & Shelden, 2004). Thus, gender-responsive services that are tailored to girls' unique needs are necessary to effectively serve them. Bloom and Covington (2000, p.11) define services that are "gender responsive" as: "Creating an environment through site selection, staff selection, program development, content, and material that reflect an understanding of the realities of women's lives and address the issues of the participants. Gender-responsive approaches are multidimensional and are based on theoretical perspectives that acknowledge women's pathways into the criminal justice system. These approaches address social (e.g., poverty, race, class, and gender) and cultural factors, as well as therapeutic interventions. These

interventions address issues such as abuse, violence, family relationships, substance abuse, and co-occurring disorders. They provide a strengths-based approach to treatment and skills-building while emphasizing self-efficacy.”

It is a priority for DJS to provide a continuum of services for all youth in residential placements and those who are supervised in the community. While DJS provides some gender-specific programs (both residential and community-based) for girls, it also relies on a broader service array to meet the diverse needs of all youth in its care.

The purpose of this report is to (1) describe the existing service arrays for girls and boys involved with DJS and (2) to determine whether the existing community-based and residential service arrays can meet the needs of these youth. The gap analysis is divided into two primary sections—one that explores gaps in community-based services, with a focus on programming for youth placed on probation,³ and one that explores the potential gaps in residential services for youth who are committed to DJS. The next section provides an overview of the community-based and residential services utilized by DJS.

The Continuum of Care

Community-Based Services

The service array available to youth in the community varies from county to county across Maryland. In all jurisdictions, services for DJS-involved youth are planned and provided through collaborative efforts with the Local Management Boards, Core Service Agencies, Social Services, Health Departments, Courts, Local Education Agencies, Youth Service Bureaus, and other public and private entities. While the Department contracts with a few community-based programs to ensure access to certain services for their youth population, DJS staff also refer youth to services that may be accessed through insurance or made available through another funding source. The community-based programs discussed in this report are often utilized with youth under probation or aftercare supervision, and in some cases pre-court supervision. Some may also be utilized as diversion from out-of-home placements for committed youth (see *Evidence-Based Services*).

³ DJS, in partnership with The Institute for Innovation & Implementation, will commence a separate project to examine the availability and utilization of alternatives to detention (ATDs) in the Spring 2014. This analysis will utilize data from the newly implemented Detention Risk Assessment Instrument (DRAI).

Evidence-Based Services

Evidence-based Services (EBSs) are model practices or programs that have proven to be effective in reducing recidivism and achieving positive outcomes for youth and families. For many youth, these programs offer appropriate and effective alternatives to residential care if the youth and family are eligible and amenable to the services. DJS uses EBSs to address the needs of youth who are committed to the Department but may be safely served in their homes. These programs are also used for youth under probation supervision and for committed youth who are returning home from residential placements. In some jurisdictions, EBSs are also offered to youth under pre-court supervision.

Four primary evidence-based or promising practices are offered for DJS-involved youth in Maryland: Functional Family Therapy, Multisystemic Therapy, Family-Centered Treatment, and high-fidelity Wraparound delivered through the Care Management Entity. These programs and services are family-based models that have demonstrated to be effective with juveniles involved with the juvenile justice system. The following is a brief description of each program.

Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is a family-based intervention program for high-risk youth ages 10-18. It is a short-term program, with an average of 12 sessions over a 3-4 month period. FFT is intended for a wide range of youth whose problems range from disruptive behaviors to alcohol and/or substance use. Interventions tend to focus on family interactions, communications, and problem-solving, as well as parenting skills and pro-social activities. Services are conducted in both clinic and home settings, and can also be provided in schools, as well as child welfare agencies, probation offices, and mental health facilities. Participating youth must be psychiatrically stable, capable of participating in a cognitive behavioral intervention, and have a parent or legal guardian willing and able to participate (Sexton & Alexander, 2000; Sexton, 2011).

Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is an intensive family-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders, including their homes and families, schools and teachers, neighborhoods and friends. Youth served are 12 to 17 years of age, psychiatrically stable, living with a primary caregiver, and capable of participating in a cognitive behavioral intervention. Exclusion criteria for MST include youth with a diagnosis of Pervasive Developmental Disorder, such as Autism Spectrum Disorder; youth who are primarily

being referred for sex offending behavior; and/or youth living independently in the community. The therapist meets with the family as often as needed (more than once per week, if necessary) in the home or community, and is available 24 hours a day. Treatment duration is typically 3 to 5 months (Henggeler, 1999; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009).

Family Centered Treatment (FCT)

Family Centered Treatment (FCT) is an evidence-based family preservation model of in-home treatment. The FCT model is multifaceted, and treatment services may include counseling, skills training, trauma treatment, community resource coordination, wraparound services, and other interventions. FCT aims to help at-risk families learn and adopt positive behavioral patterns. It is designed for youth facing out-of-home placements and for those reentering their family home from foster care, juvenile detention, or other institutional settings. The FCT model is flexible and treatment can be personalized to meet a range of needs, including substance abuse challenges, domestic violence trauma, sexually inappropriate behavior (including sex offenses), as well as highly reactive behavior (e.g., Sullivan, Benneer, Honess, Painter, & Wood, 2012).⁴

Care Management Entity (CME)/High Fidelity Wraparound

The Care Management Entity (CME) provides intensive care coordination services to children and youth with intensive behavioral health needs using a Wraparound service delivery model. The services are provided in accordance with the 10 principles of Wraparound,⁵ including using a strengths-based team approach to individualized, culturally-responsive, comprehensive, and outcomes-driven care planning. Youth and families are considered critical members of the Child and Family Team, and care coordinators strive to ensure that their voices are fully heard and respected.

Girl-Specific Programs

The programs described above have been shown to be effective or promising programs for girls involved with the juvenile justice system, but they are not gender-specific models. Again, research supports the use of programs that are designed to address the unique needs of girls. Several gender-responsive programs are offered to girls who involved with DJS, though access varies across the state. The Female Intervention Team, Girls Group, and Girls Circle are highlighted below.

⁴ See www.ifcsinc.com for more information.

⁵ More information on the Wraparound Model is available at www.nwi.pdx.edu.

Female Intervention Team

DJS created the Female Intervention Team (FIT), a probation unit dedicated to females, in response to a substantial increase in girls referred to and served by DJS in the early 1990s. FIT's primary focus has been to keep girls in the community and prevent them from re-offending through the use of case management and access to support services and programs, including FIT-conducted teen parenting, parent support, and substance abuse groups. FIT serves all DJS-involved girls who reside in Baltimore City and have been formally adjudicated and supervised through aftercare, probation, and the violence prevention initiative. Girls receive services through FIT for varying lengths of time, often 6 to 12 months.

Girls Group

Across the state, a number of DJS offices provide their own gender-responsive groups for girls. These groups are led by case managers who have received specific training and resources to supervise girls and to encourage their success. Programming may vary somewhat across jurisdictions but tends to focus on relationships, healthy lifestyles, education and employment preparation, and other issues specific to girls.

Girls Circle

Girls Circle is a structured support group for girls ages 9-18, which integrates relational theory, resiliency practices, and skills training in a specific format designed to increase positive connection, personal and collective strengths, and competence in girls. It aims to counteract social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices.⁶ Research has shown that girls who participate in Girls Circle, including those involved with the juvenile justice system, experience significant gains in self-efficacy, body image, and perceived social support (Irvine, 2005).

Residential Services

DJS utilizes a broad array of residential programs for committed youth, ranging from treatment foster care to secure youth centers to facilities operated by the Public Mental Health System (PMHS). To ensure that youth are placed in programs that are consistent with their risk to public safety (i.e., risk for re-offending), DJS classifies these programs (with the exception of PMHS services, see below) as Level I, II, or III, with Level III representing the most secure settings.

⁶ See www.onecirclefoundation.org/GC.aspx for more information.

Level III programs are hardware secure residential programs, meaning the program relies primarily on the use of construction and hardware such as locks, bars, and fences to restrict youth's movement. The hardware secure programs are generally designed for youthful offenders who are adjudicated for violent offenses or have a history of violent offending.

Level II programs are staff secure residential programs, meaning a youth's movement is controlled by staff supervision rather than by restrictive architectural features. These programs are typically utilized for more serious, non-violent and/or chronic offenders. Some group homes and therapeutic group homes are also classified as Level II programs, when the program offers school on-site and residents have only supervised access to the community. Intermediate care facilities for addictions (ICFAs; i.e., in-patient substance use treatment) are also included in this level.

Level I programs are community-based residential programs, which serve youth who are committed to DJS but do not require placement in a secure setting and may continue to access school and other activities in the community with structured supervision. This level of services typically includes foster care, treatment foster care, group homes (including high intensity group homes), therapeutic group homes, alternative living units, independent living programs, and transitional living programs.

Additionally, youth who are committed to DJS may be placed in residential programs designed for youth with serious emotional disabilities for diagnostic, stabilization, or longer-term treatment purposes. These programs include public and privately-run residential treatment centers (RTCs), diagnostic units, high intensity psychiatric respite, and psychiatric hospitals. Throughout this report, these programs will be referred to globally as *Mental Health Residential Placements* (MHRPs). Referrals to PMHS services are evaluated by local Core Service Agencies, and must have final authorization for services from the Administrative Service Organization (ValueOptions). PMHS services are funded through Medicaid or through the Mental Hygiene Administration (MHA). See Figure 2 for the residential program classification scheme.

DJS also has per diem contracts (i.e., pay for use) with 38 residential programs located outside of Maryland. These programs are utilized to accommodate youth who require more restrictive settings but are not eligible for programs within Maryland or cannot be adequately served by the in-state programs (e.g., youth with unique health needs). The majority of out-of-state programs are

classified as residential treatment centers⁷ (n=16), followed by staff secure programs (n=13) and hardware secure programs (n=8). Almost half of these programs (n=17) are located in Pennsylvania.

Figure 2. DJS Residential Program Levels and Subtypes

Security Level	Residential Program Subtype
Level III – Hardware Secure	<ul style="list-style-type: none"> – Hardware Secure Facility
Level II – Staff Secure	<ul style="list-style-type: none"> – Intermediate Care Facility for Addictions – Behavioral Program (e.g., Youth Center) – Group Homes and Therapeutic Group Homes with Schools on-site
Level I – Community-based	<ul style="list-style-type: none"> – Foster Care, Treatment Foster Care – Group Home/High Intensity Group Home – Therapeutic Group Home – Alternative Living Unit – Independent Living Program – Transitional Living Program
Mental Health Residential Placements	<ul style="list-style-type: none"> – Residential Treatment Center – Diagnostic Unit – High Intensity Psychiatric Respite – Psychiatric Hospital

Service Gap Analysis

Community-Based Service Gap Analysis

Again, the broader community-based service arrays vary by jurisdiction, and services for DJS-involved youth may be provided by many agencies. In order to establish these arrays, regional DJS staff compiled lists of community-based programs and services for each county/jurisdiction (excluding community-based *residential* programs, which are discussed in the residential sections of this report). For each program, they provided the name, a short description, gender(s) served, and the types of services provided/intervention area(s). The regional and jurisdictional breakdowns of program offerings are summarized by gender in Figure 3. Some jurisdictions listed significantly more programs than others; this may reflect actual differences in the availability of

⁷ Out-of-state residential treatment centers may not meet Maryland's definition of a residential treatment center, which is synonymous with the federal definition of a psychiatric residential treatment facility, or PRTF),

services, but then some jurisdictions may have only listed services that are typically used for DJS-involved youth. The majority of programs serve both boys and girls.

Figure 3. Community-Based Programs by Region and County

Region/County	# Girl-Only Programs	# Programs Serving Girls and Boys	# Boy-Only Programs	Total # Programs
Baltimore City	2	41	7	50
Central	5	137	4	146
Baltimore Co.	0	24	0	24
Carroll	1	30	0	31
Harford	2	60	2	64
Howard	2	35	1	38
Western	9	61	1	71
Allegany	3	27	0	30
Frederick	3	13	1	17
Garrett	0	11	0	11
Washington	3	20	0	23
Eastern Shore	7	64	6	77
Caroline	0	20	0	20
Cecil	1	10	1	12
Dorchester	1	8	1	10
Kent	2	10	2	14
Queen Anne	0	10	0	10
Somerset	0	10	0	10
Talbot	1	20	1	22
Wicomico	0	8	0	8
Worcester	2	8	1	11
Southern	3	22	5	30
Anne Arundel	0	10	4	14
Calvert	1	9	2	12
Charles	3	10	2	15
St. Mary's	1	11	2	14
Metro	1	24	2	27
Montgomery	1	11	2	14
Prince George's	0	17	1	18
Statewide	27	349	25	401

The community-based service gap analysis is focused on services for youth under probation supervision, with attention paid primarily to girl-specific programming. Many of the programs listed in the service array are also accessed by youth under pre-court and aftercare supervision. Neither of these populations was included in the descriptive analyses below because: 1) DJS does not have similar comprehensive needs data on pre-court youth, and 2) the aftercare population comprises a smaller number of youth and is the focus of the residential service analysis—where gaps exist for probation youth, they also exist for these groups of youth.

To identify the needs of youth placed on probation, each case was matched with his/her most recently completed MCASP Assessment. The needs assessed as part this analysis included: education, use of free time, peer relationships, family functioning, mental health, alcohol and drug use, anti-social attitudes, and aggressive/assaultive behavior. Youth were indicated as having a need in each domain if they scored as moderate or high need in the assessment. In addition, specific types of offenders who have unique treatment needs were identified, including those adjudicated for offenses related to sexual behavior⁸ or fire setting.⁹

Potential service gaps were determined by comparing the needs of youth who were court-ordered to probation in FY13 with the service arrays in their respective jurisdictions. Because DJS does not have program capacity and average length of stay (ALOS) information for all of the community-based services in every jurisdiction, the analysis simply examined whether there was an observable need for a certain type of service/intervention (based on the number of probation youth), and whether any programs exist to address that need. The analysis does not establish whether there are enough services, if any exist, to meet the needs of all youth.

Characteristics of Youth on Probation

As summarized in Figure 4, 2,898 youth were adjudicated delinquent and court-ordered to probation with DJS in FY13. The largest share of youth was from Central Region (33%), followed by Metro (18%), Southern (18%), Baltimore City (16%), Eastern Shore (10%), and Western Regions (4%). Overall, 20% of youth ordered to probation in FY13 was female, and the largest proportions of girls were located in Baltimore County (19%), Baltimore City (12%), Prince George's County (11%), and Anne Arundel County (10%).

⁸ Sex offenses include Attempted Rape or Sex Offense, Child Pornography, Rape 1st Degree, Rape 2nd Degree, Sex Abuse by Household Member, Sex Offense 1st Degree, Sex Offense 2nd Degree, Sex Offense 3rd Degree, and Sex Offense 4th Degree.

⁹ Fire-setting offenses include Arson-Threat, Arson 1st Degree, Arson 2nd Degree, Malicious Burning-Felony, and Malicious Burning-Misdemeanor.

Figure 4. Number of Girls and Boys Court-Ordered to Probation in FY13 (% of State Girl/Boy Total)

Region/County	# (%) Girls	# (%) Boys	Total
Baltimore City	69 (12%)	401 (17%)	470 (16%)
Central	203 (34%)	756 (33%)	959 (33%)
Baltimore Co.	114 (19%)	500 (22%)	614 (21%)
Carroll	17 (3%)	78 (3%)	95 (3%)
Harford	31 (5%)	87 (4%)	118 (4%)
Howard	41 (7%)	91 (4%)	132 (5%)
Western	23 (4%)	103 (4%)	126 (4%)
Allegany	8 (1%)	17 (1%)	25 (1%)
Frederick	1 (<1%)	5 (<1%)	6 (<1%)
Garrett	2 (<1%)	24 (1%)	26 (1%)
Washington	12 (2%)	57 (2%)	69 (2%)
Eastern Shore	71 (12%)	218 (9%)	289 (10%)
Caroline	1 (<1%)	13 (1%)	14 (<1%)
Cecil	16 (3%)	73 (3%)	89 (3%)
Dorchester	6 (1%)	15 (1%)	21 (1%)
Kent	1 (<1%)	8 (<1%)	9 (<1%)
Queen Anne	1 (<1%)	5 (<1%)	6 (<1%)
Somerset	0 (0%)	0 (0%)	0 (0%)
Talbot	7 (1%)	9 (<1%)	16 (1%)
Wicomico	30 (5%)	43 (2%)	73 (3%)
Worcester	9 (2%)	52 (2%)	61 (2%)
Southern	126 (21%)	400 (17%)	526 (18%)
Anne Arundel	61 (10%)	207 (9%)	268 (9%)
Calvert	11 (2%)	46 (2%)	57 (2%)
Charles	27 (5%)	80 (3%)	107 (4%)
St. Mary's	27 (5%)	67 (3%)	94 (3%)
Metro	97 (16%)	431 (19%)	528 (18%)
Montgomery	35 (6%)	170 (7%)	205 (7%)
Prince George's	62 (11%)	261 (11%)	323 (11%)
Statewide	589	2,309	2,898

Figure 5 shows additional demographic characteristics, as well as specific treatment needs and offender types, of all girls and boys who were adjudicated delinquent and court-ordered to probation in Maryland in FY13. Overall, 63% of these youth were African American/Black, 30% were Caucasian/White, and 5% were Hispanic/Latino. They were 16 years old, on average. Youth treatment needs were generally comparable across gender, though there were some notable differences in needs related to alcohol and drug use (35% girls, 46% boys), mental health (41% girls, 32% boys), and aggression (73% girls, 64% boys). The number of programs available for each need/intervention area (as identified by local DJS staff) is also reported. The most frequently reported intervention types included those that address mental health (n=115) and peer

relationships (n=99). Very few programs were reported to address the needs of sex offenders (n=11) and fire-setters (n=4), though very few youth were adjudicated with the relevant offenses in this cohort.

Figure 5. Probation Youth Needs (FY13) and Community-Based Services: Statewide

	Girls	Boys	Total Youth	# Programs
Total	589 (20%)	2309 (80%)	2898	401
Average Age	16.1	16.2	16.2	--
Race/Ethnicity				
African American/Black	67%	63%	63%	--
Caucasian/White	29%	31%	30%	--
Hispanic/Latino	4%	6%	5%	--
Other	1%	1%	1%	--
Treatment Needs/Offender Type				
Education	57%	57%	57%	89
Use of Free Time	26%	21%	22%	81
Peer Relationships	76%	83%	82%	99
Family	50%	43%	44%	89
Alcohol & Drug Use	35%	46%	44%	87
Mental Health	41%	32%	33%	115
Anti-Social Attitudes	58%	60%	59%	87
Aggression	73%	64%	66%	59
Sex Offender	1%	4%	3%	11
Fire Setter	3%	1%	2%	4
Girl-Only Programs	--	--	--	27

Gaps in the Community-Based Service Array

The community-based service gap analysis was conducted by county since most of the child-serving agencies are organized at this level. Appendix B contains summary tables for each jurisdiction, presenting the characteristics of youth court-ordered to probation and the numbers of programs available, in addition to regional maps of the identified service providers. The most notable gaps in the existing community-based services are summarized below.

Overall, most of the jurisdictions reported having access to at least one community-based program to meet the various treatment needs of youth in each major need domain. There were just a few notable exceptions:

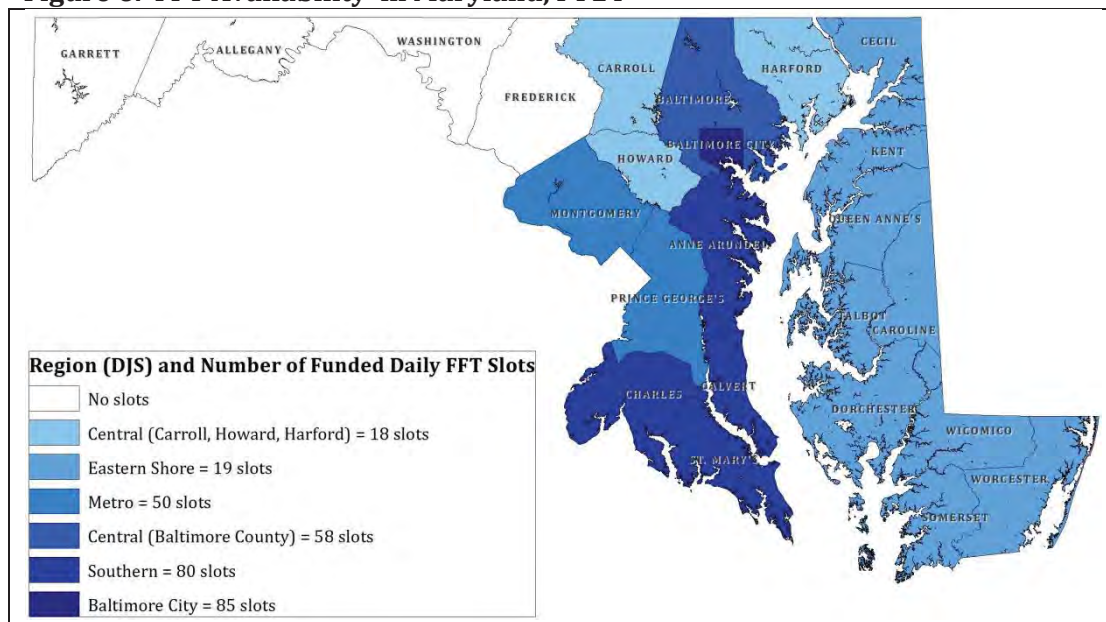
- ≠ A significant number of youth under probation in Anne Arundel and Worcester Counties demonstrated a moderate or high need related to aggression, but these counties did not report access to any services to address this need.
- ≠ A significant number of youth under probation in Wicomico and Worcester (boys only) Counties demonstrated a moderate or high education/school need, but these counties did not report access to any education support services.

Evidence-Based Services

Youth across Maryland have access to some form of evidence-based or promising programs in the community, although service capacity varies substantially by jurisdiction. The following section summarizes the availability of FFT, MST, FCT, and High-Fidelity Wraparound.

Figure 6 shows where FFT is currently available throughout Maryland. FFT is widely available to DJS-involved youth in Baltimore City, Central, Metro, and Southern Regions, and to a lesser extent in the Eastern Shore Region; it is not available in Western Maryland. DJS provides funding for the majority of these slots, though the Department of Social Services (DSS) provides funding for 18 slots in Baltimore County and the Children’s Cabinet Interagency Fund (CCIF) funds 36 slots in Baltimore County and eight slots in Charles County. DJS youth may utilize the slots funded by CCIF, but not those funded by DSS.

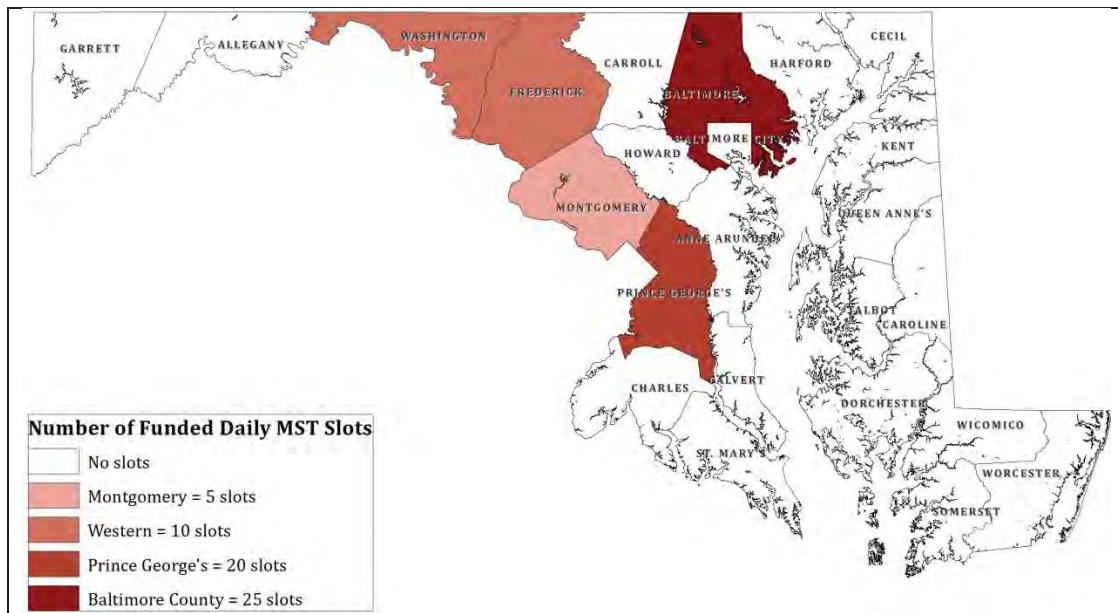
Figure 6. FFT Availability in Maryland, FY14



Note: DSS funds 18 slots in Baltimore County; these are not utilized by DJS youth. CCIF funds 36 slots in Baltimore County and 8 slots in Charles County that may be accessed by DJS youth.

Figure 7 shows where MST is currently available in Maryland. MST is only available to DJS-involved youth in the following five counties: Baltimore, Frederick, Montgomery, Prince George’s, and Washington. DJS provides funding for the majority of these slots, though DSS provides funding for 5 slots in Baltimore County, and the CCIF funds 15 slots in Prince George’s County. Again, DJS youth may utilize the slots funded by CCIF, but not those funded by DSS.

Figure 7. MST Availability in Maryland, FY14



Note: DSS funds 5 slots in Baltimore County; these are not utilized by DJS youth. CCIF funds 15 slots in Prince George's County that may be accessed by DJS youth.

FCT is available to DJS-involved youth in all regions, except for the Eastern Shore. DJS currently funds 131 slots, which are distributed across Baltimore City (15 slots), Central (27), Western¹⁰ (25), Southern (30), and Metro Regions (34). Slots are funded on a per diem basis.

DJS youth can access services from the CME post-adjudication to divert them from placement in a group home. Currently, the statewide CME, Maryland Choices, has 100 slots funded through the Governor's Office of Children for DJS-involved youth across the state, operated on a first-come, first-serve basis, and available for up to nine months. Youth returning from out-of-home placement to the community may also utilize these slots as part of DJS aftercare supervision. More recently, the CME has been able to serve up to 100 youth statewide through a new Stability Initiative, which includes up to 15 months of Wraparound services for DSS- or DJS-involved youth with a documented Serious Emotional Disturbance (SED). Unlike the other group home diversion program, the Stability Initiative does not require lead agency involvement post-enrollment.

Girl-Specific Programs

The majority of jurisdictions reported access to at least one girl-specific community-based program. Six jurisdictions reported having Girls Groups that are provided directly by DJS staff, including Allegany, Carroll, Charles, Frederick, Harford, and Howard Counties. As mentioned earlier, FIT is available to girls in Baltimore City who have been formally adjudicated and supervised through

¹⁰ FCT is not available in Garrett County.

aftercare, probation, and the violence prevention initiative. Girls Circle is currently offered in Dorchester and Kent Counties. Other girl-specific programs are delivered by local health departments, youth service bureaus, and private providers. The following jurisdictions reported having no gender-specific services for girls, despite having a significant number of girls on probation supervision: Baltimore County (114 girls court-ordered to probation in FY13), Prince George's County (62), Anne Arundel County (61), and Wicomico County (30).

A more detailed examination of each jurisdiction's community-based service array may uncover additional gaps in services; the findings presented here are considered a starting point. Local DJS offices will be provided with the data presented in this report to further assess and address their local needs for services.

Residential Service Gap Analysis

The residential service gap analysis entails different data sources and methods in comparison to the community-based analysis. For one, gaps in residential services are assessed at the state level since most residential programs serve youth from any Maryland jurisdiction and youth are generally placed in the program that can best accommodate their risks and needs. Second, DJS collects more detailed data related to the use of residential programs, allowing for deeper quantitative analysis.

Residential Program Capacity

DJS currently utilizes approximately 104 residential programs for committed youth across the State of Maryland. Figure 8 shows DJS's residential service array by type and gender(s) served. A total of 18 residential programs serve only girls. By comparison, 33 programs serve only boys and 53 programs serve youth of both genders. Figure 8 also shows the number of youth who could be served by each program subtype on any given day. The *total daily capacity* reflects the total number of beds for DJS-run programs and those that serve only DJS youth; for all other programs, the total daily capacity is estimated based on the average daily population (ADP) of DJS-youth served by the program during the past fiscal year (FY13).¹¹ For programs that serve males and females, these estimates are provided for each gender. Note that capacity estimates based on the ADP are conservative at best, and can be considered the lower parameter for these approximations.

Level III Programs. There are two Level III programs in DJS's in-state residential service array. DJS operates both programs—one for females (J. DeWeese Carter Youth Facility, or Carter) and one for

¹¹ Capacity for contracted programs that were not utilized for males and/or females during FY13 was set to 1 youth for estimation purposes.

males (Victor Cullen Center). On any given day, these programs can serve 14 girls and 48 boys, respectively.

Level II Programs. Of the 14 Level II programs in DJS's residential continuum, two serve only girls for a total capacity to serve eight girls on any given day. Notably, there is no staff secure facility for girls. Those who require placement in a more restrictive setting, but not a hardware secure facility, may be placed in a staff-secure group home or therapeutic group home.

With regard to staff secure facilities for boys, the Department operates four Youth Centers in Western Maryland; one of these facilities includes a short-term 90-day residential program in addition to the traditional program. DJS also operates a staff secure facility that provides intensive substance abuse services in Baltimore City. The remaining staff secure facility for boys is privately operated (Silver Oak Academy).¹² In addition, to these programs, DJS has contracts with one high intensity group home and one therapeutic group home that provide services for boys in staff-secure settings.

In addition to the gender-specific programs, there are three other staff-secure residential programs that serve both males and females; these programs all specialize in addictions services.

Level I Programs. The majority of the 65 Level I programs are group homes/high intensity group homes and treatment foster care programs. Many, if not all, of these programs also serve youth who are committed to DSS. Note that while there are greater numbers of these programs, they tend to have lower youth capacity than the Level II and III residential settings. Twenty Level I programs serve only boys, 13 programs serve only girls, and 32 serve both genders.

Mental Health Residential Placements. Most of the mental health residential programs serve both boys and girls, including seven staff secure RTCs, three diagnostic units, one high intensity psychiatric respite program, and several psychiatric hospitals. There is also one hardware secure residential treatment program that serves male sex offenders (total capacity of 29 boys), two staff secure RTC programs that serve only boys, and one staff secure RTC program that serves only girls. There is also a female-only diagnostic unit for girls who require a short-term emergency placement.

¹² Silver Oak Academy was recently granted permission by the State of Maryland to expand capacity from 48 to 96 beds, which will occur gradually over the next year.

Figure 8. Frequency of Residential Program Subtypes and Daily Capacity by Gender(s) Served

		Girl-Only Programs		Girl & Boy Programs			Boy-Only Programs	
	Type of Program	# Programs	Total Daily Capacity	# Programs	Total Daily Capacity: Girls	Total Daily Capacity: Boys	# Programs	Total Daily Capacity
Level III	Hardware Secure Facility	1	14	0	0	0	1	48
	Total	1	14	0	0	0	1	48
Level II	Staff Secure Facility	0	0	0	0	0	7	279
	Intermediate Care Facility for Addictions	0	0	3	8	34	0	0
	High Intensity Group Home	1	6	0	0	0	1	16
	Therapeutic Group Home	1	2	0	0	0	1	6
	Total	2	8	3	8	34	9	301
Level I	Alternative Living Unit	0	0	1	1	9	0	0
	Group Home/High Intensity Group Home	7	21	5	10	29	16	124
	Independent Living Program	2	4	6	6	8	0	0
	Therapeutic Group Home	3	16	0	0	0	2	10
	Transitional Living Program	1	1	0	0	0	2	7
	Treatment Foster Care	0	0	20	22	53	0	0
	Total	13	42	32	39	99	20	141
MHRP	RTC-Hardware Secure	0	0	0	0	0	1	29
	RTC-Staff Secure	1	20	7	17	43	2	34
	Diagnostic Unit	1	1	3	5	11	0	0
	High Intensity Psychiatric Respite	0	0	1	1	1	0	0
	Psychiatric Hospital	0	0	7	8	12	0	0
	Total	2	21	18	31	67	3	63
Total		18	85	53	78	200	33	553

Figures 9 and 10 show the total daily capacities for programs serving girls and boys committed to DJS by program level. Notably, for girls, most of the residential program capacity is available in Level I/community-based programs, whereas for boys, most of the capacity is within Level II/staff secure programs.

Figure 9. Youth Capacity by Program Level: Girls

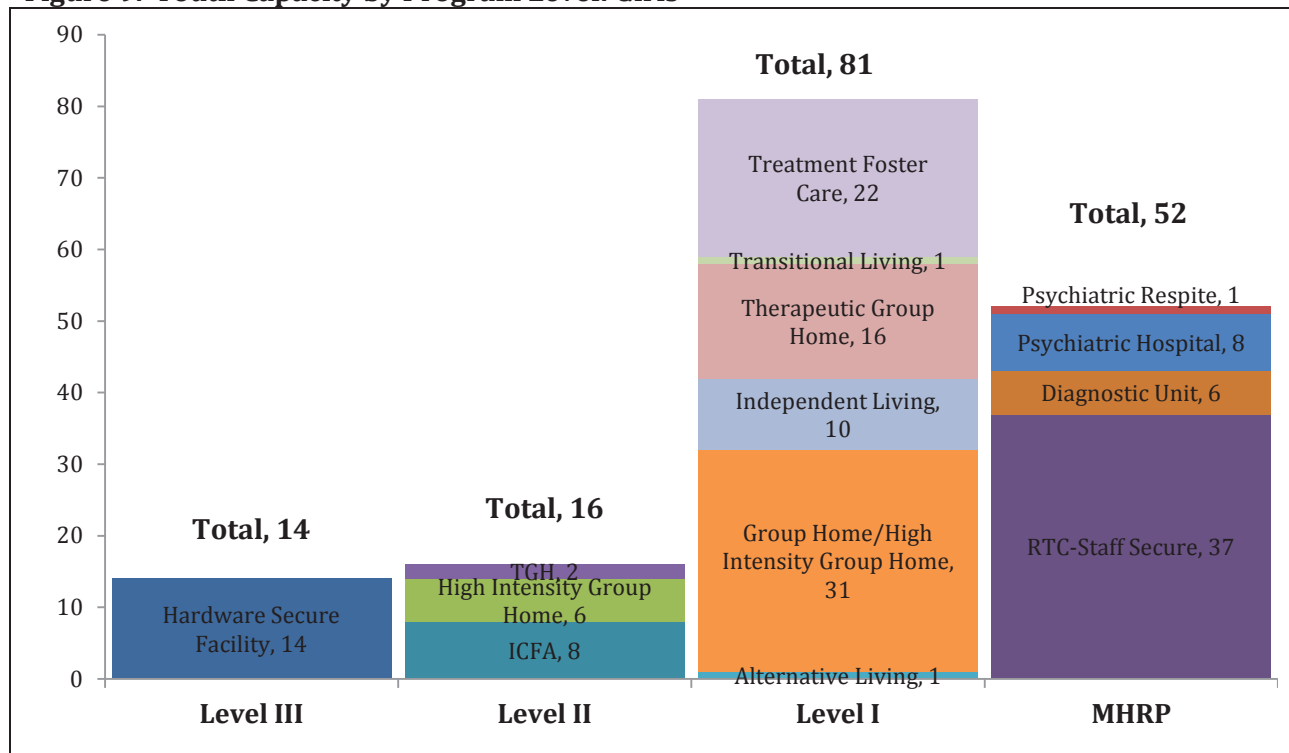
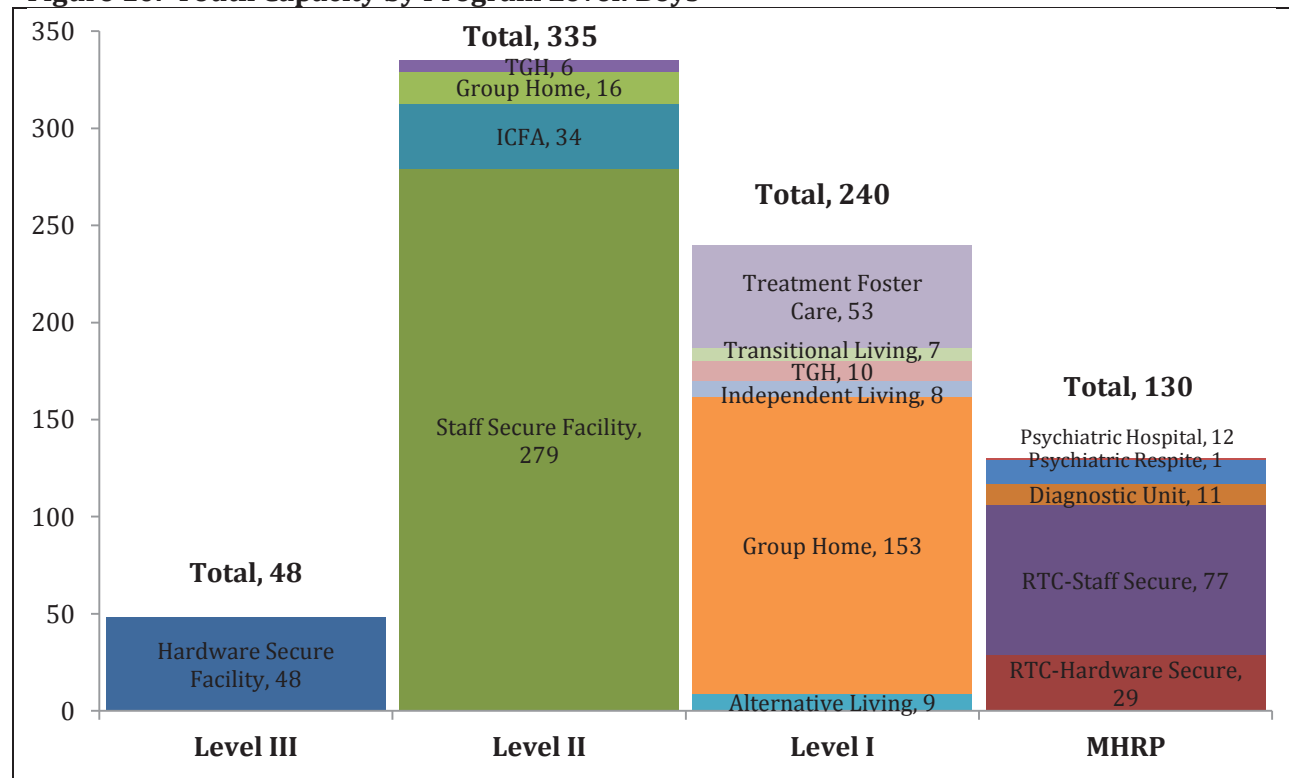


Figure 10. Youth Capacity by Program Level: Boys



Residential Program Locations

The residential programs utilized by DJS are not uniformly dispersed across the state (Figure 11). For instance, the Central Region has seven girl-only Level I programs, while the Eastern Shore Region has one residential program that serves only females—the only Level III program in the State. The rest of the regions only have one or two girl-only residential programs each. On the other hand, the Western Region has the largest number of male-only residential programs (12 total). The Southern Region has the fewest male-only residential programs with just one Level I program.

Figure 11 also shows the distribution of residential programs that serve both genders by DJS Region. Again, a large number of these programs are located in Central Region (13 Level I and 8 MHRPs). The Southern Region has the fewest residential programs that serve both genders, with just one Level I program—in fact, this region has the fewest residential programs overall, with just four total. The Central Region has the most residential programs utilized by DJS (n=36), followed by Western Region (n=25).

Figure 11. Number of Residential Programs by DJS Region

	DJS Region						
	Baltimore	Central	Western	Eastern Shore	Southern	Metro	Total
# of Girl-Only Programs	1	9	3	1	2	2	18
Level I	1	7	1	0	2	2	13
Level II	0	0	2	0	0	0	2
Level III	0	0	0	1	0	0	1
MHRP	0	2	0	0	0	0	2
# of Girl-Boy Programs	7	21	10	6	1	8	53
Level I	4	13	6	4	1	4	32
Level II	1	0	2	0	0	0	3
Level III	0	0	0	0	0	0	0
MHRP	2	8	2	2	0	4	18
# of Boy-Only Programs	4	6	12	3	1	7	33
Level I	2	3	5	3	1	6	20
Level II	1	1	6	0	0	1	9
Level III	0	0	1	0	0	0	1
MHRP	1	2	0	0	0	0	3
Total	12	36	25	10	4	17	104

Gaps in the Residential Service Array for Girls

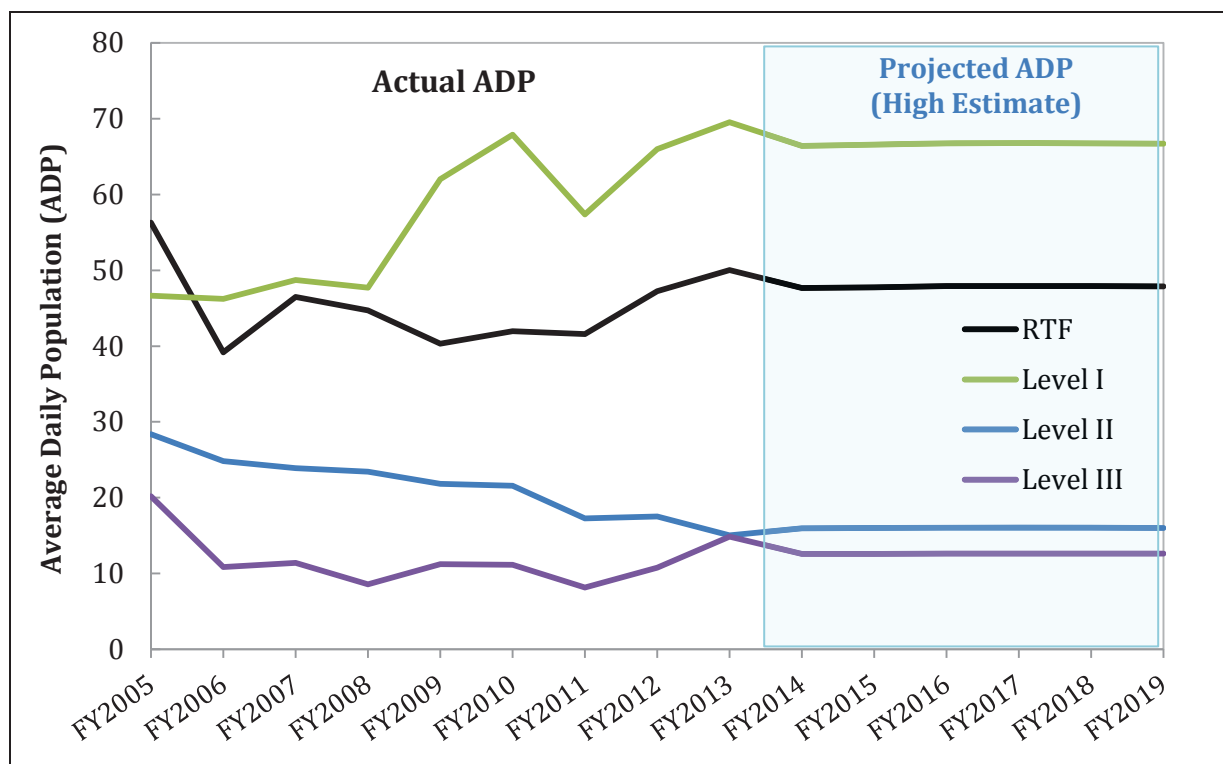
While DJS administers an array of services for youth committed to the Department, the current array does not necessarily meet the diverse needs of all committed boys and girls. The following section summarizes several analyses that focus on identifying the gaps in services for girls, with a subsequent section focused on boys.

Forecast Analysis of Residential Programs for Girls

Projections of Maryland's total committed youth population were developed using a set of statistical techniques known as time-series forecasting.¹³ The parameters in the time series model account for the pattern, trend, and seasonal variation and are used to project future population values. For a baseline forecast, such models implicitly assume that current policies and practices will continue into the future. Two projections were developed, providing a low and high scenario. Projections were then disaggregated by gender and program level. To disaggregate the projections, the percentages of the population in each gender/program level category during FY12 and F13 were averaged and the resulting percentages were applied to the projections.

Figure 12 shows the actual ADPs of committed girls from FY05 through FY13 and the projected ADPs through FY19 by program level. The forecast findings indicate that the number of girls to be served at each program level should be relatively constant over the next five years. Approximately 12-13 girls (only the high estimates are shown in Figure 12) are projected for care in Level III programs, 16 girls for Level II programs, 65-67 girls for Level I programs, and 47-48 girls for MHRPs.

Figure 12. Committed Population Projections for Girls by Program Level



¹³ We would like to acknowledge Meredith Farrar-Owens for completing the forecast analyses included in this report. A more detailed report of the forecast analysis is currently being completed.

Taking into account the current total daily capacity of services (Figure 8), the findings from the forecast analysis suggest that the Department has enough capacity to serve girls in Level III services with the one hardware secure facility (capacity of 14 girls) for the foreseeable future. On the other hand, there appears to be a shortage of services available for Level II programs; on any given day, DJS has approximately eight slots available using two privately-run group homes to serve girls who require a staff secure placement, yet the forecast analysis projects that 16 girls require services at this level. Conversely, it appears that there are sufficient resources for Level I programs, with 81 slots available to girls on any given day, in addition to the EBSs discussed in the *Community-Based Services* section, and a projected 65-67 girls requiring this level of programming. Finally, there are sufficient resources for MHRP beds, with 47-48 girls projected to need this type of placement and 37 RTC beds utilized on average, as well as six beds in diagnostic units, eight psychiatric hospital beds, and one bed in a high intensity psychiatric respite program. In some cases, in-home evidence-based services, such as the CME, may also be appropriate alternatives to residential care for these girls.

Characteristics of Committed Girls

Figure 13 presents the characteristics of girls who were admitted to residential placements in FY12 and FY13 by program level.¹⁴ On average, the girls were 16 years old. Race/ethnicity varied across program levels—African American/Black was the most frequently identified race/ethnicity within Level I (64%), Level III (77%), and MHRP programs (66%), whereas Caucasian/White was the most frequent for Level II (68%). There were also regional differences in the distribution of girls within each program level—Metro (25%) and Southern Regions (18%) had the highest shares of Level I admissions; Central (26%) and Southern (24%) had the highest percentages of Level II admissions; Metro (33%) and Baltimore City (21%) had the highest percentages of Level III admissions; and Southern had the highest share of MHRP admissions (28%).

To measure the risks and needs presented by this sample of committed girls,¹⁵ each case was matched with the most recently completed MCASP Assessment (prior to admission). Overall, the most frequent adjudicated offenses were misdemeanors and violations of probation (VOP). Girls admitted to Level III programs were the most likely to be adjudicated for a person-to-person offense (43%), followed by those placed in MHRPs (37%). With regard to treatment needs,

¹⁴ Several girls were admitted to one or more programs within or across program levels during the time frame; all cases are included in the descriptive analyses.

¹⁵ Similar criteria were utilized to classify risks and needs as presented in the community-based services analysis.

according to results from the MCASP Assessment, approximately three-quarters of committed girls screened for moderate or high mental health need, and slightly less than two-thirds of girls screened for moderate or high need in the alcohol and drug use domain. Further, the overwhelming majority of committed girls screened as moderate or high need for family functioning (88%) as well as for aggression/assaultive behavior (92%). Despite this latter finding, very few girls were adjudicated for violent offenses¹⁶ (1%) or those related to sexual behavior (<1%) or fire setting (3%).

Figure 13. Characteristics of Girls Admitted to Residential Placements in FY12 and FY13 (N=633)

	Level I	Level II	Level III	MHRP	Total
Average Age	16.6	16.8	16.7	16.0	16.5
Race/Ethnicity					
African American/Black	64%	29%	77%	66%	57%
Caucasian/White	32%	68%	17%	33%	39%
Hispanic/Latino	4%	4%	6%	2%	4%
DJS Region					
Baltimore City	16%	7%	21%	17%	15%
Central	12%	26%	14%	15%	16%
Western	14%	13%	4%	12%	12%
Eastern Shore	16%	17%	15%	13%	15%
Southern	18%	24%	14%	28%	22%
Metro	25%	13%	33%	15%	20%
Offense Type*					
Person-to-Person Felony	3%	2%	14%	5%	4%
Drug Felony	<1%	2%	0%	0%	<1%
Other Felony	11%	8%	12%	6%	9%
Person-to-Person Misdemeanor	20%	17%	29%	32%	23%
Drug Misdemeanor	5%	15%	0%	4%	6%
Other Misdemeanor	38%	32%	20%	39%	36%
VOP	21%	23%	20%	14%	20%
Missing	2%	2%	4%	1%	2%
Treatment Needs/Offender Type*					
Mental Health	74%	58%	76%	90%	75%
Alcohol & Drug Use	61%	82%	59%	52%	63%
Family Functioning	91%	78%	92%	90%	88%
Aggression/Assaultive Behavior	93%	86%	96%	92%	92%
Violent Offender	1%	1%	2%	2%	1%
Sex Offender	<1%	0%	0%	1%	<1%
Fire Setter	4%	1%	2%	3%	3%

*From the MCASP Assessment.

¹⁶ Violent offenses include Attempted Murder, Attempted Rape or Sex Offense, Carjacking, Child Abduction of Individual Under 16, Child Abuse, Kidnapping, Murder 1st Degree, Murder 2nd Degree, Pandering, Poisoning, Prostitution-Bawdyhouse, Rape 1st Degree, Rape 2nd Degree, Sex Abuse by Household Member, Sex Offense 1st Degree, Sex Offense 2nd Degree, Sex Offense 2nd Degree (no force or threat), and Sex Offense 2nd Degree (w/force or threat).

There were some important variations in treatment needs across program levels. Not surprisingly, the majority of girls in MHRPs screened as moderate or high for mental health needs. Notably, the percentage of girls admitted to Level II programs who screened for a moderate or high mental health need (58%) was less than the population of girls admitted to Level I and III programs (74% and 76%, respectively), though the alcohol and drug use need was substantially higher (82% versus 61% and 59%). Taken as a whole, these findings suggest the strong need for behavioral health programming at all program levels, with the greatest need for substance use treatment at the staff secure level.

While the findings from the forecast and descriptive analyses are instructive with regard to programming needs within DJ's residential service continuum for girls, these analyses are limited to the extent that they rely on the use of prior placement data, which poses some drawbacks. For one, it is likely that previous admissions were impacted by the availability of services within each program level; thus, the need for programs within each level may be under or over-estimated. For example, girls who may have been best served in a staff secure setting might have been placed in a Level I or Level III program simply due to the limited availability of programs within Level II for girls. Second, and relatedly, this analysis was based on the assumption that youth were always placed in the most suitable program to meet their needs, which is not always the case as evidenced by ejection data (presented below). With these shortcomings in mind, additional analyses were conducted to assess for potential gaps in the girls' service array using other methods and data.

Analysis of Hardware Secure Placements: Girls

The 46 admissions to the J. DeWeese Carter Youth Facility over the past two years were reviewed individually to determine whether these admissions met the Department's target population for hardware secure settings. The review included an assessment of the girls' histories of offenses, placements, and alerts for AWOL (absent without leave). Only 17 of the 46 girls appeared to have case histories that warranted placement in a hardware secure facility; the remainder of the girls could have been served with an intervention in a less secure setting.

Analysis of Residential Program Ejections: Girls

An analysis of placement ejections also offers information about potential gaps in the girls' residential service array. Youth may be ejected from an out-of-home placement upon determination that he/she failed to comply with the rules and conditions of the program. These cases generally require a new committed placement and are reviewed by DJ's Central Review Committee (CRC). According to data collected by the CRC, the committee reviewed 46 cases of girls

who were facing ejection from residential placements between July 2012 and August 2013 (Figure 14). For the purposes of this analysis, the girls' subsequent placements, if any, were identified using data available in the DJS client database, Automated Statewide System of Information Support Tools (ASSIST). In some cases, youth were detained short-term prior to admission to their next committed residential admission, though only the later placements are indicated.

Figure 14. DJS Girls Ejected from Residential Placements between July 2012 and August 2013 and Their Subsequent Placements (N=46)

Ejected Placement			Subsequent Placement	
	Type	# Girls	Type	# Girls
Level III	Hardware Secure Facility	4	Level I – Group Home	1
			MHRP – RTC	2
			Community/Wraparound Services	1
Level II	Intermediate Care Facility for Addictions (ICFA)	8	Level II – ICFA	2
			Level I – Foster Care	1
			Level I – Group Home	1
			MHRP – Psychiatric Hospital	1
			MHRP – RTC	1
			No Subsequent Residential Placement	2
	Group Home (school on-site)	1	Level I – Treatment Foster Care	1
Level I	Therapeutic Group Home	6	Level I – Group Home	1
			MHRP – RTC	3
			Community/Wraparound Services	1
			No Subsequent Residential Placement	1
	Group Home (school off-site) <i>Includes 6 youth who were ejected from a Group Home that provides intensive substance abuse services.</i>	19	Level III – Hardware Secure Facility	5
			Level I – Treatment Foster Care	3
			Level I – Group Home	2
			Level I – Therapeutic Group Home	1
			MHRP – RTC	4
			MHRP – Diagnostic Unit	1
			MHRP – Psychiatric Hospital	1
			No Subsequent Residential Placement	2
	Foster Care	1	Level II – Group Home	1
	Treatment Foster Care	1	No Subsequent Residential Placement	1
MHRP	Residential Treatment Center (RTC)	6	Level III – Hardware Secure Facility	1
			MHRP – RTC	2
			MHRP – Diagnostic Unit	1
			Community/Wraparound Services	1
			No Subsequent Residential Placement	1

Of the 46 girls, the majority had been residing in group homes (including teen mother programs; n=19), IFCAs (n=8), RTCs (n=6), and therapeutic group homes (n=6). Not all ejections resulted in placement in a more restrictive setting. In total, only 7 (15%) of the 46 girls were placed in a more restrictive program post-program ejection, and 16 (35%) were placed in MHRPs. Six (13%) girls were ejected from a Level I or MHRP program and subsequently placed in a hardware secure facility (Carter in all cases). Three girls remained in the community and received services from the CME, and seven did not have any residential programming (or the CME) indicated in ASSIST records. The majority of ejected girls (from any program level) went on to reside in a behavioral health-type placement (27 total, 59%). Of these, the most frequent subsequent placement was a RTC (n=13), followed by treatment foster care (n=4), CME (n=3), diagnostic unit (n=2), psychiatric hospital (n=2), and ICFA (n=2). Notably, four girls were also ejected from the only hardware secure facility for girls, Carter; two of these girls were placed in RTCs and two moved to considerably less restrictive settings.

While these data suggest that the results of the CRC process are very individualized to the circumstances of each girl, it is not clear from the available data whether girls were appropriately placed in their initial placement and simply did not do well in that particular program, or if they should not have been placed there in the first place. This analysis is also impacted by the fact that subsequent placement decisions were constrained by the given service array options. That said, the majority of ejected girls were from Level I placements, 5 of whom were subsequently placed in Carter, likely due to a lack of Level II/staff secure program options. Several of the ejections were also from ICFAs, none of which are operated by DJS. On the whole, these data also support the notion that residential programming for girls should have a strong behavioral health component, and that additional programming may be needed among Level II services.

Analysis of Out-of-State Placements: Girls

Between July 1, 2011 and June 30, 2013, nine girls were placed in out-of-state residential programs (Figure 15). Over half (56%) of these girls were African American, and they were 16 years old, on average. According to their most recent MCASP Assessment, the majority (89%) of these girls were classified as high risk for recidivism, and their adjudicated offenses (as identified in the MCASP Assessment) were diverse. Most of the girls were indicated as having moderate or high needs for mental health (78%), alcohol and drug use (67%), family functioning (78%), and aggression (78%). In four cases, the out-of-state placement was the girl's first committed placement; the remaining

girls had at least one previous admission to a committed residential placement in Maryland and most had several placements, not including stays in detention.

Figure 15. Characteristics of Girls Admitted to Out-of-State Residential Placements in FY12 and FY13

	#/%
Number of Girls	9
Average Age	16.2
Race/Ethnicity	
African American/Black	56%
Caucasian/White	33%
Hispanic/Latino	11%
DJS Region	
Baltimore City	56%
Central	22%
Western	0%
Eastern Shore	11%
Southern	0%
Metro	11%
Offense Type*	
Person-to-Person Felony	11%
Drug Felony	11%
Other Felony	11%
Person-to-Person Misdemeanor	11%
Drug Misdemeanor	0%
Other Misdemeanor	22%
VOP	22%
Missing	11%
Prior DJS Committed Residential Placement	56%
Treatment Needs/Offender Type*	
Mental Health	78%
Alcohol & Drug Use	67%
Family Functioning	78%
Aggression/Assaultive Behavior	78%
Violent Offender	11%
Sex Offender	0%
Fire Setter	11%

*From the MCASP Assessment.

The nine girls were placed in five out-of-state facilities total (Figure 16). Three of the girls were placed at the Clarinda Academy, a staff secure residential facility in Ohio. The rest of the youth were placed in residential treatment centers, including three at Foundations for Living, one at Gulf Coast Treatment Center, one at Laurel Oaks Behavioral Health Center, and one at Newport News Behavioral Health Center.

Overall, a small number of girls were placed out-of-state in FY12 and FY13, but their numbers still represent a gap in programs that can serve these youth in Maryland. The findings point to the

potential need for staff secure programming within Maryland that can accommodate DJS-involved girls who have behavioral health needs and behavior issues generally.

Figure 16. Out-of-State Residential Placements for Girls, FY12 & FY13 (N=9)

Residential Program Type/Name	Program Location	# Girls
Staff Secure Facility		3 total
Clarinda Academy	Iowa	3
Staff Secure with Intensive Substance Abuse Treatment		3 total
Foundations for Living	Ohio	3
Residential Treatment Center		3 total
Gulf Coast Treatment Center	Florida	1
Newport News Behavioral Health Center	Virginia	1
Laurel Oaks Behavioral Health Center	Alabama	1

Gaps in the Residential Service Array for Boys

Forecast Analysis of Residential Programs for Boys

Using the same method described in the analysis for committed girls, a similar forecast analysis is presented for boys. Figure 17 shows the actual ADPs of committed boys from FY05 through FY13 and the projected ADPs through FY19 by program level. The forecast findings indicate that the number of boys projected to be served at each program level should be relatively constant over the next five years. Approximately 135-138 boys (only the high estimates are shown in Figure 17) are projected for care in Level III programs, 269-275 boys for Level II programs, 254-260 boys for Level I programs, and 123-126 boys for MHRPs.

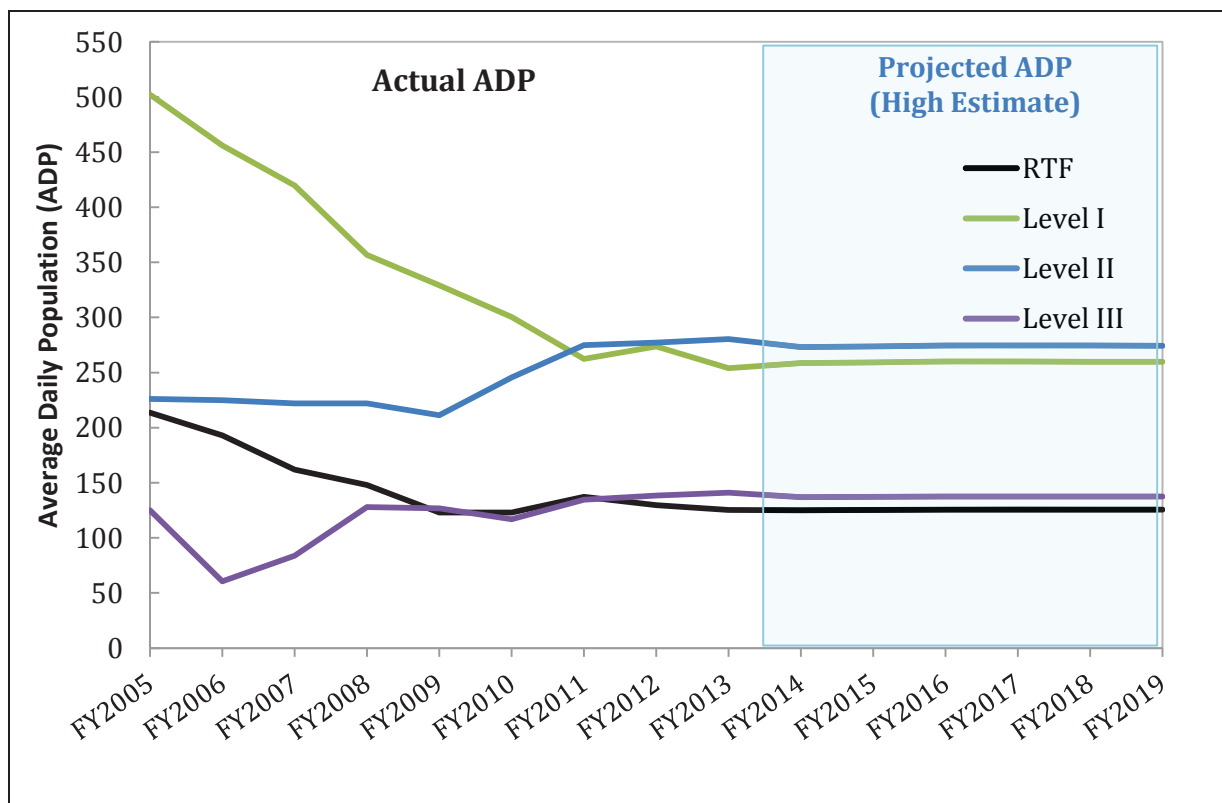
Taking into account the current total daily capacity of services (Figure 8), the findings from the forecast analysis suggest that DJS has a significant shortage in capacity to serve boys in Level III services. Whereas 135-138 boys are projected to require Level III programming on any given day, there is only one hardware secure program in Maryland that provides these services, with a total capacity to serve 48 boys.

On the other hand, there appears to be sufficient services available for Level II programs; on any given day, DJS has approximately 335 slots available using seven staff secure programs, one therapeutic group home, one group home, and three ICFAs to serve boys who require a staff secure placement, and the forecast analysis projects that 269-275 boys require services at this level. It also appears that there are sufficient resources for Level I programs, with 240 community-based

residential slots¹⁷, in addition to the EBSs, available to boys and 254-260 boys projected for this level of programming on any given day.

Finally, there are sufficient MHRP beds, with 123-126 boys projected to need this type of placement, and 130 MHRP beds utilized on average. These included 77 RTC beds, 12 psychiatric hospital beds, 11 beds in diagnostic units, and one bed in a high intensity psychiatric respite program.

Figure 17. Committed Population Projections for Boys by Program Level



Characteristics of Committed Boys

Figure 18 presents the characteristics of boys who were admitted to residential placements in FY12 and FY13 by program level.¹⁸ On average, the boys were 16 years old, though boys admitted to Level III facilities tended to be 17 years old. Race/ethnicity varied across program levels, though African American/Black was the most frequently identified race/ethnicity within each (69%, 70%, 88%, and 57% for Levels I, II, III, and MHRP, respectively). The majority of admissions were from

¹⁷ Note that the estimated 240 slots are based on prior rates of utilization; it is possible for most of these programs to accept additional DJS youth.

¹⁸ Several boys were admitted to one or more programs within or across program levels during the time frame.

