

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

FIRST MONITORS' REPORT

For the Baltimore City Juvenile Justice Center (BCJJC)
For the Period of July 1, 2007 through December 31, 2007

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December 31, 2007

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Introduction

On June 29, 2005, the State of Maryland entered into a Settlement Agreement with the United States Department of Justice concerning the conditions of confinement at the Cheltenham Youth Facility (CYF) and the Charles H. Hickey, Jr. School (Hickey), two juvenile detention centers operated by the Maryland Department of Juvenile Services (DJS). A Monitoring Team was appointed to review, assess and report independently on the State's implementation of and compliance with the Settlement Agreement (the Agreement). In June, 2007, the State and the Department of Justice amended the Agreement to include the Baltimore City Juvenile Justice Center (BCJJC). The Parties agreed that monitoring at BCJJC would begin July 1, 2007. This represents the Monitoring Teams' first report on the conditions at BCJJC.

Only a subset of the 56 provisions in the original Agreement apply to BCJJC. A total of 29 provisions span the areas of Protection from Harm, Suicide Prevention, Mental Health, Special Education, and Quality Assurance. The Agreement places the burden of demonstrating compliance on the State, which must have sufficient documentation and other evidence available to demonstrate the proper implementation of all policies and procedures. Using a combination of document and youth record reviews, observations and interviews with DJS administrators, facility staff and youth, the members of the Monitoring Team assessed the facility's current policies and practices relevant to the 29 provisions. Whenever possible, team members supported their conclusions with multiple sources of information.

The State is bound by the Agreement for a period of three years, beginning July 1, 2005 and continuing through June 30, 2008. Although BCJJC was added to the Agreement in 2007, the terms did not change, and thus BCJJC must be in substantial compliance with the Agreement after only 12 months, on June 30, 2008. This represents the First Monitors' Report for BCJJC. A second report will be issued on June 30, 2008. The report is organized as follows: using the same numbering system from the Agreement, each provision is provided, verbatim, followed by a compliance rating for the period, a discussion of the Monitors' findings, recommendations for reaching compliance, and the evidentiary basis for the Monitors' conclusions. Three compliance ratings were developed jointly by the Parties:

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

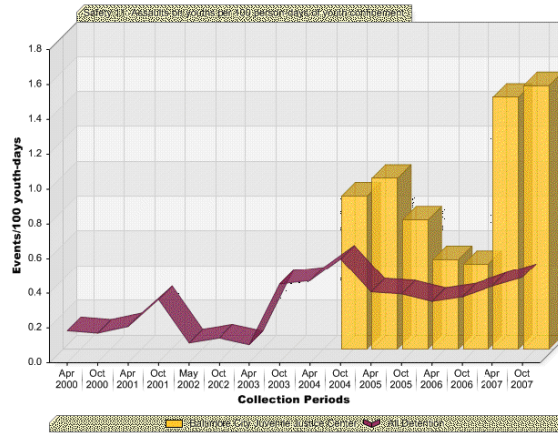
Major Findings

The Baltimore City Juvenile Justice Center (BCJJC) is a 144-bed facility in downtown Baltimore that opened in October, 2003. The facility is operated by the Maryland Division of Juvenile Services (DJS) and houses both pre-adjudication youth (i.e., detained youth) and those who have been adjudicated delinquent and are awaiting transfer to a placement elsewhere (i.e., pending placement youth). The physical structure of BCJJC includes three pods; one houses pending placement youth, while the other two pods house detained youth. Each pod has four separate living units. The living units each contain 12 individual rooms, six on the top tier and six on the bottom tier. Each unit has a small day room area, and the units are joined together by a large, common “pod area” that is used for a variety of activities. The facility also includes a cafeteria and kitchen, gymnasium and outdoor recreation areas, medical clinic, and classrooms. Mental health staff offices are located in a separate part of the juvenile justice complex.

In the 16-months since the DOJ issued its findings (August, 2006), the BCJJC has made significant progress in remedying many of the deficits detailed therein. Many of these improvements were made possible through the outstanding leadership exhibited by the Superintendent and Assistant Superintendents, in addition to structural reforms modeled after those shown to be effective at the two other facilities also addressed by the Agreement. With regard to protection from harm, over the six months remaining in the term of the Agreement, the Department must pursue two different, and intersecting, goals: 1) attracting and maintaining qualified staff to alleviate the distress caused by requiring so many staff to work double-shifts; and 2) fortifying the behavior management program to reduce the youth’s willingness to engage in physical altercations. This latter goal must be supported by efforts to identify the circumstances (environmental, interpersonal, or individual) that create the opportunity for assaults to occur. The DJS Quality Assurance process can be helpful toward this end by using data to establish a baseline against which the effectiveness of various interventions and practices can be measured. The State also has significant work to do in ameliorating the deficits noted in the Special Education program at the facility.