Metro and Baltimore City across all levels of placement, together accounting for 51% of admissions overall. This was also the case within each program level, with the exception of MHRPs—the largest share of these admissions was from Southern Region (27%), followed by Eastern Shore (20%) and Metro Regions (20%).

Like the analysis for girls, each case was matched with the most recently completed MCASP Assessment (prior to admission). Among Level I admissions, the most frequently adjudicated offenses were “other” misdemeanors (26%) and person-to-person misdemeanors (20%), compared with “other” misdemeanors (24%) and violations of probation (VOP; 24%) for Level II admissions, person-to-person felony offenses (40%) for youth placed in Level III programs, and person-to-person misdemeanors (30%) and “other” misdemeanors (28%) for MHRP admissions.

Figure 18. Characteristics of Boys Admitted to Committed Residential Placements in FY12 and FY13 (N=3,384)

	Level I	Level II	Level III	MHRP	Total
Average Age	16.8	16.9	17.1	16.0	16.8
Race/Ethnicity					
African American/Black	69%	70%	88%	57%	70%
Caucasian/White	26%	24%	5%	37%	25%
Hispanic/Latino	4%	5%	6%	5%	5%
Asian	<1%	<1%	0%	<1%	<1%
Unknown	<1%	<1%	<1%	<1%	<1%
DJS Region					
Baltimore City	24%	24%	34%	10%	23%
Central	13%	15%	7%	13%	14%
Western	8%	8%	2%	10%	8%
Eastern Shore	15%	9%	3%	20%	11%
Southern	14%	16%	8%	27%	16%
Metro	26%	28%	46%	20%	28%
Offense Type*					
Person-to-Person Felony	12%	11%	40%	9%	14%
Drug Felony	3%	4%	5%	1%	4%
Other Felony	16%	13%	15%	15%	14%
Person-to-Person Misdemeanor	20%	11%	7%	30%	15%
Drug Misdemeanor	7%	12%	5%	5%	9%
Other Misdemeanor	26%	24%	15%	28%	24%
VOP	15%	24%	11%	11%	19%
Missing	1%	1%	1%	0%	1%
Treatment Needs/Offender Type*					
Mental Health	62%	48%	46%	84%	55%
Alcohol & Drug Use	58%	75%	59%	45%	66%
Family Functioning	76%	77%	78%	74%	76%
Aggression/Assaultive Behavior	82%	84%	85%	88%	84%
Violent Offender	2%	1%	6%	4%	2%
Sex Offender	7%	<1%	1%	8%	3%
Fire Setter	1%	1%	3%	3%	2%

*From the MCASP Assessment.

According to results from the MCASP Assessment, treatment needs of committed boys varied by program level. For instance, 62% of boys in Level I programs screened for moderate or high mental health need, whereas just less than half of boys in Level II (48%) and Level III programs (46%) were indicated as such (the majority of boys in MHRPs were indicated for a mental health need). And 75% of boys screened as moderate or high need in the alcohol and drug use domain among those placed in Level II programs, compared with 58% and 59% in Level I and Level III programs. Further, across all levels, approximately three-quarters of committed boys screened as moderate or high need for family functioning and most screened as moderate or high need for aggression/assaultive behavior. Despite this latter finding, very few boys were adjudicated for violent offenses (2%) or those related to sexual behavior (3%) or fire setting (2%), overall.

Once again, these findings are instructive with regard to the type of service needs presented by boys who are committed to DJS. On the other hand, these analyses suffer from the same shortcomings as the analyses for girls (i.e., based on prior placements), therefore additional analyses were conducted to assess for potential gaps in the residential service array for boys using other methods and data.

Analysis of Out-of-State Placements: Boys

Between July 1, 2011 and June 30, 2013, 291 boys were placed in out-of-state residential programs¹⁹ (Figure 19). Ninety percent of these boys were African-American, and they were 17 years old, on average. Most of the boys were from Baltimore City (45%) or Metro Region (36%). The most frequently adjudicated offenses (as identified in the MCASP Assessment) were person-to-person felonies for both Level II (25%) and Level III (54%) admissions, and person-to-person misdemeanors (28%) for MHRP admissions.

The boys admitted to Level II programs had slightly higher identified needs relative to those admitted to Level III programs, with a greater share indicating moderate or high needs for mental health (60% vs. 49%), alcohol and drug use (60% vs. 50%), family functioning (85% vs. 74%), and aggression (90% vs. 84%) per the MCASP Assessment. Boys admitted to MHRPs presented even greater needs related to mental health (90%), family functioning (90%), and aggression (96%). In addition, a larger share of boys admitted to Level III programs outside of Maryland were identified as violent offenders (16%), compared with youth admitted to MHRPs (10%) and Level II programs (6%) out of state.

¹⁹ 24 youth were placed out of state twice.

Figure 19. Characteristics of Boys Admitted to Out-of-State Residential Placements in FY12 and FY13

	Level II	Level III	MHRP	Total
Number of Boys	164	98	29	291
Average Age	17.0	17.2	17.5	17.1
Race/Ethnicity				
African American/Black	94%	88%	76%	90%
Caucasian/White	4%	7%	7%	5%
Hispanic/Latino	2%	5%	17%	5%
DJS Region				
Baltimore City	51%	36%	38%	45%
Central	9%	3%	3%	6%
Western	0%	0%	0%	0%
Eastern Shore	4%	1%	3%	3%
Southern	12%	5%	21%	11%
Metro	24%	55%	35%	36%
Offense Type*				
Person-to-Person Felony	25%	54%	14%	33%
Drug Felony	5%	2%	14%	5%
Other Felony	11%	19%	14%	14%
Person-to-Person Misdemeanor	16%	5%	28%	14%
Drug Misdemeanor	11%	5%	3%	8%
Other Misdemeanor	21%	7%	21%	16%
VOP	11%	7%	7%	9%
Missing	0%	1%	0%	<1%
Treatment Needs/Offender Type*				
Mental Health	60%	49%	90%	59%
Alcohol & Drug Use	60%	50%	52%	56%
Family Functioning	85%	74%	90%	82%
Aggression/Assaultive Behavior	90%	84%	96%	89%
Violent Offender	6%	16%	10%	10%
Sex Offender	2%	4%	0%	2%
Fire Setter	2%	5%	3%	3%

*From the MCASP Assessment.

In FY12 and FY13, 291 boys were placed in 26 out-of-state residential programs (Figure 20). The majority were placed in staff secure programs (161 admissions), followed by hardware secure programs (87 admissions) and residential treatment centers (29 admissions). Most of these boys were placed in programs located in Pennsylvania (n=141), followed by Iowa (n=58) and Tennessee (n=36). When considering these findings in relation to in-state service gaps, it is important to note that youth placed in out-of-state staff secure facilities typically present risk levels that would warrant a hardware secure placement within Maryland (with the exception of those placed in Glen Mills School).

A substantial number of boys were placed out-of-state in FY12 and FY13, demonstrating a clear gap in programs that can serve these youth in Maryland. Specifically, the findings point to the need for hardware secure programming that can accommodate DJS-involved boys in Maryland. In addition,

a significant number of youth were served in out-of-state MHRPs, suggesting a potential gap in these in-state services, as well.

Figure 20. Out-of-State Residential Placements for Boys, FY12 & FY13 Admissions (N=291)

Residential Program Type/Name	Program Location	# Boys
Hardware Secure Facility		87 total
Abraxas Residential Services	Pennsylvania	37
Mid Atlantic Youth Services – PA Child Care	Pennsylvania	13
Mid Atlantic Youth Services – Western PA Child Care	Pennsylvania	29
Northwestern Academy (NHS Human Services)	Pennsylvania	8
Hardware Secure Facility with Intensive Mental Health Services		10 total
Turning Point Youth Center	Michigan	10
Staff Secure Facility*		163 total
Abraxas Residential Services	Pennsylvania	15
Bennington School	Vermont	2
Canyon State Academy	Arizona	11
Clarinda Academy	Iowa	33
Glen Mills School	Pennsylvania	22
Lakeside Academy	Michigan	3
Mid Atlantic Youth Services – PA Child Care	Pennsylvania	2
Natchez Trace Youth Academy	Tennessee	36
Summit Academy	Pennsylvania	14
Woodward Academy	Iowa	25
Staff Secure Facility with Intensive Substance Abuse Treatment*		1 total
Foundations for Living	Ohio	1
Residential Treatment Center		29 total
Boys Town	Nebraska	5
Coastal Harbor Treatment Center	Georgia	1
Cottonwood Treatment Center	Utah	1
Devereux Florida	Florida	4
Devereux Georgia	Georgia	8
Devereux Pennsylvania – Children’s IDD Services	Pennsylvania	1
Laurel Oaks Behavioral Health Center	Alabama	5
New Hope Carolinas	South Carolina	2
Newport News Behavioral Health Center	Virginia	2
Three Rivers Residential Treatment – Midland Campus	South Carolina	1

*Youth placed in out-of-state staff secure facilities typically present risk levels that would warrant a hardware secure placement within Maryland, with the exception of Glen Mills School.

Conclusion & Recommendations

Summary of Service Gaps

The primary purpose of this report was to identify gaps in services for girls and boys involved with DJS. Several analyses were conducted to determine gaps in the community-

based and residential service continuums, with a focus on gender-specific services. The major findings related to identified service gaps are summarized below:

Community-Based Service Gaps

- ≠ The following jurisdictions reported having no gender-specific community services for girls, despite having a significant number of girls on probation supervision: Baltimore County (114 girls court-ordered to probation in FY13), Prince George's County (62), Anne Arundel County (61), and Wicomico County (30).
- ≠ A significant number of youth under probation in Anne Arundel and Worcester Counties demonstrated a moderate or high need related to aggression, but these counties did not report utilization of any services to address this need.
- ≠ A significant number of youth under probation in Wicomico and Worcester (boys only) Counties demonstrated a moderate or high education/school need, but these counties did not report access to any education support services.

Residential Service Gaps for Girls

- ≠ There appears to be a shortage of services available for Level II/staff secure residential programs for girls. On any given day, DJS has approximately eight slots available using two privately-run group homes to serve girls who require a staff secure placement, yet the forecast analysis projects that 16 girls require services at this level. An analysis of girls' needs indicates that programming in Level II programs should focus on alcohol and drug use, as well as mental health.

Residential Service Gaps for Boys

- ≠ There is a shortage in capacity to serve boys in Level III programs. Whereas 135-138 boys are projected to require Level III programming on any given day, there is currently only one hardware secure program in Maryland that serves 48 boys. An assessment of boys' needs indicates that Level III programming should address alcohol and drug use, family functioning, and aggression, as well as mental health.
- ≠ There is a potential shortage in appropriate mental health residential treatment beds. On the one hand, the forecast analysis indicated that 123-126 boys are projected to need this type of placement, and 130 MHRPs have been utilized on average. These included 77 RTC beds, 12 psychiatric hospital beds, 11 beds in diagnostic units, and one high intensity psychiatric respite bed. And once again, nonresidential services such as CMEs may also provide appropriate alternatives to residential care for some youth. On the other hand, 29

boys have been sent to MHRPs located outside of Maryland over the past two fiscal years, and an additional 11 youth sent to secure out-of-state programs that provide mental health or substance abuse treatment. These out-of-state placements suggest potential gaps in this type of residential care.

Recommendations

The Department of Juvenile Services (DJS) is committed to providing quality care and appropriate services to youth and families involved in the juvenile justice system. DJS operates a system of services delivered in communities and facilities to meet the specific needs of youth and their families without compromising public safety. The DJS recommendations related to the identified service gaps are summarized below:

Community-Based Service Gaps

- ≠ **Gender-specific community services for girls in Baltimore County, Prince George's County, Anne Arundel County and Wicomico County.**

DJS is in the process of developing community service programming for girls in Baltimore County, Prince George's County, Anne Arundel County and Wicomico County to meet the needs of girls that are being supervised by DJS in the community. It is anticipated that girl's specific case management or programming will be available in each of the respective counties during 2014.

Additionally, DJS has reached out to a national group to develop training for case managers across the state that will provide appropriate gender responsive techniques to best supervise this population in the community. DJS is also working the State Advisory Board to create a committee to continue to monitor and evaluate DJS's commitment to providing appropriate gender responsive services.

- ≠ **Services to address aggression needs in Anne Arundel and Worcester County.**

DJS is reaching out to community partners in Anne Arundel and Worcester County to develop programming for youth in the community that will provide appropriate services to address aggression needs. It is anticipate that this programming will be available during 2014.

≠ **Education Support Services for boys in Wicomico and Worcester County.**

DJS is continuing to evaluate the need for additional education support services for boys in Wicomico County and Worcester County since each of the above mentioned counties has a truancy court that provides education support services to youth experiencing issues with truancy.

Residential Service Gaps for Girls

≠ **Level II/staff secure residential programs for girls.**

DJS has recognized a need for a level II / staff secure residential placement for girls. On June 13, 2012, DJS posted an Expression of Interest on eMaryland Marketplace to licensed residential providers to determine if there was interest in developing a Level II/staff secure residential program for girls in Maryland. DJS worked with a provider that was willing to re-purpose an existing program to meet this need, however, due to financial reasons that program was unable to continue in that capacity.

Subsequently, on August 20, 2013 DJS posted another Expression of Interest on eMaryland Marketplace. DJS postponed evaluating responses until the GAP Analysis was complete to ensure that the development of a new program would have all the components necessary to meet the needs of girls that require this level of care. DJS will continue to evaluate responses to the most recent Request for Interest and will work to identify a program that will be able to meet the needs of this population.

Residential Service Gaps for Boys

≠ **Level III programs/hardware secure residential program for boys.**

The Department of Juvenile Services' Capital Improvement Plan (CIP) includes two (2) male secure treatment centers, Baltimore Regional Treatment Center (BRTC) and Cheltenham Treatment Center (CTC) to address the need for Level III/ hardware secure residential programming.

A brief project/funding synopsis is as follows.

- The Baltimore Regional Treatment Center (BRTC) project is 48-bed hardware secure treatment center to serve male youth in Regions I and II. The project has prior authorized funding for acquisition; anticipated funding for Planning in FY2016, FY2017, and FY2018; and construction funding in FY2018.
- The Cheltenham Treatment Center (CTC) project is a 48-bed hardware secure treatment center to serve male youth in Regions V and VI. The location for CTC is on the grounds of the state-owned Cheltenham Youth Facility. The Department anticipates planning funding in FY2017 and FY 2018.

≠ **Potential shortage in appropriate mental health residential treatment beds for boys.**

DJS will continue to work with other State agencies to ensure that there is access to appropriate mental health residential treatment beds for boys.

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Appendix A. Glossary of Key Terms

Aftercare: Supervision and individualized treatment services provided to youth in the community following discharge from a residential program.

Alternative Living Unit: A residence owned, leased, or operated by a licensee that: (a) provides residential services for children who, because of a developmental disability, require specialized living arrangements; (b) admits not more than three children; and (c) provides 24 hours of supervision per unit, per day.

Average Daily Population (ADP): Daily population of youth in residential placement (state or privately owned) averaged over the number of days in the year.

Average Length of Stay (ALOS): Average total number of days in residential placement between admission and release. Youth detained in more than one facility during a contiguous stay are counted as a single placement.

Case Management Specialist (CMS): DJS staff who provide case management services to youth in community and residential settings. Case managers provide supervision, develop treatment plans, link youth with necessary resources and services, monitor progress, and modify treatment plans as needed.

Certificate of Placement (COP): The document which reflects a youth's placement location, services, and authorizes payment for services.

Commitment versus Admission: A commitment is a court order placing a delinquent youth in DJS' care. The youth is usually placed into an out-of-home program, but may also be provided services at home. An admission occurs when a juvenile physically arrives at a facility and is officially entered into the facility's rolls. An admission may occur days/weeks after the juvenile is committed to DJS (in the interim, a youth is considered to be on "pending placement" status – see Pending Placement). A single admission to an out-of-home program could be the result of multiple commitments (e.g. a juvenile may be committed by more than one court, or have multiple charges with "committed" dispositions). Thus, the number of commitments will not equal the number of admissions to committed programs.

Continuum of Care: The continuum of care spans in-home probation supervision with services, community-based out of home treatment, and state and privately-operated secure programs, all designed to address youth needs, and the factors that led the youth to delinquent behavior. Legislation passed in 2012 authorized DJS to transfer youth directly from one facility/program to another facility/program (of equal or higher security level) without first asking the court to modify the commitment order.

Delinquent: A youth who has been adjudicated for an act which would be a crime if committed by an adult and who requires guidance, treatment, or rehabilitation.

Detention: Temporary, short-term (1-30 days) physically secure housing of youth who are awaiting court disposition and require secure custody for the protection of themselves or the

community and/or to ensure court appearance.

Diagnostic Unit: A short-term residential program, where staff perform physical, social, and psychological evaluations of youth to recommend appropriate therapeutic interventions.

Disposition: The action taken by the juvenile court that outlines whether the youth requires guidance, treatment, or rehabilitation and, if so, the nature of such assistance that an adjudicated youth will receive. (Note: In adult courts, this is known as a “sentence.”)

Fiscal Year (FY): The time period measured from July 1st of one year to June 30th of the following year. For example, FY 2013 runs from July 1, 2012 through June 30, 2013.

Foster Care: Continuous 24-hour care and support provided to a youth in a DJS- or DSS-approved family home.

Group Home: A residential program licensed by DHR, DJS or MHA/DHMH to provide 24-hour supervised out-of-home care for 4 or more youth and which provides a formal program of basic care, social work, and health care services.

Hardware Secure Facility: A facility that relies primarily on the use of construction and hardware such as locks, bars, and fences to restrict freedom.

High Intensity Psychiatric Respite: Intensive psychiatric respite services with additional staffing and support services for children with a residential treatment center recommendation.

Independent Living Program: A program implemented by a child placement agency licensed by DHR for youth 15 to 21 years of age. During the program, youth learn about interpersonal skills, money management, job readiness, conflict management, positive leisure opportunities and communication skills. Youth reside in either group homes or supervised apartment units, and must be enrolled in high school, college, vocational training, or be gainfully employed.

Intermediate Care Facility for Addictions (IFCA): A clinically managed low- to high-intensity treatment program that provides a structured environment in combination with treatment directed toward preventing relapse, applying recovery skills, promoting personal responsibility, and reintegration, and ancillary services to support and promote recovery.

Pre-Court (or “Informal”) Supervision: An agreement between DJS and a youth and family to enter into counseling and/or DJS monitoring without court involvement.

Probation: Court-ordered supervision of youth in the community requiring youth to meet court-ordered probation conditions (general and case specific), including, for example, school attendance, employment, community service, restitution, counseling, or participation in substance abuse treatment.

Psychiatric Hospital: An inpatient institution that provides evaluation, care, or treatment for individuals who have mental disorders.

Residential Treatment Center (RTC): A mental health facility for children and adolescents with long-term serious emotional, behavioral, and psychological problems. RTCs provide intensive services and should only be considered when therapeutic services available in the community

are insufficient to address a youth's needs. In addition to Maryland RTCs, DJS uses a variety of out-of-state providers including RTCs funded through Medical Assistance, with rates set by the Maryland Interagency Rates Committee, and facilities that are not RTCs and serve moderate-to-high-risk multi-problem youth. These are youth who may be exhibiting moderate psychiatric symptomatology and aggressive behavior, or who have histories of unsuccessful/repeated placements and/or hospitalizations. Treatment models vary depending on the client focus of the program but all provide individualized treatment plans, are comprehensive in services, highly structured, treatment oriented and behaviorally focused.

Respite Care: Short-term care for a child to temporarily relieve the caregiver from the responsibility of providing 24-hour care for a child.

Social History Investigation (SHI): The written study of a youth and his/her family that is presented to the juvenile court. A Social History Investigation emphasizes social and legal histories as well as the domain areas of: family functioning, substance abuse, mental health, somatic health, education, employment, and life skills.

Staff Secure Facility: Residential programs where youth movement is controlled by staff supervision rather than by restrictive architectural features.

Therapeutic Group Home: A small private group home that provides residential child care as well as access to a range of diagnostic and therapeutic mental health services for children and adolescents who have mental disorders.

Treatment Foster Care: 24-hour substitute care program operated by a licensed child placement agency or local Department of Social Services for children with emotional, behavioral, medical, or psychological conditions.

Treatment Service Plan (TSP): A written document identifying treatment objectives, services, and service linkages that address the needs of the youth and family. It also examines the safety and appropriateness of the youth's placement, guides DJS's recommendations to the juvenile court for permanency planning (where appropriate), and monitors level of supervision and services required.

Appendix B. Probation Youth Needs & Community-Based Services

The following tables summarize the characteristics of youth who were adjudicated delinquent and court-ordered to probation in FY13.²⁰ The tables are organized by region, with summary tables provided for the entire region and the respective counties. In some cases, very few youth were ordered to probation in FY13 and their characteristics may not be representative of treatment needs/offender types more generally; accordingly, these data are not presented for jurisdictions where fewer than five girls or boys were ordered to probation (indicated by an asterisk).

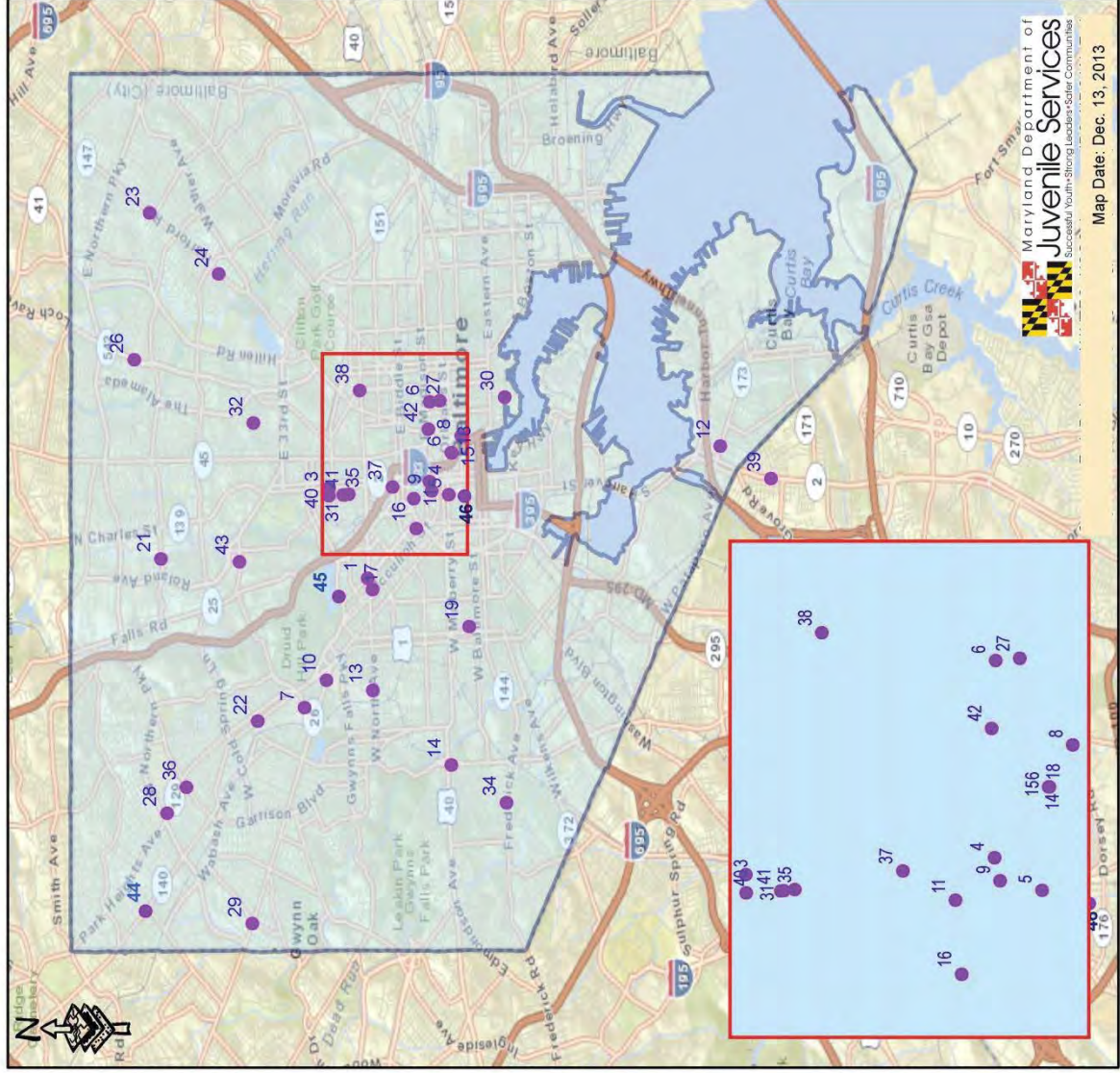
In addition, the community-based service array is summarized for each region/county. Each table shows the number of programs available for each need/intervention area. It is important to note that these programs were identified by local DJS staff, and some counties reported far more programs than others. To some extent, these numbers may reflect actual differences in the availability of programs; but it is also likely that some jurisdictions indicated only their most frequently utilized programs. Further, each section includes a map of the community-based service providers reported by each jurisdiction. Note that some of the service providers administer multiple programs for youth involved with DJS (individual programs are not shown).

Baltimore City Region

Table 1. Probation Youth Needs (FY13) and Community-Based Services: Baltimore City				
	Girls	Boys	Total Youth	# Programs
Total	69 (15%)	401 (85%)	470	50
Average Age	15.7	16.2	16.1	--
Race/Ethnicity				
African American/Black	97%	97%	97%	--
Caucasian/White	3%	2%	2%	--
Hispanic/Latino	0%	<1%	<1%	--
Other	0%	<1%	<1%	--
Treatment Needs/Offender Type				
Education	56%	65%	64%	9
Use of Free Time	14%	24%	22%	2
Peer Relationships	89%	89%	89%	6
Family	58%	49%	51%	8
Alcohol & Drug Use	33%	45%	43%	12
Mental Health	50%	27%	31%	16
Anti-Social Attitudes	72%	66%	67%	2
Aggression	92%	75%	77%	3
Sex Offender	0%	2%	1%	1
Fire Setter	8%	1%	2%	0
Girl-Only Programs	--	--	--	2

²⁰ Youth under probation supervision who had their relevant adjudication hearing prior to FY13 are not included in these analyses.

Community-Based Services in Baltimore City / Region



Ref No	Provider
1	DRU/Mondawmin Healthy Families, Inc.
2	Advanced Behavioral Health
3	All Walks of Life
4	Young Fathers Responsible Fathers
5	Baltimore Child & Adolescents Response System
6	Baltimore City Health Department
7	Behavioral Interface
8	Black Professional Men, Inc.
9	Boys & Girls Clubs
10	Change Health Systems
11	Chase Brexton Health Care
12	Chesapeake Center for Youth Development
13	Coppin State University
14	DJS-Southern office
15	Baltimore City Drug Court
16	DRU/Mondawmin Healthy Families, Inc.
17	Druid Heights Community Development Corporation
18	E. Baltimore Commty Partnership/The Family League
19	Echo House
20	Epoch Counseling Center
21	Family Solutions of Maryland
22	Harambee Treatment Center
23	Harbel
24	Harford-Belair Community Mental Health Center
25	Institute for Family Centered Services
26	Institute for Life Enrichment
27	Children's Mental Health Center (JHU)
28	King Health Systems
29	Liberty House Shelter
30	Living Classrooms
31	Maryland Choices
32	Mentors for Life
33	Mosaic Community Services
34	Mt. Manor Treatment Center
35	North Baltimore Center
36	Northwest Baltimore Youth Services
37	Quadrant Inc.
38	Roberta's House
39	The Choice Program (UMBC)
40	Treatment Resources for Youth
41	Urban Behavioral Associates
42	VisionQuest
43	Youth Advocate Program
44	DJS-Plaza Office
45	DJS-Day & Evening Reporting Center
46	DJS-Central Office

Central Region

Table 2. Probation Youth Needs (FY13) and Community-Based Services: Central Region				
	Girls	Boys	Total Youth	# Programs
Total	203 (21%)	756 (79%)	959	146
Average Age	16.4	16.2	16.2	--
Race/Ethnicity				
African American/Black	63%	55%	56%	--
Caucasian/White	34%	41%	39%	--
Hispanic/Latino	3%	3%	3%	--
Other	0%	1%	1%	--
Treatment Needs/Offender Type				
Education	56%	53%	54%	51
Use of Free Time	30%	23%	25%	47
Peer Relationships	70%	82%	79%	62
Family	39%	40%	39%	44
Alcohol & Drug Use	33%	47%	44%	34
Mental Health	41%	34%	35%	51
Anti-Social Attitudes	58%	61%	60%	51
Aggression	74%	70%	71%	39
Sex Offender	2%	4%	4%	2
Fire Setter	2%	2%	2%	2
Girl-Only Programs	--	--	--	5

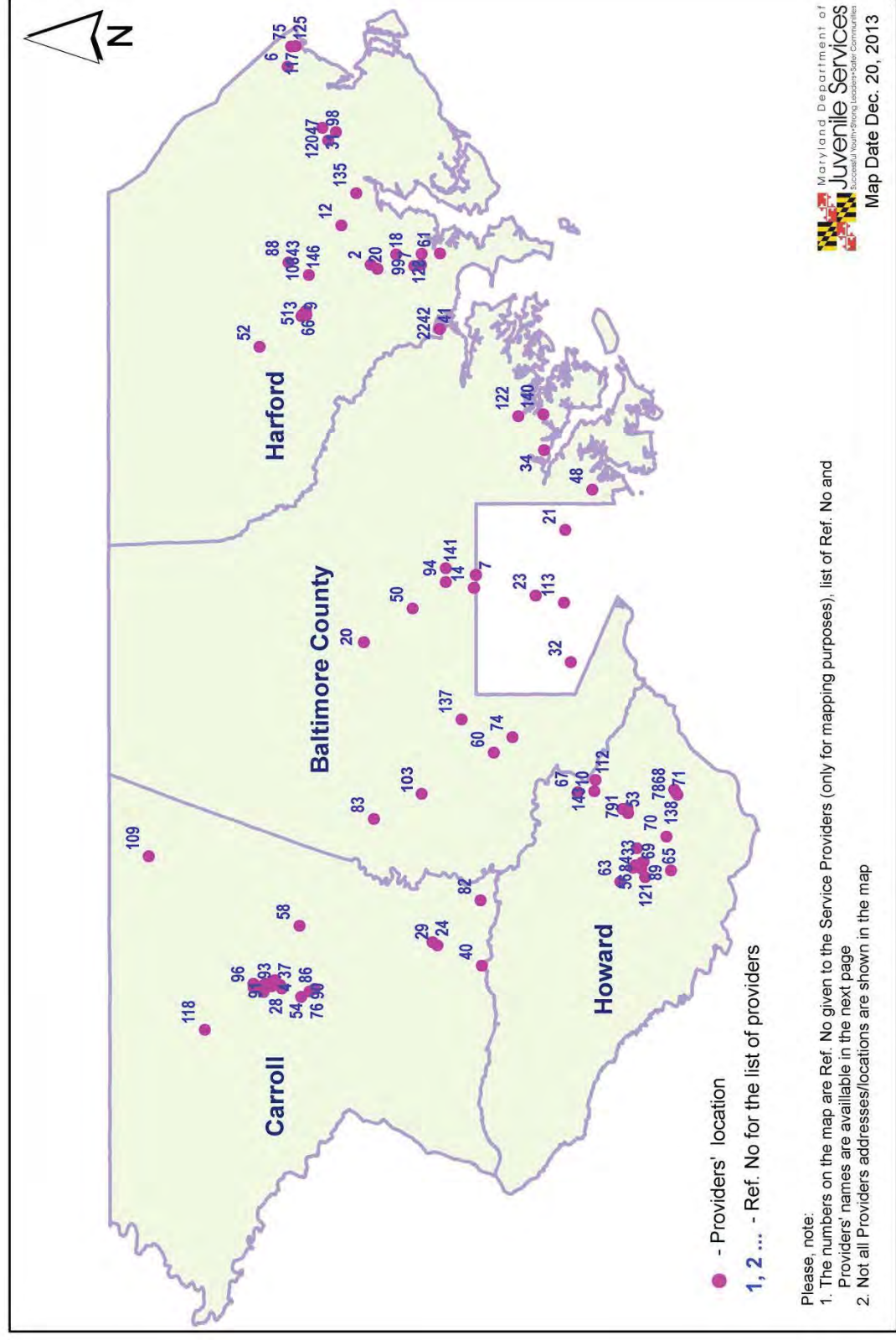
Table 3. Probation Youth Needs (FY13) and Community-Based Services: Baltimore County				
	Girls	Boys	Total Youth	# Programs
Total	114 (19%)	500 (81%)	614	24
Average Age	16.2	16.2	16.2	--
Race/Ethnicity				
African American/Black	78%	65%	68%	--
Caucasian/White	20%	31%	29%	--
Hispanic/Latino	2%	3%	3%	--
Other	0%	1%	1%	--
Treatment Needs/Offender Type				
Education	52%	57%	56%	6
Use of Free Time	27%	19%	21%	6
Peer Relationships	69%	81%	78%	8
Family	35%	37%	37%	10
Alcohol & Drug Use	30%	45%	42%	4
Mental Health	41%	33%	35%	7
Anti-Social Attitudes	52%	59%	58%	13
Aggression	74%	69%	70%	8
Sex Offender	3%	4%	4%	1
Fire Setter	3%	2%	2%	1
Girl-Only Programs	--	--	--	0

Table 4. Probation Youth Needs (FY13) and Community-Based Services: Carroll County				
	Girls	Boys	Total Youth	# Programs
Total	17 (18%)	78 (82%)	95	31
Average Age	16.9	16.5	16.6	--
Race/Ethnicity				
African American/Black	12%	9%	10%	--
Caucasian/White	82%	90%	88%	--
Hispanic/Latino	6%	0%	1%	--
Other	0%	1%	1%	--
Treatment Needs/Offender Type				
Education	69%	37%	43%	10
Use of Free Time	13%	27%	25%	10
Peer Relationships	69%	89%	85%	16
Family	38%	49%	47%	14
Alcohol & Drug Use	31%	50%	47%	9
Mental Health	63%	39%	43%	19
Anti-Social Attitudes	69%	58%	60%	12
Aggression	69%	74%	73%	10
Sex Offender	0%	6%	5%	1
Fire Setter	6%	0%	1%	0
Girl-Only Programs	--	--	--	1

Table 5. Probation Youth Needs (FY13) and Community-Based Services: Harford County				
	Girls	Boys	Total Youth	# Programs
Total	31 (26%)	87 (74%)	118	64
Average Age	16.6	16.0	16.2	--
Race/Ethnicity				
African American/Black	45%	30%	34%	--
Caucasian/White	55%	64%	62%	--
Hispanic/Latino	0%	5%	3%	--
Other	0%	1%	1%	--
Treatment Needs/Offender Type				
Education	87%	65%	71%	21
Use of Free Time	40%	36%	37%	15
Peer Relationships	87%	90%	89%	21
Family	73%	67%	69%	10
Alcohol & Drug Use	43%	63%	58%	7
Mental Health	60%	43%	47%	13
Anti-Social Attitudes	93%	84%	86%	8
Aggression	97%	84%	87%	4
Sex Offender	0%	9%	7%	1
Fire Setter	0%	1%	1%	1
Girl-Only Programs	--	--	--	2

Table 6. Probation Youth Needs (FY13) and Community-Based Services: Howard County				
	Girls	Boys	Total Youth	# Programs
Total	41 (31%)	91 (69%)	132	38
Average Age	16.6	16.3	16.4	--
Race/Ethnicity				
African American/Black	56%	58%	58%	--
Caucasian/White	34%	30%	31%	--
Hispanic/Latino	10%	9%	9%	--
Other	0%	3%	2%	--
Treatment Needs/Offender Type				
Education	39%	39%	39%	17
Use of Free Time	34%	29%	30%	18
Peer Relationships	59%	73%	68%	23
Family	22%	21%	21%	15
Alcohol & Drug Use	32%	45%	41%	16
Mental Health	24%	26%	26%	15
Anti-Social Attitudes	44%	54%	51%	29
Aggression	63%	54%	57%	19
Sex Offender	0%	0%	0%	1
Fire Setter	0%	3%	2%	2
Girl-Only Programs	--	--	--	2

Community-Based Services in Central Region



Community-Based Services in Central Region

Ref.No	Provider Name
1	A Better Way Counseling Services
2	Alliance
3	School-based Mental Health-Harford County
4	Arrow Children and Family Ministries
5	Associated Catholic Charities (all locations not shown)
6	Baltimore County Dept. of Social Services
8	Baltimore County Drug Court (not shown)
9	Baltimore County Health Dept
10	Baltimore County Police Dept. (additional locations)
11	Big Brothers Big Sisters (not shown on map)
12	Boys & Girls Clubs of Harford County (additional locations)
13	Carroll Counseling Centers
14	Carroll County Community College
15	Carroll County Business & Employment Resource Center
16	Carroll County DJS
17,18	Carroll County Youth Service Bureau
19	Carroll Hospital Center
21	Catholic Counseling
22	Cedar Ridge Counseling Center
23	Center for Therapeutic Concepts, Inc.
24	Choices of Carroll County
25	Circuit Court for Harford County (Truancy Court)
26	Crisis Intervention Team (Harford County; not shown)
27	Columbia Addictions Center
28	Community Service Office of Drug Control Policy
29	Community Solutions Inc.
30	Congruent and Integrative Counseling
31	Congruent Counseling Services
32	Dads Works
33	Community Conferencing
35	Harford County DJS
37	Dundalk Youth Services Center
38	Extreme Family Outreach
39	Family and Children's Services
40	Family Support and Resource Center
41	Finksburg Counseling Services

Ref.No	Provider Name
42	First Step
43, 44	Grass Roots Crisis Intervention Center
45	Greater Edgewood Education Foundation
46	Greater Excellence in Education Foundation
47	Harford County Boys and Girls Club (not shown on map)
48	Harford County Boys and Girls Club, Edgewood
49	Harford County Dept. of Community Services
50	Harford County Dept. of Social Services
51	Harford County DJS
52	Harford County Drug Court Program
53	Harford County Health Department
54	Harford County Health Department Division of Addictions
55	Harford County Public Schools (all locations not shown)
56	Harford County Public Schools PTAs (all locations not shown)
57	HC Drug Free
58	Howard Co. Dept. of Fire and Rescue Services (Fire Selter Program)
59	Howard County DJS
60	Howard County Health Dept.
61	Howard County Mental Health Authority
62	Howard County Office of Human Rights
63	Howard County Office of Workforce Development
64	Howard County Public Library
65	Howard County Public Schools (all locations not shown)
66	Inner County Outreach
67	Institute for Family Centered Services
68	Johns Hopkins Bayview Medical Center
69	KeyStone Service Systems, Inc.
70	LASOS, Inc
71	Main Street Mobile Treatment and Main Street Community Mental Health Center
72	Maryland Choices
73	Maryland Coalition of Families for Children's Mental Health
74	Maryland Conservatory of Music
75	Mediation and Conflict Resolution Center, Howard County College
76	Dr. Michelle Coleman
77	Mosaic Community Services, Inc.

Ref.No	Provider Name
78	Mothers Against Drunk Driving
79	Mountain Manor Treatment Center
80	Mountain Manor Treatment Center - Baltimore
81	MPB Group, Inc.
82	National Association for Shoplifting Prevention (online prog)
83	National Guard (Free State Challenge Academy)
84	New Path Counseling Center
85	Harford County Office of Drug Control Policy
86	Harford County Office of Drug Control Policy, Circuit Court
87	Open Doors Career Center
88	Pastor Reeves & Schools
89	Positive Alternatives to Destructive and Dangerous Driving (PADDD)
90	Psych Associates of Maryland, LCC
91	Sheppard Pratt (Harford County)
92	Sheppard Pratt Health System (Ellicott City)
93	Sheppard Pratt (Diversion & Gang Programs)
94	Sheriff's Office and Harford County Public Schools
95	St. Patrick's Catholic Church
96	The Church of Resurrection in Joppatowne
97	The Conflict Resolution Center Of Baltimore Co
98	The Howard Group
99	The Salvation Army Boys & Girls Club of Middle River
100	University of Maryland Shock Trauma Center
101	Upper Bay
102	Upper Bay Counseling
104	Non-Public Educational Placements (locations not shown)
105	Villa Maria (Edgewood Middle School)
106	Villa Maria of Harford County
108	VisionQuest
109	Way Station
110	Westminster YMCA
111	YMCA
112	Howard County Police Dept. (Diversion)
7	Baltimore County DJS-Arbulis Office
20	Baltimore County DJS-Hunt Valley Office
34	Baltimore County DJS-Eastern Office
103	Baltimore County DJS-Garrison Office

Western Region

Table 7. Probation Youth Needs (FY13) and Community-Based Services: Western Region				
	Girls	Boys	Total Youth	# Programs
Total	23 (18%)	103 (82%)	126	71
Average Age	15.6	15.8	15.8	--
Race/Ethnicity				
African American/Black	22%	32%	30%	--
Caucasian/White	78%	66%	68%	--
Hispanic/Latino	0%	2%	2%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	67%	66%	66%	10
Use of Free Time	38%	18%	22%	12
Peer Relationships	81%	91%	89%	8
Family	76%	59%	62%	22
Alcohol & Drug Use	48%	40%	41%	11
Mental Health	52%	41%	43%	22
Anti-Social Attitudes	71%	71%	71%	16
Aggression	86%	86%	86%	9
Sex Offender	0%	3%	3%	4
Fire Setter	14%	2%	4%	1
Girl-Only Programs	--	--	--	9

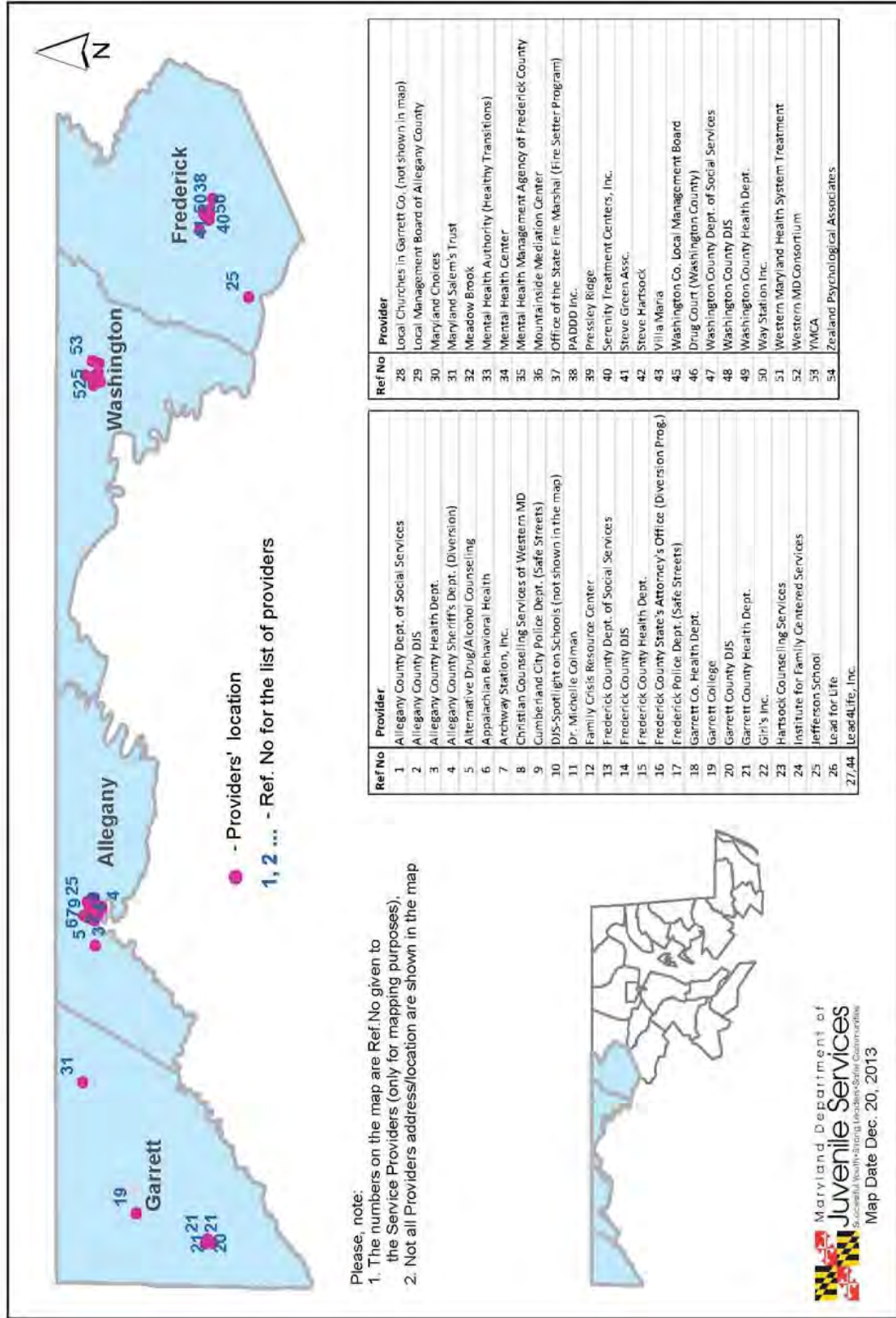
Table 8. Probation Youth Needs (FY13) and Community-Based Services: Allegany County				
	Girls	Boys	Total Youth	# Programs
Total	8 (32%)	17 (68%)	25	30
Average Age	15.6	15.3	15.4	--
Race/Ethnicity				
African American/Black	25%	18%	20%	--
Caucasian/White	75%	82%	80%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	57%	71%	67%	7
Use of Free Time	43%	24%	29%	4
Peer Relationships	86%	94%	92%	1
Family	86%	65%	71%	8
Alcohol & Drug Use	43%	53%	50%	4
Mental Health	29%	59%	50%	11
Anti-Social Attitudes	57%	82%	75%	5
Aggression	86%	88%	88%	2
Sex Offender	0%	0%	0%	1
Fire Setter	29%	0%	8%	1
Girl-Only Programs	--	--	--	3

Table 9. Probation Youth Needs (FY13) and Community-Based Services: Frederick County				
	Girls	Boys	Total Youth	# Programs
Total	1 (17%)	5 (83%)	6	17
Average Age	15.9	17.7	17.4	--
Race/Ethnicity				
African American/Black	0%	20%	17%	--
Caucasian/White	100%	80%	83%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	*	40%	50%	0
Use of Free Time	*	40%	33%	6
Peer Relationships	*	80%	83%	6
Family	*	60%	67%	7
Alcohol & Drug Use	*	80%	67%	3
Mental Health	*	80%	83%	2
Anti-Social Attitudes	*	60%	67%	6
Aggression	*	80%	83%	3
Sex Offender	*	0%	0%	1
Fire Setter	*	0%	0%	0
Girl-Only Programs	--	--	--	2

Table 10. Probation Youth Needs (FY13) and Community-Based Services: Garrett County				
	Girls	Boys	Total Youth	# Programs
Total	2 (8%)	24 (92%)	26	11
Average Age	16.3	15.8	15.9	--
Race/Ethnicity				
African American/Black	50%	0%	4%	--
Caucasian/White	50%	100%	96%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	*	50%	46%	1
Use of Free Time	*	4%	4%	0
Peer Relationships	*	96%	96%	1
Family	*	38%	42%	5
Alcohol & Drug Use	*	29%	31%	1
Mental Health	*	17%	19%	5
Anti-Social Attitudes	*	42%	46%	4
Aggression	*	67%	69%	3
Sex Offender	*	13%	12%	1
Fire Setter	*	8%	12%	0
Girl-Only Programs	--	--	--	0

Table 11. Probation Youth Needs (FY13) and Community-Based Services: Washington County				
	Girls	Boys	Total Youth	# Programs
Total	12 (17%)	57 (83%)	69	23
Average Age	15.5	15.8	15.7	--
Race/Ethnicity				
African American/Black	17%	51%	45%	--
Caucasian/White	83%	46%	52%	--
Hispanic/Latino	0%	4%	3%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	82%	74%	75%	3
Use of Free Time	46%	20%	25%	2
Peer Relationships	73%	89%	86%	1
Family	64%	67%	66%	7
Alcohol & Drug Use	55%	37%	40%	3
Mental Health	64%	43%	46%	8
Anti-Social Attitudes	73%	82%	80%	4
Aggression	82%	94%	92%	3
Sex Offender	0%	0%	0%	2
Fire Setter	0%	0%	0%	1
Girl-Only Programs	--	--	--	1

Community-Based Services in Western Region



Eastern Shore Region

Table 12. Probation Youth Needs (FY13) and Community-Based Services: Eastern Shore Region				
	Girls	Boys	Total Youth	# Programs
Total	71 (25%)	218 (75%)	289	77
Average Age	15.8	16.0	16.0	--
Race/Ethnicity				
African American/Black	55%	44%	47%	--
Caucasian/White	42%	52%	50%	--
Hispanic/Latino	1%	2%	2%	--
Other	1%	1%	1%	--
Treatment Needs/Offender Type				
Education	77%	70%	72%	8
Use of Free Time	45%	38%	40%	12
Peer Relationships	73%	78%	76%	13
Family	65%	65%	65%	5
Alcohol & Drug Use	28%	48%	43%	16
Mental Health	58%	44%	48%	19
Anti-Social Attitudes	74%	74%	74%	8
Aggression	88%	78%	80%	4
Sex Offender	0%	3%	2%	1
Fire Setter	0%	1%	1%	1
Girl-Only Programs	--	--	--	7

Table 13. Probation Youth Needs (FY13) and Community-Based Services: Caroline County				
	Girls	Boys	Total Youth	# Programs
Total	1 (7%)	13 (93%)	14	20
Average Age	18.6	16.1	16.3	--
Race/Ethnicity				
African American/Black	0%	15%	14%	--
Caucasian/White	100%	77%	79%	--
Hispanic/Latino	0%	8%	7%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	*	46%	50%	3
Use of Free Time	*	31%	29%	4
Peer Relationships	*	69%	64%	2
Family	*	39%	43%	2
Alcohol & Drug Use	*	31%	29%	5
Mental Health	*	23%	21%	6
Anti-Social Attitudes	*	46%	43%	2
Aggression	*	62%	64%	0
Sex Offender	*	0%	0%	0
Fire Setter	*	8%	7%	0
Girl-Only Programs	--	--	--	0

Table 14. Probation Youth Needs (FY13) and Community-Based Services: Cecil County				
	Girls	Boys	Total Youth	# Programs
Total	16 (18%)	73 (82%)	89	12
Average Age	15.3	15.9	15.8	--
Race/Ethnicity				
African American/Black	31%	33%	33%	--
Caucasian/White	63%	66%	65%	--
Hispanic/Latino	6%	1%	2%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	63%	82%	79%	5
Use of Free Time	56%	52%	53%	3
Peer Relationships	69%	93%	89%	4
Family	75%	82%	81%	2
Alcohol & Drug Use	31%	52%	48%	2
Mental Health	56%	49%	51%	1
Anti-Social Attitudes	69%	85%	82%	4
Aggression	75%	86%	84%	1
Sex Offender	0%	4%	3%	0
Fire Setter	0%	1%	1%	0
Girl-Only Programs	--	--	--	1

Table 15. Probation Youth Needs (FY13) and Community-Based Services: Dorchester County				
	Girls	Boys	Total Youth	# Programs
Total	6 (29%)	15 (71%)	21	10
Average Age	16.1	15.0	15.3	--
Race/Ethnicity				
African American/Black	83%	53%	62%	--
Caucasian/White	17%	47%	38%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	83%	87%	86%	1
Use of Free Time	33%	13%	19%	2
Peer Relationships	100%	89%	91%	4
Family	50%	73%	67%	1
Alcohol & Drug Use	0%	53%	38%	1
Mental Health	67%	60%	62%	3
Anti-Social Attitudes	83%	80%	81%	1
Aggression	100%	93%	95%	1
Sex Offender	0%	0%	0%	0
Fire Setter	0%	0%	0%	0
Girl-Only Programs	--	--	--	1

Table 16. Probation Youth Needs (FY13) and Community-Based Services: Kent County				
	Girls	Boys	Total Youth	# Programs
Total	1 (11%)	8 (89%)	9	14
Average Age	15.1	15.9	15.9	--
Race/Ethnicity				
African American/Black	0%	50%	44%	--
Caucasian/White	100%	50%	56%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	*	25%	33%	2
Use of Free Time	*	50%	44%	3
Peer Relationships	*	25%	22%	3
Family	*	75%	67%	3
Alcohol & Drug Use	*	38%	33%	1
Mental Health	*	25%	22%	3
Anti-Social Attitudes	*	63%	56%	1
Aggression	*	50%	44%	0
Sex Offender	*	0%	0%	0
Fire Setter	*	0%	0%	0
Girl-Only Programs	--	--	--	2

Table 17. Probation Youth Needs (FY13) and Community-Based Services: Queen Anne County				
	Girls	Boys	Total Youth	# Programs
Total	1 (17%)	5 (83%)	6	10
Average Age	18.8	16.7	17.0	--
Race/Ethnicity				
African American/Black	0%	100%	83%	--
Caucasian/White	100%	0%	17%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	*	80%	67%	2
Use of Free Time	*	20%	17%	1
Peer Relationships	*	80%	67%	1
Family	*	80%	67%	4
Alcohol & Drug Use	*	80%	67%	2
Mental Health	*	40%	33%	3
Anti-Social Attitudes	*	60%	50%	1
Aggression	*	80%	83%	0
Sex Offender	*	0%	0%	0
Fire Setter	*	0%	0%	0
Girl-Only Programs	--	--	--	0

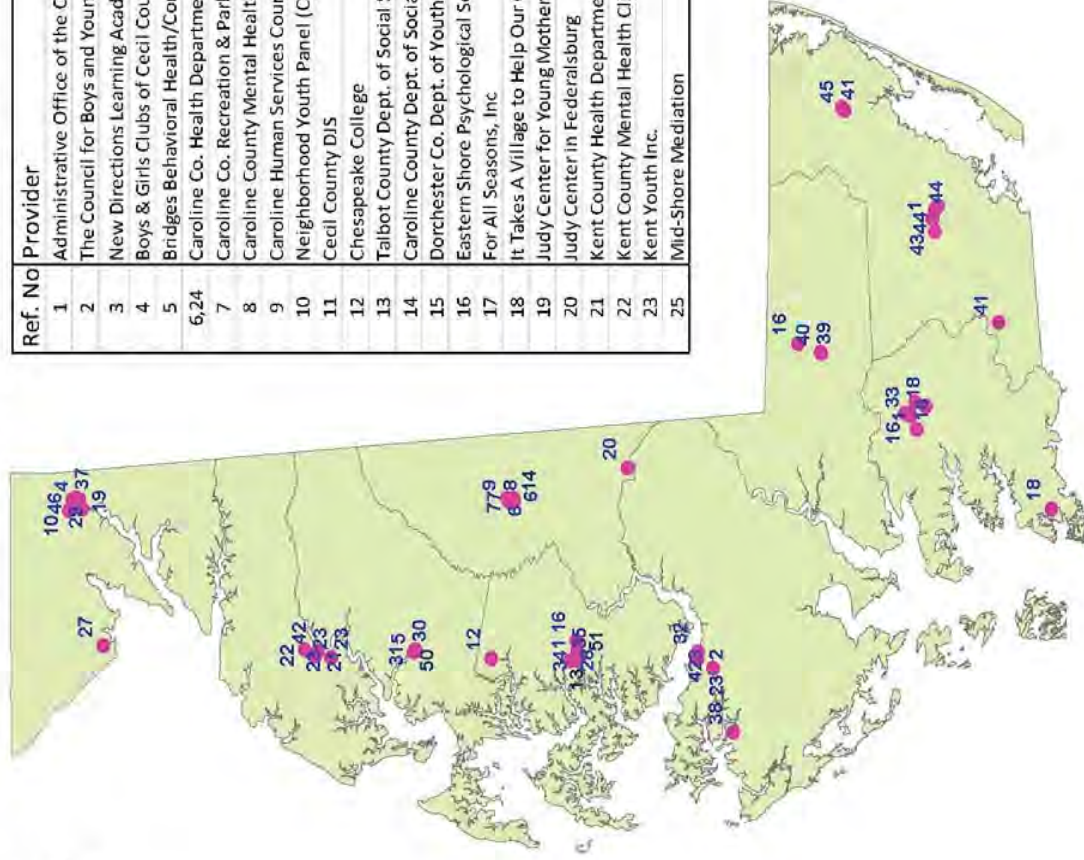
Table 18. Probation Youth Needs (FY13) and Community-Based Services: Somerset County				
	Girls	Boys	Total Youth	# Programs
Total	0	0	0	10
Average Age				--
Race/Ethnicity				
African American/Black	--	--	--	--
Caucasian/White	--	--	--	--
Hispanic/Latino	--	--	--	--
Other	--	--	--	--
Treatment Needs/Offender Type				
Education	--	--	--	1
Use of Free Time	--	--	--	1
Peer Relationships	--	--	--	1
Family	--	--	--	1
Alcohol & Drug Use	--	--	--	3
Mental Health	--	--	--	3
Anti-Social Attitudes	--	--	--	2
Aggression	--	--	--	0
Sex Offender	--	--	--	1
Fire Setter	--	--	--	1
Girl-Only Programs	--	--	--	0

Table 20. Probation Youth Needs (FY13) and Community-Based Services: Talbot County				
	Girls	Boys	Total Youth	# Programs
Total	7 (44%)	9 (56%)	16	22
Average Age	16.5	15.9	16.2	--
Race/Ethnicity				
African American/Black	29%	33%	31%	--
Caucasian/White	57%	56%	56%	--
Hispanic/Latino	0%	11%	6%	--
Other	14%	0%	6%	--
Treatment Needs/Offender Type				
Education	67%	67%	67%	3
Use of Free Time	17%	33%	27%	1
Peer Relationships	83%	100%	93%	1
Family	50%	67%	60%	3
Alcohol & Drug Use	33%	44%	40%	8
Mental Health	67%	78%	73%	7
Anti-Social Attitudes	50%	100%	80%	1
Aggression	100%	89%	93%	1
Sex Offender	0%	0%	0%	0
Fire Setter	0%	0%	0%	0
Girl-Only Programs	--	--	--	1

Table 21. Probation Youth Needs (FY13) and Community-Based Services: Wicomico County				
	Girls	Boys	Total Youth	# Programs
Total	30 (41%)	43 (59%)	73	8
Average Age	15.5	16.0	15.8	--
Race/Ethnicity				
African American/Black	77%	70%	73%	--
Caucasian/White	23%	30%	27%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	93%	93%	93%	0
Use of Free Time	53%	50%	51%	0
Peer Relationships	77%	80%	79%	1
Family	73%	73%	73%	1
Alcohol & Drug Use	27%	45%	37%	2
Mental Health	57%	48%	51%	3
Anti-Social Attitudes	90%	98%	94%	2
Aggression	97%	100%	99%	1
Sex Offender	0%	3%	1%	1
Fire Setter	0%	0%	0%	1
Girl-Only Programs	--	--	--	0

Table 22. Probation Youth Needs (FY13) and Community-Based Services: Worcester County				
	Girls	Boys	Total Youth	# Programs
Total	9 (15%)	52 (85%)	61	11
Average Age	15.9	16.5	16.5	--
Race/Ethnicity				
African American/Black	44%	39%	39%	--
Caucasian/White	56%	52%	53%	--
Hispanic/Latino	0%	4%	3%	--
Other	0%	6%	5%	--
Treatment Needs/Offender Type				
Education	50%	39%	41%	1
Use of Free Time	38%	17%	20%	2
Peer Relationships	63%	54%	56%	4
Family	50%	33%	35%	1
Alcohol & Drug Use	50%	48%	48%	4
Mental Health	75%	30%	37%	4
Anti-Social Attitudes	63%	39%	43%	2
Aggression	75%	46%	50%	0
Sex Offender	0%	4%	4%	1
Fire Setter	0%	0%	0%	1
Girl-Only Programs	--	--	--	2

Community-Based Services in Eastern Region



Ref. No	Provider
1	Administrative Office of the Courts (Drug Court)
2	The Council for Boys and Young Men
3	New Directions Learning Academy
4	Boys & Girls Clubs of Cecil County
5	Bridges Behavioral Health/Corsica River MH
6,24	Caroline Co. Health Department
7	Caroline Co. Recreation & Parks
8	Caroline County Mental Health Clinic
9	Caroline Human Services Council, Inc.
10	Neighborhood Youth Panel (Cecil County)
11	Cecil County DHS
12	Chesapeake College
13	Talbot County Dept. of Social Services
14	Caroline County Dept. of Social Services
15	Dorchester Co. Dept. of Youth Services
16	Eastern Shore Psychological Services
17	For All Seasons, Inc
18	It Takes A Village to Help Our Children, Inc.
19	Judy Center for Young Mothers
20	Judy Center in Federalburg
21	Kent County Health Department
22	Kent County Mental Health Clinic
23	Kent Youth Inc.
25	Mid-Shore Mediation

Ref. No	Provider
26	Mid-Shore Pro Bono
27	Perryville Police Department (Outreach)
28	Planned Parenthood
29	Project Crossroad
30	Queen Anne's Co. Department of Health
31	Queen Anne's County Public Schools (CASASTART)
32	Shore Behavioral Health
33	Somerset County DHS
34	Talbot County Health Dept.
35	Talbot Partnership for Alcohol and Other
36	Drug Abuse Prevention
37	University Of Maryland
38	Upper Bay, Inc.
39	VisionQuest
40	Wicomico County DHS
41	Wicomico County Health Dept.
42	Worcester County Health Dept. & Schools
43	Women in Need Inc. and ADP
44	Worcester County DHS
45	Worcester County Health Department
46	Worcester Youth and Family Counseling
47	Services
48	Elkton Middle School-Out of School Program
49	Caroline County DHS
50	Dorchester County DHS
51	Kent County DHS
	Queen Anne's County DHS
	Talbot County DHS

Southern Region

Table 23. Probation Youth Needs (FY13) and Community-Based Services: Southern Region				
	Girls	Boys	Total Youth	# Programs
Total	126 (24%)	400 (76%)	526	30
Average Age	16.1	16.2	16.1	--
Race/Ethnicity				
African American/Black	60%	49%	52%	--
Caucasian/White	34%	45%	43%	--
Hispanic/Latino	4%	5%	4%	--
Other	2%	1%	1%	--
Treatment Needs/Offender Type				
Education	48%	53%	52%	5
Use of Free Time	15%	14%	14%	1
Peer Relationships	83%	79%	80%	6
Family	46%	32%	36%	3
Alcohol & Drug Use	33%	46%	43%	8
Mental Health	30%	32%	32%	5
Anti-Social Attitudes	49%	55%	53%	1
Aggression	62%	54%	56%	1
Sex Offender	1%	4%	3%	2
Fire Setter	3%	2%	2%	0
Girl-Only Programs	--	--	--	3

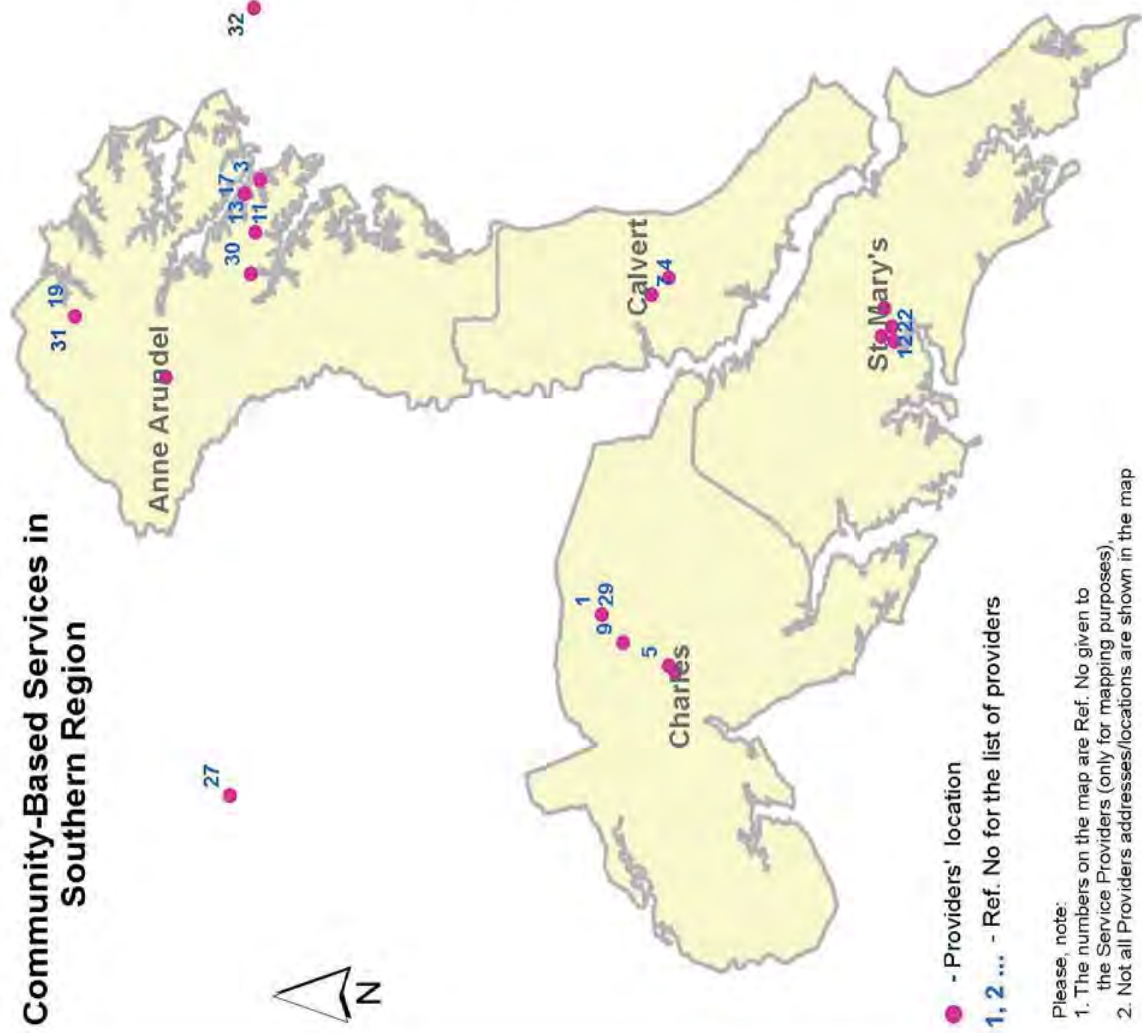
Table 24. Probation Youth Needs (FY13) and Community-Based Services: Anne Arundel County				
	Girls	Boys	Total Youth	# Programs
Total	61 (23%)	207 (77%)	268	14
Average Age	16.1	16.2	16.2	--
Race/Ethnicity				
African American/Black	56%	50%	52%	--
Caucasian/White	36%	41%	40%	--
Hispanic/Latino	7%	7%	7%	--
Other	2%	2%	2%	--
Treatment Needs/Offender Type				
Education	50%	53%	53%	3
Use of Free Time	24%	22%	23%	1
Peer Relationships	79%	71%	73%	4
Family	38%	30%	32%	3
Alcohol & Drug Use	36%	43%	41%	3
Mental Health	36%	37%	37%	2
Anti-Social Attitudes	53%	57%	56%	1
Aggression	60%	56%	57%	0
Sex Offender	2%	5%	5%	1
Fire Setter	3%	1%	2%	0
Girl-Only Programs	--	--	--	0

Table 25. Probation Youth Needs (FY13) and Community-Based Services: Calvert County				
	Girls	Boys	Total Youth	# Programs
Total	11 (19%)	46 (81%)	57	12
Average Age	16.4	16.0	16.0	--
Race/Ethnicity				
African American/Black	46%	20%	25%	--
Caucasian/White	55%	80%	75%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	55%	52%	53%	2
Use of Free Time	0%	2%	2%	1
Peer Relationships	73%	76%	76%	3
Family	55%	36%	40%	3
Alcohol & Drug Use	36%	50%	47%	1
Mental Health	36%	41%	40%	2
Anti-Social Attitudes	36%	52%	49%	1
Aggression	73%	57%	60%	1
Sex Offender	0%	5%	4%	1
Fire Setter	9%	12%	11%	0
Girl-Only Programs	--	--	--	1

Table 26. Probation Youth Needs (FY13) and Community-Based Services: Charles County				
	Girls	Boys	Total Youth	# Programs
Total	27 (25%)	80 (75%)	107	15
Average Age	15.8	16.3	16.2	--
Race/Ethnicity				
African American/Black	82%	70%	73%	--
Caucasian/White	11%	29%	24%	--
Hispanic/Latino	4%	1%	2%	--
Other	4%	0%	1%	--
Treatment Needs/Offender Type				
Education	41%	58%	53%	2
Use of Free Time	11%	9%	10%	1
Peer Relationships	85%	90%	88%	4
Family	48%	30%	35%	3
Alcohol & Drug Use	26%	53%	46%	2
Mental Health	22%	25%	24%	2
Anti-Social Attitudes	41%	43%	43%	1
Aggression	59%	45%	49%	0
Sex Offender	0%	3%	2%	1
Fire Setter	4%	0%	1%	0
Girl-Only Programs	--	--	--	3

Table 27. Probation Youth Needs (FY13) and Community-Based Services: St. Mary's County				
	Girls	Boys	Total Youth	# Programs
Total	67 (29%)	27 (71%)	94	14
Average Age	16.2	16.1	16.1	--
Race/Ethnicity				
African American/Black	56%	42%	46%	--
Caucasian/White	44%	55%	0%	--
Hispanic/Latino	0%	3%	2%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	48%	45%	46%	2
Use of Free Time	4%	5%	4%	1
Peer Relationships	93%	92%	92%	3
Family	59%	39%	45%	3
Alcohol & Drug Use	33%	45%	41%	2
Mental Health	22%	22%	22%	2
Anti-Social Attitudes	52%	62%	59%	1
Aggression	63%	55%	58%	0
Sex Offender	0%	0%	0%	1
Fire Setter	0%	0%	0%	0
Girl-Only Programs	--	--	--	1

Community-Based Services in Southern Region



Ref No	Provider
1, 18, 23, 29	Tri-County Youth Service Bureau
2	St. Mary's County Dept. of Social Services
3	Anne Arundel County Dept. of Social Services
4	Calvert County Dept. of Social Services
5	Charles County Dept. of Social Services
6	Anne Arundel County Dept. of Health
7	Calvert County Health Dept.
8	Maryland Choices
9	Charles County Dept. of Health
10	St. Mary's County DJS
11	Anne Arundel County DJS-Annapolis Office
12	Drug Court (St. Marys County)
13	Drug Court (Anne Arundel County)
14	Drug Court (Charles County)
15, 20	Center for Children
16	Institute for Family Centered Services
17	Annapolis Police Dept. (JOINS)
19	Anne Arundel Counseling Center
21	DJS-Spotlight On Schools (not shown on map)
22	St. Mary's County Health Dept.
24, 25	Charles County DJS
26	Alpha Academy Mentoring Program
27	Boy Scouts of America
28	EMBODI Boys Mentoring and Leadership Program
30	Partnership for Children, Youth and Families
31	Anne Arundel County DJS-Glen Burnie Office
32	Calvert County DJS

● - Providers' location

1, 2 ... - Ref. No for the list of providers

Please, note:

1. The numbers on the map are Ref. No given to the Service Providers (only for mapping purposes).
2. Not all Providers addresses/locations are shown in the map

Metro Region

Table 28. Probation Youth Needs (FY13) and Community-Based Services: Metro Region				
	Girls	Boys	Total Youth	# Programs
Total	97 (18%)	431 (82%)	528	27
Average Age	16.1	16.3	16.3	--
Race/Ethnicity				
African American/Black	79%	73%	74%	--
Caucasian/White	7%	7%	7%	--
Hispanic/Latino	11%	19%	17%	--
Other	2%	1%	1%	--
Treatment Needs/Offender Type				
Education	55%	50%	51%	6
Use of Free Time	23%	12%	14%	7
Peer Relationships	74%	83%	82%	4
Family	53%	32%	36%	7
Alcohol & Drug Use	47%	43%	44%	6
Mental Health	30%	22%	24%	2
Anti-Social Attitudes	48%	44%	45%	9
Aggression	62%	42%	46%	3
Sex Offender	1%	5%	4%	1
Fire Setter	0%	1%	<1%	0
Girl-Only Programs	--	--	--	1

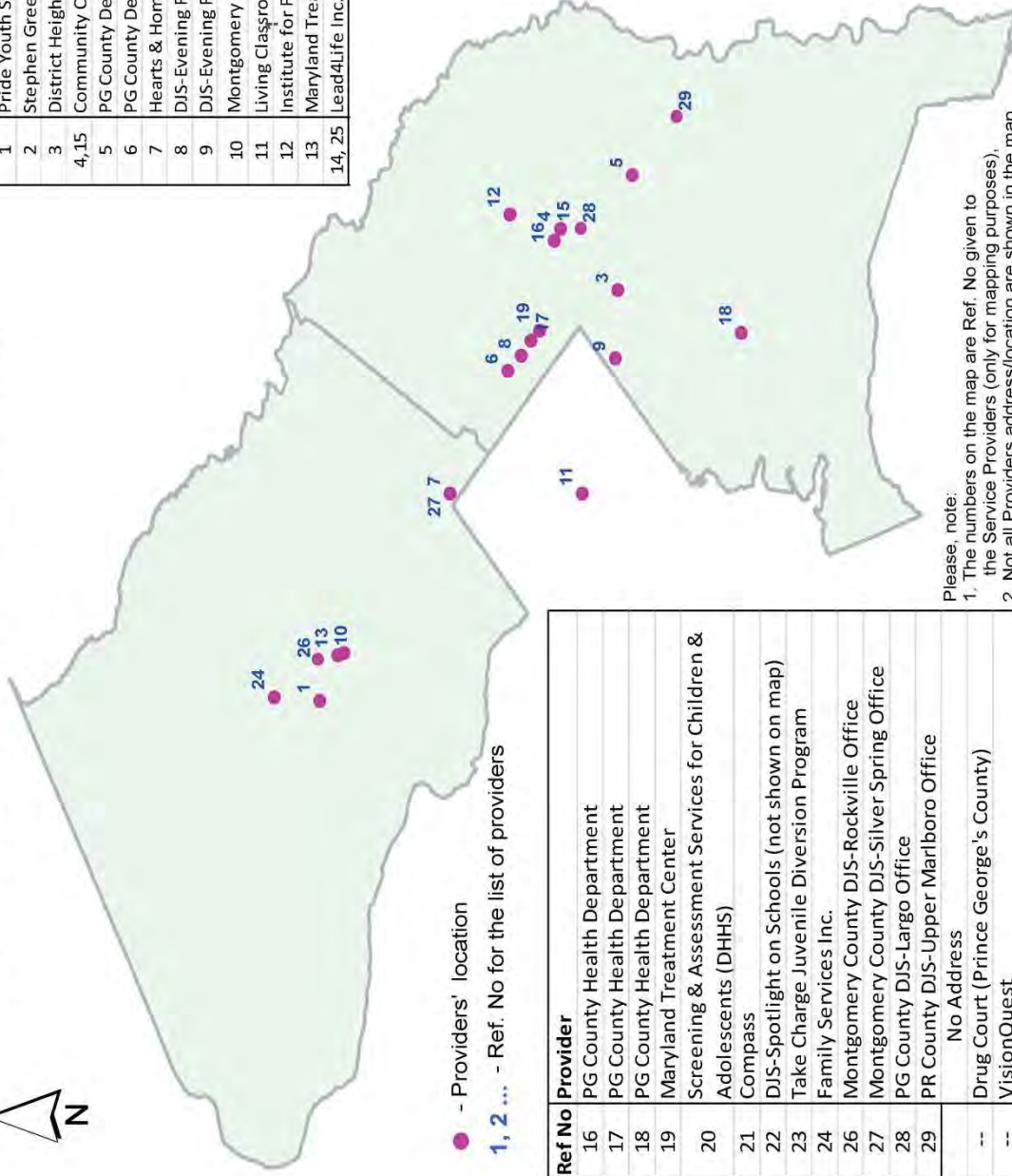
Table 29. Probation Youth Needs (FY13) and Community-Based Services: Montgomery County				
	Girls	Boys	Total Youth	# Programs
Total	35 (17%)	170 (83%)	205	14
Average Age	16.4	16.3	16.3	--
Race/Ethnicity				
African American/Black	60%	58%	58%	--
Caucasian/White	14%	12%	12%	--
Hispanic/Latino	20%	29%	27%	--
Other	6%	2%	2%	--
Treatment Needs/Offender Type				
Education	56%	51%	52%	4
Use of Free Time	47%	15%	21%	4
Peer Relationships	82%	85%	85%	4
Family	53%	33%	37%	6
Alcohol & Drug Use	53%	49%	49%	3
Mental Health	29%	28%	28%	1
Anti-Social Attitudes	56%	50%	51%	6
Aggression	74%	51%	55%	2
Sex Offender	3%	7%	7%	1
Fire Setter	0%	1%	1%	0
Girl-Only Programs	--	--	--	1

Table 30. Probation Youth Needs (FY13) and Community-Based Services: Prince George's County				
	Girls	Boys	Total Youth	# Programs
Total	62 (19%)	261 (81%)	323	18
Average Age	15.9	16.4	16.3	--
Race/Ethnicity				
African American/Black	90%	83%	84%	--
Caucasian/White	3%	5%	4%	--
Hispanic/Latino	7%	12%	11%	--
Other	0%	1%	1%	--
Treatment Needs/Offender Type				
Education	55%	49%	50%	4
Use of Free Time	7%	9%	9%	4
Peer Relationships	69%	82%	80%	2
Family	53%	31%	35%	5
Alcohol & Drug Use	44%	40%	40%	2
Mental Health	31%	19%	21%	1
Anti-Social Attitudes	44%	39%	40%	5
Aggression	55%	37%	40%	2
Sex Offender	0%	3%	2%	1
Fire Setter	0%	<1%	<1%	0
Girl-Only Programs	--	--	--	0

Community-Based Services in Metro Region



Ref No	Provider
1	Pride Youth Services
2	Stephen Green Associates
3	District Heights Family & Youth Services Center
4,15	Community Counseling & Mentoring Services
5	PG County Dept of Corrections (Comm. Service Program)
6	PG County Dept of Corrections (Comm. Service Program)
7	Hearts & Homes-Evening Reporting Center
8	DJS-Evening Reporting Center
9	DJS-Evening Reporting Center
10	Montgomery Co. Govt. Family Division
11	Living Classrooms
12	Institute for Family Centered Services
13	Maryland Treatment Center
14, 25	Lead4Life Inc.



Ref No	Provider
16	PG County Health Department
17	PG County Health Department
18	PG County Health Department
19	Maryland Treatment Center
20	Screening & Assessment Services for Children & Adolescents (DHHS)
21	Compass
22	DJS-Spotlight on Schools (not shown on map)
23	Take Charge Juvenile Diversion Program
24	Family Services Inc.
26	Montgomery County DJS-Rockville Office
27	Montgomery County DJS-Silver Spring Office
28	PG County DJS-Largo Office
29	PR County DJS-Upper Marlboro Office
--	No Address
--	Drug Court (Prince George's County)
--	VisionQuest

Please, note:

1. The numbers on the map are Ref. No given to the Service Providers (only for mapping purposes).
2. Not all Providers address/location are shown in the map

EXHIBIT 4

Section IV: Committed Programs



For the first time, DJS video-conferenced youth from every state-operated facility to be part of a dialogue with award winning actor and author Hill Harper, who spoke at Victor Cullen Center. Harper challenged the youth to become architects of their own lives.

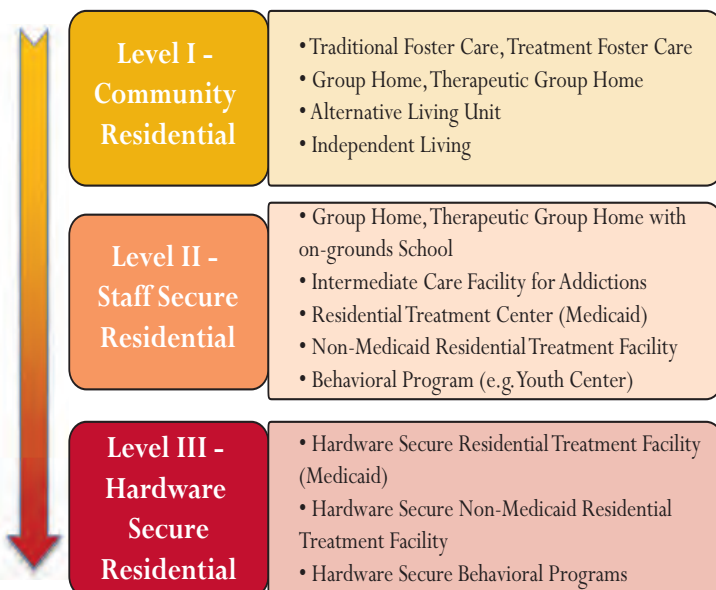
Introduction to Committed Programs

The DJS Division of Operations is responsible for selecting the most appropriate out-of-home placement for youth who have been committed to the custody of DJS by the juvenile court. Program placements vary based on the treatment services provided as well as by security level. The full range of DJS placement options include: (a) Foster Care Homes (traditional and treatment foster care); (b) Group Homes (general service, and therapeutic); (c) Independent Living Programs/Alternative Living Units (often used as a step-down from a more restrictive program placement); (d) Residential Treatment Centers (RTCs) and non-Medicaid residential treatment facilities (out-of-state); (e) Intermediate Care Centers for Addictions (ICFAs); (f) Behavioral Programs e.g. DJS-operated Youth Centers (including the Green Ridge Mountain Quest program) and out-of-state programs in a staff secure setting; and (g) Treatment Programs in a hardware secure setting (both DJS-operated and privately contracted out-of-state).

DJS has established three levels of residential program placements based largely on the level of program restrictiveness (see Figure below). Level I includes all programs where youth reside in a community setting and attend community schools. Level II includes programs where educational programming is provided on-grounds and youth movement and freedom is restricted primarily by staff monitoring and supervision. Level III programs provide the highest level of security by augmenting staff supervision with physical attributes of the facility, i.e., locks, bars and fences.

PLACEMENT PROCESS

The DJS placement process is designed to select the most appropriate program and treatment services for committed youth. The process begins with a comprehensive assessment of each youth. A staffing



CAPACITY, ADP, AND SECURITY TYPE FOR STATE-OPERATED COMMITTED FACILITIES, FY 2014

Facility	Rated Capacity	ADP	Security Type
Backbone Mountain YC	48	35.3	Staff
Green Ridge Mountain Quest	10	9.3	Staff
Green Ridge YC	30	25.5	Staff
J. DeWeese Carter Center	14	10.9	Hardware
Meadow Mountain YC	40	37.8	Staff
Savage Mountain YC	36	31.7	Staff
Victor Cullen Center	48	45.3	Hardware
Wm. Donald Schaefer House	19	14.1	Staff
<i>Total</i>	<i>245</i>	<i>209.9*</i>	<i>N/A</i>

*Averages may not add to totals due to rounding.

The utilization rate for State-Operated facilities was 85.7% in FY 2014.

meeting is then held to bring together key staff members responsible for resource and treatment service planning. Principal participants include the youth's case manager, case manager supervisor, and resource coordinator as well as parents and/or guardians who are invited to participate.

At the staffing meeting, all pertinent information collected as part of the assessment is reviewed, including the current offense, delinquency history, social history, MCASP recommended supervision level, MCASP assessment of need, educational records, clinical assessments, and the involvement of any other state agency. The staffing meeting culminates with recommendations for program participation and/or treatment services tailored to the circumstances of each youth. DJS then refers the youth's case to the recommended programs for consideration. Programs may either accept or reject an applicant based on program eligibility criteria and capacity. Upon acceptance, program services are authorized by DJS prior to placement in the program.

DJS contracts with private in-state as well as out-of-state vendors to provide services to committed youth. A Certificate of Placement (COP) database is used to manage the referral and placement of youth with private providers. The database facilitates the placement process, for example, by automatically pulling staffing information from the DJS information system (ASSIST), creating program referral letters, and tracking acceptances and rejections from potential programs.

Multidisciplinary Assessment Staffing Team (MAST): DJS has augmented the placement process for cases at risk of being committed to out-of-home placement by creating a specialized diagnostic team responsible for assessing youth, who are detained and at risk of placement, prior to court disposition. The process has been in place statewide since December 2013. The diagnostic

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.

team includes a psychologist, social worker, community case manager, detention facility case manager supervisor, resource specialist, Maryland State Department of Education (MSDE) representative, and other disciplines as needed. Youth who require more specialized assessments (e.g., a neurological, psycho-sexual, or medical assessment) are referred for evaluation. Following this in-depth review, the team submits a report for the juvenile court to consider at disposition, including security and treatment recommendations.

The Continuum of Care and Central Review Committee (CRC): On occasion, the initial committed program placement may not be successful. Some youth run away from their placement or are ejected due to misbehavior. The behavioral, emotional, and/or medical needs of youth may also change. Continuum of Care legislation passed during the 2012 Legislative Session was implemented by the Department in July 2012. The legislation authorizes the Department to transfer youth directly from one facility or program to another facility or program (of equal or higher security level) without first requesting the court to modify the commitment order. The flexibility to move youth from one program to another is expected to reduce the need for secure detention as youth will no longer be detained pending court review and the subsequent placement decision-making process. This legislation is a key component of a larger reform effort to improve the assessment of youth, create a continuum of care, and establish length of stay guidelines. To manage this process, the Department established the CRC chaired by the Director of Behavioral Health. The CRC conducts weekly case reviews of youth at risk of removal from a committed residential placement; directs changes in the provision of services; and makes placement transfer decisions.

CHALLENGE Program: DJS operates seven committed facilities in Maryland (see table on pg. 123). The CHALLENGE program, was implemented in all of these facilities by October, 2012. CHALLENGE provides youth with clear behavioral expectations within a structured daily routine using positive reinforcers. The program is grounded in the principles of positive reinforcement and modeling and is designed to encourage youth to accept responsibility for their behavior and learn problem-solving and leadership skills. Staff members are trained to teach and model problem-solving and social skills. CHALLENGE facilitates order and security within the facility and promotes an environment characterized by respect and fairness that is conducive to treatment.

EDUCATIONAL SERVICES

Educational services are provided to youth by MSDE certified teachers while in placement. Educational programs seek to maximize their academic achievement as well as the probability that each youth will earn a high school diploma via the earning



William D. Schaefer House youth, along with teachers and staff, completed a horticulture project to beautify their living environment.

of credits or passage of the GED. The DJS school curriculum is currently based on the Maryland State Core Learning Goals which are being revised to reflect the National Education Standards. The curriculum includes grade level instruction in English, Social Studies, Mathematics, and Science. Middle school coursework and remediation for high school students is also offered in reading, written language, and math as appropriate. In addition to academics, the educational programs provide opportunities for each youth to develop career and technology skills. Eligible youth participate in mandated Maryland School Assessments (MSA) and High School Assessments (HSA). Required services are provided to special education youth per their Individualized Education Programs (IEP).

MSDE/Juvenile Services Education (JSE) seeks to collaborate with Local Education Agencies (LEA) as well as non-public and out-of-state schools. MSDE staff at each detention facility help facilitate appropriate instruction to youth in credit-bearing coursework as identified by each LEA through the record transfer process; and facilitate the successful transition of each youth as they return to their respective communities to the local public school or other appropriate educational program. DJS has a School Transition and Reentry Unit comprised of case management staff who assist local case managers as committed youth transition from in-state and out-of-state programs back to community resources.

Community-based private programs serving committed youth achieve appropriate educational programming by sending students to the local public school. Non-public programs in- and out-of-state offer similar services to our students as those provided by the Department and the MSDE/JSE Program; those in the state of Maryland must be approved to operate through the monitoring process of the MSDE Non-Public Approval Branch.

MSDE/JSE provides educational programming to youth at Victor Cullen and J. DeWeese Carter Center. Consistent with the requirements of Code of Maryland Regulations (COMAR), Title 13A, the program includes instruction in core content subjects, career and technology education (CTE), library/media services, life skills, and special education services. In FY 2013, MSDE assumed responsibility for educational programming of the William Donald Schaefer House and the Youth Centers. Students are pre-tested upon entry to the JSE education program to assess baseline academic skills. Teachers use the results to design learning plans for each student which form the basis of daily instruction. After each 60-day period of enrollment, the student is post-tested to determine academic gains. Students in a JSE program can earn credit toward their Maryland High School Diploma that they may receive upon return to their home high school. Alternately, some students are enrolled in advanced studies classes designed to prepare them to successfully obtain their diploma by examination using the GED tests. Students completing CTE course work receive appropriate industry certifications.

BEHAVIORAL HEALTH SERVICES

Mental Health Services in Facilities: DJS Behavioral Health Services provides mental health screening, assessment, and treatment services at departmental detention and long-term treatment facilities and provides oversight of contracted vendors providing these services. Services include: suicide prevention; crisis intervention and stabilization; medication evaluation and monitoring; brief individual, group, and family therapy; and crisis counseling. As members of the facility team, behavioral health staff and contractors provide support, technical assistance, and education services to the other members of the team on topics related to mental health concerns and medication. In the detention centers, psychiatrists, social workers, and psychologists provide evaluations in order to assist the case management staff in identifying appropriate residential placements or community-based services. These decisions are based on the needs of the youth with public safety in mind.

Mental Health Services in the Community: Mental health treatment services received by youth on probation and aftercare are provided by local community providers. DJS Behavioral Health Services does have licensed social workers and licensed professional counselors as members of the regional resource staff and on the MAST teams to provide consultation and assistance to the DJS community staff. The behavioral health clinicians conduct psychosocial assessments for youth who are likely to be placed out-of-home and they also complete Determination of Need certificates for youth who will be placed in community-based placements including foster care, therapeutic foster care, group homes, and independent living. Behavioral health clinicians provide a link with the local mental health Core Service Agencies (the local mental health authority) to ensure that appropriate community and residential services are available to DJS youth.

Substance Abuse Services in Facilities: DJS Behavioral Health Services provides screening, assessment, and treatment services to youth with substance abuse problems in each of the seven facilities. Certified addiction counselors screen and assess youth in detention and determine appropriate levels of substance abuse treatment needed by youth. These assessments assist case managers in linking youth with appropriate community and residential services. Counselors work closely with the Department's medical director for those youth requiring medication management as a result of their drug addiction. Each facility, with the exception of J. DeWeese Carter Center and Victor Cullen, has a substance abuse treatment component certified by the Maryland Department of Health and Mental Hygiene (DHMH), Office of Health Care Quality (OHCQ) under the authority of the Alcohol and Drug Abuse Administration (ADAA). All DJS committed facilities offer *Seven Challenges* substance abuse treatment, an evidence-based program implemented in 2009. A description of the services provided by each DJS facility is provided below:

- Backbone Mountain Youth Center: Early intervention, outpatient, and intensive outpatient levels of treatment (Certified)
- Green Ridge Youth Center: Early intervention, outpatient, and intensive outpatient levels of treatment (Certified)
- J. DeWeese Carter Center: Early intervention and outpatient levels of treatment (Not Certified)
- Meadow Mountain Youth Center: Intensive outpatient level of treatment (Certified)
- Savage Mountain Youth Center: Early intervention and outpatient levels of treatment (Certified)
- Victor Cullen Center: Early intervention, outpatient, and intensive outpatient levels of treatment (Not Certified)
- William Donald Schaefer House: Long-term (4 months), residential, medium intensity program (Certified)

Substance Abuse Services in the Community: The majority of substance abuse services received by youth on probation and aftercare are provided by local community providers. DJS provides linkages to these services through Drug Court and regular probation services. DJS Behavioral Health does provide funding for some of these services, however, the majority of funding comes through the DHMH/ADAA.

In Baltimore County, DJS Behavioral Health does provide substance abuse assessment services at several local offices that assist case managers and the Resource staff in identifying appropriate community and residential services for youth with substance abuse and addiction problems.

Behavioral Health and Victim Services: The Director of Behavioral Health and Victim Services has responsibility for



Green Ridge youth working with an archeologist learning how to make arrowheads.

establishing and implementing policies governing the delivery of mental health, substance abuse, evidenced-based and victim services, and for hiring licensed, certified staff and contractors. In addition, the Director is responsible for working with other state agencies, including DHMH and the Governor's Office for Children (GOC), to ensure that DJS youth have access to services governed by and/or funded by these agencies. Finally, the Department's headquarters staff provide technical assistance as well as direct intervention to resolve interagency issues for the benefit of DJS youth.

DJS offers assistance, support, and information to all victims of juvenile crime. DJS understands that the judicial process can seem overwhelming and complicated at times. DJS helps victims proceed through the judicial system by providing information and understanding of the juvenile court system, assuring that victims are informed and aware of the rights afforded them under Maryland law, and advocating for their rights. DJS provides assistance with the preparation of victim impact statements and the enforcement of court orders for restitution via the restitution collection process. DJS also informs victims on how to initiate civil action on delinquent restitution accounts.

Referral to appropriate services is also available for all victims of juvenile crime who request assistance. Services may include, but are not limited to, referral for crisis intervention, emergency services, information regarding financial assistance, and information on case status and outcomes. DJS is committed to ensuring that all victims of juvenile crime are treated with dignity, respect, and sensitivity throughout the juvenile justice process.

SOMATIC HEALTH

The Division of Somatic Health Services provides comprehensive, quality health care and nutritional services to youth residing at DJS residential facilities. Its mission is to protect, promote, and advance the health of all youth in the care of the Department. Medical, dental, and dietary services are provided in an inter-

disciplinary fashion that is developmentally appropriate for youth, and are delivered in accordance with standards set forth by the National Commission on Correctional Health Care, the American Academy of Pediatrics, The Centers for Disease Control, and the Food and Nutrition Board of the National Academy of Science.

Youth admitted to DJS residential facilities require on-going, routine preventative health care similar to other children their age. In addition, they may have unmet or chronic health care needs upon admission, or may develop an acute health condition that needs to be addressed. DJS ensures that each program has licensed nurses, physicians, dietitians, dental providers, and laboratory and pharmacy services to meet the health care needs of the youth. For specialty, surgical, emergency, or in-patient care that may be required, youth are transported to community providers as needed.

Each youth must have a current nursing assessment, history and physical examination, vision screening, and dental examination upon or soon after admission, as well as screening for tuberculosis, anemia, and sexually transmitted infections. Girls are provided comprehensive gynecological care either on-site or in the community in order to meet individual needs. Vaccine records are requested on all youth, and DJS makes every effort to fully immunize youth who are not up to date on recommended and required vaccinations. Youth are seen at regularly scheduled clinic times and as needed for "sick call" requests. In addition, they are seen at least monthly by nursing staff to check on their overall health status and weight.

In order to prepare youth for success upon re-entry into the community, nurses and other DJS staff provide youth with individual and/or group health education and coordinate discharge planning to ensure that youth have their medications or required follow-up medical appointments with community providers.

DJS YOUTH CENTERS - CAREER & TECHNOLOGY AND THE GARRETT COLLEGE PROGRAMS

Youth Career and Technology programming at the DJS Youth Centers includes traditional building trades and aquaculture (an innovative green employment opportunity in Maryland). The Youth Centers developed an Aquaculture Technician Certificate that outlines necessary employment competencies and drives instruction. The aquaculture program is offered at the Meadow Mountain Youth Center. Successful youth earn an Aquaculture Technician I certificate. The other three Youth Centers also offer vocational programming on-site. Green Ridge and Backbone Mountain Youth Centers offer a 60- hour carpentry program. Students earn a certificate to document successful completion of the carpentry program and achievement of the program's competencies.

At Backbone Mountain Youth Center, there is an innovative program that provides students with the unique opportunity to be simultaneously enrolled in high school classes and introductory college courses through Garrett College of Maryland. Students are screened through a referral, record review, and interview process for acceptance

into the program. The Garrett College initiative has been operational since September 2006.

The Career and Technology programming has two goals for the youth – high school completion and job skill development. All students have opportunities to participate in multiple community projects in order to put into practice the skills learned in the classroom.

CLASSIFICATION

All DJS-operated facilities utilize an objective internal classification system to assess a youth's potential vulnerability and supervision needs. The results of the classification assessment are used to guide appropriate housing decisions and room assignments. The classification assessment is implemented for all youth upon admission to the facility, and allows for reclassification in response to circumstances or special needs that may require modification of housing or room assignment.

The Housing Classification Assessment considers the following factors when making housing and room assignments: (a) the severity of the current charge or adjudication; (b) the severity of the most serious prior adjudication; (c) the number of prior serious incidents in custody

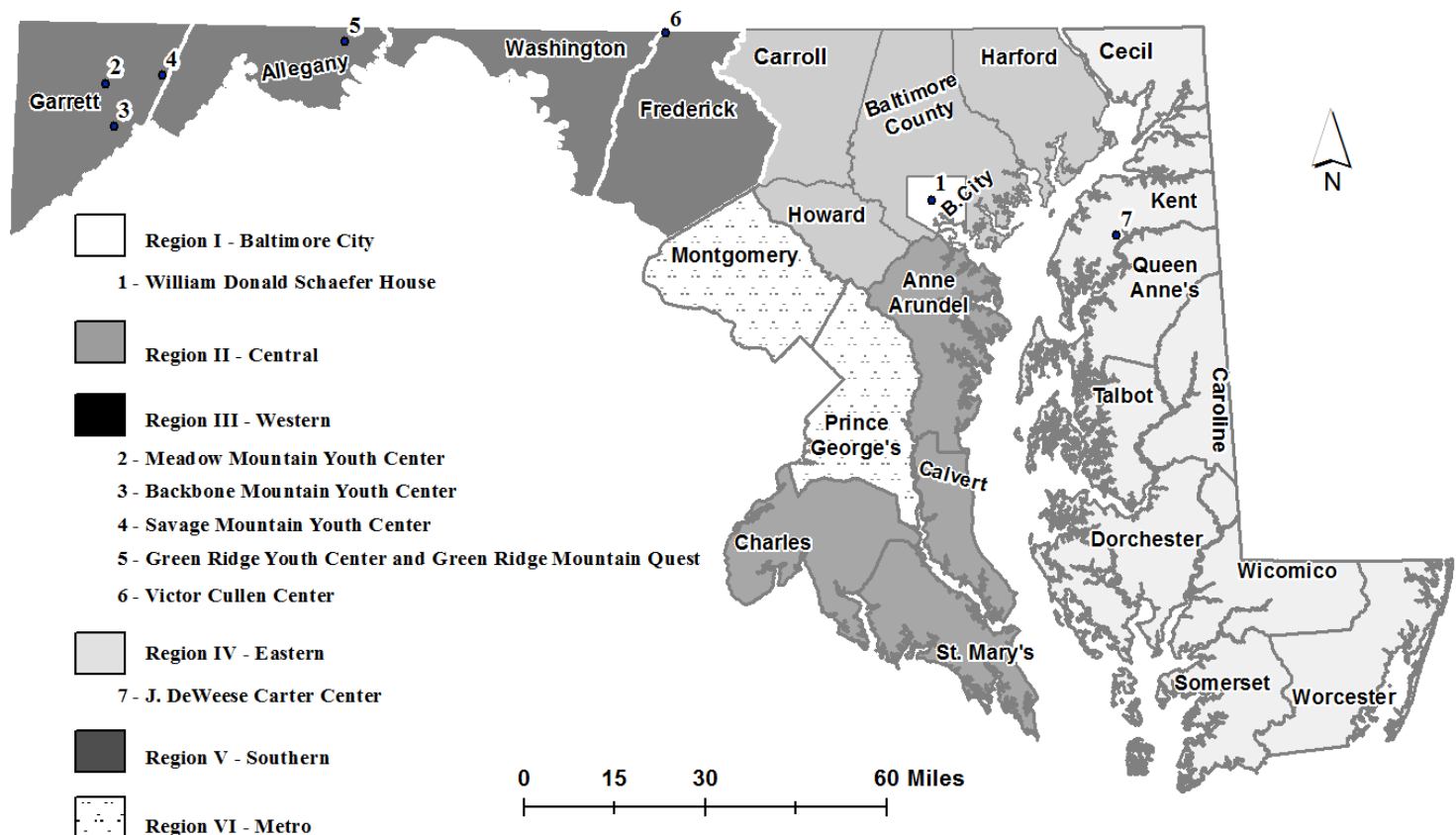
A Note to Readers:

It is strongly recommended that readers review the following distinction as it will assist in understanding data presented in this section:

Placement versus Admission: A placement is based on a decision made by the Department or a judge to place a youth into a committed program. An admission occurs when a youth physically enters a facility either through direct placement or through transfer. Therefore, during one placement, a youth may have several admissions and these counts will not match.

(youth-on-youth or youth-on-staff assaults, group disturbances, restraints, and escapes or attempted escapes); (d) age, size, and offense history of youth, especially when assigning two or more youth to a room; and (e) special needs including suicide risk, mental health, or other concerns that may merit higher or special supervision.

DJS State-Operated Committed Programs by Region

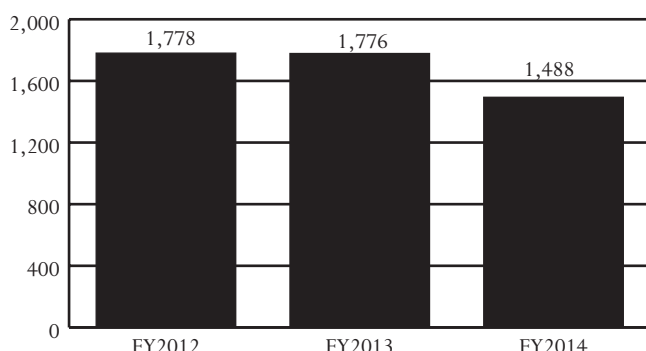


Statewide Total

At disposition, the juvenile court may commit a youth to the care of DJS. Legal custody of the youth is thereby transferred to the Department. A range of out-of-home program options (or placements) have been developed for committed youth. Community-based program options include placement in a foster home, group home, or independent living program. Placements in non-community settings include Intermediate Care Facilities for Addictions (ICFA), Residential Treatment Centers (RTC), DJS-operated Youth Centers, and secure confinement facilities. DJS operates seven facilities in Maryland and contracts with others both in-state and out-of-state.

Note: Though Community-Based Family Therapy Programs are presented within this section (pages 164-165), these data are not included on the statewide tables as these programs are not solely for committed youth. Data on the statewide pages only include youth in committed placements.

COMMITTED PLACEMENTS, FY 2012-2014

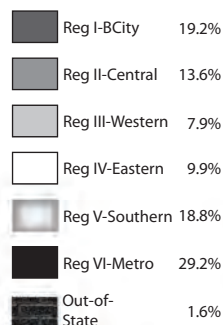


COMMITTED PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	70.6%	68.6%	70.6%
White	24.4%	25.3%	24.5%
Hispanic/Other	5.0%	6.0%	4.8%
Sex			
Male	85.8%	84.3%	83.5%
Female	14.2%	15.7%	16.5%
Age			
11 and under	0.2%	0.3%	0.2%
12	0.5%	0.6%	0.7%
13	3.0%	2.9%	3.2%
14	7.3%	8.5%	9.5%
15	16.5%	17.8%	19.7%
16	26.9%	24.5%	26.6%
17	31.8%	31.1%	26.7%
18-20	13.7%	14.1%	13.4%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	1,778	1,776	1,488

- **Trends for Committed Placements:**
 - Committed placements decreased 16.3% between FY 2012 and FY 2014 and decreased 16.2% between FY 2013 and FY 2014.
- **First-Time Placements (FY 2014):**
 - Of the 1,488 committed placements, 41.2% were first-time placements.
- **Juveniles Placed (FY 2014):**
 - 29.2% were from the Metro Region, 19.2% were from Baltimore City, and 18.8% were from the Southern Region.
 - Of those from Out-of-State, 16 were from Washington D.C., 5 were from Delaware, 2 were from West Virginia, and 1 was from New York.
- **Offense Type (FY 2014):**
 - The most common offense type for juveniles placed in FY 2014 was Second Degree Assault (22.2%).
- **Offense Category (FY 2014):**
 - The two most common offense categories were Misdemeanor Person-to-Person offenses (28.6%) and Misdemeanor Property offenses (25.0%).
 - See the *Terms and Concepts* section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS for all committed placements was 204.9 days.
- **Average Daily Population:**
 - ADP for all committed placements in FY 2014 was 897.5.
- **Completion Status:**
 - 60.6% of releases in FY 2014 were considered successful.
 - 19.0% of FY 2014 releases were considered unsuccessful.
 - 20.3% of releases in FY 2014 were transferred to another program.

COMMITTED PLACEMENTS BY REGION OF RESIDENCE, FY 2014



COMMITTED PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	0.8%
Auto Theft/Unauthorized Use	2.0%
Burglary/Breaking & Entering	7.0%
Carjacking	0.2%
Conspiracy to Commit Offense	4.2%
Deadly Weapon	1.7%
Disturbing the Peace	3.4%
First Degree Assault	1.1%
Handgun Violation	0.9%
Malicious Destruction	4.8%
Manslaughter	0.1%
Motor Vehicle/Traffic	1.5%
Murder	0.1%
Narcotics Distribution	2.3%
Narcotics Possession	9.7%
Other/Missing ¹	3.0%
Resisting Arrest	0.9%
Robbery	9.8%
Second Degree Assault	22.2%
Sex Offense	2.6%
Theft Felony	1.6%
Theft Misdemeanor	15.1%
Trespassing	1.5%
Unspecified Misdemeanor	3.3%
Offense Category	
Crimes of Violence*	16.8%
Felony	11.1%
- Person-to-Person	1.2%
- Property	3.8%
- Drugs	2.3%
- Unspecified	3.8%
Misdemeanor	67.9%
- Person-to-Person	28.6%
- Property	25.0%
- Drugs	9.7%
- Unspecified	4.6%
Traffic Offenses	1.5%
Status Offenses	0.1%
Ordinance Offenses	2.6%
Total Placements	1,488

¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

COMMITTED PLACEMENT LOCATIONS⁺ FOR FY 2012-2014, ADP AND ALOS, FY 2014

	Placements			FY 2014	
	FY 2012	FY 2013	FY 2014	ADP	ALOS
Foster Care	91	117	116	86.4	241.0
Group Home	452	456	397	242.7	201.6
Indep. Living	49	45	34	27.3	301.0
ICFA	249	238	161	22.3	49.8
RTC	276	301	284	152.3	200.2
State Operated	638	630	571	209.9	143.2
Staff Secure ¹	511	494	437	153.7	142.4
Hardware Sec.	127	136	134	56.2	145.8
Silver Oak	67	67	79	60.7	247.4
Out-of-State	169	128	108	95.9	319.8
RTC	18	13	23	14.5	293.1
Staff Secure	98	70	50	44.6	314.5
Hardware Sec.	53	45	35	36.8	336.1
Total*	1,778	1,776	1,488	897.5**	204.9

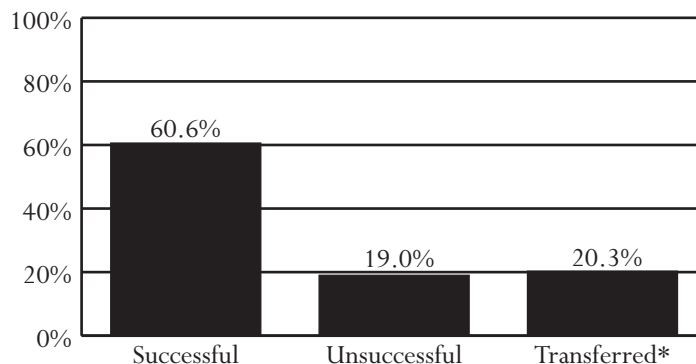
⁺ Totals presented in the table include each type of facility reported in that broad category (For example: "Total Foster Care" includes Treatment Foster Care as well as Traditional Foster Care).

¹ During FY 2013, Schaefer House was reclassified as a staff-secure facility therefore, the data reflects that classification.

* Statewide total placement counts excludes transfers within and between program/program types, therefore may not add up to the total program type placement counts provided in the table.

** Data in this section include some probation and pre-disposition cases placed in hospital or diagnostic residential placements ordered by juvenile court.

RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

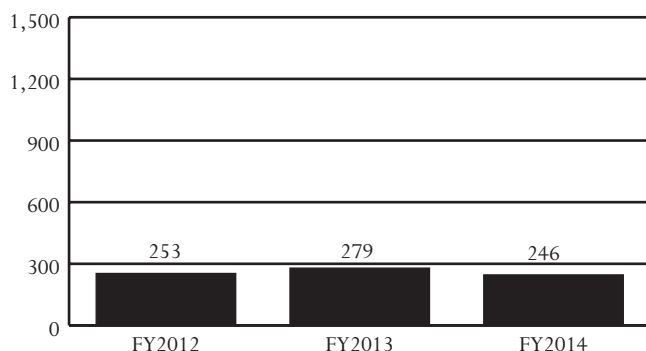
* Juveniles transferred to another program

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodological changes. VOPs are categorized by the original offense.

Statewide Females Only

Female youth represent approximately 17% of the population of youth committed to the care of the Department. Generally, girls are less likely than boys to be committed by the court for the commission of a felony offense and are more likely to report physical abuse, sexual abuse, and higher levels of family dysfunction. With the exception of staff secure behavioral facilities such as the DJS-operated Youth Centers, the same continuum of placement options is available to both girls and boys. Community-based program options include placement in a foster home, group home, or independent living program. Placements in non-community settings include Intermediate Care Facilities for Addictions (ICFA), Residential Treatment Centers (RTC), and the J. DeWeese Carter Center (a hardware secure, DJS-operated facility for girls). Out-of-state contracted programs are also available, however, girls are most likely to be placed in a group home or RTC. Placement in an out-of-state program is uncommon.

COMMITTED PLACEMENTS, FY 2012-2014



COMMITTED PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	59.3%	56.6%	60.2%
White	36.8%	39.4%	34.1%
Hispanic/Other	4.0%	3.9%	5.7%
Sex			
Male	0.0%	0.0%	0.0%
Female	100.0%	100.0%	100.0%
Age			
11 and under	0.0%	1.1%	0.4%
12	0.4%	0.4%	0.8%
13	5.1%	5.0%	5.7%
14	11.9%	9.3%	11.0%
15	20.2%	22.6%	22.4%
16	26.9%	26.2%	26.0%
17	24.1%	26.5%	24.4%
18-20	11.5%	9.0%	9.3%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	253	279	246

• Trends for Committed Placements:

- Committed placements decreased 2.8% between FY 2012 and FY 2014 and decreased 11.8% between FY 2013 and FY 2014.

• First-Time Placements (FY 2014):

- Of the 246 total committed placements, 39.0% were first-time placements.

• Juveniles Placed (FY 2014):

- 28.5% were from the Southern Region, 19.9% were from the Metro Region, and 16.3% were from the Central Region
- Of those from Out-of-State, 1 was from Washington D.C., and 1 was from Delaware.

• Offense Type (FY 2014):

- The most common offense type for juveniles placed in FY 2014 was Second Degree Assault (35.4%).

• Offense Category (FY 2014):

- The two most common offense categories were Misdemeanor Person-to-Person offenses (42.3%) and Misdemeanor Property offenses (31.7%).
- See the *Terms and Concepts* section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.

• Average Length of Stay:

- The average LOS for all committed placements was 195.3 days.

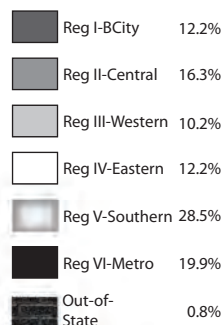
• Average Daily Population:

- ADP for all committed placements in FY 2014 was 142.9.

• Completion Status:

- 54.2% of releases in FY 2014 were considered successful.
- 20.4% of FY 2014 releases were considered unsuccessful.
- 25.4% of releases in FY 2014 were transferred to another program.

COMMITTED PLACEMENTS BY REGION OF RESIDENCE, FY 2014



COMMITTED PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	1.6%
Auto Theft/Unauthorized Use	1.2%
Burglary/Breaking & Entering	2.8%
Carjacking	0.0%
Conspiracy to Commit Offense	1.6%
Deadly Weapon	1.2%
Disturbing the Peace	5.7%
First Degree Assault	1.2%
Handgun Violation	0.4%
Malicious Destruction	4.9%
Manslaughter	0.0%
Motor Vehicle/Traffic	1.6%
Murder	0.0%
Narcotics Distribution	0.4%
Narcotics Possession	7.7%
Other/Missing ¹	3.7%
Resisting Arrest	0.8%
Robbery	2.0%
Second Degree Assault	35.4%
Sex Offense	0.4%
Theft Felony	1.2%
Theft Misdemeanor	20.7%
Trespassing	1.6%
Unspecified Misdemeanor	3.7%
Offense Category	
Crimes of Violence*	5.3%
Felony	4.9%
- Person-to-Person	0.0%
- Property	2.4%
- Drugs	0.4%
- Unspecified	2.0%
Misdemeanor	85.4%
- Person-to-Person	42.3%
- Property	31.7%
- Drugs	7.7%
- Unspecified	3.7%
Traffic Offenses	1.6%
Status Offenses	0.0%
Ordinance Offenses	2.8%
Total Placements	246

¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

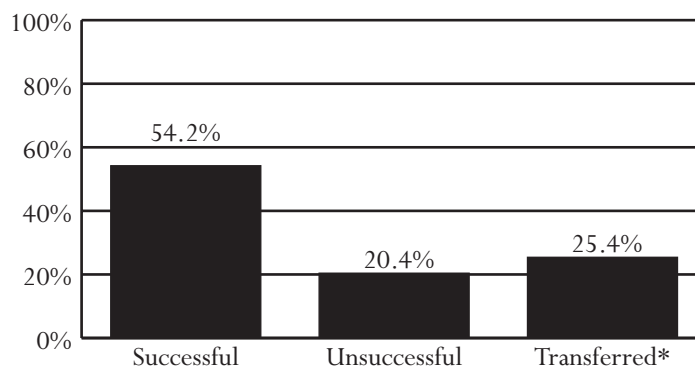
FEMALE COMMITTED PLACEMENT LOCATIONS⁺ FOR FY 2012-2014, ADP AND ALOS, FY 2014

	Placements			FY 2014	
	FY 2012	FY 2013	FY 2014	ADP	ALOS
Foster Care	23	29	44	25.2	173.7
Group Home	99	116	106	49.0	161.3
Indep. Living	13	9	8	8.5	371.6
ICFA	49	43	38	5.6	55.3
RTC	85	95	82	37.1	187.8
State Operated	21	25	23	10.9	160.9
Hardware Sec.	21	25	23	10.9	160.9
Out-of-State	3	6	8	6.7	219.3
RTC	2	1	5	5.2	189.3
Staff Secure	1	5	3	1.5	237.3
Hardware Sec.	0	0	0	0.0	0.0
Total*	253	279	246	142.9	195.3

⁺ Totals presented in the table include each type of facility reported in that broad category (For example: "Total Foster Care" includes Treatment Foster Care as well as Traditional Foster Care).

*Total placement count excludes transfers within and between program and/or program types; therefore may not add up to the total program type provided in this table.

RELEASES BY COMPLETION STATUS¹, FY 2014



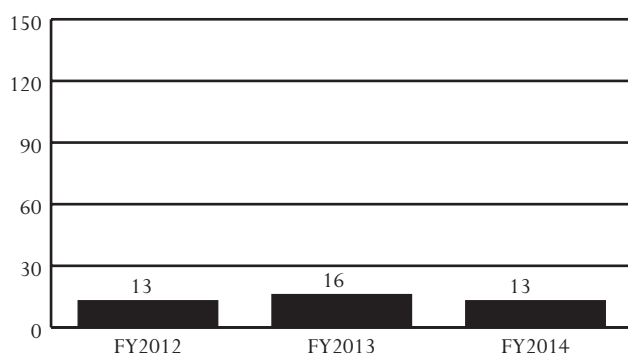
¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

Statewide Under Age 13 Only

Youth who are under 13 and committed to the care of DJS may be placed in a range of residential facilities. State owned and operated committed facilities are designed for youth age 13 years and older. Because of the needs of youth under age 13, they are most frequently placed in treatment foster care, group homes, therapeutic group homes, diagnostic units, or Residential Treatment Centers. Wherever placed, youth under age 13 receive all the same services that other committed youth receive.

COMMITTED PLACEMENTS, FY 2012-2014

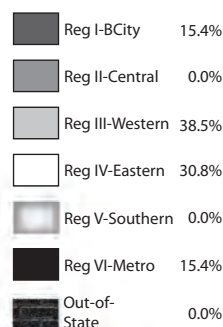


COMMITTED PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	84.6%	68.8%	46.2%
White	15.4%	31.2%	53.8%
Hispanic/Other	0.0%	0.0%	0.0%
Sex			
Male	92.3%	75.0%	76.9%
Female	7.7%	25.0%	23.1%
Age			
11 and under	30.8%	37.5%	23.1%
12	69.2%	62.5%	76.9%
13	N/A	N/A	N/A
14	N/A	N/A	N/A
15	N/A	N/A	N/A
16	N/A	N/A	N/A
17	N/A	N/A	N/A
18-20	N/A	N/A	N/A
Error/Missing	0.0%	0.0%	0.0%
Total Placements	13	16	13

- *Trends for Committed Placements:*
 - Committed placements did not change between FY 2012 and FY 2014 and decreased 18.8% between FY 2013 and FY 2014.
- *First-Time Placements (FY 2014):*
 - Of the 13 total committed placements, 61.5% were first-time placements.
- *Juveniles Placed (FY 2014):*
 - 38.5% were from the Western Region, 30.8% were from the Eastern Shore Region.
 - There were no juveniles from Out-of-State.
- *Offense Type (FY 2014):*
 - The most common offense type for juveniles placed in FY 2014 was Second Degree Assault (30.8%).
- *Offense Category (FY 2014):*
 - The two most common offense categories were Misdemeanor Person-to-Person offenses (46.2%) and Misdemeanor Property offenses (38.5%).
 - See the *Terms and Concepts* section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- *Average Length of Stay:*
 - The average LOS for all committed placements was 455.5 days.
- *Average Daily Population:*
 - ADP for all committed placements in FY 2014 was 10.6.
- *Completion Status:*
 - 66.7% of releases in FY 2014 were considered successful.
 - 13.3% of FY 2014 releases were considered unsuccessful.
 - 20.0% of releases in FY 2014 were transferred to another program.

COMMITTED PLACEMENTS BY REGION OF RESIDENCE, FY 2014



ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.

COMMITTED PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	0.0%
Auto Theft/Unauthorized Use	0.0%
Burglary/Breaking & Entering	7.7%
Carjacking	0.0%
Conspiracy to Commit Offense	7.7%
Deadly Weapon	0.0%
Disturbing the Peace	0.0%
First Degree Assault	0.0%
Handgun Violation	0.0%
Malicious Destruction	15.4%
Manslaughter	0.0%
Motor Vehicle/Traffic	0.0%
Murder	0.0%
Narcotics Distribution	0.0%
Narcotics Possession	7.7%
Other/Missing ¹	15.4%
Resisting Arrest	0.0%
Robbery	0.0%
Second Degree Assault	30.8%
Sex Offense	0.0%
Theft Felony	0.0%
Theft Misdemeanor	7.7%
Trespassing	7.7%
Unspecified Misdemeanor	0.0%
Offense Category	
Crimes of Violence*	0.0%
Felony	0.0%
- Person-to-Person	0.0%
- Property	0.0%
- Drugs	0.0%
- Unspecified	0.0%
Misdemeanor	100.0%
- Person-to-Person	46.2%
- Property	38.5%
- Drugs	7.7%
- Unspecified	7.7%
Traffic Offenses	0.0%
Status Offenses	0.0%
Ordinance Offenses	0.0%
Total Placements	13

¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

UNDER 13 COMMITTED PLACEMENT LOCATIONS⁺ FOR FY 2012- 2014, ADP AND ALOS, FY 2014*

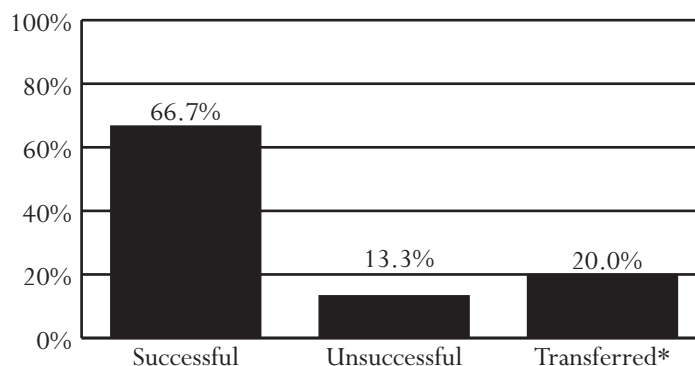
	Placements			FY 2014	
	FY 2012	FY 2013	FY 2014	ADP	ALOS
Foster Care	1	3	4	1.8	680.1
Group Home	2	3	4	2.2	94.2
Indep. Living	0	0	0	0.0	0.0
ICFA	0	0	0	0.0	0.0
RTC	11	10	6	6.6	358.5
State Operated	0	0	0	0.0	0.0
Staff Secure	0	0	0	0.0	0.0
Hardware Sec.	0	0	0	0.0	0.0
Silver Oak	0	0	0	0.0	0.0
Out-of-State	0	0	0	0.0	0.0
RTC	0	0	0	0.0	0.0
Staff Secure	0	0	0	0.0	0.0
Hardware Sec.	0	0	0	0.0	0.0
Total**	13	16	13	10.6	455.5

⁺ Totals presented in the table include each type of facility reported in that broad category (For example: "Total Foster Care" includes Treatment Foster Care as well as Traditional Foster Care).

*ADP and ALOS reflect youth who were released in FY 2014 and were 13 years of age at the time of admission.

** Total placement count excludes transfers within and between program and/or program types; therefore may not add up to the total program type provided in this table.

RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

Foster Care

Traditional Foster Care is continuous 24-hour care and supportive services provided to a youth in a DJS-approved family home. The foster family serves low-risk youth who cannot be managed in their own homes. Youth served may be experiencing behavioral problems and need a respite from family/neighborhood issues. Foster Care also serves youth who need long-term placement, primarily because homes may not be appropriate for youth to return. Treatment Foster Care (TFC) is continuous 24-hour care and intensive support services operated by a licensed child placement agency or local Department of Social Services in a family setting for children with serious emotional, behavioral, medical, and/or psychological conditions. The behaviors of the youth served are not so severe that removal from the community is necessary.

ADMISSIONS AND ADP BY PROGRAM, FY 2014

Treatment Foster Care	County	Adm.	ADP
Arrow Child & Fam. Ministries	Balt. Co.	1	2.3
Children's Home	Balt. Co.	1	0.7
Greenleaf	Mont.	2	1.1
Hearts & Homes - Family Ties	Mont.	1	1.7
Ment. MD-Balt Teens in Trans	Balt. Co.	40	24.0
Ment. MD - Salisbury Teens	Wicomico	41	31.9
Multi-Dimen. Com. Solutions	Balt. Co.	1	0.7
New Pathways	Balt. Co.	1	0.5
Pressley Ridge	Allegany	19	8.7
PSI Services III	Balt. Co.	8	5.7
San Mar	Washington	0	0.5 ⁺
Woodbourne Center	Balt. City	4	4.2
Traditional Foster Care			
Individual Families	N/A	5	4.5
Total Admissions	All	124	86.4

⁺Although there were no admissions to this program in FY 2014, ADP reflects a balance from prior FYs.

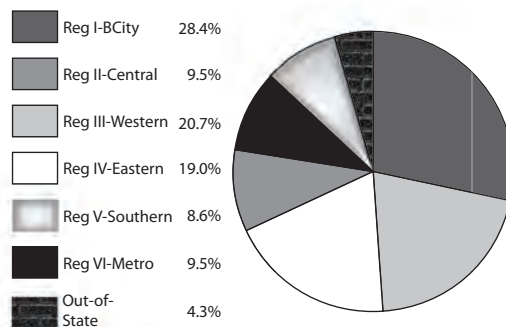


Arrow Family Ministries

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- **Trends for Program Placements:**
 - Between FY 2012 and FY 2014, overall placements to foster care increased 27.5%.
- **Program Admissions:**
 - In FY 2014, Mentor Maryland - Salisbury Teens had the highest number of admissions.
- **Region of Residence (FY 2014):**
 - 28.4% were from Baltimore City, 20.7% were from the Western Region, and 19.0% were from the Eastern Shore Region.
 - Of those from Out-of-State, 3 were from Delaware, 1 was from Virginia, and 1 was from Washington D.C.
- **Offense Type (FY 2014):**
 - The most common offense type for juveniles placed in FY 2014 was Second Degree Assault (37.9%).
- **Offense Category (FY 2014):**
 - The two most common offense categories were Misdemeanor Person-to-Person offenses (49.1%) and Misdemeanor Property offenses (19.8%).
 - See the *Terms and Concepts* section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS decreased 5.0% between FY 2012 and FY 2014, and increased 4.7% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP increased 26.1% between FY 2012 and FY 2014, and increased 24.7% between FY 2013 and FY 2014.
- **Completion Status:**
 - 31.1% of releases in FY 2014 were considered successful.
 - 46.2% of FY 2014 releases were considered unsuccessful.
 - 22.7% of releases in FY 2014 were transferred to another program.

PLACEMENTS BY REGION OF RESIDENCE, FY 2014



PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	0.0%
Auto Theft/Unauthorized Use	0.0%
Burglary/Breaking & Entering	4.3%
Carjacking	0.0%
Conspiracy to Commit Offense	2.6%
Deadly Weapon	2.6%
Disturbing the Peace	5.2%
First Degree Assault	1.7%
Handgun Violation	1.7%
Malicious Destruction	4.3%
Manslaughter	0.0%
Motor Vehicle/Traffic	0.0%
Murder	0.0%
Narcotics Distribution	4.3%
Narcotics Possession	7.8%
Other/Missing ¹	3.4%
Resisting Arrest	0.0%
Robbery	1.7%
Second Degree Assault	37.9%
Sex Offense	7.8%
Theft Felony	1.7%
Theft Misdemeanor	11.2%
Trespassing	0.9%
Unspecified Misdemeanor	0.9%
Offense Category	
Crimes of Violence*	6.9%
Felony	12.9%
- Person-to-Person	3.4%
- Property	0.9%
- Drugs	4.3%
- Unspecified	4.3%
Misdemeanor	77.6%
- Person-to-Person	49.1%
- Property	19.8%
- Drugs	7.8%
- Unspecified	0.9%
Traffic Offenses	0.0%
Status Offenses	0.0%
Ordinance Offenses	2.6%
Total Placements	116

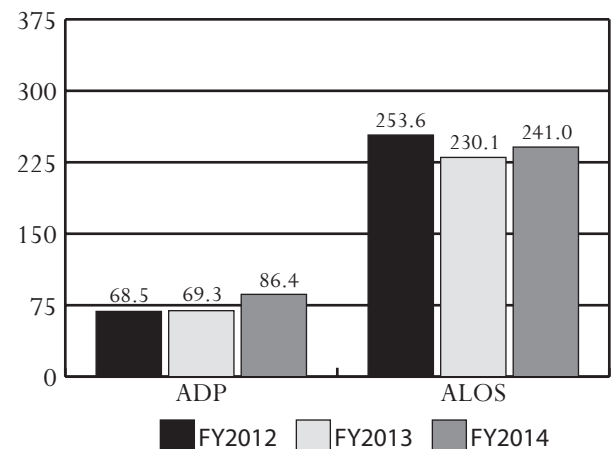
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

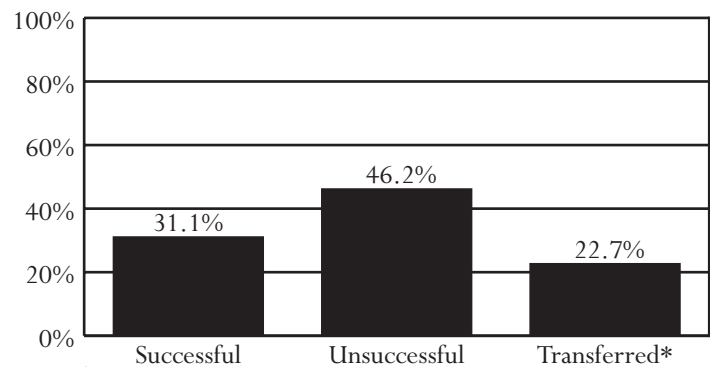
PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	61.5%	62.4%	72.4%
White	35.2%	32.5%	25.9%
Hispanic/Other	3.3%	5.1%	1.7%
Sex			
Male	74.7%	75.2%	62.1%
Female	25.3%	24.8%	37.9%
Age			
11 and under	0.0%	0.0%	0.9%
12	1.1%	1.7%	2.6%
13	6.6%	4.3%	3.4%
14	5.5%	3.4%	10.3%
15	11.0%	9.4%	5.2%
16	13.2%	12.8%	17.2%
17	18.7%	23.1%	23.3%
18-20	44.0%	44.4%	37.1%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	91	117	116

AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

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Group Homes

General group homes are non-profit residential programs for youth in out-of-home placement licensed by DHR, DJS, or the Mental Hygiene Administration (MHA), part of DHMH. They provide out-of-home care for four or more youth who are moderate- to high-risk, and need more structure and supervision than a relative, foster parent, or treatment foster parent could offer. General group homes also provide a formal program of basic care, social work, and health care services. Therapeutic group homes (TGH) are residential programs for youth in out-of-home care that are licensed by MHA and must be non-profit organizations. TGHs provide access to a range of diagnostic and therapeutic mental health services to youth who are moderate- to high-risk and have an emotional or developmental disability. Those TGHs that provide educational programs on their grounds are considered to be staff secure programs.

ADMISSIONS AND ADP BY PROGRAM, FY 2014

Group Homes	County	Adm.	ADP
ARC of Washington Co.	Washington	4	4.8
Board of Child Care	Balt. Co.	3	2.9
Catocin Summit Adol. Prog	Frederick	30	12.3
Cedar Ridge	Washington	21	16.9
Children's Home (GH & Tran)	Balt. Co.	14	7.7
Greentree Adolescent	Mont.	20	13.4
Hearts and Homes	Mont./Pr. G	69	23.7
Karma Academy for Boys	Balt. Co.	10	7.6
Kent Youth Boys	Kent	10	8.6
MAGIC	Balt. Co.	1	0.8
MD Sheriff's Youth Ranch	Frederick	3	4.7
Morning Star Youth Academy	Dorchester	46	19.1
Oak Hill House	Washington	14	10.2
One Love	Balt. City	5	4.2
Our House	Mont.	17	8.8
Salem Trust	Garrett	21	13.7
Shining Tree	Washington	7	9.0
St. Ann's Infant & Maternity Pr.	Pr. George's	7	3.7
TuTTie's Place	Balt. City	1	0.2
Way Home - Mt Manor	Balt. City	13	4.4
Therapeutic Group Homes			
Board of Child Care	Charl/Calv	31	30.6
Cedar Ridge	Washington	20	8.6
Guide	City/Pr. G	0	0.1 ⁺
Mary's Mount Manor*	An. Arund	17	6.3
Redl House*	Mont.	16	6.4
San Mar - Allegany Girls	Allegany	8	5.7
San Mar - Anna Findlay	Washington	13	5.7
San Mar - Jack E. Barr	Washington	2	2.5
Total Admissions	All	423	242.7

*Although there were no admissions to this program in FY 2014, ADP reflects a balance from prior FYs.

* Hearts and Homes

• Trends for Program Placements:

- Between FY 2012 and FY 2014, overall placements to group homes decreased 12.2%.

• Program Admissions:

- In FY 2014, Hearts and Homes had the highest number of admissions.

• Region of Residence (FY 2014):

- 27.5% were from the Metro Region, 21.2% were from the Southern Region, and 16.6% were from Baltimore City.
- Of those from Out-of-State, 6 were from Washington D.C., and 1 was from Pennsylvania, Texas & West Virginia respectively.

• Offense Type (FY 2014):

- The most common offense type for juveniles placed in FY 2014 was Second Degree Assault (22.4%).

• Offense Category (FY 2014):

- The two most common offense categories were Misdemeanor Person-to-Person offenses (29.2%) and Misdemeanor Property offenses (28.7%).
- See the Terms and Concepts section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.

• Average Length of Stay:

- The average LOS increased 0.6% between FY 2012 and FY 2014, and decreased 4.7% between FY 2013 and FY 2014.

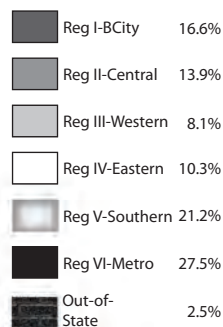
• Average Daily Population:

- ADP decreased 6.8% between FY 2012 and FY 2014, and decreased 7.2% between FY 2013 and FY 2014.

• Completion Status:

- 47.0% of releases in FY 2014 were considered successful.
- 33.5% of FY 2014 releases were considered unsuccessful.
- 19.5% of releases in FY 2014 were transferred to another program.

PLACEMENTS BY REGION OF RESIDENCE, FY 2014



PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	1.0%
Auto Theft/Unauthorized Use	1.8%
Burglary/Breaking & Entering	5.5%
Carjacking	0.0%
Conspiracy to Commit Offense	3.0%
Deadly Weapon	1.8%
Disturbing the Peace	4.8%
First Degree Assault	0.5%
Handgun Violation	0.5%
Malicious Destruction	6.8%
Manslaughter	0.0%
Motor Vehicle/Traffic	1.3%
Murder	0.0%
Narcotics Distribution	1.5%
Narcotics Possession	11.3%
Other/Missing ¹	3.3%
Resisting Arrest	0.8%
Robbery	4.5%
Second Degree Assault	22.4%
Sex Offense	5.8%
Theft Felony	1.5%
Theft Misdemeanor	14.9%
Trespassing	2.5%
Unspecified Misdemeanor	4.5%
Offense Category	
Crimes of Violence*	9.8%
Felony	10.1%
- Person-to-Person	2.8%
- Property	3.8%
- Drugs	1.5%
- Unspecified	2.0%
Misdemeanor	75.6%
- Person-to-Person	29.2%
- Property	28.7%
- Drugs	11.3%
- Unspecified	6.3%
Traffic Offenses	1.3%
Status Offenses	0.0%
Ordinance Offenses	3.3%
Total Placements	397

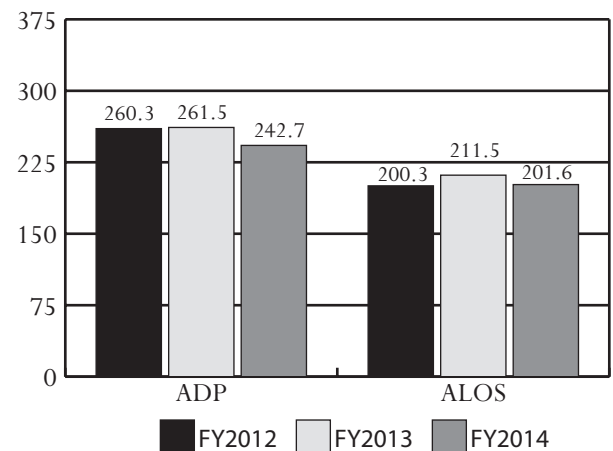
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

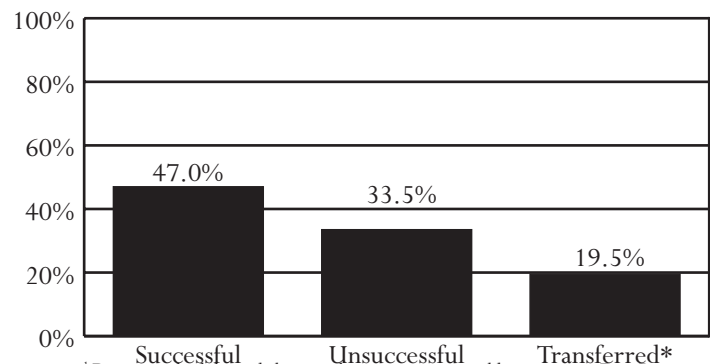
PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	69.7%	62.7%	66.2%
White	25.4%	31.8%	29.5%
Hispanic/Other	4.9%	5.5%	4.3%
Sex			
Male	78.1%	74.6%	73.3%
Female	21.9%	25.4%	26.7%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.4%	0.7%	1.0%
13	5.5%	5.3%	5.3%
14	8.8%	11.2%	10.1%
15	19.9%	18.9%	19.9%
16	25.9%	24.6%	22.2%
17	30.1%	30.3%	26.4%
18-20	9.3%	9.2%	15.1%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	452	456	397

AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

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Independent Living Programs (Including Alternative Living Units and Respite Care)

Independent Living Programs are implemented by a child placement agency licensed by DHR for youth 15 to 21 years of age who need to become self-sufficient and learn responsible living skills as they are unlikely to return home. Youth reside in either group homes or supervised apartment units, and must be enrolled in high school, college, vocational training, or be gainfully employed. During the program, youth learn about interpersonal skills, money management, job readiness, conflict management, positive leisure opportunities and communication skills. Alternative Living Units are residences owned, leased, or operated by a licensee that: (a) provides residential services for children who, because of a developmental disability, require specialized living arrangements; (b) admits not more than three children; and (c) provides 24 hours of supervision per unit, per day.

ADMISSIONS AND ADP BY PROGRAM, FY 2014

Independent Living	County	Adm.	ADP
Damamli	Balt. Co.	0	2.6 ⁺
Future Bound	Mont.	4	3.1
Ment. MD - Balt Teens in Trans	Balt. Co.	5	2.9
Ment. MD - Salisbury	Wicomico	6	3.1
New Pathways - Independ. ¹	Balt. City	0	N/A
San Mar - Anderson House	Washington	0	1.1 ⁺
Transition Age Yth Prog. (TAY)	Balt. Co.	1	0.1
Alternative Living Units			
Arrow Child & Family Ministri.	Balt. Co.	3	0.9
NCIA Youth in Transition	Balt. Co.	15	13.5
Respite Care			
Sheppard Pratt Towson Respite	Balt. Co.	1	0.1
Total Admissions	All	35	27.3

⁺Although there were no admissions to this program in FY 2014, ADP reflects a balance from prior FYs.

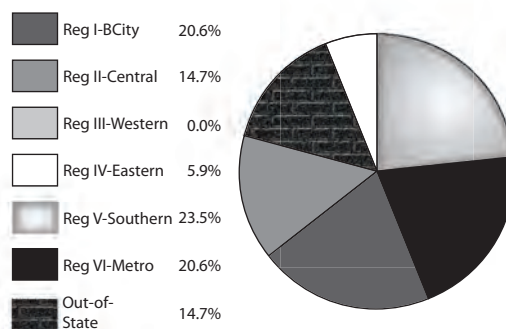
¹ Although there were no admissions and 0.0 ADP for this program in FY 2014, it remains on the table since DJS has an active contract for services.



San Mar - Anderson House located in Washington County

- **Trends for Program Placements:**
 - Between FY 2012 and FY 2014, overall placements to independent living programs/alternative living programs decreased 30.6%.
- **Program Admissions:**
 - In FY 2014, NCIA Youth in Transition had the highest number of admissions.
- **Region of Residence (FY 2014):**
 - 23.5% were from the Southern Region, 20.6% were each from the Metro Region, and Baltimore City.
 - Of those from Out-of-State, 4 were from Washington D.C. and 1 was from Delaware.
- **Offense Type (FY 2014):**
 - The most common offense type for juveniles placed in FY 2014 was Second Degree Assault offenses (29.4%).
- **Offense Category (FY 2014):**
 - The two most common offense categories were Misdemeanor Person-to-Person offenses (38.2%) and Misdemeanor Property offenses (17.6%).
 - See the Terms and Concepts section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS increased 27.4% between FY 2012 and FY 2014, and increased 44.7% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP decreased 21.6% between FY 2012 and FY 2014, and decreased 4.5% between FY 2013 and FY 2014.
- **Completion Status:**
 - 31.1% of releases in FY 2014 were considered successful.
 - 46.7% of FY 2014 releases were considered unsuccessful.
 - 22.2% of releases in FY 2014 were transferred to another program.

PLACEMENTS BY REGION OF RESIDENCE, FY 2014



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PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	0.0%
Auto Theft/Unauthorized Use	2.9%
Burglary/Breaking & Entering	2.9%
Carjacking	0.0%
Conspiracy to Commit Offense	5.9%
Deadly Weapon	2.9%
Disturbing the Peace	0.0%
First Degree Assault	0.0%
Handgun Violation	2.9%
Malicious Destruction	2.9%
Manslaughter	0.0%
Motor Vehicle/Traffic	5.9%
Murder	2.9%
Narcotics Distribution	2.9%
Narcotics Possession	2.9%
Other/Missing ¹	0.0%
Resisting Arrest	0.0%
Robbery	5.9%
Second Degree Assault	29.4%
Sex Offense	8.8%
Theft Felony	5.9%
Theft Misdemeanor	11.8%
Trespassing	2.9%
Unspecified Misdemeanor	0.0%
Offense Category	
Crimes of Violence*	14.7%
Felony	20.6%
- Person-to-Person	2.9%
- Property	8.8%
- Drugs	2.9%
- Unspecified	5.9%
Misdemeanor	58.8%
- Person-to-Person	38.2%
- Property	17.6%
- Drugs	2.9%
- Unspecified	0.0%
Traffic Offenses	5.9%
Status Offenses	0.0%
Ordinance Offenses	0.0%
Total Placements	34

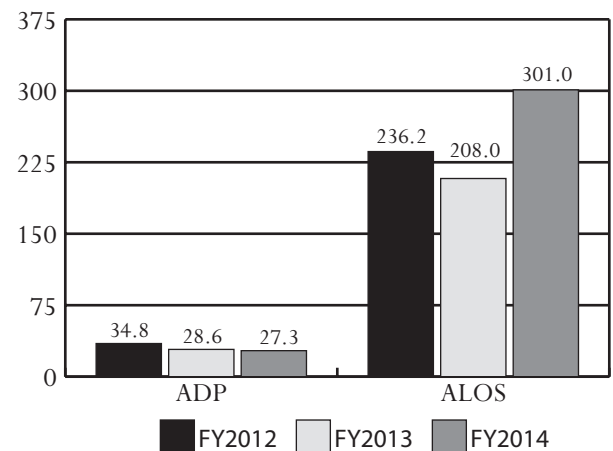
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

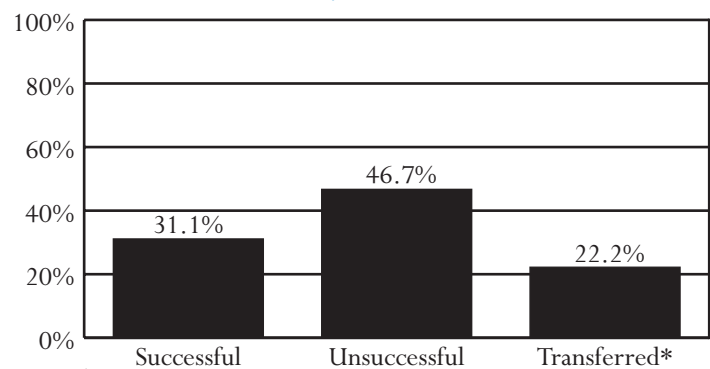
PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	83.7%	73.3%	73.5%
White	12.2%	20.0%	14.7%
Hispanic/Other	4.1%	6.7%	11.8%
Sex			
Male	73.5%	80.0%	76.5%
Female	26.5%	20.0%	23.5%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.0%	0.0%	0.0%
13	0.0%	0.0%	0.0%
14	0.0%	0.0%	0.0%
15	4.1%	0.0%	5.9%
16	16.3%	6.7%	11.8%
17	22.4%	26.7%	17.6%
18-20	57.1%	66.7%	64.7%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	49	45	34

AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

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Intermediate Care Facilities for Addictions (ICFAs)

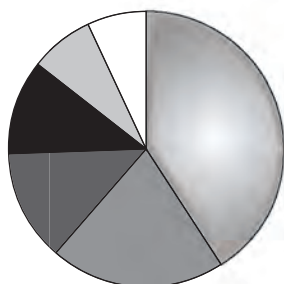
An ICFA is the most intensive level for residential substance abuse services, providing drug and alcohol abuse assessment, treatment, and/or education for moderate- to high-risk youth. Youth served may have problems in other aspects of their lives, i.e., mental health, school, family, peer group, and/or community. These programs are intense, closed programs able to serve not only substance abusing youth, but also dually diagnosed youth, that is, youth who have both a psychiatric diagnosis and an assessed substance abuse problem. These programs are intended to stabilize youth, initiate drug treatment and/or counseling services, and develop recommendations for services upon discharge.

ADMISSIONS AND ADP BY PROGRAM, FY 2014

ICFA	County	Adm.	ADP
Lois E. Jackson Unit	Allegany	113	18.1
MTC - Mountain Manor	Balt. City	49	4.2
<i>Total Admissions</i>	<i>All</i>	<i>162</i>	<i>22.3</i>

PLACEMENTS BY REGION OF RESIDENCE, FY 2014

Reg I-BCity	13.0%
Reg II-Central	20.5%
Reg III-Western	7.5%
Reg IV-Eastern	6.8%
Reg V-Southern	41.0%
Reg VI-Metro	11.2%
Out-of-State	0.0%



Mountain Manor Drug Treatment Center

- *Trends for Program Placements:*
 - Between FY 2012 and FY 2014, overall placements to ICFAs decreased 35.3%.
- *Program Admissions:*
 - In FY 2014, Lois E. Jackson Unit had the highest number of admissions.
- *Region of Residence (FY 2014):*
 - 41.0% were from the Southern Region, 20.5% were from the Central Region, and 13.0% were from Baltimore City.
 - There were no placements from Out-of-State at this facility.
- *Offense Type (FY 2014):*
 - The most common offense type for juveniles placed in FY 2014 was Narcotics Possession (26.7%).
- *Offense Category (FY 2014):*
 - The two most common offense categories were Misdemeanor Property offenses (29.2%) and Misdemeanor Drugs offenses (26.7%).
 - See the *Terms and Concepts* section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- *Average Length of Stay:*
 - The average LOS decreased 1.0% between FY 2012 and FY 2014, and increased 4.6% between FY 2013 and FY 2014.
- *Average Daily Population:*
 - ADP decreased 30.5% between FY 2012 and FY 2014, and decreased 30.1% between FY 2013 and FY 2014.
- *Completion Status:*
 - 71.8% of releases in FY 2014 were considered successful.
 - 7.6% of FY 2014 releases were considered unsuccessful.
 - 20.6% of releases in FY 2014 were transferred to another program.

PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	0.0%
Auto Theft/Unauthorized Use	1.2%
Burglary/Breaking & Entering	8.7%
Carjacking	0.0%
Conspiracy to Commit Offense	1.9%
Deadly Weapon	1.9%
Disturbing the Peace	3.1%
First Degree Assault	0.0%
Handgun Violation	1.2%
Malicious Destruction	6.8%
Manslaughter	0.0%
Motor Vehicle/Traffic	3.7%
Murder	0.0%
Narcotics Distribution	2.5%
Narcotics Possession	26.7%
Other/Missing ¹	4.3%
Resisting Arrest	1.9%
Robbery	1.2%
Second Degree Assault	9.3%
Sex Offense	0.0%
Theft Felony	3.1%
Theft Misdemeanor	17.4%
Trespassing	1.9%
Unspecified Misdemeanor	3.1%
Offense Category	
Crimes of Violence*	7.5%
Felony	9.3%
- Person-to-Person	0.0%
- Property	4.3%
- Drugs	2.5%
- Unspecified	2.5%
Misdemeanor	76.4%
- Person-to-Person	16.1%
- Property	29.2%
- Drugs	26.7%
- Unspecified	4.3%
Traffic Offenses	3.7%
Status Offenses	0.6%
Ordinance Offenses	2.5%
Total Placements	161

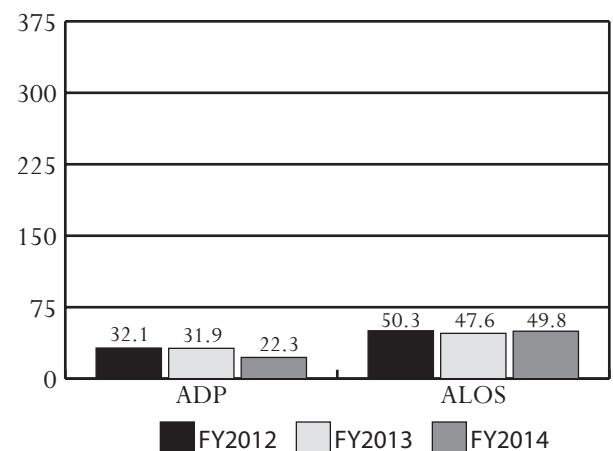
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

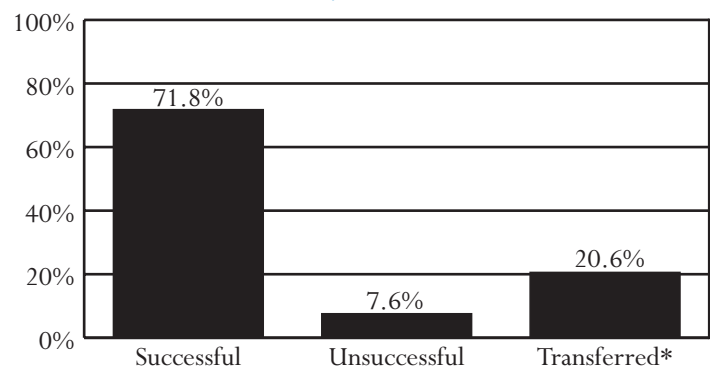
PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	40.2%	42.4%	36.0%
White	56.2%	55.5%	60.2%
Hispanic/Other	3.6%	2.1%	3.7%
Sex			
Male	80.3%	81.9%	76.4%
Female	19.7%	18.1%	23.6%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.0%	0.0%	0.0%
13	0.0%	0.0%	0.0%
14	3.2%	2.9%	3.7%
15	9.6%	15.1%	15.5%
16	22.9%	23.5%	26.7%
17	42.6%	38.7%	32.9%
18-20	21.7%	19.7%	21.1%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	249	238	161

AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

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Residential Treatment Centers (Includes Psychiatric Hospitals & Diagnostic Units/CEUs)

Residential Treatment Centers (RTCs) provide more intensive psychiatric and psychological treatment services. They are required to have psychiatrists, psychologists, and psychiatric nurses on staff to lead treatment. Maryland RTCs are approved for operation through the State Certificate of Need (CON) process and are licensed through the Mental Health Administration. Some RTCs concentrate on specific populations of youth. For example, locked RTCs focus on youth with behavioral problems and/or who are considered to be potentially harmful to self or others. The RTCs are intended to stabilize the youth's emotional condition; to provide services that increase the youth's ability to manage his/her mental illness as a potentially life-long challenge; to help the youth develop social skills for coping with both daily and difficult situations and interpersonal relationships; and to transition the youth to a less restrictive environment or home.

ADMISSIONS AND ADP BY PROGRAM, FY 2014

Residential Treatment Ctr.	County	Adm.	ADP
Behav. Health - Eastern Shore*	Dorchester	15	12.7
Good Shepherd Ctr Female Prg	Balt. Co.	9	7.9
Good Shepherd Ctr Male Prg	Balt. Co.	3	3.7
Jefferson School	Frederick	11	11.0
New Dir. Ches Tr. Ctr-Hickey	Balt. Co.	22	23.2
Potomac Ridge	Mont.	19	13.3
RICA Baltimore RTC	Balt. City	9	8.1
RICA Rockville RTC	Mont.	0	2.0 ⁺
Sheppard Pratt Towson MANN	Balt. Co.	19	8.4
Villa Maria	Balt. Co.	4	3.8
Woodbourne	Balt. City	35	30.6
Psychiatric Hospitals¹			
Behav. Health Hosp. Rockville	Mont.	3	0.1
Brook Lane Hospital	Washington	2	0.1
Eastern Shore Acute Unit*	Dorchester	2	0.1
Shep. Pratt Hosp. Ell. City & Towson	Balt. Co.	2	0.1
Spring Grove Hospital Center	Balt. Co.	60	5.6
Springfield Adult Hospital Ctr.	Carroll	4	1.5
Thomas Finan Center	Allegany	1	0.1
Diagnostic Unit/Clinical Evaluation Unit (CEU)¹			
Arrow Child & Fam Ministries	Balt. Co.	34	8.3
Children's Home Diag Shelter	Balt. Co.	4	0.9
RICA Rockville	Mont.	9	1.5
Woodbourne	Balt. City	39	9.3
Total Admissions	All	306	152.3

*Potomac Ridge

¹ Psychiatric Hospitals and Diagnostic Unit/CEUs are included on the RTC table because similar services are provided at these facilities.

*Although there were no admissions to this program in FY 2014, ADP reflects a balance from prior FYs.

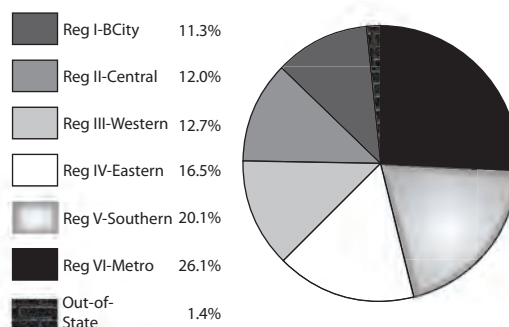


RICA Baltimore

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- **Trends for Program Placements:**
 - Between FY 2012 and FY 2014, overall placements to residential treatment centers increased 2.9%.
- **Program Admissions:**
 - In FY 2014, Spring Grove Hospital Center had the highest number of admissions.
- **Region of Residence (FY 2014):**
 - 26.1% were from the Metro Region, 20.1% were from the Southern Region, and 16.5% were from the Eastern Shore Region.
 - Of those from Out-of-State, 2 were from Delaware, 1 was from West Virginia, and 1 was from Pennsylvania.
- **Offense Type (FY 2014):**
 - The most common offense type for juveniles placed in FY 2014 was Second Degree Assault (36.3%).
- **Offense Category (FY 2014):**
 - The two most common offense categories were Misdemeanor Person-to-Person offenses (42.6%) and Misdemeanor Property offenses (28.2%).
 - See the *Terms and Concepts* section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS decreased 6.4% between FY 2012 and FY 2014, and decreased 3.2% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP decreased 8.0% between FY 2012 and FY 2014, and decreased 5.0% between FY 2013 and FY 2014.
- **Completion Status:**
 - 52.8% of releases in FY 2014 were considered successful.
 - 14.6% of FY 2014 releases were considered unsuccessful.
 - 32.6% of releases in FY 2014 were transferred to another program.

PLACEMENTS BY REGION OF RESIDENCE, FY 2014



PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	1.1%
Auto Theft/Unauthorized Use	0.7%
Burglary/Breaking & Entering	4.2%
Carjacking	0.0%
Conspiracy to Commit Offense	1.4%
Deadly Weapon	0.7%
Disturbing the Peace	4.9%
First Degree Assault	0.4%
Handgun Violation	0.0%
Malicious Destruction	5.3%
Manslaughter	0.7%
Motor Vehicle/Traffic	1.4%
Murder	0.0%
Narcotics Distribution	0.7%
Narcotics Possession	4.9%
Other/Missing ¹	2.1%
Resisting Arrest	0.0%
Robbery	5.6%
Second Degree Assault	36.3%
Sex Offense	6.7%
Theft Felony	0.4%
Theft Misdemeanor	19.0%
Trespassing	0.7%
Unspecified Misdemeanor	2.8%
Offense Category	
Crimes of Violence*	10.6%
Felony	6.0%
- Person-to-Person	3.2%
- Property	1.4%
- Drugs	0.7%
- Unspecified	0.7%
Misdemeanor	79.2%
- Person-to-Person	42.6%
- Property	28.2%
- Drugs	4.9%
- Unspecified	3.5%
Traffic Offenses	1.4%
Status Offenses	0.0%
Ordinance Offenses	2.8%
Total Placements	284

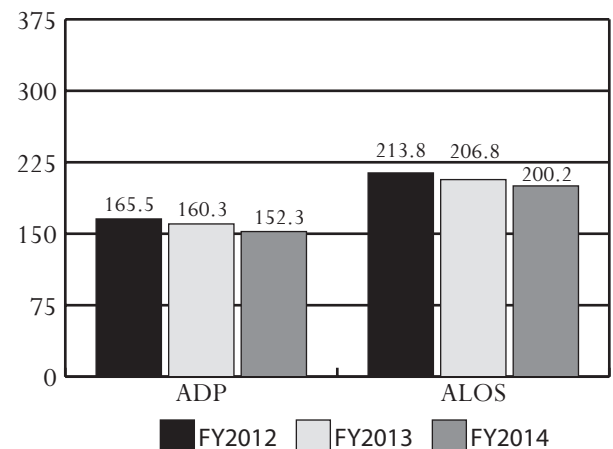
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

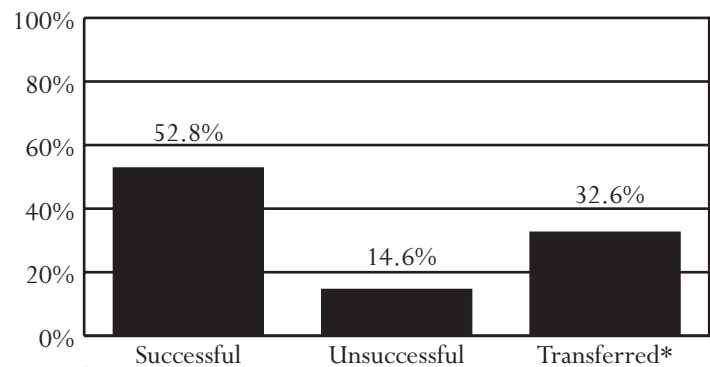
PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	58.7%	59.1%	57.0%
White	37.7%	37.2%	36.3%
Hispanic/Other	3.6%	3.7%	6.7%
Sex			
Male	69.2%	68.4%	71.1%
Female	30.8%	31.6%	28.9%
Age			
11 and under	1.4%	1.7%	0.7%
12	2.5%	1.7%	1.4%
13	8.0%	7.4%	7.3%
14	16.3%	14.3%	16.2%
15	19.6%	22.6%	22.9%
16	26.1%	23.6%	27.5%
17	19.6%	22.6%	17.6%
18-20	6.5%	6.3%	6.3%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	276	301	284

AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



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* Juveniles transferred to another program

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Out-of-State (OOS) Programs

DJS policy states that youth may not be placed out-of-state without the approval of the Secretary or designee. The Department adheres to Interstate Compact requirements and agreements with other states regarding requests for permission and notifications when youth are placed in another state. Maryland Law includes specific criteria for out-of-state placement including the condition that a youth's individualized needs cannot be met through in-state resources. Youth placed in out-of-state facilities are visited by DJS staff at least quarterly and parents/guardians are provided with opportunities to visit youth at least once per quarter. *Note: Although MD Law specifies numerous OOS program types (i.e. group homes, RTCs, hospitals, etc.), data will be presented on this page only for programs not already captured on a previous page in the Data Resource Guide.*

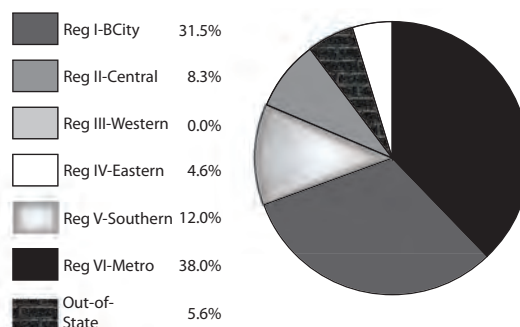
ADMISSIONS AND ADP BY PROGRAM, FY 2014

Residential Treatment Center	State	Adm.	ADP
Boys' Town	NE	6	2.2
Cottonwood Treatment Center	UT	1	<0.1
Devereux (Georgia)	GA	3	1.2
Devereux (Pennsylvania)	PA	0	0.6 ⁺
Kid Link-Coastal Harbor Treat Ctr	GA	3	1.0
New Hope Carolinas	SC	7	3.1
Three Rivers	SC	5	3.0
UHS of Del-Gulf Coast Treat Ctr	FL	0	2.0 ⁺
UHS of Del-Herm. Hall Res. Treat	TN	1	0.5
UHS of Del-Laurel Oaks Behav. Hlth.	AL	1	1.0
Staff Secure			
Acadia Health Care-Millcreek	AR	1	0.1
Canyon State Academy	AZ	4	4.3
Clarinda Academy	IA	7	7.8
Cornell Abraxas	PA	2	0.5
Glen Mills School	PA	12	9.1
KidLink Netw-Found. for Living	OH	1	1.8
Natchez Trace Youth Academy*	TN	14	12.6
New Outlook Academy	PA	1	0.0
Summit Academy	PA	4	2.3
Woodward Academy**	IA	6	6.0
Hardware Secure			
Acadia Health Care- Capstone Acad	MI	1	0.1
CCS - Turning Point	MI	1	1.3
Cornell Abraxas Academy	PA	14	15.8
Mid-Atlantic Luzerne	PA	10	8.8
Mid-Atlantic West. PA	PA	7	6.3
NHS Yth Services, Inc - NWAcad.	PA	8	4.7
Total Admissions	All	120	95.9

⁺ Although there were no admissions to this program in FY 2014, ADP reflects a balance from prior FYs
^{*} Keystone Continuum LLC
^{**} Woodward Youth Corporation DBA

- **Trends for Program Placements:**
 - Between FY 2012 and FY 2014, overall placements to out-of-state programs decreased 36.1%.
- **Program Admissions:**
 - In FY 2014, Natchez Trace Youth Academy and Cornell Abraxas had the highest number of admissions.
- **Region of Residence (FY 2014):**
 - 38.0% were from the Metro Region, 31.5% were from Baltimore City, and 12.0% were from the Southern Region.
 - Of those from Out-of-State, 5 were from Washington D.C., and 1 was from New York.
- **Offense Type (FY 2014):**
 - The most common offense type for juveniles placed in FY 2014 was Robbery (25.9%).
- **Offense Category (FY 2014):**
 - The two most common offense categories were Crimes of Violence Felony offenses (41.7%) and Misdemeanor Person-to-Person offenses (23.1%).
 - See the *Terms and Concepts* section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS increased 11.4% between FY 2012 and FY 2014, and increased 9.0% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP decreased 22.0% between FY 2012 and FY 2014, and decreased 20.3% between FY 2013 and FY 2014.
- **Completion Status:**
 - 71.8% of releases in FY 2014 were considered successful.
 - 12.2% of FY 2014 releases were considered unsuccessful.
 - 16.0% of releases in FY 2014 were transferred to another program.

PLACEMENTS BY REGION OF RESIDENCE, FY 2014



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PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	3.7%
Auto Theft/Unauthorized Use	1.9%
Burglary/Breaking & Entering	9.3%
Carjacking	1.9%
Conspiracy to Commit Offense	5.6%
Deadly Weapon	1.9%
Disturbing the Peace	0.9%
First Degree Assault	4.6%
Handgun Violation	0.0%
Malicious Destruction	0.9%
Manslaughter	0.0%
Motor Vehicle/Traffic	0.0%
Murder	1.9%
Narcotics Distribution	1.9%
Narcotics Possession	3.7%
Other/Missing ¹	4.6%
Resisting Arrest	0.0%
Robbery	25.9%
Second Degree Assault	17.6%
Sex Offense	1.9%
Theft Felony	0.9%
Theft Misdemeanor	10.2%
Trespassing	0.0%
Unspecified Misdemeanor	0.9%
Offense Category	
Crimes of Violence*	41.7%
Felony	11.1%
- Person-to-Person	0.0%
- Property	3.7%
- Drugs	1.9%
- Unspecified	5.6%
Misdemeanor	45.4%
- Person-to-Person	23.1%
- Property	16.7%
- Drugs	3.7%
- Unspecified	1.9%
Traffic Offenses	0.0%
Status Offenses	0.0%
Ordinance Offenses	1.9%
Total Placements	108

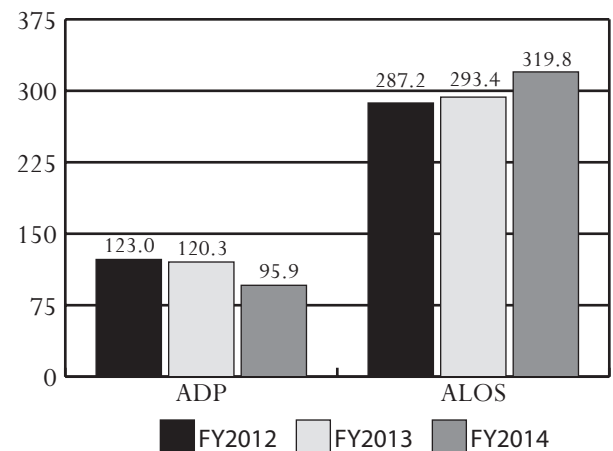
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

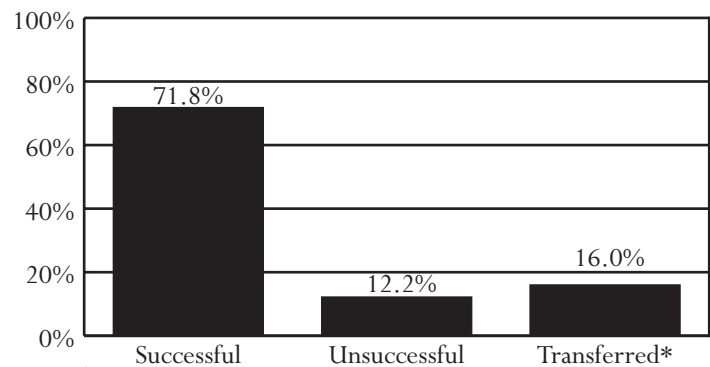
PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	89.3%	88.3%	88.0%
White	5.3%	7.0%	7.4%
Hispanic/Other	5.3%	4.7%	4.6%
Sex			
Male	98.2%	95.3%	92.6%
Female	1.8%	4.7%	7.4%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.0%	0.0%	0.0%
13	0.6%	2.3%	0.9%
14	3.6%	4.7%	6.5%
15	13.6%	10.2%	13.0%
16	27.2%	22.7%	25.9%
17	37.9%	28.9%	27.8%
18-20	17.2%	31.3%	25.9%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	169	128	108

AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.

Backbone Mountain Youth Center (State-Operated)

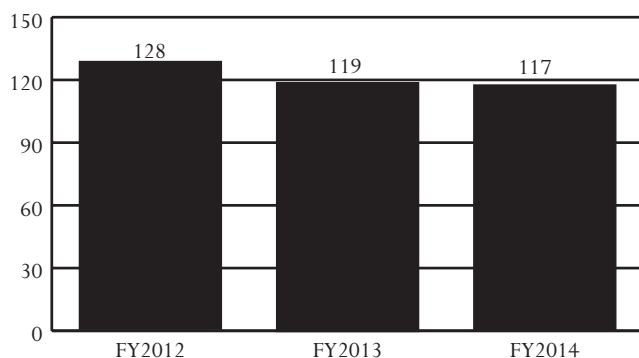
Superintendent: Danjuma Gaskins
 Rated Capacity: 48 Males

Staff Secure - Region III - Western

Rte 1, 124 Camp 4 Road
 Swanton, MD 21562
 301-359-9190

The Youth Center opened in 1966 as a 35-bed forestry camp on Backbone Mountain in Garrett County with funds appropriated by the General Assembly and became a youth center in 1977. In 2013, the Maryland State Department of Education assumed responsibility for the educational program and began providing academic and vocational services. Previously, DJS had provided the educational program. The school offers a 12-month schedule with six hours of daily instruction five days a week in English, mathematics, science, social studies, health and life skills, and individualized programs to prepare students for the GED exam. The College Program is offered in conjunction with Garrett College of Maryland. Students are screened through a referral, record review, and interview for acceptance into the program. Selected students are admitted for one college semester while in the DJS's care and earn a Maryland High School Diploma as well as up to fifteen college credits. Youth receive individual and group substance abuse interventions, individual therapy/counseling, and psychiatric services.

PLACEMENTS, FY 2012-2014



PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	83.6%	77.3%	80.3%
White	10.2%	13.4%	17.1%
Hispanic/Other	6.2%	9.2%	2.6%
Sex			
Male	100.0%	100.0%	100.0%
Female	0.0%	0.0%	0.0%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.0%	0.0%	0.0%
13	0.0%	0.0%	0.0%
14	4.7%	9.2%	10.3%
15	13.3%	16.8%	24.8%
16	30.5%	23.5%	28.2%
17	36.7%	39.5%	23.9%
18-20	14.8%	10.9%	12.8%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	128	119	117

- **Placement Trends:**
 - Placements decreased 8.6% between FY 2012 and FY 2014 and decreased 1.7% between FY 2013 and FY 2014.
- **Region of Residence (FY 2014):**
 - 35.9% were from the Metro Region, 21.4% were from the Southern Region, and 18.8% were from Baltimore City.
 - The one placement from Out-of-State was from Washington D.C.
- **Offense Type (FY 2014):**
 - The most common offense type for juveniles placed in FY 2014 was Second Degree Assault (23.9%).
- **Offense Category (FY 2014):**
 - The two most common offense categories were Misdemeanor Person-to-Person offenses (29.1%) and Misdemeanor Property offenses (20.5%).
 - See the Terms and Concepts section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS decreased 17.6% between FY 2012 and FY 2014, and decreased 7.5% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP decreased 25.0% between FY 2012 and FY 2014, and decreased 16.3% between FY 2013 and FY 2014.
- **Completion Status:**
 - 57.1% of releases in FY 2014 were considered successful.
 - 8.9% of FY 2014 releases were considered unsuccessful.
 - 33.9% of releases in FY 2014 were transferred to another program.
- **Utilization Rate:**
 - Backbone Mountain's utilization rate for FY 2014 was 73.5% (based on the facility's rated capacity).

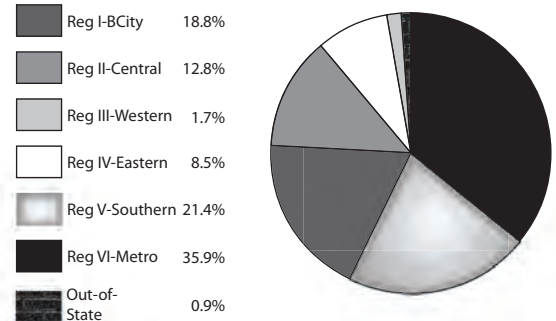
PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	0.9%
Auto Theft/Unauthorized Use	3.4%
Burglary/Breaking & Entering	11.1%
Carjacking	0.0%
Conspiracy to Commit Offense	6.8%
Deadly Weapon	0.9%
Disturbing the Peace	1.7%
First Degree Assault	0.0%
Handgun Violation	2.6%
Malicious Destruction	2.6%
Manslaughter	0.0%
Motor Vehicle/Traffic	0.0%
Murder	0.0%
Narcotics Distribution	2.6%
Narcotics Possession	6.8%
Other/Missing ¹	4.3%
Resisting Arrest	0.9%
Robbery	12.0%
Second Degree Assault	23.9%
Sex Offense	0.9%
Theft Felony	4.3%
Theft Misdemeanor	11.1%
Trespassing	0.9%
Unspecified Misdemeanor	2.6%
Offense Category	
Crimes of Violence*	19.7%
Felony	16.2%
- Person-to-Person	0.0%
- Property	7.7%
- Drugs	2.6%
- Unspecified	6.0%
Misdemeanor	60.7%
- Person-to-Person	29.1%
- Property	20.5%
- Drugs	6.8%
- Unspecified	4.3%
Traffic Offenses	0.0%
Status Offenses	0.9%
Ordinance Offenses	2.6%
Total Placements	117

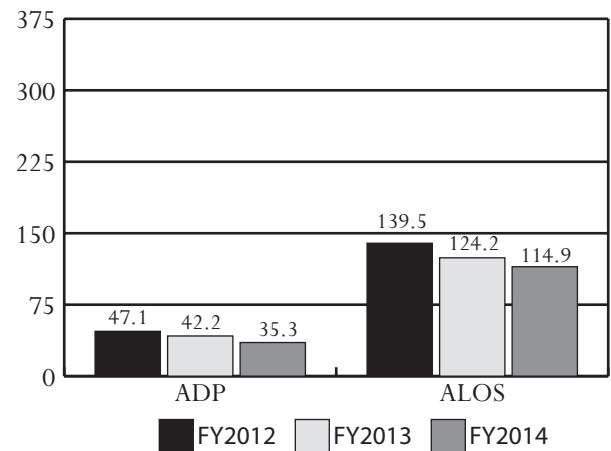
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

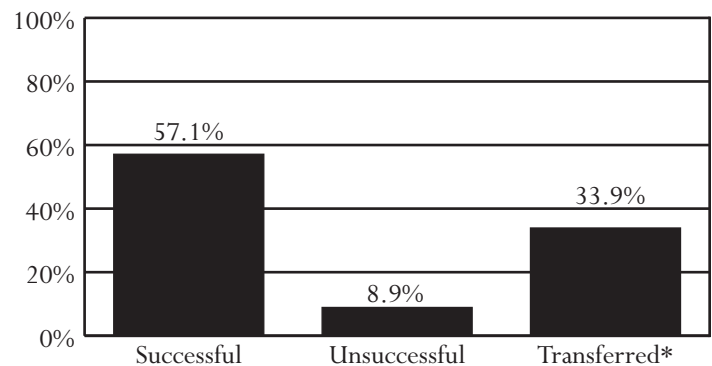
PLACEMENTS BY REGION OF RESIDENCE, FY 2014



AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.

Green Ridge Mountain Quest (State-Operated)

Superintendent: Judy Hodel
 Rated Capacity: 10 Males

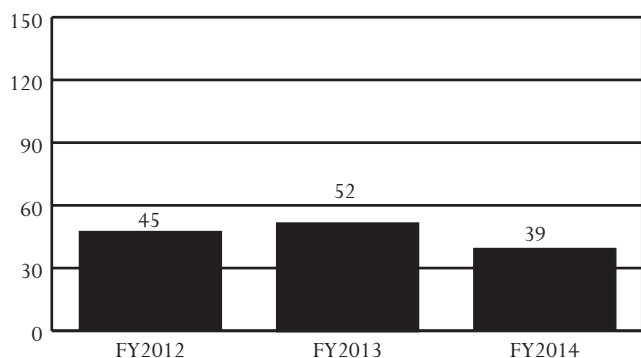
Staff Secure - Region III - Western

10700 Fifteen Mile Creek Road
 Flintstone, MD 21530
 301-478-2930

Mountain Quest is a 90-day Wilderness Program for committed males age 13-18 located at Green Ridge Youth Center. Mountain Quest is a first-time commitment program that provides youth time away from their families and communities giving them the opportunity to change their behavior while learning responsibility for their actions. The Mountain Quest program gives youth the opportunity to work on behaviors that will help them become successful in treatment when they return to the community. Mental health counseling is provided on an as-needed basis.

Mountain Quest provides six hours of MSDE instruction per day along with wilderness, team building, and communication skills. Social skills are taught five hours per week to give youth the skills needed for conflict resolution, victim awareness, improved family dynamics, and positive self-esteem. Family interaction is encouraged with visits, phone calls, Family Days, and family counseling.

PLACEMENTS, FY 2012-2014



PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	53.3%	67.3%	76.9%
White	37.8%	23.1%	20.5%
Hispanic/Other	8.9%	9.6%	2.6%
Sex			
Male	100.0%	100.0%	100.0%
Female	0.0%	0.0%	0.0%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.0%	0.0%	0.0%
13	4.4%	1.9%	7.7%
14	11.1%	13.5%	10.3%
15	26.7%	26.9%	25.6%
16	28.9%	34.6%	30.8%
17	22.2%	15.4%	23.1%
18-20	6.7%	7.7%	2.6%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	45	52	39

- **Placement Trends:**
 - Placements decreased 13.3% between FY 2012 and FY 2014 and decreased 25.0% between FY 2013 and FY 2014.
- **Region of Residence (FY 2014):**
 - 66.7% were from the Metro Region, 20.5% were from the Western Region, and 7.7% were from the Southern Region.
 - There were no placements from Out-of-State at this facility.
- **Offense Type (FY 2014):**
 - The two most common offense types for juveniles placed in FY 2014 were Burglary/Breaking & Entering (20.5%), and Second Degree Assault (20.5%).
- **Offense Category (FY 2014):**
 - The two most common offense categories were Misdemeanor Property offenses (28.2%) and Crimes of Violence Felony offenses (23.1%).
 - See the Terms and Concepts section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS decreased 2.0% between FY 2012 and FY 2014, and increased 23.8% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP decreased 4.2% between FY 2012 and FY 2014, and increased 1.1% between FY 2013 and FY 2014.
- **Completion Status:**
 - 86.0% of releases in FY 2014 were considered successful.
 - 4.7% of FY 2014 releases were considered unsuccessful.
 - 9.3% of releases in FY 2014 were transferred to another program.
- **Utilization Rate:**
 - Green Ridge Youth Center's utilization rate for FY 2014 was 91.0% (based on the facility's rated capacity).

For the first time, Green Ridge Youth Center and Green Ridge Mountain Quest have been presented separately, therefore, data may not be comparable to previous Data Resource Guides.

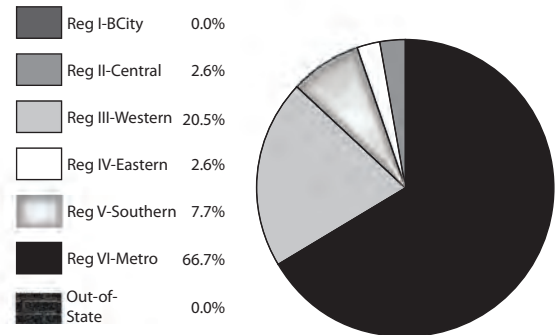
PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	0.0%
Auto Theft/Unauthorized Use	0.0%
Burglary/Breaking & Entering	20.5%
Carjacking	0.0%
Conspiracy to Commit Offense	15.4%
Deadly Weapon	0.0%
Disturbing the Peace	2.6%
First Degree Assault	0.0%
Handgun Violation	0.0%
Malicious Destruction	5.1%
Manslaughter	0.0%
Motor Vehicle/Traffic	2.6%
Murder	0.0%
Narcotics Distribution	0.0%
Narcotics Possession	5.1%
Other/Missing ¹	0.0%
Resisting Arrest	0.0%
Robbery	10.3%
Second Degree Assault	20.5%
Sex Offense	0.0%
Theft Felony	2.6%
Theft Misdemeanor	10.3%
Trespassing	5.1%
Unspecified Misdemeanor	0.0%
Offense Category	
Crimes of Violence*	23.1%
Felony	10.3%
- Person-to-Person	0.0%
- Property	2.6%
- Drugs	0.0%
- Unspecified	7.7%
Misdemeanor	61.5%
- Person-to-Person	20.5%
- Property	28.2%
- Drugs	5.1%
- Unspecified	7.7%
Traffic Offenses	2.6%
Status Offenses	0.0%
Ordinance Offenses	2.6%
Total Placements	39

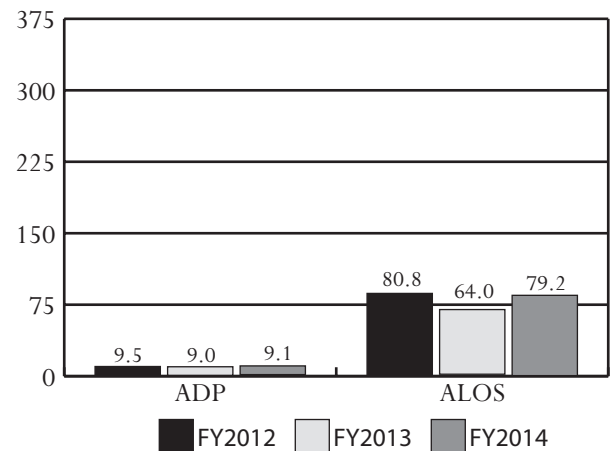
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

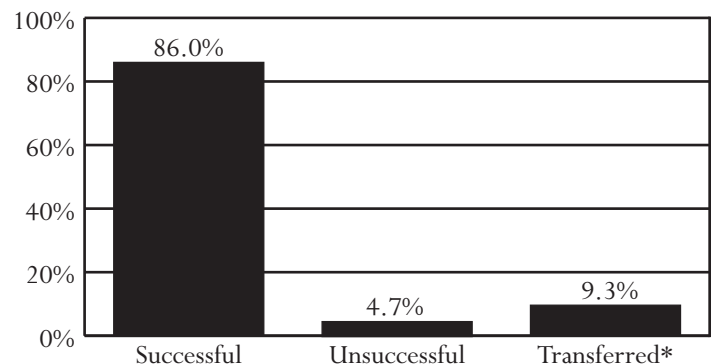
PLACEMENTS BY REGION OF RESIDENCE, FY 2014



AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.

Green Ridge Youth Center (State-Operated)

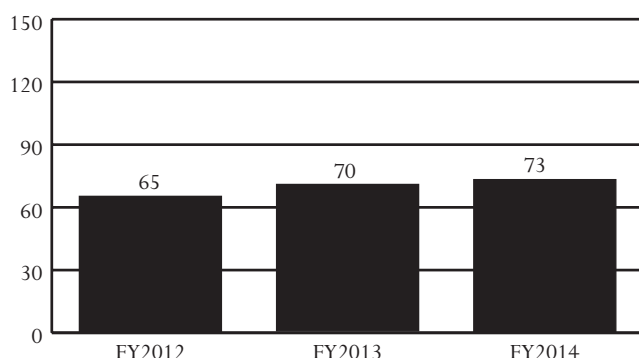
Superintendent: Judy Hodel
Rated Capacity: 30 Males

Staff Secure - Region III - Western

10700 Fifteen Mile Creek Road
Flintstone, MD 21530
301-478-2930

Built originally as a Civilian Conservation Corps Camp, Green Ridge Youth Center has had a variety of uses in its 90-year history. Currently, Green Ridge is a treatment center for males age 13-18. The facility offers programming that includes the Seven Challenges drug treatment program and CHALLENGE, DJS' behavioral modification program. In 2013, the Maryland State Department of Education assumed responsibility for educational programming and began providing academic and vocational services. Previously, DJS provided the educational program. The school offers a 12-month schedule including six hours of daily instruction five days a week in English, mathematics, science, social studies, health and life skills, and individualized programs to prepare students for the GED exam.

PLACEMENTS, FY 2012-2014



PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	69.2%	65.7%	67.1%
White	26.2%	15.7%	19.2%
Hispanic/Other	4.6%	18.6%	13.7%
Sex			
Male	100.0%	100.0%	100.0%
Female	0.0%	0.0%	0.0%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.0%	0.0%	0.0%
13	0.0%	0.0%	1.4%
14	1.5%	4.3%	5.5%
15	13.8%	15.7%	24.7%
16	33.8%	27.1%	27.4%
17	38.5%	31.4%	31.5%
18-20	12.3%	21.4%	9.6%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	65	70	73

- **Placement Trends:**
 - Placements increased 12.3% between FY 2012 and FY 2014 and increased 4.3% between FY 2013 and FY 2014.
- **Region of Residence (FY 2014):**
 - 42.5% were from the Metro Region, 17.8% were from the Central Region, and 16.4% were from the Western Region.
 - There were no placements from Out-of-State at this facility.
- **Offense Type (FY 2014):**
 - The most common offense type for juveniles placed in FY 2014 was Theft Misdemeanor (17.8%).
- **Offense Category (FY 2014):**
 - The two most common offense categories were Misdemeanor Property offenses (26.0%) and Crimes of Violence Felony offenses (26.0%).
 - See the Terms and Concepts section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS decreased 30.0% between FY 2012 and FY 2014, and decreased 20.9% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP decreased 12.9% between FY 2012 and FY 2014, and decreased 13.5% between FY 2013 and FY 2014.
- **Completion Status:**
 - 59.7% of releases in FY 2014 were considered successful.
 - 3.9% of FY 2014 releases were considered unsuccessful.
 - 36.4% of releases in FY 2014 were transferred to another program.
- **Utilization Rate:**
 - Green Ridge Youth Center's utilization rate for FY 2014 was 85.7% (based on the facility's rated capacity).

For the first time, Green Ridge Youth Center and Green Ridge Mountain Quest have been presented separately, therefore, data may not be comparable to previous Data Resource Guides.

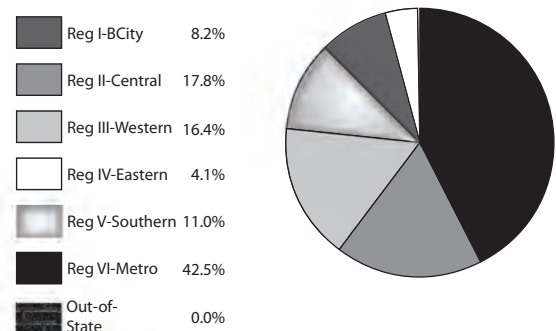
PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	1.4%
Auto Theft/Unauthorized Use	2.7%
Burglary/Breaking & Entering	11.0%
Carjacking	1.4%
Conspiracy to Commit Offense	5.5%
Deadly Weapon	1.4%
Disturbing the Peace	2.7%
First Degree Assault	1.4%
Handgun Violation	0.0%
Malicious Destruction	2.7%
Manslaughter	0.0%
Motor Vehicle/Traffic	1.4%
Murder	0.0%
Narcotics Distribution	5.5%
Narcotics Possession	11.0%
Other/Missing ¹	4.1%
Resisting Arrest	5.5%
Robbery	12.3%
Second Degree Assault	4.1%
Sex Offense	1.4%
Theft Felony	2.7%
Theft Misdemeanor	17.8%
Trespassing	1.4%
Unspecified Misdemeanor	2.7%
Offense Category	
Crimes of Violence*	26.0%
Felony	17.8%
- Person-to-Person	1.4%
- Property	5.5%
- Drugs	5.5%
- Unspecified	5.5%
Misdemeanor	53.4%
- Person-to-Person	13.7%
- Property	26.0%
- Drugs	11.0%
- Unspecified	2.7%
Traffic Offenses	1.4%
Status Offenses	0.0%
Ordinance Offenses	1.4%
Total Placements	73

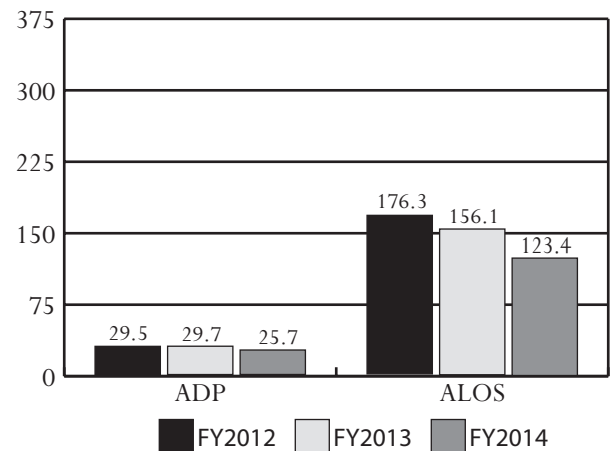
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

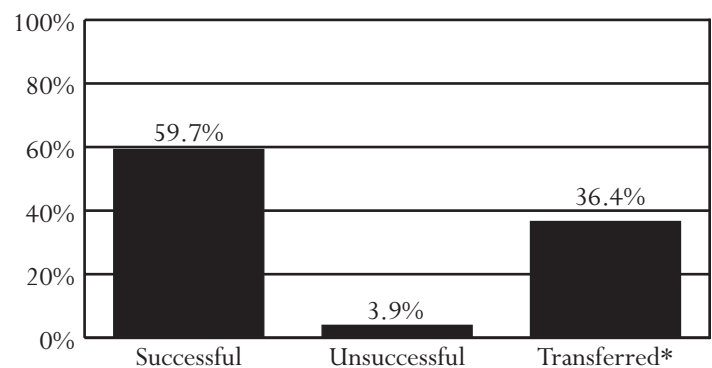
PLACEMENTS BY REGION OF RESIDENCE, FY 2014



AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodological changes. VOPs are categorized by the original offense.

J. DeWeese Carter Center

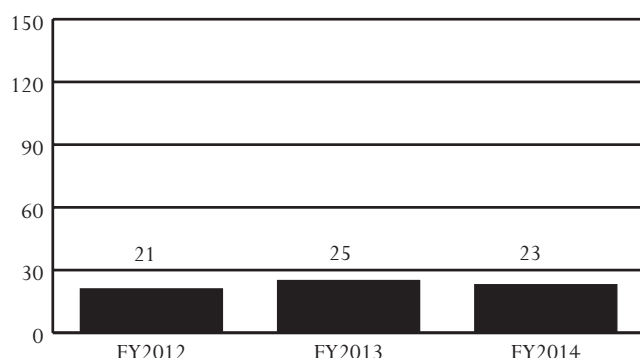
Superintendent: Annette Miller
 Rated Capacity: 14 Females

Hardware Secure – Region IV – Eastern

300 Scheeler Road
 Chestertown, MD 21620
 410-778-6444

J. DeWeese Carter Center opened as a secure residential facility in November 2011 to serve girls ages 14-18 who are committed to DJS. The program provides gender responsive, trauma-informed rehabilitation and treatment services. The Center implements CHALLENGE, a behavioral management program that establishes structure for an environment of respect and fairness conducive to treatment and rehabilitation. The program's goals for the girls include accepting responsibility for behavior, learning problem solving strategies and peer leadership skills, and developing/improving pro-social skills. Services include individual and group therapy, substance abuse education and treatment, health education, medication assessment and monitoring, and family therapy. The Maryland State Department of Education provides academic and vocational services. The school provides a 12-month schedule that includes six hours of daily instruction five days a week in English, mathematics, science, social studies, health, life skills, as well as individualized GED programs that prepare students for successful completion of a high school diploma examination. MSDE offers vocational programming in computer literacy and the ServSafe Program, both of which allow girls to earn certificates to help them secure employment at discharge.

PLACEMENTS, FY 2012-2014



PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	76.2%	76.0%	73.9%
White	19.0%	16.0%	21.7%
Hispanic/Other	4.8%	8.0%	4.3%
Sex			
Male	0.0%	0.0%	0.0%
Female	100.0%	100.0%	100.0%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.0%	0.0%	0.0%
13	0.0%	0.0%	0.0%
14	9.5%	4.0%	13.0%
15	19.0%	24.0%	21.7%
16	33.3%	28.0%	39.1%
17	33.3%	28.0%	17.4%
18-20	4.8%	16.0%	8.7%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	21	25	23

- **Placement Trends:**
 - Placements increased 9.5% between FY 2012 and FY 2014 and decreased 8.0% between FY 2013 and FY 2014.
- **Region of Residence (FY 2014):**
 - 34.8% were from the Metro Region and 21.7% were each from the Central Region and Southern Region.
 - There were no placements from Out-of-State for this facility.
- **Offense Type (FY 2014):**
 - The most common offense type for juveniles placed in FY 2014 was Second Degree Assault (39.1%).
- **Offense Category (FY 2014):**
 - The most common offense categories were Misdemeanor Person-to-Person offenses (47.8%) and Crimes of Violence Felony offenses (17.4%).
 - See the Terms and Concepts section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS decreased 21.5% between FY 2012 and FY 2014, and decreased 14.7% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP increased 11.2% between FY 2012 and FY 2014, and decreased 10.6% between FY 2013 and FY 2014.
- **Completion Status:**
 - 73.9% of releases in FY 2014 were considered successful.
 - 4.3% of FY 2014 releases were considered unsuccessful.
 - 21.7% of releases in FY 2014 were transferred to another program.
- **Utilization Rate:**
 - J. DeWeese Carter Center's utilization rate for FY 2014 was 77.9% (based on the facility's rated capacity).

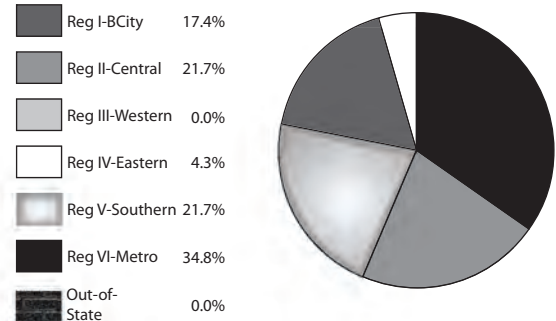
PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	8.7%
Auto Theft/Unauthorized Use	4.3%
Burglary/Breaking & Entering	0.0%
Carjacking	0.0%
Conspiracy to Commit Offense	8.7%
Deadly Weapon	4.3%
Disturbing the Peace	0.0%
First Degree Assault	0.0%
Handgun Violation	0.0%
Malicious Destruction	0.0%
Manslaughter	0.0%
Motor Vehicle/Traffic	0.0%
Murder	0.0%
Narcotics Distribution	0.0%
Narcotics Possession	4.3%
Other/Missing ¹	0.0%
Resisting Arrest	4.3%
Robbery	8.7%
Second Degree Assault	39.1%
Sex Offense	0.0%
Theft Felony	0.0%
Theft Misdemeanor	8.7%
Trespassing	0.0%
Unspecified Misdemeanor	8.7%
Offense Category	
Crimes of Violence*	17.4%
Felony	13.0%
- Person-to-Person	0.0%
- Property	4.3%
- Drugs	0.0%
- Unspecified	8.7%
Misdemeanor	69.6%
- Person-to-Person	47.8%
- Property	8.7%
- Drugs	4.3%
- Unspecified	8.7%
Traffic Offenses	0.0%
Status Offenses	0.0%
Ordinance Offenses	0.0%
Total Placements	23

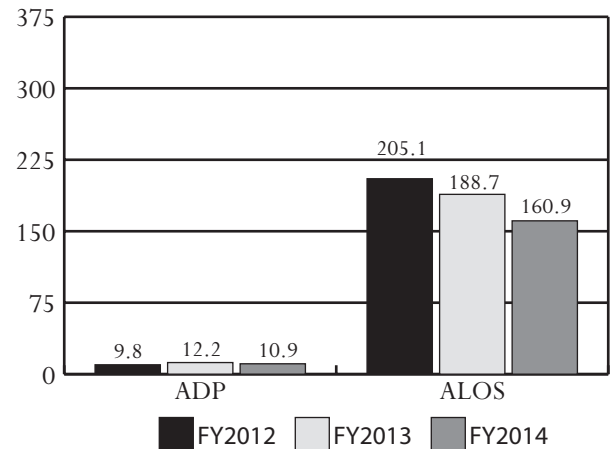
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

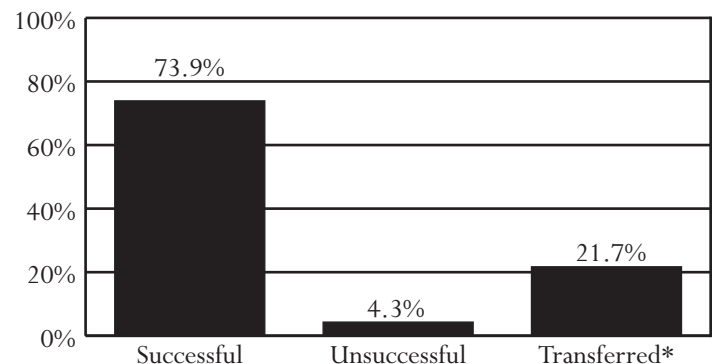
PLACEMENTS BY REGION OF RESIDENCE, FY 2014



AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.

Meadow Mountain Youth Center (State-Operated)

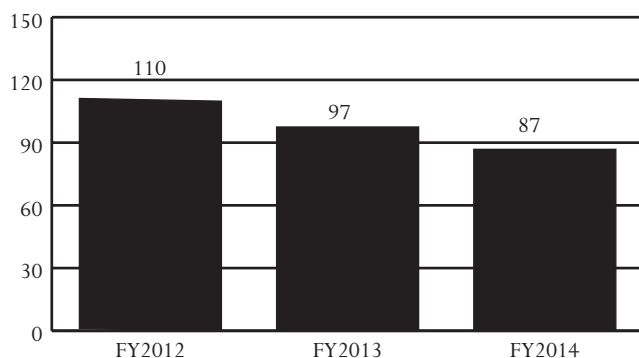
Superintendent: Leslie Wilhelm
 Rated Capacity: 40 Males

Staff Secure - Region III - Western

234 Recovery Road
 Grantsville, MD 21535
 301-895-5669

Meadow Mountain Youth Center opened as a forestry camp for boys in June, 1958 and reopened as Meadow Mountain Youth Center in October, 1984. The Center offers an intensive out-patient program providing youth with at least nine hours of drug treatment weekly. Additionally, Meadow Mountain houses the Reflections Program which includes a high and low ropes challenge course, an aquatic challenge, and different outdoor activities. In 2013, the Maryland State Department of Education assumed responsibility for the educational program and began providing academic and vocational services. Previously, DJS had provided the educational program including an aquaculture vocational program in which students earned a 60 hour certificate with competencies needed to become an Aquaculture Technician I. The school offers a 12-month schedule that includes six hours of daily instruction five days a week in English, mathematics, science, social studies, health and life skills, as well as individualized programs to prepare students for the GED exam. Youth also receive individual counseling/therapy and psychiatric services if needed.

PLACEMENTS, FY 2012-2014



PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	72.7%	70.1%	69.0%
White	21.8%	24.7%	28.7%
Hispanic/Other	5.5%	5.2%	2.3%
Sex			
Male	100.0%	100.0%	100.0%
Female	0.0%	0.0%	0.0%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.0%	0.0%	0.0%
13	0.0%	0.0%	0.0%
14	6.4%	6.2%	9.2%
15	16.4%	14.4%	13.8%
16	18.2%	24.7%	28.7%
17	43.6%	44.3%	29.9%
18-20	15.5%	10.3%	18.4%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	110	97	87

- **Placement Trends:**
 - Placements decreased 20.9% between FY 2012 and FY 2014 and decreased 10.3% between FY 2013 and FY 2014.
- **Region of Residence (FY 2014):**
 - 32.2% were from the Metro Region, 26.4% were from the Southern Region, and 16.1% were from the Central Region.
 - There were no placements from Out-of-State at this facility.
- **Offense Type (FY 2014):**
 - The most common offense type for juveniles placed in FY 2014 was Theft Misdemeanor offenses (23.0%).
- **Offense Category (FY 2014):**
 - The two most common offense categories were Misdemeanor Property offenses (34.5%) and Misdemeanor Person-to-Person offenses (24.1%).
 - See the Terms and Concepts section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS increased 9.0% between FY 2012 and FY 2014, and increased 3.9% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP decreased 5.3% between FY 2012 and FY 2014, and decreased 2.0% between FY 2013 and FY 2014.
- **Completion Status:**
 - 71.0% of releases in FY 2014 were considered successful.
 - 3.2% of FY 2014 releases were considered unsuccessful.
 - 25.8% of releases in FY 2014 were transferred to another program.
- **Utilization Rate:**
 - Meadow Mountain Youth Center's utilization rate for FY 2014 was 94.5% (based on the facility's rated capacity).

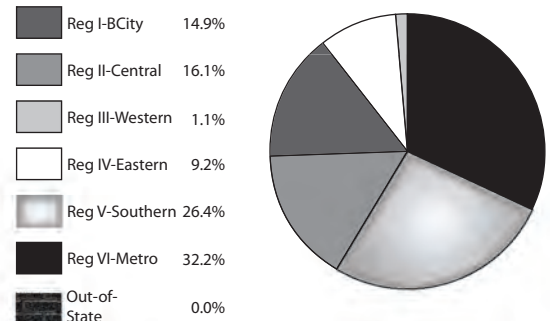
PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	0.0%
Auto Theft/Unauthorized Use	1.1%
Burglary/Breaking & Entering	4.6%
Carjacking	0.0%
Conspiracy to Commit Offense	5.7%
Deadly Weapon	0.0%
Disturbing the Peace	2.3%
First Degree Assault	0.0%
Handgun Violation	2.3%
Malicious Destruction	4.6%
Manslaughter	0.0%
Motor Vehicle/Traffic	1.1%
Murder	0.0%
Narcotics Distribution	3.4%
Narcotics Possession	19.5%
Other/Missing ¹	0.0%
Resisting Arrest	1.1%
Robbery	4.6%
Second Degree Assault	20.7%
Sex Offense	0.0%
Theft Felony	1.1%
Theft Misdemeanor	23.0%
Trespassing	3.4%
Unspecified Misdemeanor	1.1%
Offense Category	
Crimes of Violence*	5.7%
Felony	10.3%
- Person-to-Person	0.0%
- Property	2.3%
- Drugs	3.4%
- Unspecified	4.6%
Misdemeanor	80.5%
- Person-to-Person	24.1%
- Property	34.5%
- Drugs	19.5%
- Unspecified	2.3%
Traffic Offenses	1.1%
Status Offenses	0.0%
Ordinance Offenses	2.3%
Total Placements	87

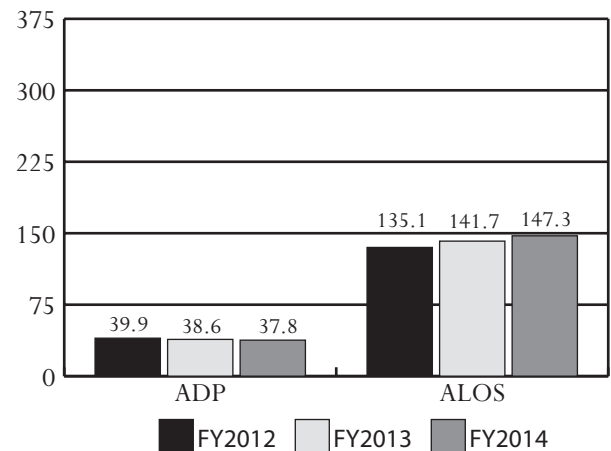
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

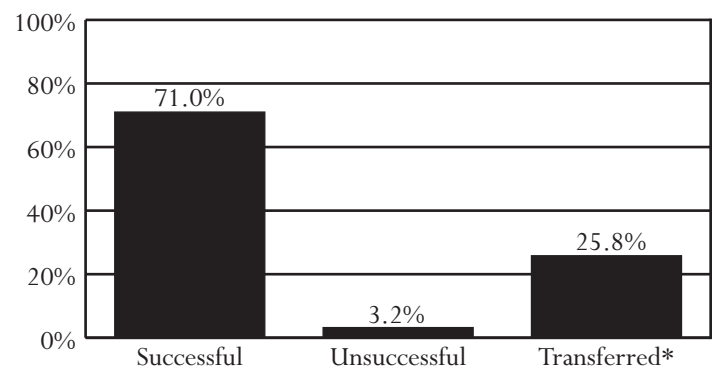
PLACEMENTS BY REGION OF RESIDENCE, FY 2014



AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.

Savage Mountain Youth Center (State-Operated)

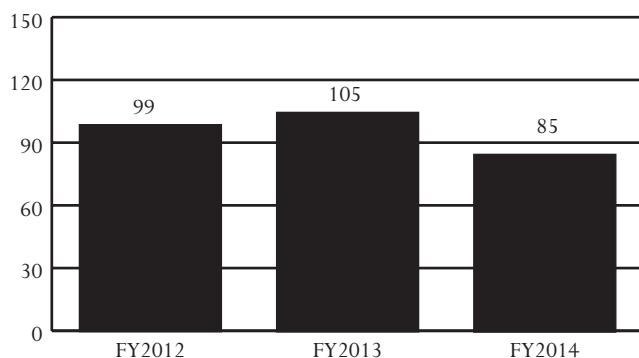
Superintendent: Todd Foote
 Rated Capacity: 36 Males

Staff Secure - Region III - Western

164 Freedom Lane
 Lonaconing, MD 21539
 301-463-2244

The success of the first forestry camp for boys at Green Ridge prompted the General Assembly to appropriate funds for additional facilities in 1956 (Chapter 98, Acts of 1956). Lonaconing Forestry Camp for Boys opened in December 1957 and was charged with the rehabilitation of adjudicated males 14-18 years of age. The Camp was renamed Savage Mountain Youth Center in 1977. In December 1999, the Center closed but was reopened in April 2001. Until June 2013, DJS operated the Savage Mountain School that provided regular classroom instruction, GED preparation, and an automotive vocational program in which students earned a 60-hour certificate listing the automotive competencies learned. As of June 2013, the Maryland State Department of Education assumed responsibility for the educational program and began providing academic and vocational services. The school offers a 12-month schedule that includes six hours of daily instruction five days a week in English, mathematics, science, social studies, health and life skills, as well as individualized programs that prepare students for successful completion of the GED.

PLACEMENTS, FY 2012-2014



PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	85.9%	86.7%	83.5%
White	14.1%	4.8%	9.4%
Hispanic/Other	0.0%	8.6%	7.1%
Sex			
Male	100.0%	100.0%	100.0%
Female	0.0%	0.0%	0.0%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.0%	0.0%	0.0%
13	0.0%	0.0%	0.0%
14	6.1%	7.6%	10.6%
15	15.2%	24.8%	17.6%
16	30.3%	27.6%	34.1%
17	33.3%	28.6%	29.4%
18-20	15.2%	11.4%	8.2%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	99	105	85

- **Placement Trends:**
 - Placements decreased 14.1% between FY 2012 and FY 2014 and decreased 19.0% between FY 2013 and FY 2014.
- **Region of Residence (FY 2014):**
 - 32.9% were from the Metro Region, 25.9% were from Baltimore City, 14.1% were from the Central Region, and 14.1% were from the Eastern Region.
 - There were no placements from Out-of-State at this facility.
- **Offense Type (FY 2014):**
 - The most common offense type for juveniles placed in FY 2014 was Second Degree Assault (15.3%).
- **Offense Category (FY 2014):**
 - The two most common offense categories were Misdemeanor Person-to-Person offenses (23.5%) and Crimes of Violence Felony offenses (22.4%).
 - See the Terms and Concepts section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS decreased 7.5% between FY 2012 and FY 2014, and increased 8.3% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP decreased 10.7% between FY 2012 and FY 2014, and decreased 10.2% between FY 2013 and FY 2014.
- **Completion Status:**
 - 61.8% of releases in FY 2014 were considered successful.
 - 3.4% of FY 2014 releases were considered unsuccessful.
 - 34.8% of releases in FY 2014 were transferred to another program.
- **Utilization Rate:**
 - Savage Mountain Youth Center's utilization rate for FY 2014 was 88.1% (based on the facility's rated capacity).

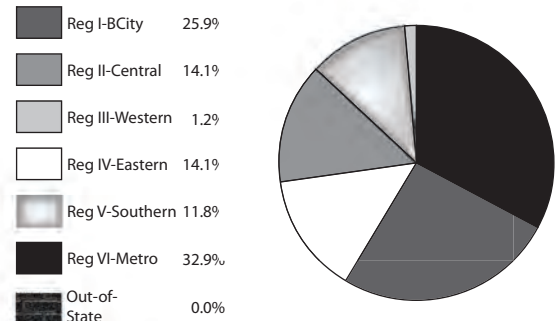
PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	0.0%
Auto Theft/Unauthorized Use	9.4%
Burglary/Breaking & Entering	9.4%
Carjacking	0.0%
Conspiracy to Commit Offense	7.1%
Deadly Weapon	3.5%
Disturbing the Peace	0.0%
First Degree Assault	0.0%
Handgun Violation	2.4%
Malicious Destruction	4.7%
Manslaughter	0.0%
Motor Vehicle/Traffic	1.2%
Murder	0.0%
Narcotics Distribution	1.2%
Narcotics Possession	4.7%
Other/Missing ¹	2.4%
Resisting Arrest	2.4%
Robbery	14.1%
Second Degree Assault	15.3%
Sex Offense	0.0%
Theft Felony	7.1%
Theft Misdemeanor	10.6%
Trespassing	0.0%
Unspecified Misdemeanor	4.7%
Offense Category	
Crimes of Violence*	22.4%
Felony	24.7%
- Person-to-Person	0.0%
- Property	16.5%
- Drugs	1.2%
- Unspecified	7.1%
Misdemeanor	50.6%
- Person-to-Person	23.5%
- Property	16.5%
- Drugs	4.7%
- Unspecified	5.9%
Traffic Offenses	1.2%
Status Offenses	0.0%
Ordinance Offenses	1.2%
Total Placements	85

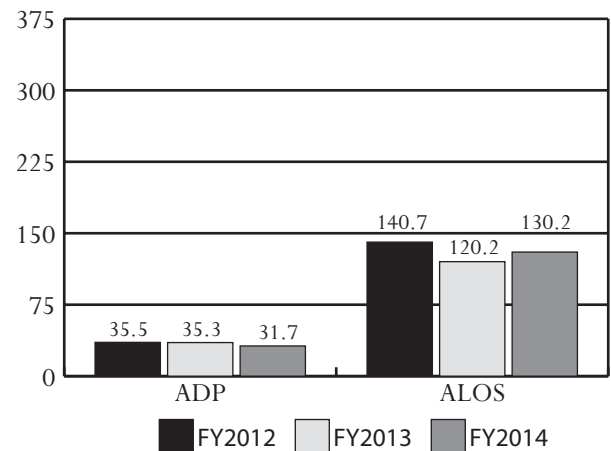
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

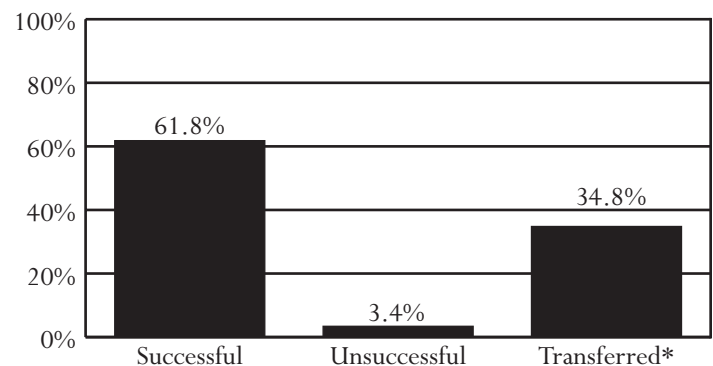
PLACEMENTS BY REGION OF RESIDENCE¹ FY 2014



AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.

Victor Cullen Center (State-Operated)

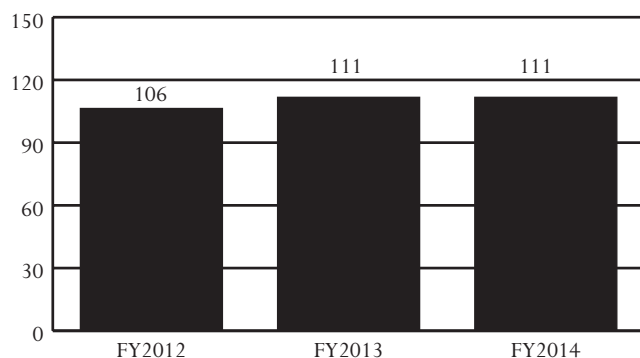
Superintendent: James Washington
Rated Capacity: 48 Males

Hardware Secure – Region III – Western

6000 Cullen Drive
Sabillasville, MD 21780
301-739-7543

The Victor Cullen Center (VCC) was originally a sanatorium for tuberculosis patients named after the physician in charge of the institution, Dr. Victor F. Cullen. In July 2007, VCC reopened under state administration as a regional committed treatment center. VCC is a secure facility for delinquent males primarily serving youth ages 15-18 in a six- to nine-month treatment program for mental health issues and/or substance abuse. Presently, DJS oversees the treatment/residential programs while the Maryland State Board of Education oversees the education program. The Center implements CHALLENGE, a behavioral management program that establishes structure for an environment of respect and fairness conducive to treatment and rehabilitation. This includes reinforcing appropriate coping behaviors, providing group interventions in community problem-solving and pro-social skills, and offering opportunities to expand vocational and educational competencies. Behavioral health services include individual, group and family psychotherapy, psychiatric services including medication assessment and management, and emergency psychiatric/crisis intervention. Substance abuse services are also provided on multiple intensity levels dependent upon the youth's assessed need.

PLACEMENTS, FY 2012-2014



PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	90.6%	86.5%	91.0%
White	5.7%	3.6%	7.2%
Hispanic/Other	3.8%	9.9%	1.8%
Sex			
Male	100.0%	100.0%	100.0%
Female	0.0%	0.0%	0.0%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.0%	0.0%	0.0%
13	0.0%	0.0%	0.9%
14	2.8%	5.4%	3.6%
15	13.2%	14.4%	21.6%
16	29.2%	21.6%	25.2%
17	33.0%	39.6%	28.8%
18-20	21.7%	18.9%	19.8%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	106	111	111

- **Placement Trends:**
 - Placements increased 4.7% between FY 2012 and FY 2014 and did not change between FY 2013 and FY 2014.
- **Region of Residence (FY 2014):**
 - 40.5% were from the Metro Region and 27.9% were from Baltimore City.
 - The 2 placements from Out-of-State were from Washington D.C.
- **Offense Type (FY 2014):**
 - The most common offense type for juveniles placed in FY 2014 was Robbery (22.5%).
- **Offense Category (FY 2014):**
 - The most common offense categories were Crimes of Violence Felony offenses (33.3%), Misdemeanor Person-to-Person offenses (20.7%).
 - See the Terms and Concepts section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS increased 0.4% between FY 2012 and FY 2014, and decreased 5.4% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP increased 8.1% between FY 2012 and FY 2014, and decreased 3.8% between FY 2013 and FY 2014.
- **Completion Status:**
 - 72.6% of releases in FY 2014 were considered successful.
 - 20.4% of FY 2014 releases were considered unsuccessful.
 - 7.1% of releases in FY 2014 were transferred to another program.
- **Utilization Rate:**
 - Victor Cullen Center's utilization rate for FY 2014 was 94.4% (based on the facility's rated capacity).

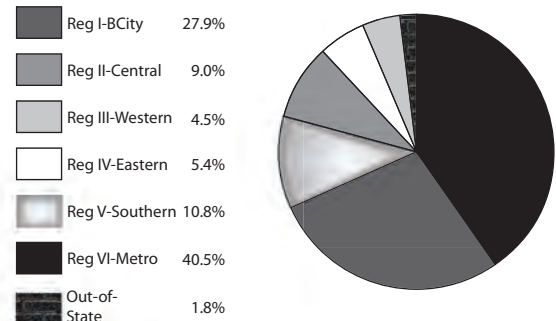
PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	0.0%
Auto Theft/Unauthorized Use	1.8%
Burglary/Breaking & Entering	11.7%
Carjacking	0.0%
Conspiracy to Commit Offense	6.3%
Deadly Weapon	3.6%
Disturbing the Peace	2.7%
First Degree Assault	2.7%
Handgun Violation	1.8%
Malicious Destruction	2.7%
Manslaughter	0.0%
Motor Vehicle/Traffic	0.9%
Murder	0.0%
Narcotics Distribution	3.6%
Narcotics Possession	4.5%
Other/Missing ¹	1.8%
Resisting Arrest	0.9%
Robbery	22.5%
Second Degree Assault	12.6%
Sex Offense	0.0%
Theft Felony	1.8%
Theft Misdemeanor	10.8%
Trespassing	2.7%
Unspecified Misdemeanor	4.5%
Offense Category	
Crimes of Violence*	33.3%
Felony	13.5%
- Person-to-Person	0.0%
- Property	3.6%
- Drugs	3.6%
- Unspecified	6.3%
Misdemeanor	50.5%
- Person-to-Person	20.7%
- Property	19.8%
- Drugs	4.5%
- Unspecified	5.4%
Traffic Offenses	0.9%
Status Offenses	0.0%
Ordinance Offenses	1.8%
Total Placements	111

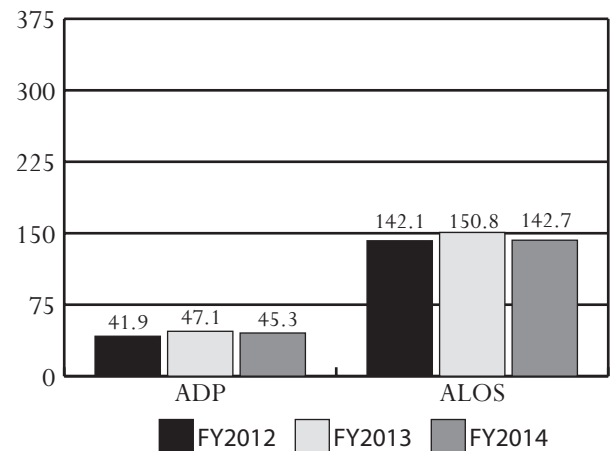
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

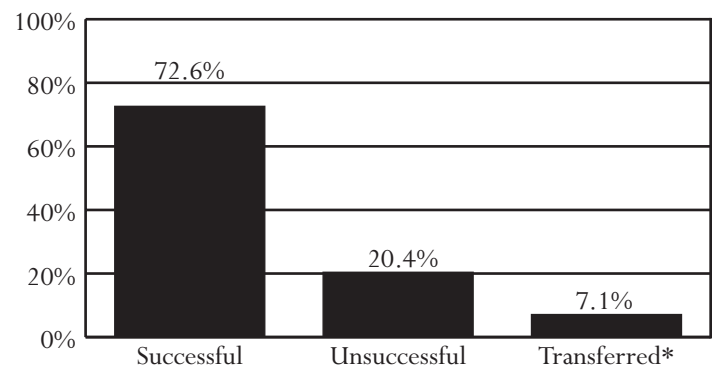
PLACEMENTS BY REGION OF RESIDENCE, FY 2014



AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.

William Donald Schaefer House (State-Operated)

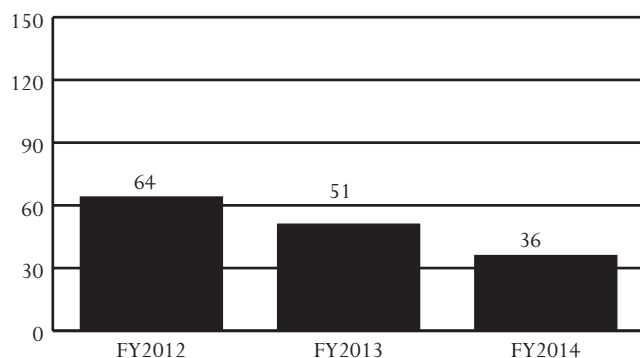
Superintendent: Johnitha McNair
 Rated Capacity: 19 Males

Staff Secure - Region I - Baltimore City

907-909 Druid Park Lake Drive
 Baltimore, MD 21217
 410-230-3189

Opened in 1992, William Donald Schaefer House is situated across from Baltimore City's Druid Hill Park. It provides services to males ages 14-18 and is accredited by the Maryland Alcohol and Drug Abuse Administration and certified by the Department of Health and Mental Hygiene. Substance abuse treatment using the evidence-based *Seven Challenges* program is provided in a small, nurturing environment with intensive individual and group counseling daily. Youth attend alcohol and drug education groups five days a week, and health education classes given by the program's registered nurse. They also attend school five days per week, six hours per day overseen by the Maryland State Board of Education. Youth may earn credits to be transferred to their home schools upon release or prepare for the GED exam. They participate in community service projects and work with the teachers on skill-building and job preparation. Once a youth has completed residential treatment, he graduates to an intensive community aftercare program to maintain the support network necessary for a drug and alcohol free life.

PLACEMENTS, FY 2012-2014



PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	70.3%	52.9%	72.2%
White	14.1%	41.2%	19.4%
Hispanic/Other	15.6%	5.9%	8.3%
Sex			
Male	100.0%	100.0%	100.0%
Female	0.0%	0.0%	0.0%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.0%	0.0%	0.0%
13	0.0%	0.0%	0.0%
14	1.6%	9.8%	5.6%
15	14.1%	19.6%	19.4%
16	32.8%	33.3%	38.9%
17	40.6%	37.3%	36.1%
18-20	10.9%	0.0%	0.0%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	64	51	36

- **Placement Trends:**
 - Placements decreased 43.8% between FY 2012 and FY 2014 and decreased 29.4% between FY 2013 and FY 2014.
- **Region of Residence (FY 2014):**
 - 33.3% were from the Metro Region, and 19.4% were from Baltimore City.
 - There were no placements from Out-of-State for this facility.
- **Offense Type (FY 2014):**
 - The most common offense types for juveniles placed in FY 2014 were Theft Misdemeanor (19.4%) and Narcotics Possession (16.7%).
- **Offense Category (FY 2014):**
 - The most common offense categories were Misdemeanor Property offenses (30.6%), Misdemeanor Drug offenses (16.7%), and Misdemeanor Person-to-Person offenses (16.7%).
 - See the *Terms and Concepts* section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS increased 60.0% between FY 2012 and FY 2014, and increased 20.2% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP increased 7.6% between FY 2012 and FY 2014, and decreased 6.6% between FY 2013 and FY 2014.
- **Completion Status:**
 - 87.5% of releases in FY 2014 were considered successful.
 - 12.5% of FY 2014 releases were considered unsuccessful.
 - 0.0% of releases in FY 2014 were transferred to another program.
- **Utilization Rate:**
 - William Donald Schaefer House's utilization rate for FY 2014 was 74.2% (based on the facility's rated capacity).

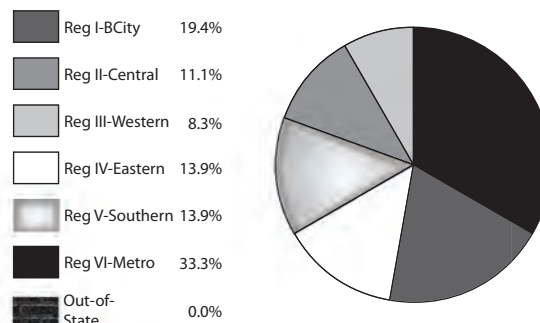
PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	0.0%
Auto Theft/Unauthorized Use	0.0%
Burglary/Breaking & Entering	2.8%
Carjacking	0.0%
Conspiracy to Commit Offense	0.0%
Deadly Weapon	0.0%
Disturbing the Peace	8.3%
First Degree Assault	0.0%
Handgun Violation	2.8%
Malicious Destruction	5.6%
Manslaughter	0.0%
Motor Vehicle/Traffic	2.8%
Murder	0.0%
Narcotics Distribution	2.8%
Narcotics Possession	16.7%
Other/Missing ¹	5.6%
Resisting Arrest	0.0%
Robbery	8.3%
Second Degree Assault	11.1%
Sex Offense	0.0%
Theft Felony	0.0%
Theft Misdemeanor	19.4%
Trespassing	2.8%
Unspecified Misdemeanor	11.1%
Offense Category	
Crimes of Violence*	11.1%
Felony	5.6%
- Person-to-Person	0.0%
- Property	0.0%
- Drugs	2.8%
- Unspecified	2.8%
Misdemeanor	75.0%
- Person-to-Person	16.7%
- Property	30.6%
- Drugs	16.7%
- Unspecified	11.1%
Traffic Offenses	2.8%
Status Offenses	0.0%
Ordinance Offenses	5.6%
Total Placements	36

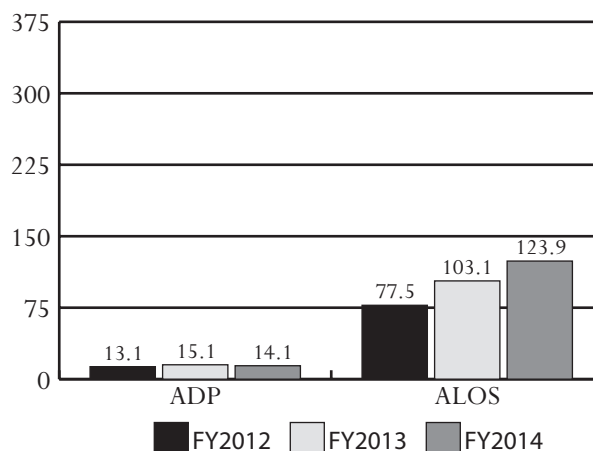
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

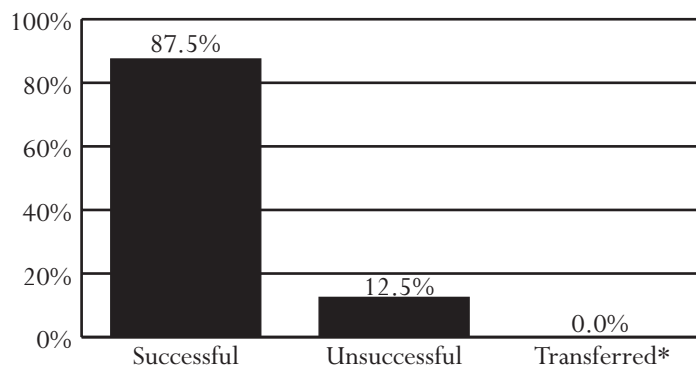
PLACEMENTS BY REGION OF RESIDENCE, FY 2014



AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.

Silver Oak Academy (Private Provider)

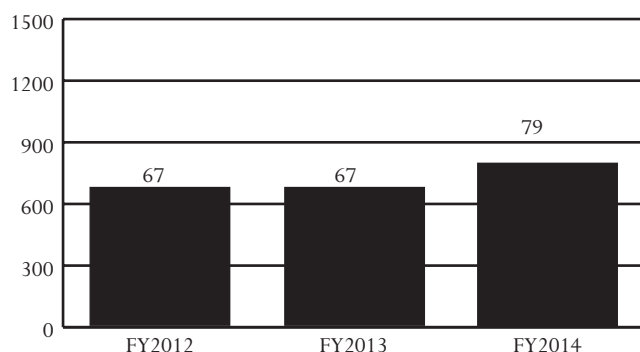
Program Director: Kevin McLeod
Rated Capacity: 96 Males

Staff Secure

999 Crouse Mill Road
Keymar, Maryland 21757
410-775-1745

Silver Oak Academy (SOA) is a private residential program owned and operated by Rite of Passage, Inc. SOA is an achievement-based program designed to highlight and develop positive pro-social skills and activities to assist students in transitioning to the community and being successful. The basis of achievement is measured through nine separate program elements. Silver Oak is privately owned and provides a residential placement option for youth referred by DJS. These students range in age from 14-18. Vocational training services include: food service & hospitality management, carpentry/electrical, construction/masonry, cosmetology/barbering, and electronics. SOA has a large campus that includes a year-round high school approved by Maryland State Department of Education, a competition gym (with wrestling and weight rooms), outdoor competition fields, and a running track. During FY 2014, the capacity at Silver Oak increased from 48 to 96.

PLACEMENTS, FY 2012-2014



PLACEMENTS BY DEMOGRAPHICS, FY 2012-2014

Demographics	FY2012	FY2013	FY2014
Race/Ethnicity			
Black	88.1%	89.6%	89.9%
White	10.4%	6.0%	7.6%
Hispanic/Other	1.5%	4.5%	2.5%
Sex			
Male	100.0%	100.0%	100.0%
Female	0.0%	0.0%	0.0%
Age			
11 and under	0.0%	0.0%	0.0%
12	0.0%	0.0%	0.0%
13	0.0%	0.0%	0.0%
14	4.5%	4.5%	2.5%
15	17.9%	19.4%	26.6%
16	38.8%	29.9%	39.2%
17	38.8%	44.8%	30.4%
18-20	0.0%	1.5%	1.3%
Error/Missing	0.0%	0.0%	0.0%
Total Placements	67	67	79

- **Placement Trends:**
 - Placements increased 17.9% between FY 2012 and FY 2014 and increased 17.9% between FY 2013 and FY 2014.
- **Region of Residence (FY 2014):**
 - 25.3% were from the Southern Region, and 22.8% were each from Baltimore City and the Metro Region.
 - The one placement from Out-of-State was from Washington D.C.
- **Offense Type (FY 2014):**
 - The most common offense type for juveniles placed in FY 2014 was Robbery (22.8%).
- **Offense Category (FY 2014):**
 - The two most common offense categories were Crimes of Violence Felony offenses (29.1%) and Misdemeanor Property offenses (22.8%).
 - See the Terms and Concepts section for an explanation of felony and misdemeanor as the definitions are helpful when examining offense severity.
- **Average Length of Stay:**
 - The average LOS decreased 10.4% between FY 2012 and FY 2014, and decreased 7.1% between FY 2013 and FY 2014.
- **Average Daily Population:**
 - ADP increased 27.0% between FY 2012 and FY 2014, and increased 29.7% between FY 2013 and FY 2014.
- **Completion Status:**
 - 55.7% of releases in FY 2014 were considered successful.
 - 30.0% of FY 2014 releases were considered unsuccessful.
 - 14.3% of releases in FY 2014 were transferred to another program.
- **Utilization Rate:**
 - Silver Oak's utilization rate for FY 2014 was 63.2% (based on the facility's rated capacity).

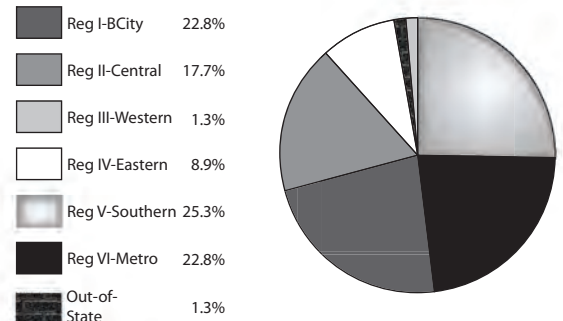
PLACEMENTS BY OFFENSE, FY 2014

Most Serious Adjudicated Offense	FY 2014
Offense Type	
Arson	0.0%
Auto Theft/Unauthorized Use	5.1%
Burglary/Breaking & Entering	3.8%
Carjacking	0.0%
Conspiracy to Commit Offense	2.5%
Deadly Weapon	1.3%
Disturbing the Peace	2.5%
First Degree Assault	5.1%
Handgun Violation	1.3%
Malicious Destruction	2.5%
Manslaughter	0.0%
Motor Vehicle/Traffic	1.3%
Murder	0.0%
Narcotics Distribution	6.3%
Narcotics Possession	8.9%
Other/Missing ¹	3.8%
Resisting Arrest	0.0%
Robbery	22.8%
Second Degree Assault	10.1%
Sex Offense	0.0%
Theft Felony	2.5%
Theft Misdemeanor	16.5%
Trespassing	1.3%
Unspecified Misdemeanor	2.5%
Offense Category	
Crimes of Violence*	29.1%
Felony	16.5%
- Person-to-Person	0.0%
- Property	7.6%
- Drugs	6.3%
- Unspecified	2.5%
Misdemeanor	48.1%
- Person-to-Person	12.7%
- Property	22.8%
- Drugs	8.9%
- Unspecified	3.8%
Traffic Offenses	1.3%
Status Offenses	1.3%
Ordinance Offenses	3.8%
Total Placements	79

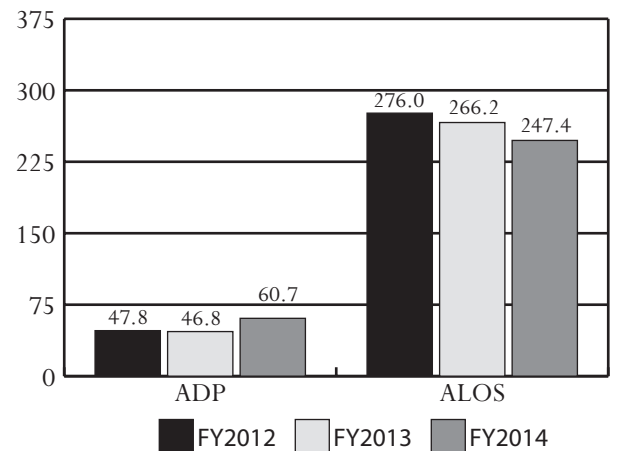
¹ Includes: BB Gun/Pellet Gun, Bomb Threat, Child Abuse, Cruelty to Animals (misd.), Destructive Devices, Escape (2nd degree), False Report, Fraud (misd.), Reckless Endangerment, Retaliation, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

* See Appendix K for a description of Crimes of Violence

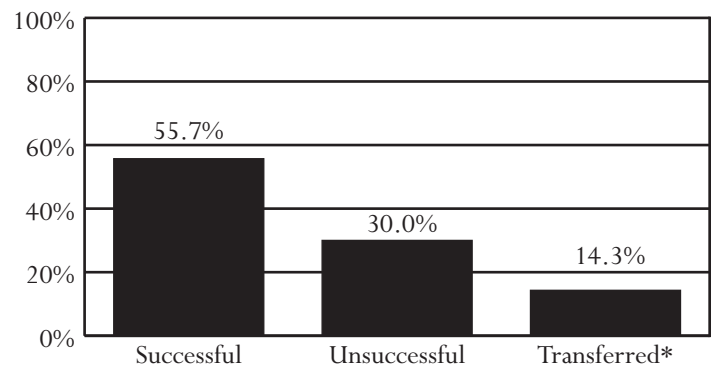
PLACEMENTS BY REGION OF RESIDENCE, FY 2014



AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2012-2014



RELEASES BY COMPLETION STATUS¹, FY 2014



¹ Due to methodological changes, data are not comparable to previous Data Resource Guides. Cases labeled as 'other' were manually checked including case worker notes. Release completion status is based on case worker determination.

* Juveniles transferred to another program

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.

Community-Based Family Therapy Programs for Committed & Probation Youth

DJS uses research-supported, community-based family therapy programs to address the needs of youth, thereby reducing the likelihood of recidivism, and to reduce out-of-home placements. Evidence-Based Services (EBS) constitute those designated as “model” programs by Blueprints for Healthy Youth Development (Center for the Study and Prevention of Violence at the University of Colorado Boulder) and currently include Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Multidimensional Treatment Foster Care - Adolescent (MTFC-A). These services are family-based therapeutic models shown to be effective with youth involved with the juvenile justice system. DJS primarily targets FFT and MST for juveniles on probation or aftercare supervision in the community and utilizes MTFC-A for committed youth. In addition, Family Centered Treatment (FCT), provided by the Institute for Family Centered Services, Inc., is a family preservation model of in-home treatment, which helps families to learn and adopt positive behavioral patterns. FCT is also utilized with committed and probation youth.

PLACEMENTS AND ADP BY PROGRAM, FY 2014

EBS Providers		County / Region	Place.	ADP
FFT	Center for Children, Inc.	An. Arund.	103	29.0
		Calvert	11	4.5
		Charles	45	18.5
		St. Mary's	30	11.4
	VisionQuest National	Balt. City	151	47.6
		Balt. Co.	5	2.1
		Carroll	15	4.2
		Harford	12	3.0
		Howard	22	7.6
		East. Shore	46	12.7
		Mont.	54	13.8
		Pr. George's	68	18.5
MST	Community Counseling and Mentoring Service, Inc.	Mont.	6	1.8
		Pr. George's	43	16.5
	Community Solutions, Inc.	Balt. Co.	42	14.9
	Way Station, Inc.	Frederick	8	2.8
		Washington	12	3.3
MTFC	Community Solutions, Inc.	Balt. Co.	1	0.7
FCT	Institute for Family Centered Services (IFCS), Inc.	Balt. City	51	19.5
		Balt. Co.	37	17.2
		Carroll	19	6.5
		Harford	6	2.1
		Howard	4	0.6
		Allegany	8	4.4
		Frederick	20	8.0
		Washington	19	8.2
		An. Arund.	8	6.9
		Calvert	9	6.2
		Charles	23	7.2
		St. Mary's	23	10.8
		Mont.	29	12.4
		Pr. George's	56	28.8
Total Placements		All shown	986	351.5

Community-Based Family Therapy Program Placements (FY 2014):

- 57.0% of placements were to FFT.
- 11.4% of placements were to MST.
- 0.1% of placements were to MTFC.
- 31.6% of placements were to FCT.

Juveniles Placed (FY 2014):

- At the time of placement to the Community-Based Family Therapy Programs, 56.7% of juveniles were under probation, 33.2% were on aftercare supervision, 5.5% were under pre-court supervision, 2.1% were administrative or interstate compact, and the remaining 2.5% were diversion cases without supervision.

Most Common Offense Type (FY 2014):

- FFT was Second Degree Assault (20.3%).
- MST was Second Degree Assault (23.4%).
- MTFC was Trespassing (100.0%).
- FCT was Second Degree Assault (22.1%).

Average Length of Stay (FY 2014):

- ALOS was highest for MTFC and lowest for FFT.

Average Daily Population (FY 2014):

- ADP was highest for FFT and lowest for MTFC.

Completion Status According to Program Specific Criteria (FY 2014):

- 77.0% of juveniles discharged from FFT* completed the program.
- 78.3% of juveniles discharged from MST* completed the program.
- The one juvenile discharged from MTFC* completed the program.
- 55.1% of juveniles discharged from FCT* completed the program.

*Note that these percentages reflect cases discharged within therapist control.

PLACEMENTS BY REGION OF RESIDENCE, FY 2014

	FFT	MST	MTFC	FCT
Reg I-Balt. City	26.9%	0.0%	0.0%	16.3%
Reg II-Central	9.6%	37.8%	100.0%	21.2%
Reg III-Western	0.0%	18.0%	0.0%	15.1%
Reg IV-E. Shore	8.2%	0.0%	0.0%	0.0%
Reg V-Southern	33.6%	0.0%	0.0%	20.2%
Reg VI-Metro	21.7%	44.1%	0.0%	27.2%
Out-of-State	0.0%	0.0%	0.0%	0.0%
Total Placements	562	111	1	312

PLACEMENTS BY OFFENSE, FY 2014

Most Serious Offense	FFT	MST	MTFC	FCT
Offense Type				
Arson	0.9%	0.0%	0.0%	0.3%
Auto Theft/Unauth. Use	2.1%	0.0%	0.0%	1.0%
Burglary/Break & Ent.	5.9%	9.9%	0.0%	5.8%
Carjacking	0.5%	0.0%	0.0%	0.0%
Cons. to Commit Offense	4.6%	2.7%	0.0%	5.1%
Deadly Weapon	2.1%	0.9%	0.0%	1.9%
Disturbing the Peace	2.8%	3.6%	0.0%	4.2%
First Degree Assault	0.5%	0.9%	0.0%	0.3%
Handgun Violation	1.2%	0.0%	0.0%	1.0%
Malicious Destruction	4.3%	3.6%	0.0%	6.1%
Manslaughter	0.2%	0.9%	0.0%	0.3%
Murder	0.2%	0.0%	0.0%	0.0%
Motor Vehicle/Traffic	2.3%	0.9%	0.0%	2.2%
Narcotics Distribution	2.1%	0.0%	0.0%	1.0%
Narcotics Possession	11.4%	6.3%	0.0%	9.6%
Other/Missing ¹	4.8%	13.5%	0.0%	2.2%
Resisting Arrest	0.2%	0.9%	0.0%	1.3%
Robbery	6.9%	5.4%	0.0%	4.2%
Second Degree Assault	20.3%	23.4%	0.0%	22.1%
Sex Offense	1.6%	0.9%	0.0%	2.9%
Theft Felony	1.2%	1.8%	0.0%	1.9%
Theft Misdemeanor	18.9%	20.7%	0.0%	19.2%
Trespassing	1.4%	2.7%	100.0%	1.6%
Unspec. Misdemeanor	3.4%	0.9%	0.0%	5.8%
Offense Category				
Crimes of Violence²	10.9%	12.6%	0.0%	7.7%
Felony	11.6%	2.7%	0.0%	9.3%
- Person-to-Person	1.1%	0.0%	0.0%	1.0%
- Property	3.6%	1.8%	0.0%	2.9%
- Drugs	2.1%	0.0%	0.0%	1.0%
- Unspecified	4.8%	0.9%	0.0%	4.5%
Misdemeanor	71.4%	67.6%	100.0%	77.2%
- Person-to-Person	26.3%	27.0%	0.0%	30.1%
- Property	29.5%	31.5%	100.0%	30.8%
- Drugs	11.4%	6.3%	0.0%	9.6%
- Unspecified	4.1%	2.7%	0.0%	6.7%
Traffic Offenses	2.3%	0.9%	0.0%	2.2%
Status Offenses	1.4%	4.5%	0.0%	0.3%
Ordinance Offenses	2.0%	2.7%	0.0%	2.9%
Interstate Compact Missing	0.5%	9.0%	0.0%	0.3%
Total Placements	562	111	1	312

¹ Includes: BB Gun/Pellet Gun, False Report, Fraud Misdemeanor, Harassment, Reckless Endangerment, Status Offenses, Tampering, Telephone Misuse, and Unspecified Felony

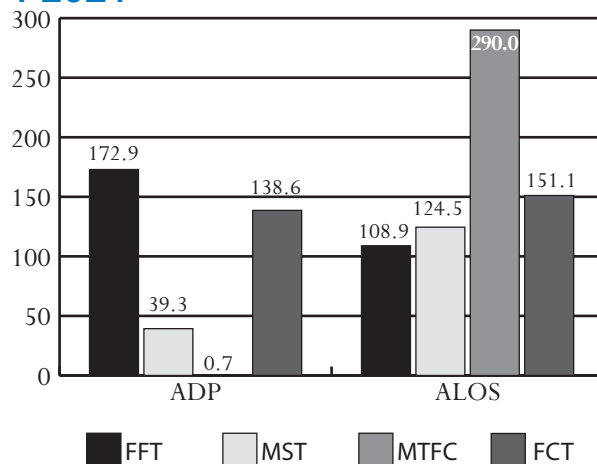
² See Appendix K for a description of Crimes of Violence

Note: EBS data comes from the Institute for Innovation and Implementation's EBS Database, except for offense data that comes from ASSIST. The source for all FCT data is ASSIST.

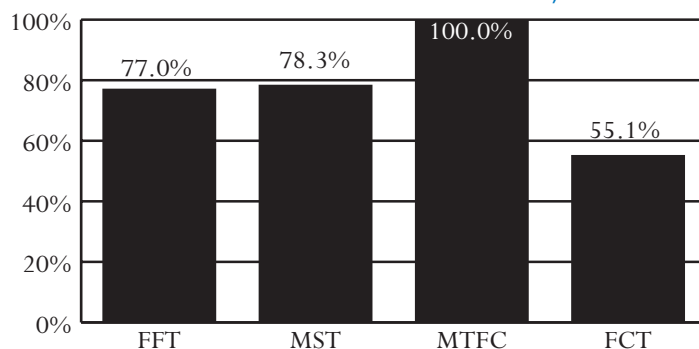
PLACEMENTS BY DEMOGRAPHICS, FY 2014

Demographics	FFT	MST	MTFC	FCT
Race/Ethnicity				
Black	66.5%	63.1%	100.0%	70.2%
White	23.5%	27.0%	0.0%	25.3%
Hispanic/Other	10.0%	9.9%	0.0%	4.5%
Sex				
Female	23.3%	20.7%	0.0%	18.9%
Male	76.7%	79.3%	100.0%	81.1%
Age				
11 and under	1.1%	0.0%	0.0%	1.0%
12	1.1%	2.7%	0.0%	1.3%
13	3.9%	9.0%	0.0%	3.5%
14	10.0%	15.3%	0.0%	11.5%
15	22.1%	29.7%	100.0%	20.5%
16	26.5%	31.5%	0.0%	27.6%
17	26.0%	11.7%	0.0%	23.4%
18-20	9.4%	0.0%	0.0%	11.2%
Error/Missing	0.0%	0.0%	0.0%	0.0%
Total Placements	562	111	1	312

AVERAGE DAILY POPULATION AND AVERAGE LENGTH OF STAY, FY 2014



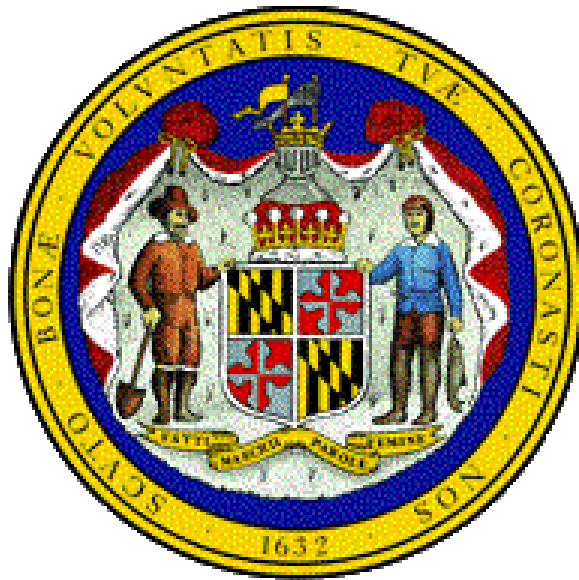
SUCCESSFUL COMPLETIONS AT DISCHARGE*, FY 2014



* Each program has its own measure of completion.

ASSIST is a live database; therefore, updates made subsequent to this data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.

EXHIBIT 5



**JUVENILE JUSTICE MONITORING UNIT
OFFICE OF THE ATTORNEY GENERAL**

2014 ANNUAL REPORT



NICK MORONEY
Director

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

February 2015

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

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

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

Members of the General Assembly

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

The Honorable Arlene F. Lee, Executive Director
Governor's Office for Children

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

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

Enclosed please find the 2014 Annual Report of the Maryland Juvenile Justice Monitoring Unit (JJMU). The annual report provides data and analysis concerning treatment of and services provided to youth in Department of Juvenile Services (DJS/the Department) directly run and licensed facilities throughout Maryland. This report incorporates findings through the end of the fourth quarter of 2014. The Departments' response and a response from the Maryland State Department of Education are included, as indicated on the contents page.

The "Juvenile Justice Reform In Maryland" section details DJS spending on the operation

of secure detention and committed placement facilities during the past fiscal year. Overuse of secure detention and committed residential placement is taking place while research indicates community-based options are more beneficial to youth and more cost efficient. Plans to build more committed placement facilities, at an estimated cost of \$179 million, should not go forward. Instead, the Department should increase funding for community-based resources (see pages 5-6).

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

All current and prior reports of the Juvenile Justice Monitoring Unit and related responses are available through our website at www.oag.state.md.us/jjmu.

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 under Maryland law.

I am pleased to answer any questions you may have about this report. I can be reached at nmoroney@oag.state.md.us. My three colleagues and I look forward to continuing to work with all interested parties to guard against abuse and ensure appropriate treatment and services are provided for youth in Maryland.

Respectfully submitted,

Nick Moroney

Nick Moroney
Director
Maryland Juvenile Justice Monitoring Unit

Cc: Attorney General Brian Frosh
Chief Deputy Attorney General Elizabeth Harris
Deputy Attorney General Thiruvendran Vignarajah
Ms. Susanne Brogan, Treasurer's Office
Deputy Secretary Linda McWilliams, Mr. Karl Pothier and Mr. Jay Cleary, DJS
Margi Joshi, Tim Snyder and Eliza Steele, JJMU

JUVENILE JUSTICE MONITORING UNIT 2014 ANNUAL REPORT

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JUVENILE JUSTICE REFORM IN MARYLAND

During fiscal year 2014, the Maryland Department of Juvenile Services (DJS/the Department) spent \$111,659,988 to operate fourteen detention and committed placement facilities.¹

The average daily cost per youth in DJS detention facilities in FY 2014 was \$670. In recent years, the DJS administration has successfully worked to reduce the number of youth unnecessarily placed in secure detention. Between FY 2012 and FY 2014, the average daily population (ADP) of youth in secure detention centers statewide decreased by 36%.²

The reduction can be attributed to DJS efforts to decrease the number of youth in detention awaiting placement and to the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) which promotes the appropriate use of alternatives to secure detention. The result is that the average daily population at the secure juvenile detention center in Baltimore City decreased 22% between 2011 and 2014. Hundreds of thousands of dollars were saved without compromising public safety.³ The JDAI effort should be expanded statewide.

In DJS operated committed placement centers, the average per diem cost during FY 2014 was \$470 per child.⁴ Although the detention population has declined in recent years, there is evidence that committed placement to residential facilities is overused. According to DJS data, only 28% of committed residential placements in FY 2014 were for crimes of violence or other felonies while 68% of committed placements to out-of-home facilities were for misdemeanor offenses.⁵

Overuse of residential placement is taking place even as research indicates community-based options are more beneficial to youth and more cost efficient. According to a report from the Justice Policy Institute, "options that keep youth at home and engaged in school and family life are documented to produce better outcomes both for youth and public safety."⁶ The report notes "community-based programming that can provide individualized, wraparound services based on the unique needs of each youth and that engage family and connect the youth to neighborhood resources can cost much less – about \$75 per day."⁷

Committing youth to residential facilities "imposes heavy burdens on family members, leaves confined youth vulnerable to assaults, exposes our communities to higher rates of recidivism, and impedes young people's transition to adulthood."⁸ Given the potential harm to

¹ DJS FY 2014 Data Resource Guide, p. 191 http://www.djs.state.md.us/drg/Full_2014_DRG.pdf

² Ibid, 96.

³ GOCCP, Crime Statistics. <http://www.goccp.maryland.gov/msac/crime-statistics.php>

⁴ DJS FY 2014 Data Resource Guide, p. 191 http://www.djs.state.md.us/drg/Full_2014_DRG.pdf

⁵ Ibid, 129.

⁶ Justice Policy Institute, "Sticker Shock: The Price We Pay for Youth Incarceration." December 2014, p. 6 http://www.justicepolicy.org/uploads/justicepolicy/documents/sticker_shock_final_v2.pdf

⁷ Justice Policy Institute, "Sticker Shock: The Price We Pay for Youth Incarceration," Executive Summary. December 2014, p. 1 http://www.justicepolicy.org/uploads/justicepolicy/documents/executive_summary_-_sticker_shock_final.pdf

⁸ Justice Policy Institute, "Sticker Shock: The Price We Pay for Youth Incarceration." December 2014, p. 3 http://www.justicepolicy.org/uploads/justicepolicy/documents/sticker_shock_final_v2.pdf

youth, out-of-home placement should not be ordered by the courts except as a last resort and only in situations when a child poses a serious risk and when community-based options have been exhausted.

Given this background and the need to reduce overreliance on committed placements, the Department should focus on engaging individualized and intensive service resources within the communities of the youth being served. However, DJS (and Maryland state government) currently plans to spend \$179 million to construct three new state-operated committed placement centers which would create 120 more committed placement beds. Such facilities interrupt “normal adolescent development and can contribute to recidivism when a young person might have naturally aged out of delinquency.”⁹

The Department (and Maryland state government) should scrap plans to construct costly and likely ineffective new committed placement centers and instead commit to long term investment in community based treatment options offering individualized and intensive services as needed. Such an approach is less expensive for the state and would increase Maryland’s ability to effectively meet the needs of youth and their families.

⁹ Ibid, 5.

Facility Incident and Population Trends

Incident and population trends in 2014 compared with 2013:

- ✓ Average combined daily population (ADP) in DJS detention facilities decreased by 9%.
- ✓ Combined ADP in DJS committed placement facilities decreased by 13%.
- ✓ Incidents involving aggression decreased at the Charles H. Hickey, Jr., School (Hickey), Cheltenham Youth Facility (CYF) and the Thomas J.S. Waxter (Waxter) detention centers and in committed placement at the four youth centers in western Maryland.
- ✓ Use of physical restraints in committed placement centers decreased at Victor Cullen and the four youth centers, and in detention at Hickey, Waxter, Lower Eastern Shore Children's Center (LESCC) and CYF.
- ✓ Utilization of mechanical restraints (handcuffs and/or shackles) decreased by 29% at Hickey and by 90% at the J. DeWeese Carter (Carter) committed placement center for girls.
- ✓ Seclusion of youth declined at the Baltimore City Juvenile Justice Center (BCJJC) and CYF detention centers.
- Incidents involving aggression increased in detention at BCJJC, LESCC and Noyes and in committed placement at Carter, Victor Cullen, and Silver Oak Academy (SOA).
- Use of physical restraints increased at BCJJC, Noyes, and the Western Maryland Children's Center (WMCC) detention centers. Physical restraint of children in committed facilities significantly increased at Carter and at SOA.
- Utilization of mechanical restraints increased at Victor Cullen and BCJJC, CYF, Noyes, WMCC, and Waxter.
- Seclusion of youth increased at Hickey, Noyes, and WMCC detention centers and at Carter and Victor Cullen committed placement centers.
- There were 336 incidents involving suicide ideation and 60 incidents of self-injurious behavior at Department of Juvenile Services-operated facilities. Facilities operated by DJS are not appropriate settings for children with serious mental health issues.

Snapshot Of Ongoing Concerns:

- DJS plans to spend \$179 million on three new committed placement centers. This money would be better spent on intensive services for youth (including high risk youth) within their own communities (see page 5). See the JJMU Third Quarter 2014 report for more details: http://www.oag.state.md.us/JJMU/reports/14_Quarter3.pdf
- DJS policy requires all youth to be transported to and from medical and educational appointments in shackles and handcuffs fastened to belly chains and black boxes. Policy also requires youth be strip searched after visits with families and lawyers, and after earned outings in the community. The Department should end the practice of strip searching and shackling children without individualized determination of risk (see page 33).
- Under current Maryland law, CPS investigates allegations of abuse and neglect involving kids under 18 who have sustained an injury. Maryland law should be changed to empower CPS to investigate all allegations of abuse or neglect involving youth in the custody or under the supervision of DJS, whether or not the child has a visible injury or is over 18. See the JJMU Second Quarter 2014 report for more details: http://www.oag.state.md.us/JJMU/reports/14_Quarter2.pdf
- Changes to telephone access in DJS facilities subject youth to diminished privacy and decreased protections. During the third quarter, DJS installed telephones in common areas of the living units in its facilities. The Department now requires youth to use the recently installed telephones for calls to family, lawyers and case managers. Calls made from these phones may be recorded and DJS has access to the recorded calls. Recordings may be released to outside entities, including law enforcement. The Department should ensure that no phone calls are recorded and that kids are able to make phone calls in private settings. Kids should be able to make phone calls to lawyers, family members and community case managers using a staff phone in an office with a case manager present, as was previous practice. See the JJMU Third Quarter 2014 report for more details: http://www.oag.state.md.us/JJMU/reports/14_Quarter3.pdf

COMMITTED PLACEMENT CENTERS

In fiscal year 2014, the Maryland Department of Juvenile Services spent \$33,725,103 to operate its committed placement centers.¹⁰ Out-of-home or committed placement should not be used except as a last resort in situations when a child cannot be served at home or in the local community. According to the National Juvenile Justice Network, a growing body of evidence shows that “post-adjudication incarceration for youth can have extremely negative ramifications for the youth’s ability to get back on the right track.”¹¹

In DJS operated committed placement centers, the average per diem cost during FY 2014 was \$470 per child.¹² “By contrast [with committed placement], community-based programming that can provide individualized, wraparound services based on the unique needs of each youth and that engage the family and connect the youth to neighborhood resources can cost much less – as little as \$75 per day.”¹³

In 2014, the average daily population of youth in DJS-operated committed placement centers decreased by 13% compared to 2013. This trend should continue in an effort to ensure that only youth who cannot be served in the community are in out-of-home placements. As it works to reduce the inappropriate use of out-of-home placements, the Department should also focus on developing a treatment culture in its committed placement facilities that administrative and direct care staff are trained to implement and model.

Need for Treatment Resources in Committed Placement Centers

Currently, DJS’ committed placement centers do not provide sufficient treatment services. Therapies to manage anger or aggression are not available in DJS-operated committed placement centers. Most youth in the juvenile justice system have experienced trauma.¹⁴ However, DJS staff are not trained in the effects that trauma has on children, or how to identify and best respond to behavioral manifestations of a child’s traumatization.

The Department should implement evidence-based treatment models in order to promote a therapeutic culture in which children receive individualized services. Staff and administrators should be trained “to give priority to continuous intensive treatment in how they respond to disruptive and aggressive behavior.”¹⁵ Committed placement centers should engage families and be equipped with a higher ratio of clinical staff to residents to allow youth to have several individual counseling sessions per week with a psychologist, psychiatrist or

¹⁰ DJS FY 2014 Data Resource Guide, p. 191 http://www.djs.state.md.us/drg/Full_2014_DRG.pdf

¹¹ National Juvenile Justice Network. “Community-Based Supervision: Increased Public Safety, Decreased Expenditures.” November 2014. p. 1 http://www.njjn.org/uploads/digital-library/NJJN-YAP_CBA-costs_Nov2014_FINAL2.pdf

¹² DJS FY 2014 Data Resource Guide, p. 191 http://www.djs.state.md.us/drg/Full_2014_DRG.pdf

¹³ Justice Policy Institute, “Sticker Shock: The Price We Pay for Youth Incarceration,” Executive Summary. December 2014, p. 1 http://www.justicepolicy.org/uploads/justicepolicy/documents/executive_summary_-_sticker_shock_final.pdf

¹⁴ Mental Health and Juvenile Justice Collaborative for Change, “Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System.” 2014, p. 2 <http://cfc.ncmhij.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>

¹⁵ SAHMSA National Registry of Evidence-based Programs and Practices, “Mendota Juvenile Treatment Center Program.” <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=38>

social worker.¹⁶ The DJS behavior management system should complement principles of the treatment program and adolescent development (see page 35). Security measures should not preclude, counteract or overwhelm the promotion of a therapeutic environment.

Strip Searching and Shackling

Youth in DJS committed placement centers are routinely strip searched and shackled, and physical restraints and seclusion may be used although there is evidence that “any situation in which [trauma survivors] have no control over what happens to them can be retraumatizing,” including “very blatant examples like strip searches, restraint or...seclusion.”¹⁷ The Department should end the practice of indiscriminate shackling and strip searching (see page 33). Administrators and staff should continue to receive ongoing training on effective communication and de-escalation techniques to counter the use of restraints and seclusion.

Family Engagement in Committed Placement Centers

Family engagement is limited at DJS committed placement centers while, according to DJS data, 90% of girls and 79% of boys have a moderate to high family related need.¹⁸ Research links increased family visitation to improved behavior among incarcerated youth¹⁹ and indicates family engagement is key in establishing trauma-informed programs.²⁰

Family visitation is usually limited to certain hours on two days per week while the location of most DJS committed placement centers makes them difficult to reach for many families. Regular telephone contact with family members is limited to two ten minute calls per week, the same amount allotted to youth in detention. Depending on their level in the DJS behavior management program, youth can buy more phone calls with earned points. Youth in the advanced stages of the behavior program may participate in two home passes. The Department should increase weekly phone calls, visitation hours and home passes for youth in treatment to foster as much family engagement as possible.

Education in Committed Placement Centers

Options for post-secondary and vocational education are limited in DJS committed placement centers. All students who are eligible should have access to higher education at local colleges and universities, and through online courses. There should be a dedicated vocational education instructor at each committed placement center. Students should be able to participate in internships and employment opportunities onsite and in the community to acquire new skills and build self-esteem. The chance to earn and be awarded a high school diploma should be available to students while in DJS committed placement centers.

¹⁶ Ibid

¹⁷ Penney, D., National Center for Trauma Informed Care, “Creating a Place of Healing and Forgiveness: The Trauma-Informed Care Initiative at the Women’s Community Correctional Center of Hawaii.” 2013, p. 3
http://www.nasmhpd.org/docs/NCTIC/7014_hawaiian_trauma_brief_2013.pdf

¹⁸ DJS Report on Female Offenders, February 2012, p. 11 <http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf>

¹⁹ Vera Institute, “The Impact of Family Visitation of Incarcerated Youth’s Behavior and School Performance,” April 2013.
<http://www.vera.org/sites/default/files/resources/downloads/family-visitation-and-youth-behavior-brief.pdf>

²⁰ National Childhood Traumatic Stress Network, “The Role of Family Engagement in Creating Trauma-Informed Juvenile Justice Systems.” August 2013. http://www.njcn.org/uploads/digital-library/NCTSN_family-engagement-trauma-informed-systems_Liane-Rozzell_September-2013.pdf

Victor Cullen Center

The Victor Cullen Center is a hardware secure (fenced and locked) committed placement facility operated by the Department of Juvenile Services (DJS/the Department). The facility is located in Frederick County and has a DJS-rated housing capacity of 48 boys. African American youth represented 89% of total youth entries in 2014 compared to 88% in 2013.

Victor Cullen – Selected Incident Categories	2012	2013	2014
Average Daily Population (ADP)	45	46	43
1. Youth on Youth Assault/Fight	69	85	104
2. Alleged Youth on Staff Assault	33	30	20
3. Physical Restraint	287	283	265
4. Use of Handcuffs and/or Shackles	195	171	178
5. Seclusion	86	97	106
6. Contraband	13	17	6
7. Suicide Ideation/Attempt	9	7	13

The average daily population at Cullen during 2014 decreased by 7% compared to 2013. Fights and assaults increased by 22%. Incidents involving the use of seclusion and mechanical restraints also increased.

The hiring of four mental health clinicians during 2014 was a positive addition to the staffing at Cullen. However, the facility is still lacking in therapeutic resources that could contribute to the establishment of a treatment culture.

Victor Cullen is the only hardware secure committed placement center for boys in the state and youth placed there are likely to be facing serious challenges involving anger or aggression. Also, youth are frequently moved to Victor Cullen in response to alleged disruptive or aggressive behavior at other, less restrictive facilities. However, therapies to develop youth skills in anger management or aggression replacement are not available at Cullen.

Administrators and direct care staff at Victor Cullen are not trained in any evidence-based treatment model. Given that most youth in the juvenile justice system have experienced traumatic victimization,²¹ all staff – direct care and administrative – should be trained to implement trauma-informed therapeutic programming that enables them to “give priority to continuous intensive treatment in how they respond to disruptive and aggressive behavior.”²²

The Department’s data shows that 79% of boys in out-of-home placement have a moderate-to-high family related need.²³ However, opportunities for family engagement are limited due to Cullen’s location and DJS policy regarding phone calls, visitation and home passes (see page 10). The Department should expand opportunities for family engagement at Victor Cullen.

Development of a safe learning environment will also support efforts to establish a treatment culture at Cullen. There were significant safety concerns in the school during 2014. On-site mental health clinicians, DJS staff and administrators, and Maryland State Department of Education Juvenile Services Education (MSDE-JSE) personnel should collaborate to address behavioral issues on an individual basis using a clearly defined therapeutic approach that incorporates closely aligned treatment and education goals and services.

Currently, there is no GED or post-secondary school track available to students. There should be an opportunity for students with a high school diploma or GED to enroll in college courses (online and on campus). All youth, especially those already in possession of a high school diploma or GED, should be able to gain employment (on grounds and in the community), and participate in formal vocational education programs that lead to certification in a variety of fields.

There is a need for increased and varied team- and confidence-building recreational programming at Cullen. Plans to install an outdoor and indoor ropes course (high and low elements) should go forward without delay.

Research suggests that facilities should adopt “programs that take a therapeutic approach to changing behavior by focusing on constructive personal development,” and include programs that are matched to address the specific needs and challenges of the youth being served.²⁴ The Department should invest in treatment resources and devote considerable attention to the establishment of a safe and therapeutically oriented culture at Victor Cullen.

²¹ Mental Health and Juvenile Justice Collaborative for Change, “Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System.” 2014, p. 2 <http://cfc.ncmhjj.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>

²² SAHMSA National Registry of Evidence-based Programs and Practices, “Mendota Juvenile Treatment Center Program.” <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=38>

²³ DJS Report on Female Offenders, Feb 2012, p. 16 <http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf>

²⁴ Lipsey, M., Howell, J., Kelly, M., Chapman, G., Carver, D. “Improving the Effectiveness of Juvenile Justice Programs.” December, 2010, p. 28 <http://cjjr.georgetown.edu/pdfs/ebp/ebppaper.pdf>

Youth Centers x4

The youth centers consist of four separate staff secure (not fenced) facilities for boys owned and operated by the Maryland Department of Juvenile Services (DJS/the Department): Green Ridge (40 beds), Savage Mountain (36 beds), Meadow Mountain (40 beds) and Backbone Mountain (48 beds) youth centers. African American youth represented 73% of totally youth entries in 2014, compared to 76% in 2013.

Security cameras have not been installed as planned at any of the four youth centers.

Combined Youth Centers (x4) – Selected Incident Categories	2012	2013	2014
Average Daily Population (ADP)	162	146	124
1. Youth on Youth Assault/Fight	174	181	140
2. Alleged Youth on Staff Assault	19	44	30
3. Physical Restraint	253	381	284
4. Use of Handcuffs and/or Shackles	52	91	92
5. Seclusion	0	0	0
6. Contraband	50	45	29
7. Suicide Ideation/Attempt	15	21	18

The combined average daily population at the four youth centers during 2014 was 124, a 15% decline compared to 2013. Incidents involving aggression decreased 23% and the use of physical restraints decreased 25%, however the use of mechanical restraints remained high.

Youth may be moved between youth centers, or ultimately to a higher security facility (Victor Cullen or an out-of-state facility), in response to disruptive or aggressive behavior. However, there are no specific programs to address anger or aggression issues at any of the four youth centers (or Victor Cullen). Evidence-based therapies to support kids in their ability to manage aggression and anger should be available to all youth in committed placement.

Given that most youth in the juvenile justice system have experienced traumatic victimization,²⁵ all staff – direct care and administrative – should be trained to implement an evidence-based, trauma-informed therapeutic program (or programs) that enables them to “give priority to continuous intensive treatment in how they respond to disruptive and aggressive behavior.”²⁶

The Maryland State Department of Education Juvenile Services Education division (MSDE-JSE) operates the schools at each of the youth centers (see page 40). There is a need for increased vocational education options at the youth centers especially for youth who have already earned their high school diploma or GED. Community based options for employment and vocational training should also be available. Currently, students do not have access to the internet for educational purposes.

²⁵ Mental Health and Juvenile Justice Collaborative for Change, “Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System.” 2014, p. 2 <http://cfc.ncmhjj.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>

²⁶ SAHMSA National Registry of Evidence-based Programs and Practices, “Mendota Juvenile Treatment Center Program.” <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=38>

Silver Oak Academy

Silver Oak Academy (SOA/Silver Oak) is a privately operated staff secure (not locked and fenced) committed care center located in Carroll County and licensed by the Maryland Department of Juvenile Services (DJS/the Department). In June 2013, the license was expanded to allow Silver Oak to house up to 96 boys. African American youth represented 90% of total youth entries in 2014, compared to 88% of entries in 2013.

SOA – Selected Incident Categories	2012	2013	2014
Average Daily Population (ADP)	47	54	62
1. Youth on Youth Assault/Fight	19	24	39
2. Alleged Youth on Staff Assault	4	3	2
3. Physical Restraint	18	17	59
4. Use of Handcuffs and/or Shackles	0	0	0
5. Seclusion	0	0	0
6. Contraband	15	24	64
7. Suicide Ideation/Attempt	1	2	1

The average daily population during 2014 increased by 15% compared to 2013 while incidents involving aggression and physical restraint increased at a higher rate. As the population at Silver Oak continues to increase following the expansion of their license, staff and administrators should devote significant attention towards minimizing the use of physical restraints as their utilization can be harmful to individuals, particularly those who have experienced trauma.²⁷

The increase in restraints may, in some instances, be related to youth placed at SOA following ejections from other committed placement centers. Mental health staff should work especially closely with these youth to help facilitate a safe transition into their placement at

²⁷ Penney, D., National Center for Trauma Informed Care, "Creating a Place of Healing and Forgiveness: The Trauma-Informed Care Initiative at the Women's Community Correctional Center of Hawaii." 2013, p. 3
http://www.nasmhpd.org/docs/NCTIC/7014_hawaiian_trauma_brief_2013.pdf

SOA. Additionally, security cameras should be installed without delay to facilitate accuracy in reviewing incidents and to enhance staff training.

While there was an increase in incidents involving aggression, Silver Oak continued to provide valuable treatment services in a nonrestrictive, therapeutic, school-like environment during 2014. All staffers at Silver Oak are trained in a treatment model based on the principles of cognitive-behavioral therapy and a comprehensive therapeutic approach incorporating trauma-informed care.

Students at Silver Oak can graduate from high school or choose to pursue a GED. They also participate in interscholastic sports teams and a variety of vocational education programs, including a Certified Nursing Assistant course that was added during the third quarter. During 2014, Silver Oak added a transitional living unit for students who wish to remain on campus after graduation while they work in the community and attend college. Twenty seven students at Silver Oak earned and received a high school diploma during 2014.

The J. DeWeese Carter Center

The J. DeWeese Carter Center is a DJS-operated, 14-bed hardware secure (locked and fenced) committed placement center for girls located on the eastern shore of Maryland. African American youth represented 74% of total entries to Carter in 2014 compared to 78% in 2013.

There are a significant number of staffing vacancies as of the end of 2014 and beginning of 2015. These positions should be filled as soon as possible as staffing impacts safety and security, facility-based activities including recreation as well as community outings which can be used as a meaningful reward.

Carter – Selected Incident Categories	2012	2013	2014
Average Daily Population (ADP)	11	11	11
1. Youth on Youth Assault/Fight	6	6	9
2. Alleged Youth on Staff Assault	11	2	4
3. Physical Restraint	44	43	60
4. Use of Handcuffs and/or Shackles	1	10	1
5. Seclusion	12	9	15
6. Contraband	4	0	2
7. Suicide Ideation/Attempt	18	15	15

The average daily population at Carter during 2014 remained the same as in the two previous years, however, fights and assaults increased by one-third. While Carter is the only hardware secure committed placement center for girls in the state, therapies to support management of aggression or anger are not available.

Physical restraints increased by 40% and seclusions increased by 67% in 2014 compared to 2013. Research indicates that “[m]ost youth detained in juvenile justice facilities have extensive histories of exposure to psychological trauma.”²⁸ Seclusion and restraint “are

²⁸ Ford, J., Blaustein, M. (October, 2013). Systemic Self-Regulation: A Framework for Trauma-Informed Services in Residential Juvenile Justice Programs. *Journal of Family Violence*, 28 (7).

likely to re-traumatize women who are trauma survivors and to cause trauma responses in women who had not previously experienced trauma.”²⁹

Exposure to trauma can undermine the ability of youth to manage behavior and emotions. All staff and administrators at Carter should receive comprehensive and ongoing training in trauma-informed treatment models and therapies that promote self-regulation among youth.³⁰

Department of Juvenile Services’ data indicates that 90% of girls in out-of-home placements have a moderate to high family need.³¹ Girls from various parts of Maryland are placed at Carter, however, opportunities for family engagement are limited due to Carter’s remote location and DJS policy regarding phone calls, visitation and home passes (see page 10). The Department should expand opportunities for family engagement to promote comprehensive treatment at Carter.

The Department is obliged to provide for at least one hour per day of large muscle exercise, however, the outdoor recreation space at Carter cannot be used during the winter. The recreation specialist works to create indoor activities but space is extremely limited. Youth should have routine access to a local community recreation center to ensure they have enough space and equipment to allow opportunities for regular exercise.

The Maryland State Department of Education Juvenile Services Education division (MSDE-JSE) provides school related services at Carter. During 2014, there was a girl at Carter who had remained there for nearly a year. The youth had already earned her GED while in detention (prior to coming to Carter) yet she was not afforded any opportunities for higher education while she was in placement at Carter. The MSDE-JSE program should have an established track for post-secondary school students that includes access to a nearby college and to online courses.

The Department of Juvenile Services and MSDE-JSE should work together to implement a community-based program of employment and internship opportunities. Currently, vocational education programs are not offered on a daily basis at Carter and are limited to a basic food hygiene course and four modules in network cabling. Plans to add a course leading to certification in customer service should go forward.

Girls at Carter continue to be transported to medical and educational appointments in handcuffs and shackles fastened to belly chains with black boxes (see page 33). Plans to have girls placed at Carter take the GED test at a nearby community college should be implemented without requiring girls to be mechanically restrained during transport.

http://www.traumacenter.org/products/pdf_files/Trauma%20Services%20in%20Residential%20Juvenile%20Justice%20Settings_Ford_Blaustein.pdf

²⁹ Penney, D., National Center for Trauma Informed Care, “Creating a Place of Healing and Forgiveness: The Trauma-Informed Care Initiative at the Women’s Community Correctional Center of Hawaii.” 2013, p. 3

³⁰ http://www.nasmhpd.org/docs/NCTIC/7014_hawaiian_trauma_brief_2013.pdf

³¹ Ibid.

³¹ DJS Report on Female Offenders, Feb 2012, p. 11 <http://www.djs.state.md.us/docs/Girls.Feb.2012.Report.pdf>

DETENTION CENTERS

In fiscal year 2014, the Maryland Department of Juvenile Services (DJS/the Department) spent \$70,750,077 to operate its seven detention centers.³²

Sending a child to a detention facility (secure detention) while awaiting a court hearing or committed placement should not happen except as a last resort and only when there has been an objective and individual determination of risk that indicates a youth cannot stay or wait in the community. According to the National Juvenile Justice Network, research has shown that diversion and community supervision programs are more cost-effective than incarceration, decrease recidivism, provide more appropriate treatment for youth, reduce stigma associated with formal juvenile justice system involvement, and increase family participation.³³

In recent years, the Department of Juvenile Services has worked to reduce the inappropriate use of secure detention. In 2014, the average daily population of youth in DJS detention centers statewide decreased 23% compared to 2012. This reduction is partially attributable to DJS' work with the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) in Baltimore City. The JDAI project is a coordinated effort between DJS, the courts and other stakeholders to promote appropriate alternatives to secure detention.

The Department should expand JDAI across Maryland to minimize the inappropriate use of secure detention. (A recent spike in the statewide secure detention population underscores the need to continue and expand the appropriate use of alternatives to secure detention in Maryland.³⁴)

In recent years, the Department has notably improved operations in detention centers to enhance safety for youth and staff. During 2014, incidents of aggression, physical restraint, seclusion and mechanical restraint decreased in most detention centers. An exception was the Alfred D. Noyes Children's Center. Although there was a 22% reduction in average daily population at Noyes in 2014 (compared with 2013), incidents of aggression, restraints and seclusions increased substantially.

Secure detention is a particularly inappropriate environment for kids with mental health needs and yet many youth with such needs are sent to and admitted into detention centers. Incidents of suicide ideation in DJS detention centers increased 16% between 2012 and 2014. The Department should bolster therapeutic services available to kids in detention. Additional therapeutic resources would also benefit youth in need of additional support as they enter DJS detention centers following ejection from committed placement.

³² DJS FY 2014 Data Resource Guide, p. 191 http://www.djs.state.md.us/drg/Full_2014_DRG.pdf

³³ National Juvenile Justice Network. "Community-Based Supervision: Increased Public Safety, Decreased Expenditures." November 2014. p. 2 http://www.njjn.org/uploads/digital-library/NJJN-YAP_CBA-costs_Nov2014_FINAL2.pdf

³⁴ The average daily population of DJS youth in secure detention statewide increased by 19% during the fourth quarter of 2014 compared to the same time in 2013. These figures do not include youth being charged as adults who may be held in DJS detention centers.

Baltimore City Juvenile Justice Center

The Baltimore City Juvenile Justice Center (BCJJC) is a secure detention center for boys operated by the Department of Juvenile Services (DJS/the Department) which rates housing capacity at 120. African American youth represented 94% of total youth entries during 2014 compared with 97% in 2013.

In Baltimore City, DJS partnered with the courts and other stakeholders to participate in the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) which promotes the appropriate use of alternatives to secure detention. Continuous and diligent participation in JDAI should receive added emphasis given that the population of DJS youth at BCJJC increased 23% during the fourth quarter of 2014 compared to the same time last year.

The recent population increase does not include youth facing adult charges held at BCJJC as a result of an agreement between DJS and the Maryland Department of Public Safety and Correctional Services (DPSCS, the adult corrections agency). Housing certain youth charged as adults at BCJJC is a positive development that has protected a substantial number of youth from being held at the adult detention center in Baltimore.

BCJJC – Selected Incident Categories	2012	2013	2014
Average Daily Population (ADP)	98	81	90
1. Youth on Youth Assault/Fight	264	209	270
2. Alleged Youth on Staff Assault	28	13	34
3. Physical Restraint	428	347	395
4. Use of Handcuffs and/or Shackles	136	114	171
5. Seclusion	394	246	199
6. Contraband	42	26	25
7. Suicide Ideation/Attempt	34	17	28

The chart above shows that, comparing 2014 with 2013, there was an 11% increase in average daily population at BCJJC. Over the same period, fights and assaults increased by 29%; physical restraints increased by 14%; and the use of mechanical restraints increased by 50%. Administrators, managers and direct care staff at BCJJC should model and promote the

use of verbal de-escalation techniques and request pre-emptive assistance from mental health and case management staff to help prevent incidents involving aggression and restraints.

During the last quarter of 2014, administrators and staff at BCJJC focused on addressing the increase in incidents. This initiative has begun to show success, especially in reducing seclusions. While there was a slight decrease in ADP (approx. 2%), there was a far larger decrease in some incident categories during the fourth quarter of 2014 compared with the third quarter.

	<u>Q3 2014</u>	<u>Q4 2014</u>
Average Daily Population	88	86
Assaults/fights	68	65
Physical Restraint	103	86
Use of Handcuffs/Shackles	51	32
Seclusions	48	9

The chart above tabulates a decrease in physical restraints of 17%; a 37% dip in the use of handcuffs and shackles; and a steep decline of 81% in seclusion of youth (in the fourth quarter of 2014 in comparison to the prior quarter).

The effort to reduce incidents should continue and include a particular focus on reducing the number of fights and assaults.

Cheltenham Youth Facility

Cheltenham Youth Facility (CYF) is a secure detention center for boys owned and operated by the Department of Juvenile Services (DJS/the Department) and located in Prince George's County. The Department has determined a facility housing capacity of 115 youth at CYF. African American youth represented 79% of total youth entries in both 2014 and 2013.

The average daily population at CYF during 2014 decreased by 10% compared to 2013. This reduction is mainly attributable to the Department's success in reducing the number of youth stuck in detention for long periods of time before being transferred to a long term committed placement center.³⁵

Conversely, Department of Juvenile Services' data indicates that secure detention continues to be overused in Prince George's County. While the rate of juvenile complaints received by DJS in fiscal year 2014 reflected a drop of 43% in Prince George's County since fiscal year 2005, the rate of Prince George's County youth in secure detention increased by 115% during the same period. The data further indicates that large numbers of Prince George's County youth were detained in response to violations of court orders as opposed to for serious offenses.³⁶

In order to guard against the inappropriate use of secure detention, the Department re-launched the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) in Prince George's County at the end of 2014. The JDAI project brings together DJS, the courts and other stakeholders to reduce the overuse of secure detention by promoting the appropriate utilization of alternatives. All involved stakeholders, including the courts, should participate actively in JDAI as research shows that "pre-trial detention and post-adjudication incarceration for youth can have extremely negative ramifications for the youth's ability to get on the right track."³⁷

During 2014 there were significant reductions in incidents of aggression, physical restraint and seclusion at CYF in comparison with the previous year. Fights and assaults declined 29% while incidents involving physical restraint and seclusion decreased by 54% and by 88%, respectively.

However, incidents involving the use of mechanical restraints increased by 41%. Mechanical restraints should not be used except as a last resort in situations when a child presents an imminent threat to himself or others.

The chart on the following page offers a comparison of average daily population and incident rate data at Cheltenham for the past three years.

³⁵ Compared to fiscal year 2012, the pending placement population in FY 2014 decreased by 43% while the pre-disposition detention population remained relatively steady. DJS Long Term Trends in Prince George's County, December 2014. p. 6 http://www.djs.maryland.gov/docs/PGCo_Region_Trends_FY2014.pdf

³⁶ Ibid. 4, 10.

³⁷ National Juvenile Justice Network. "Community-Based Supervision: Increased Public Safety, Decreased Expenditures." November 2014. p. 1 http://www.njjn.org/uploads/digital-library/NJJN-YAP_CBA-costs_Nov2014_FINAL2.pdf

CYF – Selected Incident Categories	2012	2013	2014
Average Daily Population (ADP)	104	88	79
1. Youth on Youth Assault/Fight	259	187	135
2. Alleged Youth on Staff Assault	36	22	9
3. Physical Restraint	454	299	139
4. Use of Handcuffs and/or Shackles	36	17	24
5. Seclusion	61	7	1
6. Contraband	21	21	12
7. Suicide Ideation/Attempt	48	22	16

Youth at CYF who struggle with issues of aggression may be placed on the Intensive Services Unit (ISU). These youth have been identified as being in need of increased supports. However, during 2014, they were not receiving education services equal to those of youth on regular housing units. Plans for the Maryland State Department of Education Juvenile Services Education division to implement a full education schedule (including six hours of teacher instruction) on the ISU should go forward.

Incident reports at CYF are not uploaded to the incident report database until several weeks after the incident occurs. The Department should permanently correct issues with the database software that prevent staff at CYF from logging into the system, approving incidents for submission to the database, and editing incidents that have been posted. To the extent possible, facility administrators should ensure that incidents are uploaded to the database without delay.

Charles H. Hickey, Jr., School

The Charles H. Hickey, Jr., School (Hickey School/Hickey) in Baltimore County is a 72-bed secure detention center for boys, operated by the Department of Juvenile Services (DJS/the Department). The average daily population decreased 23% in 2014 compared with 2013. African American youth accounted for 69% of entries in 2014, up from 65% in 2013.

The overall decrease in Hickey School population is a positive trend and should continue. According to juvenile justice experts, “punitive responses to juvenile crime (e.g., the incarceration of juvenile offenders in correctional facilities) are far more expensive and often less effective than less harsh alternatives (e.g., providing juvenile offenders rehabilitative services in community settings).”³⁸ In order to ensure that appropriate alternatives to secure detention are widely available, the Department should focus on a statewide plan to expand the Juvenile Detention Alternatives Initiative (JDAI) of the Annie E. Casey Foundation.

The chart below indicates that average daily population (ADP), incidents involving aggression and the use of physical restraints all decreased at Hickey in 2014. While ADP fell 23%, physical restraints decreased 39% and the use of mechanical restraints decreased 29% compared with the previous year. However, seclusions increased 15% in 2014 versus 2013.

Hickey – Selected Incident Categories	2012	2013	2014
Average Daily Population (ADP)	60	52	40
1. Youth on Youth Assault/Fight	153	130	97
2. Alleged Youth on Staff Assault	22	12	6
3. Physical Restraint	249	303	186
4. Use of Handcuffs and/or Shackles	18	31	22
5. Seclusion	53	72	83
6. Contraband	6	7	10
7. Suicide Ideation/Attempt	49	36	26

³⁸ Piquero, A., Steinberg, L. *Rehabilitation Versus Incarceration of Juvenile Offenders: Public Preferences in Four Models for Change States*. http://www.macfound.org/media/article_pdfs/WILLINGNESSTOPAYFINAL.PDF p.1.

In 2013, Hickey management implemented additional incident review procedures and enhanced staff training in an attempt to decrease the use of restraints. The effort has been successful and should continue and be expanded to include work to decrease seclusions.

Staff at Hickey developed a mentoring program (Boys 2 Men) and a fitness program (Residents Making a Change) to foster youth growth and development. The Department should facilitate the development of similar programs at all DJS facilities.

Participation in the Hickey fitness program is contingent on youth demonstrating positive behavior throughout each week. Youth placed on the Intensive Services Unit (ISU) at Hickey (who are sent there to be provided additional supports) are not allowed to participate in either the mentoring or the fitness program. Meaningful activities and incentives should be available for all youth in DJS facilities.

The Maryland State Department of Education Juvenile Services Education division (MSDE-JSE) is responsible for providing educational services at Hickey. Youth placed on the ISU do not receive the required six hours of educational instruction on a consistent basis. Teacher instruction for kids in the ISU should be for the full length of the school day at Hickey.

Thomas J.S. Waxter Children's Center

The Thomas J.S. Waxter Children's Center (Waxter) is the only all-girls detention center in the state. Waxter is owned and operated by the Department of Juvenile Services (DJS/the Department) and located in Anne Arundel County. Waxter has a DJS rated capacity of 42 beds. African American youth represented 80% of total youth entries during 2014, compared to 74% in 2013.

Waxter – Selected Incident Categories	2012	2013	2014
Average Daily Population (ADP)	31	26	25
1. Youth on Youth Assault/Fight	93	106	66
2. Alleged Youth on Staff Assault	24	15	10
3. Physical Restraint	226	172	147
4. Use of Handcuffs and/or Shackles	9	8	24
5. Seclusion	29	26	27
6. Contraband	10	18	6
7. Suicide Ideation/Attempt	75	117	130

While there was a slight decrease (4%) in average daily population in 2014 compared with 2013, fights and assaults decreased by 38% and incidents involving physical restraints decreased by 15%. While physical restraints decreased, the use of mechanical restraints increased by 20%. Administrators at Waxter attribute the rise in the use of mechanical restraints to an increasing number of girls detained at Waxter following ejection from mental health facilities (Residential Treatment Centers [also called RTCs]).

Secure detention is a particularly inappropriate environment for youth with mental health needs. However, girls with serious mental health needs continue to be sent to and admitted into detention. Incidents of suicide ideation increased by 11% at Waxter in 2014 compared with 2013. And, in addition to the 130 incidents of suicide ideation during 2014, there were also 18 incidents of self-injurious behavior. The Department should therefore increase mental health

services at Waxter. Additionally, plans to train all direct care staff in Youth Mental Health First Aid should go forward.

Waxter faced significant challenges in maintaining full staffing during 2014. At the end of the year, there were 16 vacancies. As a stopgap measure, four staff have been temporarily reassigned to Waxter from another DJS detention center for a period of several months. Vacancies should be filled as soon as possible and Waxter (and DJS human resources) should attempt to maintain a pool of qualified job candidates on an ongoing basis.

The Maryland State Department of Education, Juvenile Services Education division provides school related services at Waxter. Currently, vocational education programming is limited to a course offering certification in basic food safety training that is offered once per marking period. Plans to add a course leading to certifications in customer service and medical coding and billing should be implemented.

Alfred D. Noyes Children's Center

The Alfred D. Noyes Children's Center, located in Montgomery County, is a Department of Juvenile Services (DJS/the Department) owned and operated maximum security detention center for boys and girls with a DJS-rated capacity of 57. Most cells at Noyes are double (or higher) occupancy. Housing two or more youth per cell is a risk to institutional and resident safety and is contrary to the best practice of placing residents in individual rooms. African Americans represented 76% of youth entries in 2014, up 6% over 2013.

While the overall average daily population decreased by 22% in 2014 compared with 2013, mechanical restraint usage and seclusions both increased by 136%. Fights and staff utilization of physical restraints also increased significantly in 2014 (compared to 2013).

Noyes – Selected Incident Categories	2012	2013	2014
Average Daily Population (ADP)	49	37	29
1. Youth on Youth Assault/Fight	84	53	71
2. Alleged Youth on Staff Assault	14	9	5
3. Physical Restraint	139	103	132
4. Use of Handcuffs and/or Shackles	6	11	26
5. Seclusion	19	11	26
6. Contraband	8	15	7
7. Suicide Ideation/Attempt	21	22	37

Noyes administrators attribute the increase in incidents to a rising number of youth with mental health needs and to an increased population of youth who are placed in detention following ejection from committed placement.

Although secure detention is an inappropriate environment for kids with mental health needs, many youth with such needs are sent to and admitted into detention centers. A 68% rise in suicidal ideation at Noyes underscores the need for expanded mental health services. Youth entering detention following ejection from placement are also in need of additional

support. The Department should bolster and enhance mental health services and interventions to meet the needs of all of these children.

The Department should also ensure that Noyes administrators, management and direct care staff are further or more intensively trained to utilize and model verbal de-escalation techniques and that staffers are encouraged to seek assistance from mental health professionals and case manager workers onsite before resorting to restraints and seclusion.

The Department has completed renovations to the outdoor educational trailer at Noyes. The trailer had been in a dilapidated state and in need of many repairs. New floors and doors were installed, walls were freshly painted, and structural deficits were corrected.



A renovated classroom at Noyes.

The Department plans to install additional cameras for monitoring of high traffic areas in the facility, including the areas outside the education trailer and outside the education resource room. These plans should be expedited. The installation of security cameras in these locations will enhance safety for both staff and residents. Camera footage can be used as a staff training tool and its availability prompts assiduousness in written incident reporting.

Lower Eastern Shore Children's Center

The Lower Eastern Shore Children's Center (LESCC) in Salisbury is a secure detention center owned and operated by the Maryland Department of Juvenile Services (DJS/the Department), with 18 cells for boys and six cells for girls. Overall average daily population was down by 10% during 2014 compared with the previous year. African American youth represented 67% of total youth entries in 2014, an increase of 6% (compared to 61% in 2013).

LESCC – Selected Incident Categories	2012	2013	2014
Average Daily Population (ADP)	19	20	18
1. Youth on Youth Assault/Fight	41	27	32
2. Alleged Youth on Staff Assault	11	2	15
3. Physical Restraint	91	160	138
4. Use of Handcuffs and/or Shackles	13	6	5
5. Seclusion	19	8	8
6. Contraband	7	10	1
7. Suicide Ideation/Attempt	13	26	43

Incidents involving fighting were more common and instances of suicide ideation increased substantially at LESCC in 2014 compared with 2013 even though there was a 10% decrease in average daily population.

A longstanding vacancy for an addictions counselor throughout 2014 remains unfilled at time of writing (January 2015). The Department should fill this position as soon as possible as substance abuse-related groups are needed and are not being held.

Western Maryland Children's Center

The Western Maryland Children's Center (WMCC), located in Washington County, is a 24-bed secure detention center for boys owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). African Americans comprised 59% of youth entries in 2014, a 10% increase compared with 2013.

The overall average daily population decreased by 14% percent in 2014 compared with 2013. However, as the chart below indicates, staff utilization of physical restraints, mechanical restraints, and seclusion all increased in 2014 compared with the previous year.

WMCC – Selected Incident Categories	2012	2013	2014
Average Daily Population	22	21	18
1. Youth on Youth Assault/Fight	20	40	40
2. Alleged Youth on Staff Assault	9	0	3
3. Physical Restraint	72	87	96
4. Use of Handcuffs and/or Shackles	17	11	16
5. Seclusion	12	8	12
6. Contraband	5	4	2
7. Suicide Ideation/Attempt	9	14	9

Facility management at WMCC attribute the increase in incidents to an increasing influx of youth with mental health needs and also of youth who placed in detention following ejection from a committed placement. Although secure detention is an inappropriate environment for kids with mental health needs, many youth with such needs continue to be sent and admitted into detention centers. Mental health services and interventions should be enhanced at WMCC to meet the needs of these children and to provide additional support to youth entering detention following ejection from a committed residential placement.

In addition to bolstering mental health services, staff should utilize verbal de-escalation techniques and seek pre-emptive assistance from mental health professionals and case managers before resorting to the use of restraints and seclusion.

There are currently seven vacancies for resident advisor (direct care) positions at WMCC. The Department should facilitate the expeditious hiring of qualified staff to meet facility staffing requirements. Improving staff to resident ratios results in enhanced youth supervision and can lead to fewer incidents. It also allows staff to provide individualized attention to residents who could benefit from extra support.

The Maryland State Department of Education Juvenile Services Education division (MSDE-JSE) is responsible for educational and vocational instruction at WMCC. Opportunities for post-secondary educational, vocational, and work experience is currently limited. Students who have already obtained their high school diploma are forced to attend high school level classes.

Youth who qualify should have access to higher education and the option of gaining job-related skills during their time in detention. The Maryland State Department of Education should include WMCC in its plan to introduce career technical education courses such as business administration and certification courses in internet and computing and in green systems technology to DJS facilities.

STRIP SEARCHES AND SHACKLING

“Seventy five percent of youth in the juvenile justice system have experienced traumatic victimization.”³⁹ For survivors of trauma, “any situation in which they have no control over what happens to them can be retraumatizing,” including “very blatant examples like strip searches, restraint or...seclusion.”⁴⁰

Strip Searches

Current DJS policy requires all youth in DJS facilities to be strip searched following all visits and trips off grounds, including outings earned as a reward for good behavior. Youth are required to remove all of their clothes, squat and cough while observed by staff. All youth are subject to this practice whether or not there is reasonable suspicion that they are hiding something potentially harmful.

As noted above, the majority of youth in the juvenile justice system have experienced traumatic victimization. Strip searches “can trigger flashbacks and exacerbate a traumatized child’s stress and mental-health problems.”⁴¹ Their utilization “undermines, rather than helps, the child’s well-being.”⁴²

Research on adolescent development indicates that strip searches are particularly harmful to youth, “in fact, ‘a child may well experience a strip search as a form of sexual abuse.’”⁴³

The Department should end the practice of conducting strip searches without individualized determination of risk or reasonable suspicion that a child is hiding something potentially harmful.

Shackling

Current DJS policy requires all youth to be restrained in handcuffs, shackles, waist chains and a black box with a padlock when they are transported to and from court, medical and educational appointments. Children remain restrained in public waiting rooms and during receipt of medical services.

³⁹ Mental Health and Juvenile Justice Collaborative for Change, “Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System.” 2014, p. 2 <http://cfc.ncmhji.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>

⁴⁰ Penney, D., National Center for Trauma Informed Care, “Creating a Place of Healing and Forgiveness: The Trauma-Informed Care Initiative at the Women’s Community Correctional Center of Hawaii.” 2013, p. 3 http://www.nasmhpd.org/docs/NCTIC/7014_hawaiian_trauma_brief_2013.pdf

⁴¹ Brief for the Juvenile Law Center as Amicus Curiae, Joe Smook v. Minnehaha County, SD. <http://www.jlc.org/blog/juvenile-law-centers-findings-strip-searches-youth-detention-cited-international-report>

⁴² Ibid.

⁴³ Jessica R. Feierman & Riya S. Shah, *Protecting Personhood: Legal Strategies to Combat the Use of Strip Searches on Youth in Detention*. 60 Rutgers L. Rev. 67 (2007) <http://www.scotusblog.com/movabletype/archives/06-1034Amicus.pdf>

This policy is in place at all DJS-operated facilities including committed placement centers, where the Department is mandated to provide a program of rehabilitation. It applies uniformly to all youth, including those in committed placement who are permitted to participate in community outings and/or home passes as rewards for good behavior.

Children should not be transported “in conditions that in any way subject [them] to hardship or indignity.”⁴⁴ Experts in child psychology, adolescent development and trauma have testified on the harmful and damaging effects that shackling has on young people, particularly those who have experienced traumatic victimization.⁴⁵ As mentioned above, the majority of youth in the juvenile justice system have experienced some form of trauma.

The Maryland Department of Juvenile Services should end the practice of shackling children without individualized determination of risk and instead develop policies - such as those of New York State - which do not permit the use of mechanical restraints during transportation except if necessary for public safety.⁴⁶

⁴⁴ Human Rights Watch. Custody and Control: Conditions of Confinement in New York’s Juvenile Prisons for Girls 2006 by Human Rights Watch. <http://www.hrw.org/reports/2006/us0906/7.htm>

⁴⁵ Affidavit of Dr. Marty Beyer <http://njdc.info/wp-content/uploads/2014/09/Beyer-Affidavit-w-CV-Jan-2015-Final.pdf>; Affidavit of Dr. Julian Ford <http://njdc.info/wp-content/uploads/2014/09/Ford-Affidavit-Final-Dec-2014.pdf>; Affidavit of Dr. Donald Rosenblitt <http://njdc.info/wp-content/uploads/2014/09/Rosenblitt-Affidavit-Notarized-CV-Final-1-6-15.pdf>

⁴⁶ 9 NYCRR §168.3(a) “Permissible physical restraints, consisting solely of handcuffs and footcuffs, shall be used only in cases where a child is uncontrollable and constitutes a serious and evident danger to himself or others. . . . Use of physical restraints shall be prohibited beyond one-half hour unless a child is being transported by vehicle and physical restraint is necessary for public safety.”

BEHAVIOR MANAGEMENT PROGRAM

The Department of Juvenile Services (DJS) has implemented a behavior management program called Challenge in all DJS operated facilities.

Challenge is a points and levels system. Youth receive points daily based on their ability to follow staff directions, maintain personal appearance requirements, demonstrate verbally and socially appropriate behavior, and stay on-task.

Points can be redeemed for designated reinforcer items and/or activities at the end of the week. Reinforcers include items such as name brand hygiene products, stationary, and snacks (fruit, chips, and cookies) as well as activities such as being able to watch a movie or play video games for a designated period of time.⁴⁷ Children are eligible for a greater variety of weekly reinforcers as they progress through the levels.⁴⁸

Kids committed to placement sites must progress through five levels of Challenge before DJS will recommend them for release. Promotion from level to level is contingent on a minimum length of stay for each level and on the child completing a checklist of level-specific assignments and tasks. Examples of tasks and assignments include:

- earning a certain percentage of points each week
- attending orientation and therapy sessions
- reciting youth rules from the handbook (referred to as the “youth creed”)
- writing and reading aloud several writing assignments such as a goodbye letter to your past life and criminal activity and your challenges to personal change
- keeping a journal
- [and] requesting feedback from staff about one’s progress.

While Challenge intends to establish structure and foster personal growth for participants, the lack of uniform applicability, limited opportunities for youth to receive meaningful and timely rewards, and overly rigid adherence to checklists and mandates consistently undermine its aims. The Challenge program can be improved and better equipped to meet its stated objectives by taking the following into account and adjusting the program as needed:

- *Children who are identified as needing individualized and intensive services are housed in a separate unit, the Intensive Services Unit (ISU), in detention. Children placed on the ISU are not allowed to participate in the Challenge program. Additionally, children in predisposition status cannot move through the levels of the Challenge program. They are limited to redeeming their points for hygiene products.*
- ✓ **Recommendation:** All children in detention should be afforded equal opportunity to participate in the program.

⁴⁷ Challenge Program Manual for Youth, pages 14-17.

⁴⁸ *Ibid.*

- *Research on adolescent development shows that adolescents are particularly attuned to rewards and that immediate incentives can positively shape adolescent behavior.*⁴⁹
- ✓ **Recommendation:** Challenge should include more timely incentives for good behavior, including providing daily rewards rather than the current practice of reserving reinforcers for the end of the week.
- ✓ **Recommendation:** Recognition and rewards for youth accomplishments should be expanded beyond the limited list of weekly reinforcers currently available. Examples of meaningful rewards include community outings, certificates given to kids to acknowledge level promotions and public recognition of their promotion during facility community meetings.
- ✓ **Recommendation:** Children who receive a certain percentage of points at the end of the week could be rewarded with a pizza party or other organized social event, which can serve as a form of social reinforcement that promotes positive behavior since all participants earned their place in the event for each having accomplished a positive goal. Studies show that “healthy adolescent development is promoted by inclusion in a peer group that values and models prosocial behavior”.⁵⁰
- The Challenge program emphasizes compliance and adherence to uniform behavior. **Recommendation:** Emphasis should be shifted toward providing individualized services and interventions in a supportive and therapeutic environment that help foster positive youth development. This approach allows for individualization and recognizes that making mistakes and learning from them is a normal part of adolescent development.⁵¹ Programs which are therapeutically oriented are more effective than those focused on maintaining external control and discipline.⁵²
- ✓ **Recommendation:** Staff should be trained in therapeutic techniques which show them how to develop and maintain healthy and constructive relationships with residents and how to model self-regulation, social, and decision making skills for the youth under their care. As researchers have recognized, “positive modeling and connection between staff members and residents are usually considered to be critical components of effective institutional environments.”⁵³

⁴⁹ Bonnie, R. J., Johnson, R.L., Chemers, B.M., & Schuck, J.A. (2013) Reforming juvenile justice: A developmental approach. Washington DC: National Research Council. p.94

⁵⁰ Ibid p.102

⁵¹ Ibid p.38

⁵² Lipsey, M., Howell, J., Kelly, M., Chapman, G., Carver, D. “Improving the Effectiveness of Juvenile Justice Programs.” December, 2010, p. 23 <http://cjr.georgetown.edu/pdfs/ebp/ebppaper.pdf>

⁵³ <http://www.pathwaysstudy.pitt.edu/documents/RPD%20Residential%20Confinement%20Knowledge%20Brief.pdf> (p.5)

SMALLER FACILITY UPDATES

Karma Academy (NOTICE OF CLOSURE)

Karma Academy closed at the end of October of 2014. The facility provided residential treatment for low level sex offenders in a nonrestrictive and homelike setting. Kids adjudicated for sex offenses are often unable to remain in their homes. The Department of Juvenile Services needs to ensure that, with the closing of Karma, youth are not inappropriately placed in a more restrictive setting.

Kent Youth Boys' Group Home (NOTICE OF CLOSURE)

Kent Youth group home closed during the third quarter of 2014. Kent Youth provided treatment services to boys in a safe, non-restrictive and homelike environment.

Liberty House Shelter

Liberty House is a DJS-licensed shelter care facility in Baltimore City operated by Youth Enterprise Services, Inc., that offers a less restrictive alternative to secure detention for boys 13 to 18 years old. Boys reside in a home-like environment and are under 24-hour care with a staff to resident ratio of 1 to 4. They attend school and recreational activities in the community and have access to community-based tutoring and behavioral health services. Incidents were low in 2014 and the shelter continues to be an appropriate alternative to secure detention.

One Love Group Home

One Love is an 8-bed group home located in Baltimore City. The home is licensed by and receives referrals from DJS. The program, operated by Building Communities Today for Tomorrow, Inc., focuses on providing adjudicated youth between the ages of 17 and 20 with the skills and services they need to facilitate their transition to the community.

Youth reside in a comfortable, home-like environment and attend school, work, and engage in recreational and volunteer activities in the community. One Love has a structured points and level system which allows youth to earn meaningful rewards (walks in the community, allowance money, food from nearby community restaurants) on a daily and weekly basis.

In addition, youth receive individual and group therapy (including trauma therapy if indicated), life-skills training, and substance abuse counseling. Family therapy is not available at this time. Services are provided within the context of a supportive, caring environment. Incidents remained rare in 2014, and One Love continued to offer youth effective, individualized services in a less restrictive, safe, and nurturing environment.

Morning Star Youth Academy (NOTICE OF CLOSURE)

Morning Star Youth Academy closed during the third quarter of 2014.

The Way Home (temporarily closed)

The Way Home, located in west Baltimore, is a privately operated group home licensed by the Department of Juvenile Services to serve up to 12 girls. The Way Home is temporarily closed while the facility undergoes renovations.

William Donald Schaefer House

William Donald Schaefer House is a staff secure (not locked and fenced) substance abuse treatment program for adjudicated male youth between the ages of 13 and 17. The program has the capacity to serve 19 youth and is located in a converted home in Baltimore city. Program duration is approximately 120 days.

In addition to educational services provided by the Maryland State Department of Education and individual and group substance abuse counseling, Schaefer House partners with multiple community organizations to provide youth with enrichment programs and activities.

In 2014, youth received mentoring services and health education from local organizations. In addition, they had the opportunity to participate in a service learning program offered in partnership with the American Visionary Art Museum. Incidents were low in 2014 and Schaefer House continued to provide valuable services to youth under safe and comfortable conditions.

THE MARYLAND STATE DEPARTMENT OF EDUCATION IN DJS FACILITIES

The Maryland State Department of Education Juvenile Services Education program (MSDE-JSE) is responsible for providing educational services to students in detention and placement centers operated by the Maryland Department of Juvenile Services (DJS). During its tenure, MSDE-JSE has brought educational resources and expertise to DJS-operated facilities. According to MSDE-JSE data, the MSDE-JSE made a 3% increase in math gains in FY 2014 compared to FY 2013. However, a reported 4% decrease in reading scores and 7% decrease in the General Educational Development (GED) test pass rate suggests that more work needs to be done to ensure that children leaving detention and placement have achieved academic progress that will prepare them for future success.⁵⁴

Investing resources to improve educational services and outcomes for MSDE-JSE students should be a priority. For juveniles who are incarcerated, “access to a high-quality education during their confinement is a vitally important and cost-effective strategy for ensuring they become productive members of communities”.⁵⁵ Youth who participate in some form of higher education are half as likely to be recommitted, even when compared to peers with similar histories.⁵⁶

Recognizing the need to strengthen educational services for incarcerated youth, the federal government recently disseminated a set of guiding principles for providing high quality education in juvenile justice facilities.⁵⁷ Consistent with the federal guidelines summarized and distilled below, MSDE-JSE should make several improvements in its delivery of educational services.

- Federal Guideline 1: Provide a facility climate that prioritizes education, provides conditions for learning, and includes behavioral and social support services that address the individual needs of all youth, including those with disabilities.
 - At MSDE-JSE schools, Individualized Education Program(s) [IEPs] are modified to reflect resource availability rather than a student’s current needs. Special education staff have both administrative and teaching roles, making it difficult for them to fulfill IEP instructional mandates. MSDE-JSE should enhance resources

⁵⁴ Educational Coordinating Council for Juvenile Services Educational Programs Annual Report FY2014 p.8

⁵⁵ U.S. Departments of Education and Justice, *Fact Sheet on Correctional Education Guidance Package*, Washington, D.C., 2014, available at <http://www2.ed.gov/policy/gen/guid/correctional-education/fact-sheet.pdf>

⁵⁶ U.S. Departments of Education and Justice, *Fact Sheet on Correctional Education Guidance Package*, Washington, D.C., 2014, available at <http://www2.ed.gov/policy/gen/guid/correctional-education/fact-sheet.pdf>

⁵⁷ U.S. Departments of Education and Justice, *Guiding Principles for Providing High-Quality Education in Juvenile Justice Secure Care Settings*, Washington, D.C., 2014, p. iv. <http://www2.ed.gov/policy/gen/guid/correctional-education/guiding-principles.pdf>

and support services at its schools, including hiring additional staff, to meet the educational needs of its students.

- Federal Guideline 2: Secure necessary funding to support educational opportunities for all youths comparable to opportunities for peers who are not system-involved.
 - With the exception of one small program at a boys' facility, MSDE-JSE students do not have access to post-secondary education, and options for vocational education are limited. All youth should have access to higher education at local colleges and universities, and through online courses. Youth should also be able to participate in internships and employment opportunities in the community. A variety of hands-on vocational education courses that are of particular interest to the individual youth being served should be available either on grounds or in the community.
 - Girls at MSDE-JSE schools do not have opportunities to pursue higher education. This year two girls at Carter who had earned their GEDs were not afforded access to university, community college, or formal employment. Institutions are required by law to have equal educational opportunities for female and males.⁵⁸ MSDE-JSE should offer post-secondary educational opportunities for girls at MSDE-JSE schools. Vocational education programs that are available in boys' facilities, such as basic construction and job safety courses, should be equally available in those serving girls.
- Federal Guideline 3: Actively recruit, employ, and retain qualified education staff with skills relevant to juvenile justice settings who can impact student outcomes by creating and sustaining effective learning environments.
 - MSDE-JSE continues to face significant challenges recruiting and retaining qualified teachers as positions in public school pay better and include school year and summer holidays. Because of the shortage of qualified teachers, some MSDE-JSE teachers have to teach outside of their area of certification. Teacher absences or shortages can also result in students completing worksheets on their own instead of receiving formal instruction. The MSDE leadership should prioritize the MSDE-JSE program and work to secure increased funding and positions to add teachers and support staff.

⁵⁸ U.S. Departments of Education and Justice, *Letter on the Civil Rights of Students in Juvenile Justice Facilities*, Washington, D.C., 2014, p.4, available at <http://www2.ed.gov/policy/gen/guid/correctional-education/cr-letter.pdf>

- Federal Guideline 4: Ensure rigorous and relevant curricula aligned with state academic and career and technical education standards that use methods, tools, materials, and practices that promote college and career readiness.
 - All MSDE-JSE schools should have computers with internet access for educational purposes
 - Current practice is to conduct classroom instruction by living unit rather than grade level at most DJS facilities. Teachers are expected to provide instruction in multiple grade levels in a single class period. Classes should be differentiated by grade level as is common practice in the community.
- Federal Guideline 5: Develop policies and procedures to ensure successful re-entry into communities.
 - MSDE-JSE does not ensure that high school credits earned while in detention or placement are being transferred to a student's community school. Students cannot earn a high school diploma while enrolled in a MSDE-JSE school. MSDE-JSE should coordinate with community schools before and after a student is released to ensure that credits are appropriately applied toward a student's diploma. Students should have the option of earning a high school diploma while enrolled in a MSDE-JSE school.
 - MSDE-JSE should collaborate with DJS to form after care plans for students nearing program completion so that students who leave placement are enrolled in an educational program or have employment options upon release.

Appendix

The Juvenile Justice Monitoring Unit

The mission of the Juvenile Justice Monitoring Unit (JJMU) is to promote the positive transformation of the juvenile justice system to meet the needs of Maryland's youth, families and communities. This mission is accomplished by collaborating with all who are involved with the juvenile justice system. The JJMU is responsible for reporting on Department of Juvenile Services (DJS) operated and DJS licensed programs across Maryland.

The Unit was established in 2000, codified in 2002, and originally housed in the Governor's Office of Children, Youth, and Families. In 2006, the monitor's office was moved to the Office of the Maryland Attorney General and renamed the Juvenile Justice Monitoring Unit.

1. The Monitor's Function

Public reports of the JJMU'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 with frequency determined by challenges and progress at each facility. Monitors review the DJS population and case note databases and follow up on incidents in facilities, particularly those involving alleged staff on youth violence, youth on youth violence, and other incidents involving injury or an allegation of abuse or neglect. They also review DJS internal investigative reports and grievances filed by youth in facilities. Monitors participate in multi-agency meetings convened to discuss reports of alleged child abuse or neglect in facilities.

In calendar year 2014, JJMU staff conducted dozens of facility monitoring visits (and attended facility related meetings) that resulted in monitoring reports available at www.oag.state.md.us/jjmu. 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 units; and the Montgomery County Commission on Juvenile Justice.

2. Current Issues

During 2014, the JJMU continued to work with DJS and other stakeholders to address particular concerns including overuse of secure detention facilities and of out-of-home commitment. As of early 2015, the population of juvenile services-involved youth at DJS detention centers continues to decline while utilization of appropriate alternatives to secure detention have increased. More work needs to be done to ensure youth are not unnecessarily or inappropriately committed to out-of-home placement.

3. Personnel

The Maryland Juvenile Justice Monitoring Unit (JJMU) consists of four staff members including the director (and not including unfilled vacancies). Staff members utilize knowledge of detention and committed care program operations and management, civil rights law, treatment modalities, social work, education, advocacy and counseling.

Nick Moroney was appointed director in April of 2011. He joined 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. Before he joined the 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 and a B.Sc. from Towson University.

Margi Joshi joined the JJMU as a monitor in August of 2014. Prior to joining the JJMU, Ms. Joshi worked as a social worker for youthful offenders at a treatment-oriented maximum security prison where she coordinated a mentorship and art program and led re-entry modules. Before becoming a social worker, Ms. Joshi worked as a regulatory compliance specialist for a large research university. She holds a Juris Doctor and a Master's Degree in Social Work from Tulane University and a B.A. degree from Georgetown University.

Tim Snyder is a senior monitor who joined the Unit in 2001. Before becoming a monitor, Mr. Snyder spent eleven years serving 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. degree from Guilford College (Sociology).

Eliza Steele is a senior monitor who joined the JJMU in 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. degree from Dickinson College and is pursuing a Master's Degree in Social Work at the University of Maryland.



February 18, 2015

DJS Response to the Juvenile Justice Monitoring Unit's 2014 Annual Report

The Department of Juvenile Services (DJS) appreciates the time and effort that JJMU has taken to provide the 2014 Annual Report. We have thoughtfully considered all findings and recommendations provided. We are appreciative of the JJMU's recognition of our accomplishments during the past year.

The Department has and continues to work to implement reform efforts designed to keep low risk youth out of secure confinement. This includes detention reforms achieved through the Juvenile Detention Alternatives Initiative (JDAI), an Annie E. Casey Foundation program as well as legislative reforms such as SB 122 which requires an intake officer who authorizes detention of a child for a violation of community detention to immediately file a petition to authorize the continued detention of a child. The juvenile court must hold a hearing on the petition no later than the next court day unless extended for no more than five days by the court on good cause shown. We will continue our efforts to expand JDAI collaborations statewide.

The Department supports that where appropriate, intensive, community based services are preferable to out of home placements. The department has invested \$25 million to stand up and support evidence based community located services like Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). We also maintain slots for the statewide Care Management Entity (CME) which uses a community based wrap-around service model, and the Department contracts with Youth Advocate Programs, Inc. in Baltimore City, a nationally recognized non-residential program that provides community based programs for high risk youth as an alternative to residential placement. Additionally, DJS has expanded its use of community based programming in Prince George's County by restoring funding for the Choice program to serve youth in Prince George's County. DJS has also contracted with Community Conferencing to prioritize its use as an alternative to court action.

The Department continues to evaluate the population of youth that must be served in out of home placements. Currently, the Department is working with the Annie E. Casey Foundation to analyze decisions and processes that drive juvenile commitments.

Despite the success evidenced by falling crime rates and Department reforms in driving down detention populations, a population of committed youth still remains in committed programs out of state due to not having appropriate programming space in Maryland to accommodate them. The Department is obligated to serve these youth committed by the court in a setting determined by the court. In order to meet the security level and treatment needs of these youth, the Department must contract for out of state services.

Our view is that it is far better for those youth to be treated in Maryland rather than an out of state program and therefore, we will continue to explore ways to meet that need with services located in Maryland.

DJS Response to JJMU Snapshot of Ongoing Concerns

- **JJMU Capital Plan**

The Department will make adjustments to the capital construction plan to address the needs of the committed population. See above paragraph regarding the committed population.

- **JJMU Use of Mechanical Restraints, Strip Searches**

The Department's policies must address public safety, and safety concerns for youth and staff. Current procedures require the use of mechanical restraints routinely for all youth placed in *hardware secure facilities*, to include detention and two committed facilities. Youth placed in staff secure facilities are transported in mechanical restraints if it is determined that they present as a security risk. Youth are strip searched after visits to reduce and eliminate the introduction of contraband in the facility.

- **JJMU Current law for CPS investigations**

DJS abides by current law in reporting allegations of abuse. In addition to notifying Child Protective Services, all allegations are reported to the State Police for investigation. Additionally, DJS's internal Inspector General's office conducts investigations into allegations of abuse independent of Child Protective Services and the State Police.

- **JJMU Youth Phone System**

The federal Prison Rape Elimination Act, Standards for Juvenile Facilities require that youth are provided at least one way to report abuse or harassment to a public or private entity, or office that is not part of the agency and is able to receive and immediately forward youth reports. The Department has installed a youth phone in the dayroom of each living unit to give youth direct access while enabling ongoing supervision by direct care staff. The Department has contracted with Maryland 211 to provide a 24/7 hotline to receive youth complaints of sexual abuse or harassment. Reports are forwarded to Child Protective Services and the DJS Office of the Inspector General for investigation. Utilization of the phone system gives youth the ability to make reports of abuse immediately while remaining anonymous if they choose to, which is a requirement of the Prison Rape Elimination Act. Having a phone for the sole purpose of making PREA complaints would not afford the youth anonymity. The phone system is also used by youth to make calls to family members. Sensitive calls that require a level of privacy are made under the supervision of the case manager in the case manager's office. Calls to youth attorneys are not recorded. All other recorded calls are made available to the Inspector General as needed for investigative purposes.

Need for Treatment Resources in Committed Placement Centers

Beginning in July 2013, the Department established a comprehensive evaluation initiative known as MAST, Multi-Disciplinary Assessment Staffing Team. The MAST initiative standardized evaluations that are completed when youth are in detention. These evaluations include completion of a psychological, psycho-

social, educational testing, trauma screening, substance abuse and medical screening. Therapists in residential facilities use the MAST evaluations, in addition to their own assessments, to develop an individualized treatment plan for each youth. Therapists provide individual counseling and cognitive-behavioral therapy to youth, both of which have been shown to be effective in addressing the mental health issues of juvenile justice youth. Issues of anger management and trauma are addressed individually. In groups, anger management is addressed through the use of psycho-educational materials in Forward Thinking, an evidence-based journaling series that focuses on the development of appropriate coping strategies. Youth participating in the 7 Challenges Substance Abuse Program also receive anger management counseling. Additionally, the Department has conducted extensive research to determine best practices and evidence-based approaches to providing trauma informed care and anger management. The Department is in the process of developing a request for bids to expand staff training and services to youth in these areas.

The type of programming and frequency of youth contact with a therapist is based on the individual needs of the youth. The JJMU report references the Wisconsin “Mendota Juvenile Treatment Center Program” which describes a specialized program that offers intensive mental health treatment to the most violent male adolescents held in a correctional facility. In Maryland, the state operated program that serves this population is located at Victor Cullen Academy. Like the Mendota Juvenile Treatment Center Program, the ratio of behavioral health staff is twice that assigned to other committed programs. The ratio of therapists to youth at Victor Cullen is one therapist for every 12 youth, which meets and exceeds therapist generally assigned in residential treatment centers.

Family Engagement in Committed Placement Centers

Therapists determine the need and schedule family counseling and therapy sessions. Visitation is offered at each facility two times each week. Upon request, the DJS community case managers assist families with transportation to the facilities. Youth are afforded home visits as a therapeutic intervention to help prepare them to transition back to the community. The Department is currently developing a re-entry strategic plan with a goal of increasing family engagement.

Education in Committed Placement Centers

The Maryland Department of Education is responsible for providing education services to DJS youth. We support the need for GED, post-secondary education and expanded vocational education for youth. Youth housed at the four Youth Centers are eligible to participate in the college program at Garrett College.

FACILITY RESPONSES

Victor Cullen

Victor Cullen is the only state run hardware secure treatment facility which serves youth with the most serious committing offenses and aggressive histories. Given the impulsivity and needs of this population incidents of aggression fluctuate. The facility management and treatment staff have been responsive in addressing the individual needs of youth. DJS and education staff work collaboratively to address behaviors of youth occurring in school. The Department is developing an intensive services unit to provide an additional alternative to addressing the needs of the most aggressive youth. Behavior health resources at Victor Cullen are adequate to meet the needs of the population. There are six mental health clinicians assigned to the facility, four therapists, a clinical supervisor, and a half time licensed psychologist who provides programmatic and clinical supervision. The Department is seeking to procure additional programming and training for all staff in the areas of trauma informed care and anger management.

Family therapy is provided by clinical staff. Youth are afforded home visits as a therapeutic tool to assist with re-integration with their families. Youth also maintain contact with their families via facility visits, letter writing, video conferencing and phone calls. Transportation assistance is also provided to families. The Department funds two postage stamps and two phone calls weekly for each youth.

Comprehensive services to youth also include daily recreation and participation in the C.H.A.M.P.S. (Changing Habits and Making Progressive Strides) Program, an intramural sports, arts, and academic challenge program. Activities include competitions in basketball, baseball, soccer, tennis, and bowling; art, poetry and creative writing contest; and academic bowl competitions. Intramural activities are scheduled with other DJS facilities, and with Job Corps youth. Youth at Victor Cullen are also afforded opportunities to participate in the Reflections Camping Program, a year round camping program located at Meadow Mountain Youth Center. Camping activities are varied, and include confidence and team building events. The Reflections Program has a full ropes course. The Department is considering establishing some of the components of the ropes course at Victor Cullen.

Youth Centers

Programming to address anger management and trauma is described in the Need for Treatment Resources in Committed Placement Centers section of this report.

Youth located at the four Youth Centers have the opportunity to earn college credits through participation in the Garrett Community College Program. During the past year 20 eligible youth participated.

J. DeWeese Carter Children's Center

At admission all youth are screened for trauma exposure using the Trauma Symptom Checklist for Children (TSCC). Each youth receives an individualized treatment plan to address their specific treatment needs, along with weekly individual therapy and bi-weekly family therapy. Programming to address anger management is provided through CHALLENGE, the Department's behavior management program, individual counseling and therapy, and psycho-educational material utilizing Forward Thinking, a cognitive behavioral journaling series that uses evidence-based strategies to assist youth in making positive changes to their thoughts, feelings, and behaviors. Additionally, the Department has conducted extensive research of best practices and evidence-based approaches to expand anger management programming and trauma informed care. The Department is in the process of developing a request for bids to expand staff training and services to youth in these areas.

JJMU cites research indicating that "restraint and seclusion is likely to re-traumatize women who are trauma survivors...." Department policy and procedures uses seclusion only as therapeutic intervention to allow youth an opportunity for "time-out" to regain self-control. Seclusion is not used as punishment, and is limited to situations where youth present an imminent threat of physical harm to themselves or others, they have not responded to less restrictive methods of control or for whom less restrictive measures cannot reasonably be tried; or when youth have escaped or are attempting to escape. Youth are not placed in seclusion for a pre-determined amount of time. When seclusion is used, staff observes youth every 10 minutes and counsel with the youth to return him/her to the treatment milieu as soon as possible. Staff that meet with the youth may be case managers, behavioral health, and/or supervisors. The Department provides extensive de-escalation training to all staff to minimize the use of restraints and seclusion. There were 15 incidents of seclusion used at Carter during 2014, that averaged one hour per incident. All

incidents of restraint and seclusion are reviewed by facility administrators to ensure compliance with Departmental policy and procedures.

As noted by JJMU, the Carter Center has limited indoor recreation space. The Department contracts with the Kent County Parks and Recreation Center to augment the need for indoor space during inclement weather. Youth are transported to the recreation center where there is a large indoor gym.

Detention Centers

The Department's efforts to support alternatives to detention are discussed in the opening remarks of this response.

In July 2014, the Department completed the roll out and implementation of CHALLENGE, the behavior management program. CHALLENGE is now operational in all DJS detention and residential facilities. This enables single focused and directed training resources for staff. Outcomes are showing improved consistency of managing youth behavior. The Department appreciates JJMU's recognition of the improved structure and reduction of aggressive behavior in detention.

The JJMU reported a concern for youth with mental health needs being placed in detention. Recognizing that placement in detention can be an emotionally stressful event, the Department screens **all** youth at admission utilizing the Massachusetts Youth Screening Instrument (MAYSI) to identify youth who may require immediate mental health care. A more extensive evaluation is completed by mental health staff as part of the Multi-Disciplinary Assessment Staffing Team (MAST) process. Throughout a youth's stay in detention behavioral health staff are available and responsive to the needs of youth. When behavioral health staff determine a youth has intensive mental health needs that cannot be met at the facility, the youth is referred for hospitalization and/or placement in an intensive mental health services facility.

All DJS direct care staff are trained to refer youth in crisis to mental health staff for an assessment. Beginning June 2014, the Department began utilizing Youth Mental Health First Aid, USA for Adults Assisting Young People, an evidence based model to train all direct care staff. Youth Mental Health First Aid is designed to teach staff how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. As required by the Department's Suicide Prevention Policy and Procedures staff are trained to respond to all verbalizations, self-injurious behaviors and suicide gestures by providing one on one direct supervision until the youth can be assessed by mental health staff.

Baltimore City Juvenile Justice Center

Facility administrators and behavioral health staff have been responsive to the increase in acts of aggression. During the 4th quarter of 2014 implemented strategies resulted in a decrease of incidents.

Cheltenham Youth Facility

The Department in partnership with the Annie E. Casey Foundation continues to work with the stakeholders in Prince Georges County to launch the Juvenile Detention Alternative Initiative.

The Department's IT unit has corrected the database problem reported by JJMU. All incidents occurring at Cheltenham have been entered in the database.

Charles H. Hickey, Jr. School

The Department appreciates JJMU's recognition of the efforts of facility staff to more effectively manage youth behavior. JJMU reports that youth in the Intensive Services Program (ISU) are not permitted to participate in special activities. The youth placed in the ISU program are youth who have engaged in assaultive behaviors with their peers and staff and therefore are restricted from participating in rewarding extracurricular activities.

Alfred D. Noyes Children's Center

The increase in restraints can be attributed to staff managing the behavior of several youth with chronic mental health and maladaptive behaviors. Seven youth accounted for an 80% increase in incidents during the 4th quarter. Consistent with protocols these youth were evaluated by mental health professionals and referred for psychiatric hospitalization as needed. Long term specialized placements were secured to meet the needs of the youth. Behavioral health staff, administrators and direct care staff work collaboratively to manage the behaviors of youth. All incidents of restraint and aggression are reviewed by the facility administrator and monitored by the executive director. Use of restraints is required to prevent youth from harming themselves or others. All direct care staff complete crisis prevention management, verbal de-escalation, and mental health first-aid training annually.

Lower Eastern Shore Children's Center

The slight increase in incidents of youth on youth assaults, 32 in 2014 compared to 27 in 2013, were due to incidents occurring in the last two months of the year. These behaviors were attributed to a younger, more impulsive age group ranging from 12 to 14 years of age. These youth were provided additional behavioral health services.

Incidents of suicidal ideations/verbalizations increased during 2014 compared to 2013 at LESCO. As reported, the Department screens **all** youth at admission utilizing the Massachusetts Youth Screening Instrument (MAYSI) to identify youth who may require immediate mental health care. Twenty six percent of the reported ideations were reported during this screening. The facility is staffed with trained behavioral health staff to address the mental health needs of youth.

A more extensive evaluation is completed by mental health staff as part of the Multi-Disciplinary Assessment Staffing Team (MAST) process. Throughout a youth's stay in detention behavioral health staff are available and responsive to the needs of youth. When behavioral health staff determine a youth has intensive mental health needs that cannot be met at the facility, the youth is referred for hospitalization and/or placement in an intensive mental health services facility.

The Department continues to actively recruit to fill the vacant addictions counselor position at LESCO. In the interim, substance abuse assessments have been re-assigned to staff from headquarters.

Thomas J.S. Waxter Children's Center

The Department appreciates JJMU's recognition of the decrease in incidents of aggression and physical restraints. Mechanical restraints are applied as a last resort to safely move youth to appropriate locations for de-escalation. Two youth accounted for 66% of the mechanical restraint usage in 2014. Youth are evaluated by behavioral health staff following the use of restraints. Staff training in de-escalation, Youth Mental Health First Aid, USA for Adults Assisting Young People, and the Department's Suicide Prevention Policy and Procedures is ongoing. All incidents of physical and mechanical restraint use are reviewed by facility administrators to ensure adherence to Departmental policy and procedures.

The following positions are assigned to the facility to provide mental health services: a licensed clinical professional counselor, a clinical social worker, licensed psychologist, two substance abuse counselors, and a half time licensed social worker. The social worker and the psychologist also conduct Multi-Disciplinary Assessment Staffing Team (MAST) evaluations for the youth at the facility. Clinical hours have been expanded to provide coverage evenings and weekends.

The Waxter facility experienced a significant number of vacancies. Resident advisors were voluntarily re-assigned from two facilities to support staffing during recruitment to fill the vacancies. Recruitment interviews are held every two weeks. At present two resident advisor positions are vacant.

Western Maryland Children's Center

The slight increase in the use of restraints and seclusion were required interventions to address the behaviors of extremely aggressive youth. The facility has adequate behavioral health staff assigned consisting of a full time social worker, an addictions professional counselor, and a half-time psychologist.

Three of the seven vacant resident advisor positions have been filled. Recruitment is underway to fill the remaining positions.

William Donald Schaefer House

The Department appreciates the JJMU's recognition of the community enrichment opportunities afforded to youth participating in the substance abuse program at the Schaefer House.

BEHAVIOR MANAGEMENT PROGRAM

In July 2014, the Department completed implementation of the CHALLENGE Program in all detention centers. The CHALLENGE Program is now implemented in all DJS detention and committed facilities. This enables the Department to focus training and supervisory resources, and the youth learn one set of expectations which better prepares them to adjust to a change of environment when they move from detention to a DJS committed facility. CHALLENGE is a behavior management program which incorporates evidence-based behavioral principles. Behavior management is grounded in the principles of *positive reinforcement* and *modeling* and is intended to encourage pro-social behavior. Behavior management strategies are designed to elicit *positive* behavior. Reinforcing positive behavior means providing a stimulus or reward that strengthens the behavior and increases the future probability of the desired behavior. The program uses social reinforcement, a point and level system, and tangible reinforcers to strengthen desired pro-social behaviors. Research supports the use of behavior management strategies for maintaining order, minimizing disruption, improving climate and reducing problem behavior. The Department has achieved positive outcomes as evidenced by improved interactions between staff and youth and a reduction in acts of aggression.

All programs require ongoing training and monitoring to support consistent application. Staff receives CHALLENGE training in entry level training, annual in-service training, and interim updates as needed at each facility. Program oversight and modifications are approved by the Central Program Committee, chaired by the Director of Behavioral Health; implementation is monitored by two behavior health clinical supervisors (one assigned to detention and one to committed programs), in addition to administrators and behavior health staff at each facility. Program evaluations are conducted by the Department's research and evaluation unit.

The CHALLENGE Program clearly establishes behavioral expectations for youth and staff responses for youth accountability. These expectations create a structured and safe environment in which treatment services can be provided. It establishes an environment of respect and fairness that places the responsibility for compliance and behavioral change on the youth. The program uses checklists that guide behavioral and treatment service expectations through each level. Contrary to the JJMU report, these checklists do not prohibit individualized services for youth; in fact Treatment Teams are expected to amend the checklist to address each youth's target behaviors and treatment services. In committed programs an Individualized Treatment Plan is established for each youth. The plan is monitored monthly by the Treatment Team to assess each youth's progress towards earning release.

JJMU reports a concern that youth who are placed in Intensive Service Units (ISU) are not permitted to participate in the CHALLENGE Program. The behavior of youth placed in ISU continues to be managed using the CHALLENGE Program. Youth placed in ISU are placed there because they have been assaultive to peers and/or staff in the general population. Aggressive behaviors are not behaviors that should be reinforced and therefore these youth do not earn levels or privileges while removed from the general population. JJMU cited a second group of youth who do not progress through the CHALLENGE levels. These are youth placed in detention pending adjudication. Youth in pre-adjudication are placed on level I and they earn level I privileges. If committed, they begin to earn levels towards eligibility for release as do all other youth. JJMU suggests that youth should receive daily reinforcers. Staff is trained to socially reinforce youth by giving verbal praise. Youth also receive immediate reinforcement by the awarding of points and written positive comments on their point cards. Each youth's percentage of points earned daily and level promotion is posted on a Challenge board in the living unit. Recognition of youth accomplishments are addressed in daily community meetings held on the unit. On a weekly basis, youth earn an opportunity to go to the reinforcer (games) room where they can spend points for items such as snacks, stationary, brand name hygiene products, and video games. Providing this level of reinforcer each day would significantly reduce the incentive for youth to meet behavioral expectations. In addition to weekly reinforcers, youth have opportunities to earn special privileges, such as participation in pizza parties, movie events, and off campus trips, as appropriate.

The majority of the JJMU recommendations regarding CHALLENGE Program implementation are already being implemented. Contradictions to the principles of behavior management were noted above.

Private Providers

Silver Oak Academy

Silver Oak Academy (SOA) is a privately operated staff secure group home licensed by the Department. In 2014 there was a noted increase in incidents of aggression requiring the use physical restraints. Program changes impacting the increase in incidents include a 15% increase in population, management of significant behavior problems, and re-training of staff in new programming. SOA continues to provide valuable programming for DJS youth.

Smaller Facility Updates

As reported by JJMU, a number of smaller programs closed during 2014, however, the Department continues to contract for programs to meet the needs of the current population.

**Maryland State Department of Education
Juvenile Services Education**

Response to JJMU 2014 Annual Report

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JJMU Statement: "Currently, there is no GED or post-secondary track available to students."

MSDE Response: Juvenile Services Education (JSE) has a GED curriculum that is imbedded in the core courses taught in the facilities. Students receive instruction in the content area which allows them to earn credit as well as develop the skills necessary to succeed on the GED.

Students with high school diplomas/GED first take the Accuplacer which is a placement test used by community colleges to determine if a student needs to take non-credit courses in mathematics or English prior to enrolling in credit-bearing postsecondary coursework. JSE provides the remediation to students who are not successful on the Accuplacer. The experience to date is that most students require remedial course work prior to postsecondary enrollment.

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JJMU Statement: "There is a need for increased vocational education options at the youth centers especially for youth who may have already earned their high school diploma or GED. Community based options for employment and vocational training should also be available. Currently, students do not have access to the internet for educational purposes."

MSDE Response: JSE provides a variety of career technology education (CTE) options for youth including those who have already earned their high school diplomas and continues to explore additional CTE opportunities that can benefit its students. JSE is supportive of developing options for community based employment experiences for youth through collaboration with the Department of Juvenile Services.

JSE is currently in the process of upgrading technology resources within all school sites. As this process continues JSE in concert with DJS will be exploring options for access to designated internet based learning opportunities.

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JJMU Statement: "The MSDE-JSE program should have an established track for post-secondary school students that include access to a nearby college and to online courses."

The Department of Juvenile Services and MSDE-JSE should work together to implement a community-based program of employment and internship opportunities. Currently, vocational education programs are not offered on a daily basis at Carter and are limited to a basic food hygiene course and four modules in network cabling. Plans to add a course leading to certification in customer service should go forward.

Girls at Carter continue to be transported to medical and educational appointments in handcuffs and shackles fastened to belly chains with black boxes (see page 33). Plans to have girls placed at Carter take the GED test at a nearby community college should be implemented without requiring girls to be mechanically restrained during transport.”

MSDE Response: JSE currently has an established post-secondary program through Garrett College. This program is housed at Backbone Youth Facility. Over the past year, the number of youth qualifying for this program has been steadily decreasing. JSE is exploring options for providing online post-secondary options for implementation as JSE’s current technology initiative is completed.

JSE is supportive of collaborating with DJS to provide youth opportunities to participate in community based employment/internship options. JSE provides a variety of career technology educational courses/classes for the students at Carter. An additional class culminating in a retail customer services certification is scheduled for deployment in the near future.

Measures taken for safety and security reasons are not within the purview of MSDE.

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JJMU Statement: “Youth at CYF who struggle with issues of aggression may be placed on the Intensive Services Unit (ISU). These youth have been identified as being in need of increased supports. However, during 2014, they were not receiving education services equal to those of youth on regular housing units. Plans for the Maryland State Department of Education Juvenile Services Education division to implement a full education schedule (including six hours of teacher instruction) on the ISU should go forward.”

MSDE Response: JSE has collaborated with DJS to ensure youth residing on CYF’s ISU unit are provided with six hours of teacher-led instruction per day.

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JJMU Statement: “The Maryland State Department of Education Juvenile Services Education division (MSDE-JSE) is responsible for providing educational services at Hickey. Youth placed on the ISU do not receive the required six hours of educational instruction on a consistent basis. Teacher instruction for kids in the ISU should be for the full length of the school day at Hickey.”

MSDE Response: JSE has collaborated with DJS to ensure youth residing on Hickey's ISU unit are provided with six hours of teacher-led instruction per day.

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JJMU Statement "The Maryland State Department of Education Juvenile Services Education division provides school related services at Waxter. Currently, vocational education programming is limited to a course offering certification in basic food safety training that is offered once per marking period. Plans to add a course leading to certifications in customer service and medical coding and billing should be implemented."

MSDE Response: JSE provides a variety of career technology educational courses/classes for the students at Waxter including: ServSafe, office systems management, and C-Tech. An additional class culminating in a retail customer services certification and medical billing and coding are scheduled for deployment in the near future.

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JJMU Statement "The Maryland State Department of Education Juvenile Services Education division (MSDE-JSE) is responsible for educational and vocational instruction at WMCC. Opportunities for post-secondary educational, vocational, and work experience are currently limited. Students who have already obtained their high school diploma are forced to attend high school level classes.

Youth who qualify should have access to higher education and the option of gaining job related skills during their time in detention. The Maryland State Department of Education should include WMCC in its plan to introduce career technical education courses such as business administration and certification courses in internet and computing and in green systems technology to DJS facilities.

MSDE Response: The short length of stay within detention facilities affects the types of career technology educational courses which can be offered. Currently, JSE provides opportunities at detention sites for youth to receive instruction in office systems management and courses such as ServSafe which either provide youth with the opportunity to develop basic computer skills and or/earn industry certifications and do not require a large number of direct instructional hours. At WMCC JSE offers ServSafe and OSHA 10 in addition to Office Systems Management. JSE will explore options for implementing Green Systems at WMCC.

JJMU Statement: “At MSDE-JSE schools, Individualized Education Program(s) [IEPs] are modified to reflect resource availability rather than a student's current needs. Special education staff have both administrative and teaching roles, making it difficult for them to fulfill IEP instructional mandates. MSDE-JSE should enhance resources and support services at its schools, including hiring additional staff, to meet the educational needs of its students.”

MSDE Response:

JSE does not support amending or developing student IEPs to reflect resource availability. IEPs implemented at JSE schools –whether amended or initially developed- must be individually appropriate for students with disabilities to receive special education and related services in the least restrictive environment and progress in the general curriculum. JSE implemented a process to monitor and verify that IEPs are reviewed and drafted consistent with the procedural requirements of IDEA and State law.

JSE has a comprehensive monitoring system both at the program and school level. The Special Education Coordinator’s program monitoring team regularly schedules monitoring visits to the program’s school sites throughout the year. The program monitoring team provides feedback to each school principal which includes specific information on IEP revisions/changes. Principals are required to conduct regular school-based monitoring of records and practices to ensure adherence to special education policies and procedures, including IEP revisions.

JJMU Statement: “With the exception of one small program at a boys’ facility, MSDE-JSE students do not have access to post-secondary education, and options for vocational education are limited.”

MSDE Response:

JSE currently has an established post-secondary program through Garrett College. This program is housed at Backbone Youth Facility. Over the past year, the number of youth qualifying for this program has been steadily decreasing. JSE is exploring options for providing online post-secondary options for implementation as JSE’s current technology initiative is completed.

During the past year JSE completed a significant expansion and update of the Career and Technology Education (CTE) offerings in its schools in both committed and detention facilities across the state. CTE coursework is now aligned to the programs of study being offered in the Local School Systems so that students can return to their community schools with credit towards CTE graduation requirements in Business Administrative Services, Construction, and Career Research and Development. JSE also offers specific coursework to prepare youth for direct entry into the telecommunication and hospitality industries. Students can leave with the following industry certifications: ServSafe, OSHA 10, C-Tech, NCCER Construction and Office Systems Management. The Program continues to explore other career-focused options for its students.

JJMU Statement: “MSDE-JSE should offer post-secondary educational opportunities for girls at MSDE-JSE schools. Vocational education programs that are available in boys' facilities, such as basic construction and job safety courses should be equally available in those serving girls.”

MSDE Response: At present, post-secondary opportunities are made available for girls on a case by case basis. JSE plans on deploying OSHA 10 at additional sites including Waxter and Carter based upon completion of training of additional teachers.

JJMU Statement: “Some MSDE-JSE teachers have to teach outside of their area of certification. Teacher absences or shortages can also result in students completing worksheets on their own instead of receiving formal instruction.”

MSDE Response: JSE schools, like those in the local school systems, sometimes require teachers to provide instruction in content areas for which they do not hold an endorsement. In these instances, these teachers are provided with support from designated Highly Qualified (HQ) Lead Content Teachers. These HQ Lead Content Teachers also provide support for staff covering classes in situations of long-term absences and vacancies.

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JJMU Statement: “All MSDE-JSE schools should have computers with internet access for educational purposes. Current practice is to conduct classroom instruction by living unit rather than grade level at most DJS facilities. Teachers are expected to provide instruction in multiple grade levels in a single class period. Classes should be differentiated by grade level as is common practice in the community.

MSDE Response:

JSE is currently working to install technology in all of its facilities. Smart Boards along with laptops have been installed at all sites.

MSDE and DJS are exploring the feasibility of grouping students based upon their achievement levels. A pilot program at Victor Cullen began in January 2015.

JJMU statement: “MSDE-JSE does not ensure that high school credits earned while in detention or placement are being transferred to a student's community school. Students cannot earn a high school diploma while enrolled in a MSDE-JSE school. MSDE- JSE should coordinate with community schools before and after a student is released to ensure that credits are appropriately applied toward a student's diploma. Students should have the option of earning a high school diploma while enrolled in a MSDE-JSE school.

MSDE Response:

As previously shared in MSDE's response to the JJMU's First Quarter 2014 Reports, MSDE has taken actions to promote the acceptance of credits being applied towards students' graduation requirements. Course names and content for academic and required classes have been revised to be consistent with the core subjects in the local school systems. These include: English (9-12), History (United States, Government, and World History), Math (Concepts of Algebra, Algebra I/II, Geometry, and Pre-Calculus), and Science (Biology, Physical Science, Concepts of Chemistry, and Environmental Science). Credits earned during a youth's enrollment in JSE are documented on the standardized State Record Transfer Forms. Pursuant to MSDE/DJS Transition Procedures, the reports are forwarded to the receiving school system when the youth is released from DJS custody. The receiving school is responsible for applying the credits earned in the JSE programs towards the student's graduation requirements.

The LSS is able to contact the JSE school or the Program's Coordinator for Guidance and Student Records in the event that there are questions regarding a student's credits. The JSE Coordinator for Guidance and Student Records completes quarterly audits of students' records and contacts the LSS regarding credits earned. The last audit indicated that credits earned by students enrolled in JSE were being accepted by LSSs.

EXHIBIT 6

Government of the District of Columbia

HUMAN CARE AGREEMENT

PAGE 1 OF 30

1. CONTRACT NUMBER DCJZ-2014-H-0007		2. REQUISITION/PURCHASE REQUEST NO.		3. EFFECTIVE DATE										
4. ISSUED BY Office of Contracting and Procurement 441 4 th Street, NW, Suite 700S Washington, DC 20001			5. ADMINISTERED BY (If other than Item 3): Department of Youth Rehabilitation Services 8300 Riverton Court Laurel, Maryland 20724											
6. NAME AND ADDRESS OF PROVIDER/PROVIDER (No. Street, county, state and ZIP Code) Seasons Residential Treatment Program, LLC 13400 Edgemoor Road Upper Marlboro, Maryland 20772 Telephone: 404-433-5205 Fax: E-Mail:														
7. PROVIDER/PROVIDERS SHALL SUBMIT ALL INVOICES TO: Department of Youth Rehabilitation Services Office of the Chief Financial Officer 8300 Riverton Court Laurel, MD 20724			8. DISTRICT SHALL SEND ALL PAYMENTS TO: Seasons Residential Treatment Program, LLC 13400 Edgemoor Road Upper Marlboro, Maryland 20772											
9. DESCRIPTION OF HUMAN CARE SERVICE AND RATE COST														
ITEM/LINE NO.	NIOP CODE	BRIEF DESCRIPTION OF HUMAN CARE SERVICE	QUANTITY OF SERVICE REQUIRED	TOTAL SERVICE UNITS	SERVICE RATE	TOTAL AMOUNT								
0001	952-95	Short Term Placement Services (Staff Secured)			See Schedule B									
0002	952-95	Short Term Placement Services (Hardware Secured)												
0003	952-95	Educational Services												
					Total	\$								
					Total From Any Continuation Pages	\$								
					GRAND TOTAL	\$								
10. APPROPRIATION DATA AND FINANCIAL CERTIFICATION														
LINE	AGT	YEAR	INDEX	PCA	OBJ	AOBJ	GRANT/PH	PROG/PH	AO1	AO2	AO3	PERCENT	FUND SOURCE	AMOUNT
A. SOAR SYSTEM OBLIGATION CODE:		B. Name of Financial Officer (Typed):			C. Signature:			D. Date:						
		Title:												
11. PERIOD OF HUMAN CARE AGREEMENT														
Starting Date:			Ending Date:											
HUMAN CARE AGREEMENT SIGNATURES														
Pursuant to the authority provided in D.C. Law 13-155, this HUMAN CARE AGREEMENT is being entered into between the Provider/Providers specified in Item No. 7 and Item No. 12 of page 1 of this document. The Provider/Providers are required to sign this document and return 3 original and signed copies to the Contracting Officer of the Issuing Office stated in Item No. 4 of page 1 of this document. The Provider further agrees to furnish and deliver all items or perform all the services set forth or otherwise identified within this Human Care Agreement and on any continuation sheets or appendices for the consideration stated above. The rights and obligations of the parties to this Human Care Agreement shall be subject to and governed by the following documents: (a) this Human Care Agreement, (b) the STANDARD CONTRACT PROVISIONS FOR USE WITH DISTRICT OF COLUMBIA GOVERNMENT SUPPLY AND SERVICES CONTRACTS, dated October 1, 1999; (c) any other provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. This Human Care Agreement between the signatories to this document constitutes the final agreement of the parties.														
12. FOR THE PROVIDER/CONTRACTOR			13. FOR THE DISTRICT OF COLUMBIA											
A. Name and Title of Signer (Type or print) Name: <u>TYEAEIS JOHNSON</u> Title: <u>OWNER</u>			A. Name of Contracting Officer (Type or print) Joseph Stewart.											
B. Signature of the PROVIDER/CONTRACTOR: <u>[Signature]</u>			B. Signature of CONTRACTING OFFICER: <u>[Signature]</u>											
C. DATE 5/11/14			C. DATE 4/18/14											

THE SCOPE OF HUMAN CARE SERVICES

SECTION 1 – HUMAN CARE SERVICES AND SERVICE RATES

- 1.1 The Government of the District of Columbia, Office of Contracting and Procurement, Department of Youth and Rehabilitation Services, hereafter referred to as the "District," is Contracting through this Human Care Agreement with Seasons Residential Treatment Program LLC, hereafter referred to as the "Provider," for the purchase of human care services pursuant to the Human Care Agreement Amendment Act of 2000, Section 406 of the Procurement Practices Reform Act of 2010, effective April 8, 2011 (D.C. Law 18-371; D.C. Official Code § 2-354.06).
- 1.2 The District is not committed to purchase under this Human Care Agreement any quantity of a particular service covered under this Agreement. The District is obligated only to the extent that authorized purchases are made pursuant to the human care agreement.
- 1.3 Delivery or performance shall be made only as authorized by Task Orders issued in accordance with the Ordering Clause. The Provider shall furnish to the District Government, when and if ordered, the services specified in the Price Schedule
- 1.4 There is no limit on the number of Task Orders that may be issued. The District Government may issue Task Orders requiring delivery to multiple destinations or performance at multiple locations
- 1.5 This is a Human Care Agreement based on fixed unit rates. The provider shall deliver services in accordance with Section 4.

SECTION 2 PRICE SCHEDULE / FIXED UNIT RATE

- 2.1 The District is not committed to purchase under this Human Care Agreement any quantity of a particular service covered under this Agreement. The District is obligated only to the extent that authorized purchases are made pursuant to the human care agreement. DYRS is not responsible for the educational costs incurred for special education services for those youth who have a valid IEP. The Provider shall be responsible for submitting invoices for special education services to the Office of the Superintendent of Special Education (OSSE) in the District of Columbia.

2.1.1 Base Year

Agreement Line Item Number	Services Description	Service Unit	Fixed Unit Rate
0001	Short Term Placement Services in the Staff secured facility as described in Sections 4.1	Client/Per Day	\$ <u>365.00</u>
0002	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>380.00</u>

Awaiting Placement
DCJZ-2014-H-0007

0003	Educational Services, as described in Section 4.5	Client/Per Day	\$ <u>100.00</u>
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2.1.2 Option Year One

Agreement Line Item Number	Services Description	Service Unit	Fixed Unit Rate
1001	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>383.00</u>
1002	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>399.00</u>
1003	Educational Services, as described in Section 4.5	Client/Per Day	\$ <u>100.00</u>

2.1.3 Option Year Two

Agreement Line Item Number	Services Description	Service Unit	Fixed Unit Rate
2001	Short Term Awaiting Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>402.00</u>
2002	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>419.00</u>
2003	Educational Services, as described in Section 4.5	Client/Per Day	\$ <u>100.00</u>

2.1.4 Option Year Three

Agreement Line Item Number	Services Description	Service Unit	Fixed Unit Rate
3001	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>423.000</u>
3002	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>440.00</u>
3003	Educational Services, as described in Section 4.5	Client/Per Day	\$ <u>100.00</u>

2.1.5 Option Year Four

Agreement Line Item Number	Services Description	Service Unit	Fixed Unit Rate
4001	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>444.00</u>
4002	Short Term Placement Services in the Hardware secured facility as described in Sections 4.1	Client/Per Day	\$ <u>462.00</u>
4003	Educational Services, as described in Section 4.5	Client/Per Day	\$ <u>100.00</u>

SECTION 3 – SCOPE OF HUMAN CARE SERVICES

- 3.1 The Government of the District of Columbia, on behalf of the Department of Youth Rehabilitation Services, is seeking providers that shall operate staff secured and/or hardware-secured, Short Term Placement, 24-hours, maximum 25-bed facilities to provide services to the DYRS population as specified in Section 4.

3.1.1 Applicable Documents

Item No.	Document Type	Title	Date
1	Court Document	Jerry M., et al Plaintiffs v. District of Columbia, et al., Defendants Civil No. 1519-85 (IFP) – Synopsis	7-10-86

		Superior Court of the District of Columbia Available at: Bureau of Courts and Community Services Department of Youth Rehabilitation Services 450 H Street, NW Washington, D.C. Telephone: 202-724-5071	
2		Federal Individuals with Disabilities Education Act, 20 U.S.C.A. § 1400 <u>et seq</u> , Subchapters I and II available at http://fedlaw.gsa.gov or http://www.law.cornell.edu/uscode/	1990
3	Public Law 101-336, July 26, 1990	Americans with Disabilities Act 42 USCA § 12101-102; 12131-134. available at http://fedlaw.gsa.gov or http://www.law.cornell.edu/uscode/	1990
4	D.C. Law Concerning Proceedings Regarding Delinquency, Neglect or Need of Supervision	D.C. Official Code, Section 16-2301-2372 available at http://dccode.westgroup.com	
5		District Personnel Manual Mandatory Employee Drug & Alcohol, Chapter 39 of the District Personnel Regulations	
6	DYRS Document (Policy & Procedures)	Unusual Incident & After Hours Emergencies Protocol Available at: Division of Courts and Community Services Department of Youth Rehabilitation Services 450 H Street, NW Washington, DC 20001 Telephone: 202-724-5071	
7		Education for All Handicapped Children Act 1975 (P.L. 94-142);	

8		DYRS Establishment Act and specifically, D.C. Code § 2-1515.04,	
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3.2 Definitions

- 3.2.1 Abscondence:** The youth is absent from an approved placement.
- 3.2.2 Bio-Psychosocial Assessment:** An assessment that considers biological, psychological, and social factors in evaluating a youth's mental health, social status, and functional capacity.
- 3.2.3 Community Placement Agreement:** – Document detailing requirements and conditions for the youth that govern his or her community placement.
- 3.2.4 Education support/advocacy:** Services designed to increase the educational skills of youth. These may include individualized approaches as well as use of non-traditional methods and materials, for example, computers, mentors, or tutors.
- 3.2.5 IDEA:** Individuals with Disabilities Education Act is a law ensuring services to children with disabilities.
- 3.2.6 Individual Education Program (IEP):** Program designed to meet the unique educational needs of a child who may have a disability.
- 3.2.7 Individualized Service Plan (ISP):** Also referred to as Individualized Development Plan (IDP). This is a document that specifically identifies the goals, objectives, strategies, responsible parties and resources to address the assessed strengths and needs of a committed youth and the family. The DYRS case manager designs the plan to ensure that habilitative and rehabilitative services are correlated to the Positive Youth Development Model (PYD) principles which is a comprehensive way of thinking about the development of adolescents and the factors that facilitate their successful transition from adolescence to adulthood. The plan is developed and periodically updated in conjunction with the DYRS case manager, youth, youth's family and designated service providers
- 3.2.8 Individual Treatment Plan (ITP):** A document developed by a planning team comprised of Provider clinical staff, youth, youth's family and DYRS case manager. The ITP serves as the single document that integrates all support a youth may receive irrespective of where the youth resides. The ITP presents the measurable goals and objectives as it relates to youth's strengths, needs, diagnosis, and desired outcomes. The ITP also addresses the provision of safe, secure, and dependable support that is necessary for the youth's well-being, independence and social inclusion.

3.2.9 **Qualified Personnel:** Persons holding official credentials, accreditation registration, certification, or licenses issued by their jurisdiction and, for the purposes of providing services to youth. The term shall include administrators, therapists, professional nurses, physicians, psychologists and professional counselors, and social workers. Persons providing direct care to DYRS youth should be suitable for employment pursuant to 29 DCMR 6228.

3.2.10 **MAYSI-2:** The MAYSI-2 is a standardized, 52-item, true-false method for screening every youth of ages 12-17 entering the juvenile justice system, in order to identify potential mental health problems in need of immediate attention

3.2.11 **Trauma-Based Behavioral Health Care:** An evidence-based treatment approach designed to help youth overcome trauma-related difficulties by reducing negative emotional and behavioral responses.

3.3 **BACKGROUND**

3.3.1 The Department of Youth Rehabilitation Services (DYRS) serves youth up to age 21 who have been committed to its care and custody by the D.C. Superior Court Family Division. DYRS' mission is to improve public safety and give court-involved youth the opportunity to become more productive citizens by building on the strengths of the youth and their families in the least restrictive, most homelike environment. In partnership with the community, this balanced approach to juvenile justice promotes the rehabilitation of delinquent youth toward reforming their behavior in the context of increased accountability, expanded personal competencies, positive youth development and enhanced community restoration. Pursuant to the DYRS Establishment Act and specifically, D.C. Code § 2-1515.04, DYRS is responsible for establishing through contracts, Provider agreements, human care agreements, grants, memoranda of agreement or understanding, or other binding agreements a system of secure and community-based facilities and rehabilitative services with governmental bodies, public and private agencies, institutions, and organizations, for youth that will provide intervention, individualized assessments, continuum of services, safety, and security.

3.3.2 Youth committed to DYRS following a court disposition hearing or youth who are in need of an alternate placement to facilitate treatment may need to be placed in a short term staff secure or hardware secure facility while awaiting placement in a long-term rehabilitative treatment program. Currently, male youth in need of a hardware-secure facility while awaiting placement are housed at the DYRS New Beginnings Youth Development Center and female youth are housed at the DYRS Youth Services Center (YSC). The Provider selected will provide short Term Awaiting Placement services at a staff secured and /or hardware-secured facility for up to 25 youth.

3.3.3 Certain requirements of this solicitation are extremely important to DYRS in carrying out its responsibilities for this recurring need. Such components include a 24-hour staff secure/hardware secure facility that can provide diagnostic and assessment, educational programming, and rehabilitative treatment as mandated by law, DYRS directives, court orders and consent decrees.

A. DYRS is subject to the Jerry M. Consent Decree, a comprehensive mandate which addresses, in part, programmatic and operational objectives. The decree and court orders focus on reform

initiatives associated with the facilities, services and delivery of services to the youth placed in the custody and care of DYRS.

- B. DYRS provides enriched, culturally sensitive services, including recreational, rehabilitative, educational, mental health, medical, recreational, aftercare supervision, residential placements, independent living and mentoring/monitoring support in a nurturing and structured environment to the youth in its custody.

SECTION 4 REQUIREMENTS

- 4.1 The Provider shall operate staff secured /or a hardware-secured, short-term, 24-hour, facility for up to 25 youth to provide services to the DYRS awaiting placement population. The Provider facility shall accommodate youth between the ages of 12 and 21. This facility will provide a safe, highly-structured, stable and secure environment for youth who:
- a. Have been committed to DYRS following disposition by the D.C. Superior Court and are awaiting placement at a long-term facility; or
 - b. Are in noncompliance with the terms of their Community Placement Agreement and will require immediate placement at the proposed 24-hour facility for a prompt risk reassessment, intervention, data tracking and sanctions under the Graduated Responses Matrix for noncompliance.
- 4.2 The duration of placement for each youth will be assessed on a case-by-case basis, but should generally not exceed 28 days.
- 4.3 **Basic Program Expectations and Services**
- 4.3.1 The Provider shall provide the following services to youth:
- 1. Intake and diagnostic screening
 - 2. Onsite medical/dental care
 - 3. Trauma-based behavioral health care
 - 4. Individual and group counseling
 - 5. Substance abuse counseling
 - 6. Drug and alcohol testing
 - 7. Onsite education (including special education services)
 - 8. Structured recreation
 - 9. Life skills training
 - 10. Family visits/engagement
 - 11. Transition services
 - a. Discharge summaries/report writing
 - b. Information-sharing with long term placement providers and DYRS
 - c. Secure transportation
 - i. to and from judicial proceedings (court)
 - ii. to and from long-term placement
 - iii. case status review meeting, if applicable
 - iv. Medical and other services rendered in the community.

12. Behavioral health management/incentive system
13. Nutrition/food services
14. Case planning services
 - a. Youth and Family Team meetings
 - b. Community Status Review hearings
 - c. Private meeting areas for attorney visits
 - d. Video conferencing
 - e. Individual Development Plans (IDP)
 - f. Individual Education Program (IEP)
 - g. Individual Treatment Plan (ITP)

4.4 Intake and Diagnostic Screening

- 4.4.1 The Provider shall accept DYRS youth 24 hours a day, seven days a week and shall provide risk assessments, medical screening, and service planning within 72 hours of placement. If a youth, depending upon placement status and initial assessment, will remain at the facility for more than 48 hours, the Provider shall provide additional assessments as determined in conjunction with the DYRS case manager assigned to the youth.
- 4.4.2 The Provider shall have the capacity to administer the MAYSI-2 within 48 hours of admission.
- 4.4.3 The Provider shall conduct any risk assessment tool designated by DYRS.
- 4.4.4 For youth who remain at the facility more than seven days, the Provider shall have the capability to provide a Bio-Psychosocial Assessment to be completed by a clinical social worker.

4.5 Educational Services

- 4.5.1 If located within the District of Columbia, the Provider shall provide educational services Monday through Friday through a DC Public Schools (DCPS) certified education program. Staff secured facilities located within the District of Columbia may allow residents to attend school within the community. If located outside of the District of Columbia, the Provider shall provide educational services Monday through Friday through a program certified by the jurisdiction in which they are located. Hardware secure facilities and facilities outside the District of Columbia must provide educational services on the grounds of the facility.

Teachers will initially test all youth in mathematics and reading within 72 hours of placement to assess their level of ability. In addition, teachers will assess the youth's education and social history to determine the appropriate individualized daily curriculum for each youth.

- 4.5.2 The Provider shall ensure that the teacher coordinates with the youth's current school program to coordinate the completion of assignments from that program, or shall develop an acceptable curriculum if the youth is not currently enrolled in a school program. In the event the DYRS youth is being released to the community, the provider shall coordinate with DC Public schools to transition the youth back to his prior school placement or to an alternative school placement within the DC Public School system.

- 4.5.3 The Provider shall help to coordinate youth's education services with the youth's long term placement and ensure the transfer of information concerning the youth's educational services.
- 4.5.4 The Provider shall comply with the federal IDEA requirements and ensure that all youth with special education needs receive high quality and appropriate educational services.
- 4.6.1 **Trained Staff and Education Criteria**
- 4.6.2 The Contractor's staff shall consist of professional, paraprofessional and support personnel.
- 4.6.3 Juvenile justice professionals must be highly skilled and experienced with the principles, goals, and the latest advancements of juvenile rehabilitation and treatment provision, including the principles of Positive Youth Development. Direct care staff should preferably have 60 hours of college credit.
- 4.6.4 The Provider shall have a staffing pattern that provides on-site trained staff for twenty-four (24) hour coverage, seven (7) days a week (including holidays) based on the number of youth placed at the facility, to provide supervision and programming. The Contractor's professional and administrative staff shall consist of, at a minimum:
1. Center Administrator/Director with a Master's level degree;
 2. Staff Assistant or equivalent;
 3. Case Manager/Treatment Specialist with a bachelor's degree or equivalent to provide services to the youth and coordinate services with DYRS case managers;
 4. Certified Addictions Counselor
 5. Licensed Social Worker and or Licensed Professional Counselor with a District License
 6. Direct Care Staff such as youth counselors or youth development workers to provide supervision and behavior management treatment to meet the treatment needs of the youth and to ensure the safety and security of the facility, youth, and the security of the public.
 7. Nurse
- 4.6.5 The Provider shall have written policies that provide details describing program management, admissions, living and environment, case management, behavior management, program security, program safety, and conditional release. **The Contractor's employee will be trained annually in all agency policies and procedures.** These policies shall include at a minimum:
1. Orientation;
 2. Staff training & development;
 3. Non-discrimination, in accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 *et seq*;
 4. Sexual harassment, in accordance with D.C. Mayor's Order 2004-171;
 5. Employee performance evaluation;
 6. Hours of work;
 7. Disciplinary procedures;
 8. Terminations;
 9. Use of force;
 10. Safe crisis management
 11. Reporting unusual incidents;

12. Procedures for Reporting allegations of abuse, harm and risks to youth,
13. Employee conduct;
14. Search and seizure of weapons & illegal contraband;
15. Mandatory employee drug and alcohol testing;
16. Confidentiality of youth information;
17. Youth supervision and movement;
18. Suicide prevention;
19. Use of physical restraint;
20. Youth rights & responsibilities;
21. Grievance Process
22. Youth clothing;
23. Emergency preparedness plan (inclusive of sufficient food, water and equipment),
24. Housekeeping and inspection;
25. Youth phone access and visitation;
26. Secure youth transportation;
27. Abscondence; and
28. Positive Youth Development

- 4.6.6 The Provider shall provide sufficient qualified staff to support the treatment and rehabilitative needs of each youth. Staff shall have the requisite qualifications to provide services to the populations. Staff members responsible for performing professional services, including psychological, psychiatric, medical, social work, nursing, dental and education shall have a professional degree and appropriate license in his or her respective fields from an accredited college or university and current license if required by law.
- 4.6.7 The Provider shall ensure that staff is competent and sensitive in providing treatment to persons of diverse cultural backgrounds, as well as responsive to the needs of minority individuals.
- 4.6.8 The Provider shall maintain a complete, confidential individual personnel file for each staff person, contractor or volunteer containing the signed contract, employment or volunteer application, personal and professional references, applicable licenses, credentials and/or certificates, records of required medical examinations, personnel actions including time records, documentation of all training received, notation of any allegations of professional or other misconduct and actions with respect to the allegations and date and reason if terminated from employment or from providing volunteer services, which shall be accessible to the DYRS Contract Administrator (CA).
- 4.6.9 The Provider shall provide job descriptions for all staff positions to the DYRS CA within thirty (30) days from date of award. Each job description shall accurately describe duties for the position and include, at a minimum: job title, responsibility of the position and the required minimum education and experience. The Provider may use part time personnel in any employment category except for the director or equivalent position. A part-time employee is any employee employed for less than 40 hours per week. Full-time employment is defined as forty hours (40) per week.

- 4.6.10** The Provider shall provide orientation and training for all staff members with respect to administrative procedures, patient rights, confidentiality of youth records, including treatment records, reporting allegations of abuse and other risks to youth, grievance procedures and other relevant policies, procedures and protocols of DYRS and the Contractor.
- 4.6.11** The Provider shall maintain a current organizational chart displaying organizational relationships and responsibility lines of administrative oversight and supervision.
- 4.6.12** All personnel materials, including the individual personnel file, for each employee providing services pursuant to this Statement of Work shall be made available to the DYRS CA for review upon request.
- 4.6.13** The Provider shall ensure that direct services staff persons maintain certifications annually in Cardio-Pulmonary Resuscitation (CPR) and First Aid.
- 4.6.14** The Provider shall adhere to the following staff security requirements:
1. In accordance with DC Official Code § 4-1501.01 et seq., the Provider shall conduct routine pre-employment and annually criminal record background checks of the Provider's applicable staff, volunteer, contractor and future staff that will provide services pursuant to this Statement of Work. The Provider shall not employ any staff in the fulfillment of the work pursuant to this Statement of Work unless said person provides the results of a background check, to include FBI, a National Criminal Information Center Report and annual Child Protective Services Report (abuse and neglect). Staff shall not have any convictions of child abuse, child neglect, spousal abuse, a crime against children, including child pornography or a crime involving violence, including but not limited to, rape, sexual assault, homicide and assault for any disqualifying offenses as enumerated in 29 DCMR 6228.
 2. After award of the contract, the Provider shall furnish copies of the certified criminal history records of applicable Provider staff, contractor or volunteer to the Contract Administrator upon request. Any conviction or arrest of the Contractor's employees, contractor or volunteer will be reported to the DYRS Contract Administrator within five (5) days of notification from NCIC or FBI, for further review and final determination of eligibility for employment by the D.C. Department of Human Resources (DCHR).
- 4.6.15** The Contractor's employees, contractors and volunteers shall have a pre-employment drug test and be subject to ongoing random mandatory drug and alcohol testing in accordance with District of Columbia's Mandatory Employee Drug and Alcohol Testing (MEDAT) regulations.
- 4.6.16** The Provider shall always be responsible for the effective supervision and treatment of DYRS youth and the orderly operation of the facility and shall notify DYRS of any unforeseen circumstance, which may affect the safety, security, or orderly operation of the facility.
- 4.7** **CONTRACTOR'S FACILITY**
- 4.7.1** The orientation and assessment facility shall include, but not be limited to, separate sleeping quarters for each youth, dining area and space for recreation.

4.7.2 The Provider shall provide in the facility internet accessible computer, telephone, fax, scanner, e-mail, and TTY and TDY service. The Contractor's facility shall be in accordance with the following:

1. The Contractor's facility shall have a license in good standing and in compliance with all local and federal regulations.
2. The Provider shall maintain an emergency plan approved by local fire officials that clearly documents emergency preparedness, which includes information about the emergency site arrangements. The Contractor's emergency preparedness plan shall be available for review upon the request of the Contract Administrator and the designated program monitor. The emergency plan shall be reviewed annually, updated as necessary, and redistributed as changes occur.
3. The Provider shall provide, at no additional cost to the District, supplies and services routinely needed for maintenance and operation of the home, such as, but not limited to, security, janitorial services, trash pick-up, laundry or linens.
4. The District reserves the right to inspect the facility prior to placement of youth. The District will conduct periodic, scheduled and unscheduled site visits for the purpose of directly observing the provision of services and discussing performance relative to the terms and conditions of a task order.
5. The Provider shall ensure that the facility meets all licensing, registration and occupancy requirements, building safety, fire, health and sanitation codes and all other required certifications as prescribed by the governing jurisdiction and maintain current all required permits and licenses.

4.8 FOOD SERVICES

- 4.8.1** The Provider shall provide three (3) meals and a snack a day for youth in accordance with a menu approved by a licensed nutritionist listing for seven (7) days a week.
- 4.8.2** The Provider shall make arrangements for special diets as required by a youth's physician or dentist.
- 4.8.3** The Provider shall comply with all regulations pertaining to handling of food in accordance with the regulations set forth by DCRA or state-equivalent and the USDA Model Food Code.
- 4.8.4** The Provider shall make their food service facility available to DYRS for inspections.

4.9 POLICY AND PROCEDURE MANUAL

The Provider shall conform to DYRS policies and procedures, Program Statements and all DYRS and Court Orders as cited herein, which will be made part of any contract. A copy of these documents can be requested in writing from:

Department of Youth Rehabilitation Services
Management Support Services
8400 River Road
Laurel, MD 20724

4.10 OTHER PROVIDER REQUIREMENTS

1. Adhere to licensing regulations and state requirements in accordance with all existing federal and District of Columbia or state-equivalent laws, rules and regulations.
2. Provide the DYRS Contract Administrator immediate notification of any restriction, suspension or other disciplinary actions taken by your state licensing or regulatory agency.
3. Commit to a philosophy of unconditional care, by agreeing not to eject a youth that have been accepted but rather renegotiate an individual placement with the agency on a particularly difficult referral.

4.11 ADMINISTRATIVE OPERATIONS

The Provider shall, at a minimum, provide or maintain the following administrative operations to support the delivery of extended family or therapeutic services for youth:

1. Provide services 24 hours per day seven days per week. The Provider shall maintain an administrative office, which shall operate at a minimum from 9:00 a.m. to 5:00 p.m., Monday through Friday, except on federal holidays.
2. Report all unusual or critical incidents, including abscondence, involving youth referred by the District in accordance with the policies and procedure as approved by DYRS.
3. **Reports due to DYRS must be submitted to the DYRS case manager and to dyrs.providerreport@dc.gov**

4.12 JUVENILE SERVICES

The Providers shall maintain comprehensive case files for each youth including historical, background, and other relevant information received from DYRS case managers. Case files shall be maintained in a manner that is both organized and representative of the youth's progress based on the youth's prescribed ISP and updates to the ISP. Case files shall include daily progress notes for individual youth. The Provider shall also provide the DYRS case manager with a work plan that details the intensity and frequency of services described in the ISP, within 15 days of receiving the ISP. The work plan shall address, but not be limited to, the following:

1. Supervision and treatment by providing activities designed to provide external constraints for the youth's behavior, monitor the behavior, and strengthen the adherence and acceptance of rules.
2. Provide regularly scheduled recreation/leisure/cultural activities designed to engage, stimulate and expose youth to vocational, artistic and consciousness raising pursuits.
3. Coordinate with the DYRS case manager for clinical services necessary to meet and support the treatment objectives and strategies described in the ISP, including, but not limited to, individual and group counseling that focuses on day-to-day adjustment issues. This may also include formal psychotherapeutic or behavior modification techniques.

4.13 REPORTS

4.13.1 The Provider shall provide the Contract Administrator with quarterly report data that supports DYRS' quality assurance plan used to assess the effectiveness of the Contractor's services. The Quarterly report shall, at a minimum, include the following information:

1. Names and number of youth admitted to the program.
2. Names and number of youth receiving services.
3. Number and content of training for staff (includes list of participants and participant evaluations).
4. Name and position of staff working with DYRS youth.

4.13.2 The Provider shall prepare and submit individual monthly progress reports to the assigned DYRS case manager. The monthly progress report shall, at a minimum, document the youth's progress in each identified area of service as follows:

1. Life skills;
2. Recreation and leisure activities;
3. Academic performance;
4. Individual therapy;
5. Group therapy;
6. Addiction support;
7. Health/medical updates;
8. Unusual incidents;
9. Abscondence reports; and
10. Updated service strategies.
11. Psychiatric/psychological evaluations
12. Medication assessments

C.14 ELIGIBILITY

Eligibility for services under the agreement with DYRS shall be determined and re-determined by the District, as applicable, in accordance with prescribed procedures. The Provider shall be subject to a written determination that it is qualified to provide the services and shall continue the same level of qualifications, subject to a review by the District, according to the criteria delineated in 27 DCMR, Chapter 19, Section 1905.6, as amended.

SECTION 5 DELIVERABLES for Base Year and Option Years 1 through 4 (All Deliverables shall be delivered to the CA specified in Section 17)

5.1 Deliverable for Base Year and Option Years 1 through 4 (All Deliverable shall be delivered to the Contract Administrator specified in Section 16. a)

Contract Line Item Number (CLIN)	Deliverable	Method of Delivery	Due Date
0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	Initial ITP	1 electronic copy and/or 1 soft copy clearly labeled with the following: - Deliverable Name (Placement) - Youth's Name - Facility Name - Date Completed - Date submitted	The initial ITP shall be completed and submitted within 15 days of placement to the DYRS case manager and dyrs.providerreport@dc.gov
0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	Updated Treatment Plans and/or Monthly Progress Reports	1 electronic copy and/or 1 soft copy clearly labeled with the following: - Deliverable Name - Youth's Name - Facility Name - Date Completed - Date Submitted - Projected Release Date	Updated Treatment Plans and/or Monthly Progress Reports are due the 10 th day of each month to the DYRS case manager and dyrs.providerreport@dc.gov
0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	Transitional Plan	1 electronic copy and/or 1 soft copy clearly labeled with the following: - Deliverable Name - Youth's Name - Facility Name - Date Completed - Date Submitted - Scheduled Release Date	Transition Planning Report is due 90 days before the projected discharge date and should accompany the monthly progress report to the DYRS Case Manager. and dyrs.providerreport@dc.gov
0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	Discharge Package	1 electronic copy and/or 1 soft copy clearly labeled with the following: - Deliverable Name - Youth's Name - Facility Name - Date Completed - Date Submitted - Scheduled Release Date	The Discharge package shall be submitted 60 days before the scheduled discharge date to the DYRS Case Manager and dyrs.providerreport@dc.gov

0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	Emergency Plans	1 electronic copy to clearly labeled with the following: -Deliverable Name -Facility Name -Date of Revision	The Emergency Plan with alternative placement sites is to be submitted to the CA 10 business days after award of a Human Care Agreement to the CA and dyrs.providerreport@dc.gov
0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	DYRS Unusual Incident Report	1 electronic copy clearly labeled with the following: - Deliverable Name - Youth's Name - Facility Name - Date Completed - Date Submitted	All Unusual Incident Reports shall be submitted via email or telephone by the end of the shift in which the incident occurred and followed up with a written report to the CA and DYRS Case Manager within 24 hours and dyrs.providerreport@dc.gov
0001 - 0002 1001 - 1002 2001 - 2002 3001 - 3002 4001 - 4002	DYRS Absconder Report	1 electronic copy clearly labeled with the following: - Deliverable Name - Youth's Name - Facility Name - Date Completed - Date Submitted	All Absconder Reports shall be submitted to the CA via email by the end of the shift in which the incident occurred with a copy forwarded to the DYRS case manager and Quality Assurance Unit and dyrs.providerreport@dc.gov

Section 7 District Responsibilities

- 7.1 The Department of Youth Rehabilitation Services will provide the following: a) written requests for care indicating youth identified as needing psychiatric services b) reasonably quiet, confidential space to see youth; c) access to medical charts; d) Provide training courses in "Safe Crisis Management" and "Suicide Prevention" and CPR; e) develop and implement quality assurance tools to evaluate the provider's performance on responsibilities indicated above; and f) DYRS shall makes payments to the provider on a monthly basis for the services provided during the previous month as invoiced.

Section 8 Monitoring

- 8.1 a) The Department of Youth Rehabilitation Services shall monitor the quality of services provided; and b) monitoring shall include, but is not limited to, review of documentation in medical charts, monitoring of medications prescribed by the Pharmacy and Therapeutic Committee, and review of labs ordered based on standard baseline labs to be completed for psychotropic medication monitoring.

Section 9 Compliance With Service Rates

- 9.1 All human care services shall be provided, and the District shall only pay, in accordance with the service rates shown in Section 2, Human Care Services and Service Rates. If any overpayment occurs, the provider shall repay the District the full amount of the overpayment. The Provider shall provide no human care unless the District makes an official referral and issues a task order to the Provider.

Section 10 Method of Delivery of Services

- 10.1 a) Youth are to be seen face-to-face based on request for care received from the youth, behavioral health staff or medical staff; and
- 10.2 b) Psychiatric or forensic evaluations are completed based on requests from behavioral health supervisory staff and/or courts.

Section 11 Eligibility

- 11.1 Eligibility for services under this Human Care Agreement shall be determined and re-determined by the District, as applicable, in accordance with prescribed procedures. The provider shall be subject to a written determination that it is qualified to provide the services and shall continue the same level of qualifications, subject to a review by the District, according to the criteria delineated in 27 DCMR, Chapter 19, Section 1905.6, as amended which is incorporated into this Agreement as Attachment 41.3.

Section 12 Compliance with Laws

- 12.1 As a condition of the Provider's obligation to perform for the District's under this Agreement, the Provider shall comply with all applicable District, federal and other state and local governmental laws, regulations, standards, or ordinances and, where applicable, any other applicable licensing and permit laws, regulations, standards, or ordinances as necessary for the lawful provision of the services required of the Provider under the terms of this Human Care Agreement.

Section 13 Human Care Service Delivery and Performance

- 13.1 The term of this Human Care Agreement shall be for a period of one(1) base year and four (4) additional option years subject to an agreement of the parties, subject to the continuing availability of funds for any period beyond the end of the fiscal year in which this Agreement is awarded.
- 13.2 If the Provider fails to perform its obligations under this Human Care Agreement in accordance with the Agreement and in a timely manner, or otherwise violates any provision of this Human Care Agreement, the District may terminate this Human Care Agreement for default or convenience of the District upon serving written notice of termination to the Provider in accordance with sections 6, 8 or 16 of the Government of the District of Columbia Standard Contract Provisions For Use With District of Columbia Government Supply and Services, dated July 2010, hereafter referred to as "Standard Contract Provisions", which is incorporated into this Agreement by reference.
- 13.3 The District reserves the right to cancel a task order issued pursuant to this Human Care Agreement upon thirty (30) days written notice to the Provider.

Section 14 Agreement Not A Commitment of Funds or Commitment to Purchase

- 14.1 This Agreement is not a commitment by the District to purchase any quantity of a particular good or service covered under this Human Care Agreement from the Provider. The District shall be obligated only to the extent that authorized purchases are actually made by purchase order or task order pursuant to this Human Care Agreement.

Section 15 Option to Extend Term of the Agreement

- 15.1 The District Government may extend the term of this Human Care Agreement for a period of four (4) one (1) year option periods, or fractions thereof, by written notice to the Provider prior to the expiration of the Agreement; provided that the District gives the Provider written notice of its intent to extend at least thirty (30) days before the Human Care Agreement expires. The preliminary notice does not commit the District to an extension. . The Provider may waive the thirty (30) day notice requirements by providing a written notice to the Contracting Officer.
- 15.2 The service rates for the option periods shall be as specified in Section 2, Human Care Services and Service Rates.
- 15.3 If the District exercises an option, the extended Human Care Agreement shall be considered to include this option provision.
- 15.4 The total duration of this Human Care Agreement including the exercise of any options under this clause shall not exceed five (5) years.

Section 16 Contracting Officer

- 16.1 The Contracting Officer (CO) is the only District official authorized to bind contractually the District through signing a human care agreement or contract, and all documents relating to the human care agreement. All correspondence to the Contracting Officer shall be forwarded to: Joseph Stewart, Contracting Officer, Office of Contracting and Procurement Human Care Services Group 441 4th Street, N.W. Suite 700 South Washington, D.C. 20001 Telephone Number: (202) 724-8759 and E-Mail: Joseph.stewart@dc.gov

Section 17 Contract Administrator

- 17.1 The Contract Administrator (CA) is the representative responsible for the general administration of this Human Care Agreement and advising the Contracting Officer as to the compliance or noncompliance of the provider with this Human Care Agreement. In addition, the Contracting Officer's Representative is responsible for the day-to-day monitoring and supervision of this Agreement. The Contracting Officer's representative is not authorized or empowered to make amendments, changes, or revisions to this agreement. The CA shall be appointed by the Office of Contracts and Procurement at the time that the Human Care Agreement is awarded to the individual providers.

Section 18 Contact Person

- 18.1 For information concerning this Human Care Agreement contact: Mr. Dwight Hayes, Contract Specialist, Office of Contracting and Procurement 441 4th St., NW, Suite 706 North Washington, D. C. 20001 Telephone Number: (202) 727-2354 and E-Mail: dwight.hayes@dc.gov

Section 19 Ordering and Payment

- 19.1 The Provider shall not provide services or treatment under this Agreement unless the Provider is in actual receipt of a purchase order or task order for the period of the service or treatment that is signed by the Contracting Officer.
- 19.2 All purchase orders or task orders issued in accordance with this Agreement shall be subject to the terms and conditions of this Agreement. In the event of a conflict between a purchase order or a task order and this Agreement, the Agreement shall take precedence.
- 19.3 The Provider shall forward or submit all monthly invoices for each referral for services to the agency, office, or program requesting the specified human care service and as specified on page one (1) of the purchase order/task order, "Provider Shall Submit All Invoices To: Department of Youth Rehabilitation Services Office of the Chief Financial Officer 64 New York Ave., NE, 6th Floor Washington., D.C. 20002
- 19.4 To ensure proper and prompt payment, each invoice for payment shall provide the following minimum information: (1) Provider name and address; (2) Invoice date, number and the total amount due; (3) Period or date of service; (4) Description of service; (5) Quantity of services provided or performed (6) Contract line item number (CLIN) , as applicable to each purchase order or task order; (7) Purchase order or task order number; (8) Agreement number; (9) Federal tax identification number (TIN); (10) Any other supporting documentation or information, as required; (11) Name, title and telephone signature of the preparer; (12) Identification of each recipient of chore aide/emergency caretaker service; (13) The recipient's authorization number and census track; (14) The APS supervisor or social worker responsible for the case; (15) The weekly authorization for the number of ours of service that is authorized for each client; (16) The specific dates and the hours for which serve was rendered for each client; (17) The total cost for each client; and (18) The itemized information for all miscellaneous expenditure.
- 19.5 Payment shall be made only after performance by the Provider under the Agreement as a result of a valid purchase order or task order of the agreement, or the purchase order/task order, in accordance with all provisions thereof.

Section 20 Inspection and Acceptance

- 20.1** The inspection and acceptance requirements for the resultant agreement shall be governed by the Inspection of Services Clause § 7 of the Government of the District of Columbia's Standard Contract Provisions for use with Supplies and Services Contracts, dated July 2010, located at www.ocp.dc.gov.
- 20.2** The Provider shall permit persons duly authorized by the Contracting Officer to inspect any records, papers, documents, facilities, and/or goods and services of the Provider which are relevant to the human care agreement, and/or to interview any program participants and employees of the Provider to assure the District of the satisfactory performance of the terms and conditions of the task order resulting from this human care agreement.
- 20.3** Following such evaluation, the CA will deliver to the Provider a written report of its findings and will include written recommendations with regard to the Provider's performance of the terms and conditions of the contract.
- 20.4** The Provider will correct all noted deficiencies identified by the CA within specified period of time set forth in the recommendations.
- 20.5 Inspection and Acceptance-deficiencies**
- 20.5.1** The Provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the Contracting Officer, result in any one or any combination of the following:
- 20.5.2** The Provider being deemed in breach or default of this agreement.
- 20.5.3** The withholding of payments to the Provider by the District.
- 20.5.4** The termination of the Agreement for cause.

Section 21 Standard Contract Provisions Incorporated by Reference

- 21.1** The Government of the District of Columbia Standard Contract Provisions For Use With District of Columbia Government Supply and Services, dated July 2010, hereafter referred to as the "Standard Contract Provisions" are incorporated by reference into this Agreement, and shall govern the relationship of the parties as contained in this Agreement. By signing this Agreement, the Provider agrees and acknowledges its obligation to be bound by the Standard Contract Provisions, and its requirements.

Section 22 Laws and Regulations Incorporated by Reference

- 22.1** By signing this Agreement, the Provider certifies, attests, agrees, and acknowledges to be bound by the following stipulations, representations and requirements of the provisions of the following laws, acts and orders, together with the provisions of the applicable regulations made

pursuant to the laws, and they are incorporated by reference into this Agreement:

Section 23 Child and Youth, Safety and Health Omnibus Amendment Act of 2004

- 23.1** The Provider agrees to comply with Title II of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law 15-353; DC Official Code § 4-1501.01 *et seq.*)(2006 Supp.), as amended by Title II of the Omnibus Public Safety Amendment Act of 2006, effective April 24, 2007 (D.C. Law 16-306; 54 DCR 6577) and its implementing regulations at Chapter 5 of 27 DCMR.

Section 24 District of Columbia Interstate Compact

- 24.1** Youth accepted for placement in facilities outside of the District, who are under the age of 18 will be referred and approved for placement by District of Columbia Interstate Compact for Placement of Children.

Section 25 Confidentiality

- 25.1** All services or treatment provided by the Provider through referrals by the District to the Provider shall be provided in a confidential manner and the Provider shall not release any information relating to a recipient of the services or otherwise as to the provision of those services or treatment to any individual other than an official of the District connected with the provision of services under this Human Care Agreement, except upon the written consent of the individual referral, or in the case of a minor, the custodial parent or legal guardian of the individual referral.

Section 26 Tax Compliance Certification

- 26.1** In signing and submitting this Human Care Agreement and the Tax Certification Affidavit, the Provider certifies, attests, agrees, and acknowledges that the Provider is in compliance with all applicable tax requirements of the District of Columbia and shall maintain that compliance for the duration of the Agreement.

Section 27 Amendments

- 27.1** This Human Care Agreement, including the Provider's CQR (Attachment 39.2.1), applicable documents and attachments incorporated by reference constitutes the entire Agreement between the parties and all other communications prior to its execution, whether written or oral, with reference to the subject matter of this Agreement are superseded by this Human Care Agreement. The Contracting Officer may, at any time, by written order and without notice to a surety, if any, make amendments or changes in the agreement within the general scope, services, or service rates of the Agreement. No amendment to this Agreement shall be valid unless approved in writing by the Contracting Officer, subject to any other approvals required in accordance with the District regulations at 27 DCMR. Except that the Contracting Officer may make purely clerical or administrative revisions to the Agreement with written notice to the Provider.

Section 28 Subcontracts

- 28.1** The Provider shall not subcontract any of the work or services provided in accordance with this Agreement to any subContractor without the prior written consent of the Contracting Officer. Any work or service that may be subcontracted shall be performed pursuant to a written subcontract agreement, which the District shall have the right to review and approve prior to its execution. Any such subcontract shall specify that the Provider and the sub- Provider shall be subject to every provision of this Human Care Agreement. Notwithstanding any subcontract approved by the District, the Provider shall remain solely liable to the District for all services required under this Human Care Agreement.

Section 29 Provider Responsibility

- 29.1** The Provider bears primary responsibility for ensuring that the Provider fulfills all its Human Care Agreement requirements under any task order or purchase order that is issued to the Provider pursuant to this Human Care Agreement.
- 29.2** The Provider shall notify the District immediately whenever the Provider does not have adequate staff, financial resources, or facilities to comply with the provision of services under this Human Care Agreement.
- 29.3** The Provider's employees shall report all unusual incidents on the Unusual Incident Report, including allegations of abuse or neglect, involving any client that is provided with services by the Provider by telephone to DYRS, and followed up by a written report to DYRS within forty-eight (48) hours of the unusual incident.

Section 30 Publicity

- 30.1** The Provider shall at all times obtain the prior written approval from the Contracting Officer before it, any of its officers, agents, employees or subcontractors, either during or after expiration or termination of the contract, make any statement, or issue any material, for publication through any medium of communication, bearing on the work performed or data collected under this Agreement.

Section 31 Conflict of Interest

- 31.1** No official or employee of the District of Columbia or the Federal Government who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of this Agreement shall, prior to the completion of the project, voluntarily acquire any personal interest, direct or indirect, in the agreement or proposed agreement. (DC Procurement Practices Act of 1985, D.C. Law 6-85, D.C. Code Section 1-1190.1 and Chapter 18 of the DC Personnel Regulations).
- 31.2** The Provider represents and covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services hereunder. The Provider further covenants not to employ any person having such

known interests in the performance of the agreement.

Section 32 Department of Labor Wage Determinations

- 32.1** The Provider shall be bound by Wage Determination No. 2005-2103, Revision No.13, dated June 19, 2013, incorporated herein as Attachment 41.6, issued by the U.S. Department of Labor In accordance with the Service Contract Act of 1965, as amended (41 U.S.C. 351). The Provider shall be bound by the wage rates for the term of the contract. If an option is exercised, the Provider shall be bound by the applicable wage rate at the time of the option. If the option is exercised and the Contracting Officer for the option obtains a revised wage determination, that determination is applicable for the option period(s); the Provider may be entitled to an equitable adjustment.

Section 33 Access to Records

- 33.1** The Provider shall retain all case records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to the human care agreement for a period of five (5) years after termination of the human care agreement, or if an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of the contract.
- 33.3** Persons duly authorized by the Contracting Officer shall have full access to and the right to examine any of the Provider's human care agreement and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.

Section 34 Way to Work Amendment Act of 2006-Living Wage Notice

- 34.1** Available at www.ocp.dc.gov, click on OCP Policies and Procedures under the heading 'e-Library', then click on Way to Work Amendment Act Notice'.

Section 35 Way to Work Amendment Act of 2006-Living Wage Fact Sheet

- 35.1** Available at www.ocp.dc.gov, click on OCP Policies and Procedures under the heading 'e-Library', then click on 'Way to Work Amendment Act Fact Sheet'.

Section 36 HIPAA Privacy Compliance

- 36.1** Please reference the HIPAA Privacy Compliance Policy at www.ocp.dc.gov, click on OCP Policies and Procedures under the heading e-Library, then click on HIPAA Privacy Compliance Policy Clause.

Section 37 CRIMINAL BACKGROUND AND TRAFFIC RECORDS CHECKS FOR CONTRACTORS THAT PROVIDE DIRECT SERVICES TO CHILDREN OR YOUTH

- A.** A Provider that provides services as a covered child or youth services provider, as defined in section 202(3) of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law 15-353; D.C. Official Code

§ 4-1501.01 *et seq.*), as amended (in this section, the "Act"), shall obtain criminal history records to investigate persons applying for employment, in either a compensated or a volunteer position, as well as its current employees and volunteers. Annually, the provider shall request results of the criminal background checks for all employees, contractors and volunteers working with DYRS youth.

- B) Annually, the provider shall also obtain current driver's license and driving records to investigate persons applying for employment, as well as current employees, contractors and volunteers, when that person will be required to drive a motor vehicle to transport children in the course of performing his or her duties.
- C) The Provider shall inform all applicants requiring a criminal background check that the results of the applicant's criminal background check must be before the applicant may be offered a compensated position or volunteer position.
- D) The Provider shall inform all applicants requiring a traffic records check that a traffic records check must be received on the applicant before the applicant may be offered a compensated position or a volunteer position.
- E) The provider shall obtain from each applicant, employee, contractor and volunteer:
 - 1) a written authorization which authorizes the District and National Crime Information Center (NCIC) to conduct a criminal background check;
 - 2) a written confirmation stating that the Provider has informed him or her that the District and National Crime Information Center (NCIC) is authorized to conduct a criminal background check;
 - 3) a signed affirmation stating whether or not they have been convicted of a crime, pleaded nolo contendere, are on probation before judgment or placement of a case upon a stet docket, or have been found not guilty by reason of insanity, for any sexual offenses or intra-family offenses in the District or their equivalent in any other state or territory, or for any of the following felony offenses or their equivalent in any other state or territory:
 - (i) Murder, attempted murder, manslaughter, or arson;
 - (ii) Assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats to do bodily harm;
 - (iii) Burglary;
 - (iv) Robbery;
 - (v) Kidnapping;
 - (vi) Illegal use or possession of a firearm;
 - (vii) Sexual offenses, including indecent exposure; promoting, procuring, compelling, soliciting, or engaging in prostitution; corrupting minors (sexual relations with children); molesting; voyeurism; committing sex acts in public; incest; rape; sexual assault; sexual battery; or sexual abuse;

- but excluding sodomy between consenting adults;
 - (viii) Child abuse or cruelty to children; or
 - (ix) Unlawful distribution of or possession with intent to distribute a controlled substance;
 - 4) a written acknowledgement stating that the Provider has notified them that they are entitled to receive a copy of the criminal background check and to challenge the accuracy and completeness of the report; and
 - 5) a written acknowledgement stating that the Provider has notified them that they may be denied employment or a volunteer position, or may be terminated as an employee or volunteer based on the results of the criminal background check.
- F) The provider shall inform each applicant, employee, and contractor and volunteer that a false statement may subject them to criminal penalties.
- G) Prior to requesting a criminal background check, the Provider shall provide each applicant, employee, contractor or volunteer with a form or forms to be utilized for the following purposes:
- 1) To authorize the Metropolitan Police Department (MPD), or designee, to conduct the criminal background check and confirm that the applicant, employee, contractor or volunteer has been informed that the Provider is authorized and required to conduct a criminal background check;
 - 2) To affirm whether or not the applicant, employee, contractor or volunteer has been convicted of a crime, has pleaded nolo contendere, is on probation before judgment or placement of a case upon a stet docket, or has been found not guilty by reason of insanity for any sexual offenses or intra-family offenses in the District or their equivalent in any other state or territory of the United States, or for any of the felony offenses described in paragraph H.11.5(C);
 - 3) To acknowledge that the applicant, employee, contractor or volunteer has been notified of his or her right to obtain a copy of the criminal background check report and to challenge the accuracy and completeness of the report;
 - 4) To acknowledge that the applicant may be denied employment, assignment to, or a volunteer position for which a criminal background check is required based on the outcome of the criminal background check; and
 - 5) To inform the applicant, contractor, volunteer or employee that a false statement on the form or forms may subject them to criminal penalties pursuant to D.C. Official Code §22-2405.
- H) The Provider shall direct the applicant, contractor, volunteer or employee to complete the form or forms and notify the applicant, contractor, volunteer or employee when and where to report to be fingerprinted.

- I) Unless otherwise provided herein, the Provider shall request criminal background checks from the Chief, MPD (or designee), who shall be responsible for conducting criminal background checks, including fingerprinting.
- J) The Provider shall request traffic record checks from the Director, Department of Motor Vehicles (DMV) (or designee), who shall be responsible for conducting traffic record checks.
- K) The Provider shall provide copies of the results of all criminal background and traffic check reports to the Contract Administrator (CA) within one business day of receipt.
- L) The Provider shall pay for the costs for the criminal background and traffic record checks, pursuant to the requirements set forth by the MPD and DMV. The District shall not make any separate payment for the cost of criminal background and traffic record checks.
- M) The Provider shall make an offer of appointment to, or assign a current employee or applicant to, a compensated position contingent upon receipt from the contracting officer of the CA's decision after his or her assessment of the criminal background or traffic record check.
- N) The Provider shall not make an offer of appointment to a volunteer or contractor whose position brings him or her into direct contact with children until it receives from the contracting officer the CA's decision after his or her assessment of the criminal background or traffic record check.
- O) The Provider shall not employ or permit to serve as a volunteer or contractor an applicant or employee who has been convicted of, has pleaded nolo contendere to, is on probation before judgment or placement of a case on the stet docket because of, or has been found not guilty by reason of insanity for any sexual offenses involving a minor.
- P) Unless otherwise specified herein, the Provider shall conduct annual criminal background checks upon the exercise of each option year of this contract for current employees, contractors and volunteers .
- Q) An employee, contractor or volunteer may be subject to administrative action including, but not limited to, reassignment or termination at the discretion of the CA after his or her assessment of a criminal background or traffic record check.
- R) The CA shall be solely responsible for assessing the information obtained from each criminal background and traffic records check report to determine whether a final offer may be made to each applicant, volunteer, contractor or employee. The CA shall inform the contracting officer of its decision, and the contracting officer shall inform the Provider whether an offer may be made to each applicant.
- S) If any application is denied because the CA determines that the applicant presents a present danger to children or youth, the Provider shall notify the applicant of such

determination and inform the applicant in writing that she or he may appeal the denial to the Commission on Human Rights within thirty (30) days of the determination.

- T) The provider shall institute a policy requiring employees and contractors providing direct care services to DYRS youth to submit to mandatory drug and alcohol testing during the pre-employment screening and on a random basis.
- U) Criminal background and traffic record check reports obtained under this section shall be confidential and are for the exclusive use of making employment-related determinations. The Provider shall not release or otherwise disclose the reports to any person, except as directed by the contracting officer.

SECTION 38 Insurance

38.1 A. GENERAL REQUIREMENTS. The Contractor shall procure and maintain, during the entire period of performance under this contract, the types of insurance specified below. The Contractor shall have its insurance broker or insurance company submit a Certificate of Insurance to the CO giving evidence of the required coverage prior to commencing performance under this contract. In no event shall any work be performed until the required Certificates of Insurance signed by an authorized representative of the insurer(s) have been provided to, and accepted by, the CO. All insurance shall be written with financially responsible companies authorized to do business in the District of Columbia or in the jurisdiction where the work is to be performed and have an Alfred M. Best Company rating of A-VIII or higher. The Contractor shall require all of its subcontractors to carry the same insurance required herein. The Contractor shall ensure that all policies provide that the CO shall be given thirty (30) days prior written notice in the event the stated limit in the declarations page of the policy is reduced via endorsement or the policy is canceled prior to the expiration date shown on the certificate. The Contractor shall provide the CO with ten (10) days prior written notice in the event of non-payment of premium.

1. Commercial General Liability Insurance. The Contractor shall provide evidence satisfactory to the CO with respect to the services performed that it carries \$1,000,000 per occurrence limits; \$2,000,000 aggregate; Bodily Injury and Property Damage including, but not limited to: premises-operations; broad form property damage; Products and Completed Operations; Personal and Advertising Injury; contractual liability and independent contractors. The policy coverage shall include the District of Columbia as an additional insured, shall be primary and non-contributory with any other insurance maintained by the District of Columbia, and shall contain a waiver of subrogation. The Contractor shall maintain Completed Operations coverage for five (5) years following final acceptance of the work performed under this contract.
2. Automobile Liability Insurance. The Contractor shall provide automobile liability insurance to cover all owned, hired or non-owned motor vehicles used in conjunction with the performance of this contract. The policy shall provide a \$1,000,000 per occurrence combined single limit for bodily injury and property damage.
3. Workers' Compensation Insurance. The Contractor shall provide Workers' Compensation insurance in accordance with the statutory mandates of the District of Columbia or the jurisdiction in which the contract is performed.

Employer's Liability Insurance. The Contractor shall provide employer's liability insurance as follows: \$500,000 per accident for injury; \$500,000 per employee for disease; and \$500,000 for policy disease limit.

- B. DURATION.** The Contractor shall carry all required insurance until all contract work is accepted by the District, and shall carry the required General Liability; any required Professional Liability; and any required Employment Practices Liability insurance for five (5) years following final acceptance of the work performed under this contract.

- C. **LIABILITY.** These are the required minimum insurance requirements established by the District of Columbia. **HOWEVER, THE REQUIRED MINIMUM INSURANCE REQUIREMENTS PROVIDED ABOVE WILL NOT IN ANY WAY LIMIT THE CONTRACTOR'S LIABILITY UNDER THIS CONTRACT.**
- D. **CONTRACTOR'S PROPERTY.** Contractor and subcontractors are solely responsible for any loss or damage to their personal property, including but not limited to tools and equipment, scaffolding and temporary structures, rented machinery, or owned and leased equipment. A waiver of subrogation shall apply in favor of the District of Columbia.
- E. **MEASURE OF PAYMENT.** The District shall not make any separate measure or payment for the cost of insurance and bonds. The Contractor shall include all of the costs of insurance and bonds in the contract price.
- F. **NOTIFICATION.** The Contractor shall immediately provide the CO with written notice in the event that its insurance coverage has or will be substantially changed, canceled or not renewed, and provide an updated certificate of insurance to the CO.
- G. **CERTIFICATES OF INSURANCE.** The Contractor shall submit certificates of insurance 10 business days after award of notice giving evidence of the required coverage as specified in this section prior to commencing work. Evidence of insurance shall be submitted to:

James A. Webb, Jr.
Contracting Officer
Office of Contracting and Procurement
441 4th Street, NW, Suite 700S
Washington, DC 20001
Telephone: 202-724-4019
E-mail address: james.webb@dc.gov

- H. **DISCLOSURE OF INFORMATION.** The Contractor agrees that the District may disclose the name and contact information of its insurers to any third party which presents a claim against the District for any damages or claims resulting from or arising out of work performed by the Contractor, its agents, employees, servants or subcontractors in the performance of this contract.

Section 39 Access to Records

- 39.1 The Provider shall retain all case records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to the human care agreement for a period of five (5) years after termination of the human care agreement, or if an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of the contract.

- 39.2 The Provider shall assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, District, or other personnel duly authorized by the Contracting Officer.
- 39.3 Persons duly authorized by the Contracting Officer shall have full access to and the right to examine any of the Provider's human care agreement and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.

F.40 Documents Incorporated by Reference and Order of Precedence

A conflict in language shall be resolved by giving precedence to the document in the highest order of priority that contains language addressing the issue in question. The following documents are incorporated into the human care agreement by reference and made a part of the human care agreement in the following order of precedence.

- F.40.1 The Human Care Agreement.
- F.40.2 Government of the District of Columbia Standard Agreement Provisions for use with the District of Columbia Government Supply and Services Contracts dated March 2007 located at www.ocp.dc.gov.
- F.40.3 U.S. Department of Labor Wage Determination No. 2005-2103, Revision 13, dated June 19, 2013.
- F.40.4 Living Wage Fact Sheet.
- F.40.5 The Contractor Qualifications Record completed by the Provider.
- F.40.6 Task Order or Purchase Order

F.41 Attachments

The following attachments are included and incorporated by reference into this Agreement.


1. Human Care Agreement Qualification Record
2. First Source Employment Agreement
3. U.S. Department of Labor Wage Determination No. 2005-2103, Revision 13, dated June 19, 2013
4. *Living Wage Fact Sheet*
5. Living Wage Act of 2006

EXHIBIT 7

COUNCIL OF THE DISTRICT OF COLUMBIA
1350 Pennsylvania Avenue, N.W.
Washington, D.C. 20004

URGENT

Memorandum

To: Members of the Council
From:  Nyasha Smith, Secretary to the Council
Date: April 17, 2013
Subject: Proposed human care agreement with Boys Town Washington, D.C., Inc.
(CA 20-70)

The attached proposed human care agreement with Boys Town Washington, D.C., Inc. in the amount of \$2,100,000.00 to operate a hardware-secured, short-term, 24-hour, facility for up to 25 youth to provide services to the DYRS awaiting placement population was filed in the Office of the Secretary on April 15, 2013.

The Council's ten day review begins Wednesday, April 17, 2013, including Saturdays, Sundays, Council recess and legal holidays. The proposed contract will be deemed approved on Saturday, April 27, 2013, unless a resolution of approval or disapproval is introduced within the ten day review period, extending the review to 45 days.

INTRODUCED BY: Chairman Mendelson at the request of the Mayor

Retained by the Council with comments from the Committee on Human Services.

Attachment

cc: General Counsel
Budget Director
Legislative Services

FILING SHEET

DATE: _____, 2010

1. _____ SHORT TITLE OF MEASURE OR DOCUMENT

Contract w/ Boyston Washington
#2,100,000

2. _____ NAME/LOCATION ON V DRIVE: _____
_____ DISK ATTACHED

3. REFERRAL OF PROPOSED LEGISLATION

Retained w/ H8

4. _____ COMMITTEE REPORT

5. _____ EMERGENCY LEGISLATION

_____ Circulated Statement of Reason and Effect of Emergency

_____ Emergency Declaration Resolution

_____ Emergency Legislation

_____ Temporary Legislation

6. _____ CIRCULATED CEREMONIAL RESOLUTION

Should be framed by _____
date

7. _____ REPROGRAMMING REQUEST

8. _____ AMENDMENT(S) _____ Bill No. _____ / _____ PR No. _____

9. _____ PUBLIC HEARING NOTICE

10. _____ PUBLIC ROUNDTABLE NOTICE

11. _____ PUBLIC OVERSIGHT HEARING NOTICE

12. _____ OTHER CORRESPONDENCE

FILED BY

CHAIRMAN, MEMBER OR COMMITTEE



VINCENT C. GRAY

MAYOR

APR 15 2013

The Honorable Phil Mendelson
Chairman
Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, N.W.
Suite 504
Washington, DC 20001

Dear Chairman Mendelson:

Pursuant to D.C. Official Code § 1-204.51(b)(2)(A) enclosed for consideration by the Council of the District of Columbia is a proposed human care agreement (DCJZ-2013-H-0001) with Boys Town Washington, D.C., Inc. for an estimated amount of two million, one-hundred thousand and zero cents (\$ 2,100,000.00).

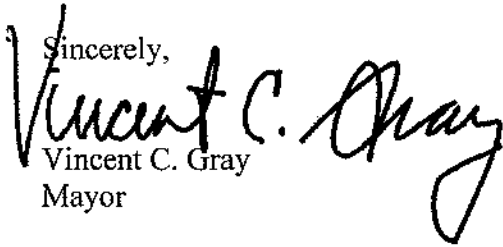
The period of performance for the base year is Date of Award and twelve (12) months thereafter.

The Provider shall operate a hardware-secured, short-term, 24-hour, facility for up to 25 youth to provide services to the DYRS awaiting placement population. The Provider facility shall accommodate youth between the ages of 12 and 21 or a portion of the age range. This facility will provide a safe, highly-structured, stable and secure environment for youth who:

- a. Have been committed to DYRS following disposition by the D.C. Superior Court and are awaiting placement at a long-term facility; or
- b. Are in noncompliance with the terms of their Community Placement Agreement and will require immediate placement at the proposed 24-hour facility for a prompt risk reassessment, intervention, data tracking and sanctions under the Graduated Responses Matrix for noncompliance.

As always, I am available to discuss any questions you may have regarding the proposed human care agreement. In order to facilitate a response to any questions you may have regarding this proposed Agreement, please have your staff contact Jeanne Mirabile, Contracting Officer, at 202-727-5234. I look forward to a favorable consideration of this Agreement.

Sincerely,

A handwritten signature in black ink, reading "Vincent C. Gray". The signature is written in a cursive, flowing style. The first name "Vincent" is written in a larger, more prominent script, followed by "C." and "Gray". The signature is positioned to the right of the typed name and title.

Vincent C. Gray
Mayor

Enclosure
VCG/yh

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of Contracting and Procurement



COUNCIL CONTRACT SUMMARY

Pursuant to section 202(c) of the Procurement Practices Reform Act of 2010, effective April 8, 2011 (D.C. Law 18-371; D.C. Official Code §2-352.02 (c), the following contract summary is provided:

(A) The proposed contractor, contract amount, unit and method of compensation, contract term, and type of contract:

Proposed Contractor: Boys Town Washington, D.C., Inc.

Human Care Agreement Number: DCJZ-2013-H-0001

Contract Amount: Not to exceed \$2,100,000.00

Unit and Method of Compensation: Fixed unit price of \$ 344.00 per client/per day for Awaiting Placement Services and \$ 37.00 per client/ per day for Educational Services

Term of Human Care Agreement: Date of Award and 12 months thereafter

Type of Agreement: Task Orders issued under a Human Care Agreement (HCA)

(B) The goods or services to be provided, the methods of delivering goods or services, and any significant program changes reflected in the proposed contract:

The Department of Youth and Rehabilitation Services (DYRS) is the single District agency responsible for the delivery of services to youth involved in the juvenile justice system, who have been arrested and/or have been unsuccessful under probation status. Typically, these youth have been identified as having varying degrees of emotional, behavioral, and psycho-social problems. The youth have been court ordered into the temporary custody of DYRS as wards of the District. DYRS serves committed male and female youth between the ages of 12 and 21 or a portion of the age range.

It is the vision of DYRS to provide community based programs, services, supports, and opportunities to help young people turn their lives around, achieve and flourish. This vision is in part achieved through the use of multiple Providers to provide services and operate a

Council Contract Summary

Page 2

hardware-secured, Staff –secured, short-term, 24-hour, facility for up to 25 youth, the awaiting placement population.

The purpose of this action is to obtain approval for the issuance of task orders up to \$2,100,000.00, which will allow OCP to issue task orders up to, but not to exceed this amount. This will allow DYRS to compensate for the increase in the number of youth being served in homes due to the closure of Forest Haven in Laurel, Maryland and the opening of the New Beginning Youth Center facility which is a smaller facility; therefore, there is an increase in the number of youth requiring the services provided by Boys Town Washington, D.C., Inc.

In order to fulfill its mission, DYRS needs as many cost effective placement options as possible for youth placed in the custody and care of the District.

(C) The selection process, including the number of offerors, the evaluation criteria, and the evaluation results, including the price and technical components:

The selection of Boys Town Washington, D.C., Inc. was based on the evaluation criteria contained in 27 DCMR Section 1905.6 “Selection of Human Care Agreement Contractor”.

The District issued a provider’s contractor qualification record (CQR) with seven responses. The CQR contemplated separate awards for hardware-secure or staff-secured HCA.

The selection process included the appointment of a Technical Evaluation Panel (TEP), who along with the Contracting Officer conducted a review of the Provider’s Contractor Qualification Record (CQR). The TEP and Contracting Officer agreed that Boys Town Washington, D.C. Inc. was qualified to provide the required Awaiting Placement services. In addition, the unit price offered by Boys Town Washington, D.C., Inc. was determined fair and reasonable, and the Provider satisfies the responsibility requirements described in 27 DCMR.

The Contracting Officer along with the evaluation panel rated the Offerors as follows:

Offeror	Rating
Boys Town Washington, D.C., Inc.	Qualified – For Hardware-secured
Sasha Bruce Youthwork	Qualified - For Staff-secured
Beyondvision, Inc.	Qualified - For Staff-secured
Seasons Management, LLC	Not Qualified
Alternatives Solutions for Youth	Not Qualified
Mind and Reason Advocacy Group, LLC.	Not Qualified
Quadri-Technology, LTD.	Not Qualified

Boys Town Washington, D.C., Inc. - Qualified to provide Hardware Secure Services, unable to provide Staff Secure Services.

Council Contract Summary
Page 3

Sasha Bruce Youthwork-Qualified to provide Staff Secured Services, unable to provide Hardware Secure Services.

Beyondvision, Inc. - Qualified to provide Staff Secured Services, unable to provide Hardware Secure Services.

(D) The background and qualifications of the proposed contractor, including its organization, financial stability, personnel, and prior performance on contracts with the District government:

Boys Town Washington, D.C., Inc. is adequately licensed under the District of Columbia to provide awaiting placement services. Boys Town Washington, D.C., Inc. has the appropriate licenses, registrations, facility Certificates of Compliance and staff credentials to provide the required services. The Provider has satisfactorily provided similar services for the past five (5) years for DYRS. DYRS has rated their past performance "Satisfactory". According to the company's Financial Statement the Provider has adequate financial resources to perform under their respective human care agreement. The Provider has been determined responsible.

(E) Performance standards and the expected outcome of the proposed contract:

Based on prior very good performance as reported by the District's Department of Youth Rehabilitation Services, it is expected that Boys Town Washington, D.C., Inc. shall provide awaiting placement services to youths between the ages of twelve through twenty-one years old remanded from the District Court System. The Provider renders a broad spectrum of developmentally sound programs and services that are certified and/or licensed to meet the diverse, unique needs of the committed and detained youth and their families. The program participants must meet the standards developed from DYRS' Individual Plans for each youth that enters under the direction of DYRS.

(F) A certification that the proposed contract is within the appropriated budget authority for the agency for the fiscal year and is consistent with the financial plan and budget adopted in accordance with D.C. Official Code §§ 47-392.01 and 47-392.02:

A copy of the Agency Fiscal Officer Funding Certification letter, dated March 5, 2013 is attached under Part 1, Tab E in the amount of \$ 2,100,000.00 to cover the Base Year of the Human Care Agreement. DYRS has certified that this award is consistent with its financial plan and the Budget for FY13 and FY14. (Tab E)

- (G) A certification that the proposed contract is legally sufficient, including whether the proposed contractor has any currently pending legal claims against the District:**

The human care agreement has been reviewed by the Office of the Attorney General and found to be legally sufficient. Boys Town Washington, D.C., Inc. has no pending legal claims against the District (Tab G).

- (H) A certification that the proposed contractor is current with its District and federal taxes or has worked out and is current with a payment schedule approved by the District or federal government:**

According to the District's Department of Employment Services Unemployment Division and the District's Office of Tax and Revenue Boys Town Washington, D.C., Inc. is in compliance with the tax laws. (Tabs C & D).

- (I) The status of the proposed contractor as a certified local, small, or disadvantaged business enterprise as defined in the Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005, effective October 20, 2005 (D.C. Law 16-33; D.C. Official Code § 2-218.01 *et seq.*):**

The provider is not a certified local, small or disadvantaged business enterprise.

- (J) Other aspects of the proposed contract that the Chief Procurement Officer considers significant:**

This Agreement is not a commitment by the District to purchase any quantity of a particular good or service covered under this Human Care Agreement from the Provider. The District shall be obligated only to the extent that authorized purchases are actually made by purchase order or task order pursuant to this Human Care Agreement.

- (K) A statement indicating whether the proposed contractor is currently debarred from providing services or goods to the District or federal government, the dates of the debarment, and the reasons for debarment:**

As of April 2, 2013, the Provider does not appear on the Federal or District Excluded Parties List. Therefore, Boys Town Washington, D.C., Inc. is not currently debarred from providing services to any governmental entity.

- (L) Where the contract, if executed, will be made available online:**

website: http://app.ocp.dc.gov/RU1/information/scf/online_index.asp

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF EMPLOYMENT SERVICES
Office of Unemployment Compensation/Tax Division



ORIGINAL

TAX VERIFICATION RESPONSE - DOES

CONTRACT SPECIALIST: DWIGHT HAYES

AGENCY: OCP

VENDOR NAME: BOYS TOWN WASHINGTON DC INC

D.C.DOES SUI ACCOUNT #: 064137

FEDERAL ID #: 412220810

TO BE COMPLETED BY THE DEPARTMENT OF EMPLOYMENT SERVICES TAX DIVISION
THE DEPARTMENT OF EMPLOYMENT SERVICES CERTIFIES THAT:

☒ The prospective Contractor is "IN COMPLIANCE" with the tax filing and payment requirements of the District of Columbia Unemployment Tax Laws or is in compliance with an established payment plan.

☐ The prospective Contractor is "NOT IN COMPLIANCE" with the tax filing and payment requirements of the District of Columbia Unemployment Tax Laws. The Contractor may obtain details of the tax deficiency and make arrangements to correct this deficiency by contacting the tax enforcement officer whose name and telephone number follow:

Tax Enforcement Officer: Doris Artis

Phone #: (202) 741-8693

Comments

T. Rosa Morales Jacke

SIGNATURE

UI Tax Officer

TITLE

2/19/2013

DATE

(202)-698-3564

TELEPHONE/FAX NUMBER

This response/certification is valid for 90 days from the date specified above.

ATT: Compliance Officer

Office of Unemployment Compensation - Tax Division - 4058 Minnesota Avenue, NE, Washington, DC 20019

For more information, please go to the DOES Web Site at <http://www.does.dc.gov/>

DISTRICT OF COLUMBIA

Office of Tax and Revenue
1101 4th Street SW steW600
Collection Division
Washington, DC 20024



OFFICE OF TAX AND REVENUE
TAX VERIFICATION RESPONSE

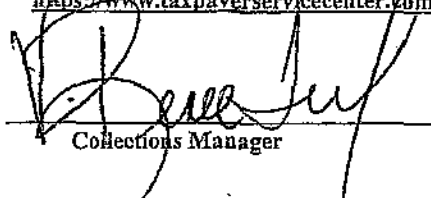
REQUESTOR: DWIGHT HAYES

AGENCY: OCP

VENDOR NAME: BOYS TOWN WASHINGTON, DC FEIN: 41-2220810

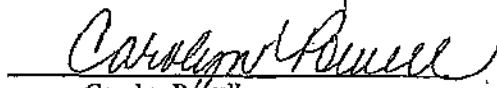
TO BE COMPLETED BY THE OFFICE OF TAX & REVENUE

- ☒ The prospective contractor is in compliance with the filing and payment requirements of the District of Columbia tax laws. P O#: DCJZ-2011-H-0031
- ☐ The prospective contractor/individual is not liable for the tax filing requirements of the District of Columbia.
- ☐ The prospective contractor is not in compliance with the tax filing and payment requirements of the District of Columbia Tax Law. The contractor may obtain details of the tax deficiency and make arrangements to correct this by Contacting the Revenue Officer whose signature appears below.
- ☐ The prospective contractor has recently been registered with the District of Columbia and has not incurred any liabilities so far.
- ☐ Our records indicate that the prospective contractor is not registered to do business in the District of Columbia. Please contact the Office of Tax and Revenue, Customer Service Office at (202) 727-4829 to request a form FR-500 (Combined Registration Application) which must be fully completed and submitted to the address indicated on the form Office of Tax and Revenue, PO Box 470 Washington, DC 20044-0470 or register online at: [https://www.taxpayerservicecenter.com/FR500 Instructions.jsp](https://www.taxpayerservicecenter.com/FR500%20Instructions.jsp).


Collections Manager

2/12/2013

Date


Carolyn Powell
Senior Revenue Officer

(202) 442-6588
Telephone Number

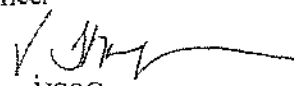
GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF FINANCIAL OFFICER



Human Support Services Cluster

MEMORANDUM

TO: James Staton
Chief Procurement Officer

FROM: Vernessa Thompson 
Cluster Budget Director, HSSC

DATE: March 5, 2013

SUBJECT: Certification of Funding Availability
Awaiting Placement Services

This memorandum certifies that the Department of Youth Rehabilitation Services (DYRS) has \$824,000.00 available in the FY 2013 budget to fund Awaiting Placement services. The total funding requirement of the contract is \$2,100,000.00. The remaining amount of \$1,276,000.00 is subject to appropriation of funds in the FY 2014 budget.

If you have any questions or concerns please contact me on (202) 576-8390.

cc: Regina Youngblood, Chief Operating Officer
Seema Taneja, Administrative Services Manager
Jeanne Mirabile, Contracting Officer

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Attorney General



Procurement Section

MEMORANDUM

TO: Lolita S. Alston
Director
Office of Legislative Support

FROM: Nancy Hapeman
Chief, Procurement Section
Commercial Division

DATE: April 12, 2013

SUBJECT: Certificate of Legal Sufficiency for Awaiting Placement Services
Human Care Agreement No. DCJZ-2013-H-0001
Provider: Boys Town Washington, D.C., Inc.
Not-to-Exceed Amount: \$2,100,000.00.
(PL 390348)

This is to Certify that this Office has reviewed the above-referenced Human Care Agreement and that we have found it to be legally sufficient. If you have any questions in this regard, please do not hesitate to call me at 724-4391.


Nancy Hapeman

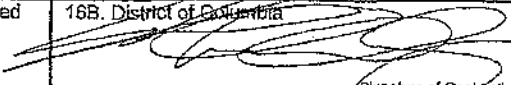
AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT				1. Contract Number DCFA-2011-C-0235		Page of Pages 1 2.	
2. Amendment/Modification Number M002		3. Effective Date October 1, 2012		4. Requisition/Purchase Request No.		5. Solicitation Caption MPD Police Uniforms and Equipment	
6. Issued by: Office of Contracting and Procurement 441 4 th Street, NW Suite 700 South Washington, DC 20001				7. Administered by (If other than line 6)			
8. Name and Address of Contractor (No. street, city, county, state and zip code) Morgan's Inc. T/A Jimmie Muscatello's 900 Rhode Island Avenue N.E. Washington, DC 20018 Code Facility				9A. Amendment of Solicitation No.			
				9B. Dated (See Item 11)			
				X 10A. Modification of Contract/Order No. DCFA-2011-C-0235			
				10B. Dated (See Item 13) 5/1/2011			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. Accounting and Appropriation Data (If Required) PO210124							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14							
A. This change order is issued pursuant to (Specify Authority): 27 DCMR 3601.2 The changes set forth in Item 14 are made in the contract/order no. in item 10A.							
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data, etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.							
C. This supplemental agreement is entered into pursuant to authority of:							
X D. Other (Specify type of modification and authority) 27DCMR Section 2008 - Exercise of Option and Section F.2, Option to Extend the Term of the Contract							
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) Contract DCFA-2011-C-0235 is hereby modified as described below: 1. In accordance with Section F.2 of the contract, the District exercises the remaining portion of Option Year One for period of performance from October 1, 2012 to April 30, 2013 in the total estimated amount is \$1,169,733.12. 2. Total estimated option year one contract values from contract modifications M001 is \$835,523.65 and M002 is \$1,169,733.12; bringing the total amount to \$2,005,256.77. 3. The unit prices for the extension are provided in Section B.4.3 Option Year One.							
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED							
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.							
15A. Name and Title of Signer (Type or print)				16A. Name of Contracting Officer Shafiq R. Choudhary CPM-GPPB			
15B. Name of Contractor		15C. Date Signed		16B. District of Columbia		16C. Date Signed	
(Signature of person authorized to sign)				 (Signature of Contracting Officer)		9/21/2012	

EXHIBIT 8

You are currently viewing the printable version of this article, to return to the normal page, please [click here](#).

DYRS to spend \$1.6M to house youths in Fairfax

Facilities in District at capacity

By [Andrea Noble](#) - *The Washington Times* - Sunday, March 15, 2015

The District has contracted with a Virginia detention center to house some juveniles awaiting placement through the Department of Youth Rehabilitation Services in order to avoid overcrowding at a city-run facility.

Under a \$1.6 million contract — at a cost of at least \$380 per person, per day — the District will house as many as 11 juveniles at the Fairfax County Juvenile Detention Center to "lessen the burden" at the District's Youth Services Center, according to department officials and contract documents.

The city faced scrutiny in the past for overcrowding at the short-term juvenile detention center — with more than 150 juveniles at times housed at a facility that is designed to hold only 88 youth.

Fairfax was slated to begin accepting D.C. youth at the end of February, but the Department of Youth Rehabilitation Services, or DYRS, has yet to send any juveniles to the facility, according to spokesman Adam Aljoburi. The District to date has not spent any money on the initiative.

Youth advocates say the arrangement is not ideal because it would place juveniles outside the District, potentially making it more difficult for family members to visit them.

But the situation is better than overcrowding the Youth Services Center in Northeast, a secure residential facility for boys and girls in the system, said Daniel Okonkwo, executive director of D.C. Lawyers for Youth.

"I think DYRS is making lemonade here because they are saying 'We have to have someplace to put children,'" Mr. Okonkwo said.

The Youth Services Center serves as a residential facility for youths in various stages of the juvenile justice system, from those arrested during overnight hours to those detained while awaiting the outcome of a court case, to others who may be awaiting placement in a shelter home.

As a result, overcrowding at the facility has proven particularly difficult for DYRS to manage because factors outside the agency's control — such as judicial decisions or arrests — play a large roll in the day-to-day population.

The number of juveniles committed as wards of the city has dropped in recent years, from more than 900 juveniles in fiscal 2013 to the 459 juveniles that DYRS reported being under agency supervision in fiscal 2015.

But as youth come and go through the system, possibly to group homes, back to their families, or to other secure detention facilities — either the District-run New Beginnings or an out-of-state facility — only a portion can be accommodated at the Youth Service Center.

The facility is designed to hold only 88 youths — some of whom are ordered to remain at the facility by the court.

The most recent daily population report from DYRS shows that 75 juveniles were housed at the Youth Services Center on Feb. 16. But for the entire month of November, the population hovered at or above 95 juveniles — peaking at 129 youth on Nov. 16 after 15 youths were admitted following overnight arrests.

As officials note, the facility population can quickly fluctuate, as can the need for extra beds.

"Spikes can and may happen within hours and a need to house youth to accommodate these increases is necessary and must happen as expeditiously as possible," states the summary of the Fairfax contract that was submitted to the D.C. Council for approval in December.

When the city does begin placing youth at the Fairfax site, it will pay a flat rate of \$4,180 daily for the 11 beds and staffing, regardless of how many youth are placed there. An additional \$109-per-day fee will be assessed for education costs only if a youth is placed at the juvenile detention center, Mr. Aljoburi said.

Under the agreement, only those youth who are awaiting placement at another secure facility will be sent to the Virginia site.

The average length of time a juvenile awaits placement in the DYRS system is currently 26 days, according to Mr. Aljoburi. Officials don't expect any juveniles to be housed at the Fairfax facility beyond 30 days.

DYRS previously contracted with Boys Town Washington, D.C. to reserve 25 beds to alleviate overcrowding at a daily cost of \$344 per youth, a 2013 contract shows.

DYRS spokeswoman Brenda Padavil said the agency stopped sending youth who were awaiting placement there because "Boys Town could not meet the hardware secure regulations."

The \$1.6 million contract with Fairfax runs through September but it is unclear how long the partnership between Fairfax and the District will continue.

Mr. Aljoburi said it is not possible to expand capacity at the Youth Service Center building because of its design, so it will not increase the 88-person capacity there. He said the District is currently exploring other options for housing youths awaiting placement, and said the agency would revisit the contract with Fairfax at a later date.

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EXHIBIT 9

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Youth Rehabilitation Services



TRENDS IN DYRS RESIDENTIAL TREATMENT CENTER USAGE

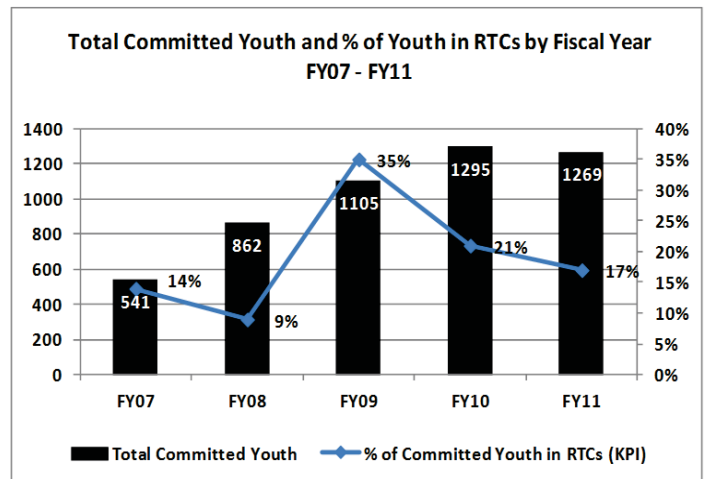
In Response to the District of Columbia's Behavioral Health Association's
Sensible Budget Choices: Aligning DYRS Dollars to Youth Treatment Needs

Residential treatment centers (RTCs) and psychiatric residential treatment facilities (PRTFs) play an important role in the continuum of services at the Department of Youth Rehabilitation Services (DYRS). Serving DYRS committed youth with specific mental health, behavioral, or substance abuse needs, RTCs and PRTFs provide specialized treatment programs in a secure, structured environment.

RTC/PRTF POPULATION STATISTICS AND TRENDS

During FY2011, there were a total of 378 DYRS youth placed in RTCs/ PRTFs. Although this number has risen since FY2007, this upward trend primarily reflects the significant growth that has occurred in the overall DYRS committed population during that time. In FY2007, the overall DYRS committed population was 541 youth; by FY2011, this number had increased to 1,269.¹ This overall growth of the committed population helps explain the increase in the number of youth placed in RTCs and PRTFs.

On an average day in FY2011, 17% of DYRS committed youth were residing in an out-of-state RTC/PRTF.² This rate has decreased noticeably and consistently since FY2009, when 35% of the average daily population of committed youth were in an out-of-state RTC/PRTF. Due to this steady decline, the FY2011 levels are basically aligned with the 14% rate from FY2007.



¹ Population figures were obtained using DYRS' case management database and are available in the DYRS FY2011 Annual Performance Report, located at <http://dyrs.dc.gov>. On February 14, 2012, the District of Columbia Behavioral Health Association (DCBHA) released a report entitled *Sensible Choices: Aligning DYRS Dollars to Youth Treatment Needs* (DCBHA Report). In determining the DYRS population levels and the number of youth in RTCs/PRTFs between FY2007-FY2011, the DCBHA Report makes estimates based on prior DYRS Key Performance Indicator (KPI) data which reflects the number of youth newly committed to DYRS, but not the overall number of youth under the agency's supervision. These estimates inadequately reflect the significant growth that occurred in the overall committed population between FY2007 and FY2011.

² The percentage of youth in RTCs/PRTFs is reported in DYRS' KPI data, which is available to the public at <http://capstat.oca.dc.gov/PerformanceIndicators.aspx>. This figure includes only out-of-state placements because the large majority of RTCs/PRTFs are located outside the Washington, DC metropolitan area, and those that are located within the District are different from typical RTCs/PRTFs in that they largely serve youth who are awaiting placement in another secure facility or who are returning home from facilities with higher levels of supervision.

DYRS EXPENDITURES ON RTCs/PRTFs

In FY2011, DYRS spent \$15.4 million on RTC/PRTF placements.³ Although the agency's expenditures on RTC/PRTF placements have increased since FY2007, there is reason to believe that these amounts will stabilize going forward. Two trends are significant: (1) After several years of significant growth, the overall DYRS population remained relatively stable between FY2010 (1,295 youth) and FY2011 (1,269 youth); and (2) the rate of RTC/PRTF placements has steadily declined since FY2009. If these two trends continue, taken together they make it likely that fewer youth will be sent to RTCs/PRTFs going forward.

UNDERSTANDING THE BEHAVIORAL HEALTH DATA FOUND IN THE DC YOUTHLINK QUARTERLY PERFORMANCE REPORTS

DYRS's DC YouthLink Quarterly Performance Reports detail the supports and services provided to DYRS's community-based youth through the DC YouthLink initiative. The data reflected in the Quarterly Reports are likely to under-count, not over-count, the mental health services community-based DYRS young people receive. Historical hurdles of data-sharing and uniform reporting have made it difficult for DYRS to reliably report which young people are linked to Core Service Agencies. Those young people reported in the DC YouthLink Quarterly Performance Report as receiving mental health services are only those that DYRS is able to fully verify have in fact received face-to-face services from a mental health service provider. The agency is currently in conversations with the Department of Mental Health (DMH) to ensure that *all* services afforded to DYRS committed youth are captured in the Quarterly Reports.

While the agency improves its data collection and reporting, the data that are available indicate promising growth in the community-based mental health supports youth are receiving, from 1% of DC YouthLink youth in FY2011 to 7% in FY2012.⁴

DYRS'S PLAN TO REDUCE THE RTC/PRTF POPULATION

The mission of DYRS requires the agency to "build on the strengths of youths and their families in the least restrictive, most homelike environment consistent with public safety." In fulfillment of this mandate, the agency has a clear and unwavering preference for treating young people through community-based services rather than in institutional settings. This is why DYRS is working hard to reduce the number of young people in out-of-state residential treatment centers.

To bring more youth back to the DC area and provide them with robust community-based services, DYRS is taking the following steps:

³ The \$15.4 million reported here represents the amount of DYRS expenditures on RTC/PRTF placements, as obtained from the agency's budget and finance staff.

⁴ Dept. of Youth Rehabilitation Services, "DC YouthLink Quarterly Performance Report, FY11 Q4." Available at <http://www.dyrs.dc.gov>

Establishing more local options for youth

In order to safely and effectively serve young people close to their home communities, it is important that the District have the types of programs that can effectively meet these young people's needs. DYRS is taking several steps to grow that local capacity:

1. Opening of three 6-bed community based "Centers of Excellence" (COE) that can serve as local alternatives to RTCs. One of these COEs will be tailored to youth with Level II and Level III substance abuse treatment needs. The second will focus on youth with violations of their community placement agreements and at risk of RTC placement. And the third is for youth who are returning to the community from New Beginnings.
2. Elimination of "Awaiting Placement" at New Beginnings. As of March 2012, New Beginnings no longer has a unit dedicated to "Awaiting Placement" youth. This opens up to 10 new beds for programming for youth who might otherwise be sent to RTCs.
3. Expansion by DMH of the number of slots available for evidence-based programs designed to serve youth in the juvenile justice system. These include Family Functional Therapy and High Fidelity Wraparound Services.

Ensuring that all RTC placements are fully necessary

Out-of-home, secure treatment is not appropriate for all young people. In fact, research shows that for lower risk youth, placement in an RTC can actually lead to worse public safety outcomes. For young people who do need rehabilitative interventions in a secure setting, it is generally preferable to have the young person in a facility that is close enough to their home communities that they are able to maintain in-person contact with family members and other community members. For this reason, DYRS is taking additional steps to ensure that young people sent to RTCs require that level of intervention, and that their placement is as close to home as possible. These steps include:

1. Partnership with DMH to monitor all DYRS youth placed in PRTFs and RTCs to ensure those youth are receiving the appropriate services. This monitoring agreement will also include DMH assistance with discharge planning and post-release monitoring of mental health services upon return to the community.
2. Creation of a new panel to review all applications by case managers requesting the placement of youth in an RTC.
3. Referral to New Beginnings for the DC Model Program for all youth deemed appropriate for an RTC.
4. Implementation of a new Graduated Responses system and protocol. This will expand case managers' ability to hold young people in the community accountable in real time and with real sanctions at the lowest level of non-compliance. Similarly, the rewards side of the protocol gives case managers the ability to provide youth with tangible benefits for compliance and accomplishing key goals. The Community Status Review Hearing Panel members, who determine if a youth needs to be removed from a community placement, are being trained on the

Graduated Responses system, and will evaluate requests for a higher level of restrictiveness against the case managers' following the protocols.

Shortening the amount of time young people stay at RTCs

While out-of-home secure placement is an appropriate intervention for some young people, the available research indicates that public safety outcomes are not improved through longer residential stays. For this reason, DYRS is implementing the following changes aimed at ensuring that youth are placed at RTCs for the shortest amount of time consistent with their rehabilitation:

1. Creation of a new panel to review all applications by case managers requesting an extension in placement of a youth in an RTC beyond 6 months.
2. Review of RTC Lengths of Stay by the Chief of Committed Services on a weekly basis.
3. Piloting of a new re-entry model with Vision Quest. This model, called "Home Quest," begins working with families at the time of placement in a Vision Quest RTC and follows the youth with intensive services and coordination when the youth returns home. The goal of this program is to halve the time a youth spends in an RTC while providing families with the tools and supports they need to allow the youth to successfully return to the community. If the pilot is successful, the agency may expand this approach to all RTCs by FY2013.

The agency believes that each of these steps will help lower the overall RTC and PRTF population, while simultaneously expanding the support services available to DYRS youth with serious mental and behavioral health needs. Through these initiatives, the agency continues its commitment to serving youth in the least restrictive, most homelike environment consistent with public safety.

EXHIBIT 10

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Youth Rehabilitation Service



May 11, 2015

Mr. Kevin McDonald
Chief
Certificate of Need Division
Maryland Health Care Commission
4160 Patterson Ave.
Baltimore, MD 21215

Dear Mr. McDonald:

I am writing this letter to express my complete support for Seasons Residential Treatment Program, a proposed Psychiatric Residential Treatment Facility (PRTF) in Prince George's County, Maryland.

For fifteen years, I have worked for the Department of Youth Rehabilitation Services (DYRS) in the District of Columbia -- the juvenile justice agency for the District of Columbia. My colleagues and I work closely with court-involved youth to ensure youth are receiving the appropriate level of support and skills to prepare them for successful community reintegration.

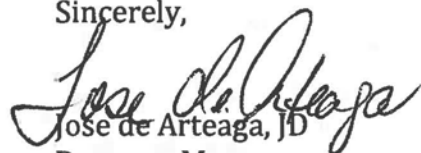
My department works with court services, guardians, attorneys, advocates and external agencies to place youth in residential placement after a multi-disciplinary team and juvenile services judge has determined the youth meets the required level of care. A great majority of youth in the care of DYRS requires placement in a residential program that can handle highly aggressive and assaultive behaviors and can admit youth through the age of 21. The program must provide a safe, secure environment and have a strong therapeutic component to address the mental health issues of the youth we place.

Unlike other jurisdictions, the District of Columbia does not have a PRTF, or secure RTC. All youth meeting this level of care must be referred outside of the District of Columbia. Although we are working to keep closer to home, historically, we have placed youth in programs as far away as Colorado, Texas, Florida and Arizona because we have not had options closer to home.

The proximity of Seasons Residential Treatment Program to the District of Columbia and the ability to take older youth will meet a tremendous need in the local market. I am hopeful (that) by keeping youth closer to home we can also shorten lengths of stay, reduce recidivism rates, increase agency collaboration and expand the continuum through community and agency partnerships.

Please feel free to contact me if you need any additional information or have questions about my level of support for this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Jose de Arteaga". The signature is fluid and cursive, with the first name "Jose" being more prominent.

Jose de Arteaga, JD
Program Manager
DC DYRS

EXHIBIT 1 1



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Bureau for Children and Families
Office of Research and Analysis
350 Capitol Street, Room 730
Charleston, West Virginia 25301-3711
Telephone: (304) 558-0628 Fax: (304) 558-4194**

**Earl Ray Tomblin
Governor**

**Karen L. Bowling
Cabinet Secretary**

REQUEST FOR INFORMATION

May 15, 2015

Via Email

Dear Ms. Johnson,

Thank you for your email request for information regarding PRTF placements in the State of West Virginia. The following table is the most current monthly report regarding West Virginia's children in placement settings.

The state of West Virginia breaks down placements into different levels. The state does not lump placements into one aggregate category of "Residential Treatment Program/Centers." If you are asking specifically about PRTF's the numbers are as follows:

PRTF-Long term (residential program): Placed In-State=61, Placed Out-of-State=85, Total=146
PRTF-Short term (acute psychiatric care): Placed In-State=22, Placed Out-of-State=1, Total=23

I have also attached a copy of the Foster Care Placement Definition Sheet for your information. As you will note from the attached Foster Care Placement Report, the State classifies all youth who are not in their natural homes as "foster care."

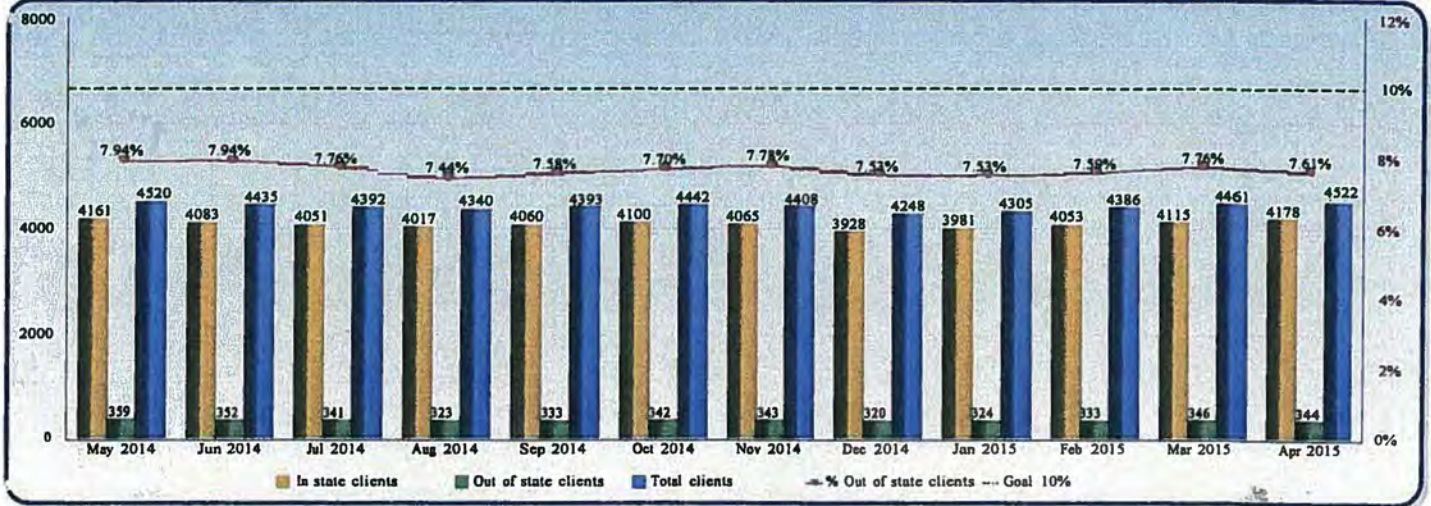
I hope this answers your question. Please feel free to contact us for further assistance.

Sincerely,

Laura Scarberry, M.A.
Office of Planning, Research and Evaluation
Bureau for Children and Families
350 Capitol St, Rm 730
Charleston, WV 25301
(304)356-4563



Foster Care Placements Report



	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015
In state clients	4161	4083	4051	4017	4060	4100	4065	3928	3981	4053	4115	4178
Out of state clients	359	352	341	323	333	342	343	320	324	333	346	344
Total clients	4520	4435	4392	4340	4393	4442	4408	4248	4305	4386	4461	4522
% Out of state clients	7.94%	7.94%	7.76%	7.44%	7.58%	7.70%	7.78%	7.53%	7.53%	7.59%	7.76%	7.61%

In state and Out of state clients by Provider type for the month of Apr 2015

Provider Type	In state clients	Out of state clients	Total clients	% Out of state clients
Agency Emergency Shelter	176	0	176	0.00%
Agency Foster Family Care	1304	35	1339	2.61%
Department Adoptive Home	163	28	191	14.66%
Detention Centers	39	0	39	0.00%
Group Residential Care	666	171	837	20.43%
Kinship/Relative	641	16	657	2.44%
Psychiatric Facilities (Long Term)	61	85	146	58.22%
Psychiatric Hospital (Short Term)	23	1	23	4.35%
School For Children with Special Needs	2	0	2	0.00%
Specialized Family Care (Medley)	7	0	7	0.00%
Specialized Family Care Home-(Medley)	13	0	13	0.00%
Therapeutic Foster Care	1013	8	1021	0.78%
Transitional Living Client	71	0	71	0.00%
Summary	4178	344	4522	7.61%

Terminology

1. **Agency Emergency Shelter Care**: provide short-term placement during a crisis situation. The purpose is to provide a supportive environment designed to minimize stress and emotional instability.
2. **Department Adoptive Home**: a home that the Department of Health and Human Resources' (DHHR) Bureau for Children and Families has recruited, trained and certified as a potential adoptive placement. These homes serve children who are in the custody of DHHR and whose parent(s)' parental rights have been terminated.
3. **Detention Centers**: Secure residential facility designed to physically restrict the movements and activities of juveniles held in lawful custody.
4. **Agency Foster Family Care**: a family placement designed for children with few problems who can best be served in a family setting pending the development of a permanent living arrangement.
5. **Group Residential Care**: a structured 24-hour group care setting that targets youth with needs that range from adjustment difficulties in school, home, and/or community to those in need of a highly structured program with formalized behavioral programs and therapeutic interventions. These types of settings are referred to in West Virginia as Level I, Level II and Level III Group Residential Care; where Level I serves children with mild behavioral/mental health issues, Level II serves children with moderate issues, and Level III serves children with severe health issues.
6. **Kinship/Relative**: Services provided by any person related to the child by blood or marriage including cousins and in-laws. Persons who the child considers a relative, such as a godparent or significant others whom the child claims as kin may also be considered as a placement resource.
7. **Psychiatric Facility (Long-Term)**: a Psychiatric Residential Treatment Facility (PRTF) provides for children and adolescents under the age of 21 a medically supervised interdisciplinary program of behavior health treatment which addresses the psychiatric needs of each individual and his/her family.
8. **Psychiatric Hospital (Short-Term)**: acute psychiatric inpatient hospitalization lasting 30 days or less and providing intensive, 24-hour psychiatric care, including crisis stabilization and diagnostic assessment.
9. **School For Children With Special Needs**: WV School for the Deaf & Blind in Romney, WV.
10. **Specialized Family Care and Specialized Family Care Home (Medley)**: 24-hour daily care, support, training and supervision (within a family setting) of individuals of all ages, including children with developmental disabilities. The focus of specialized foster care is long-term placement, making it critical to carefully match placements.
11. **Therapeutic Foster Care**: a family placement designed for children with significant treatment needs due to emotional and/or physical problems. Foster parents are professionally trained and supported to aid children in overcoming problems while preparing them for return home or to a less intensive out-of-home setting.
12. **Transitional Living Client**: older youth (17-20 years of age) who are assisted in moving from a foster home or group residential setting to their own community where they establish a household while continuing educational/vocational goals or entering the workforce. A private agency that DHHR has an agreement with provides assistance in career planning, development of employment/job maintenance skills, face-to-face contact and social casework services.