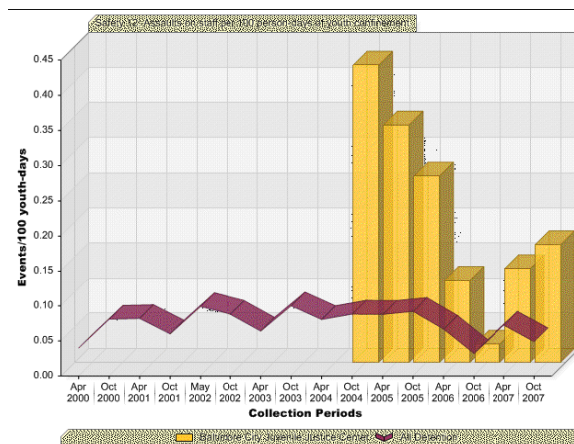
Among other issues, one of the key concerns in the DOJ’s Findings Letter was the level of youth-on-youth violence. The Findings Letter asserted that the rate of youth-on-youth violence was nearly double the national field average reported by the Performance Based Standards (PbS) group in October 2005. Although PbS data are sensitive to changes in reporting procedures and definitions, the most recent PbS data from October 2007 indicates that this situation has worsened. The standard *Safety 11* tracks the rate of youth-on-youth assaults, represented as a rate which accounts for the size of the population and the length of stay so that facilities with different characteristics can be compared. As shown in the table below, the rate of youth violence reached an all-time high in October 2007.¹ BCJJC’s rate, of 1.515 is approximately 300% higher than the national field average (a composite of all facilities participating in the PbS project).

¹ All graphs reproduced with the consent of the Performance-based Standards project.



A related measure is contained in the outcome *Safety 13*, in which 22% of BCJJC youth indicated that they feared for their safety (graph not shown). For the past two years (April 2005 to April 2007), the proportion of youth who feared for their safety fluctuated between 12% and 16%. The 22% figure is nearly double that of the previous reporting period, and is 47% higher than the national field average.

The PbS project also tracks the safety of staff as an outcome in *Safety 12*, presented in the graph below. In October 2007, the rate of assaults on staff was 0.168, up slightly from the previous reporting period, but was significantly lower than the rates of assault observed in 2005. Though clearly improving over time, the rate of assaults on staff is over 300% higher than the national field average of 0.049.



The working conditions for staff are also revealed in *Safety 14* (graph not shown). In October 2007, nearly half (47%) of BCJJC staff reported they feared for their safety, which was a 100% increase from the previous reporting period in which 24% of staff reported this concern. The national field average for this outcome measure was 16% for the October 2007 reporting period.

Thus, although the facility has made important progress in ameliorating the problems noted in the DOJ's Findings Letter, it remains challenged by high rates of youth violence. During the next reporting period, the facility must identify the causes of youth violence and must enact specific interventions designed to impact the conditions creating the opportunity for youth violence to occur.

Key issues in each substantive area of the Agreement are discussed below.

Protection from Harm

- The facility is in substantial compliance with 1 of the 7 provisions (14%) related to protecting youth from harm, and is in partial compliance with the remaining 6 provisions (86%).
- The State has expended considerable resources to rectify the various environmental safety hazards detailed in the DOJ's Findings Letter.
- Although all staff have been trained in the proper use of force and in the procedures required to document incidents of violence, incident reports are not sufficiently detailed to enable supervisors to identify the circumstances surrounding the incident and the situation that may have created the opportunity for violence to occur. Absent sufficient detail, incident reports are of little use in the effort to reduce youth violence.
- Supervisory reviews of incident reports do not identify the specific decisions made or actions taken that either promoted or compromised youth and staff safety so that staff can refine their reactions when next placed in a similar situation. Audits of incident report files, though well-done, are not completed in a timely manner and thus have limited utility in improving staff skill and knowledge.
- The design of the behavior management program is sound, but it has not yet been properly implemented. Sanctions for minor and major rule violations are not levied consistently. While seclusion is permitted to de-escalate youth who present an imminent risk, its continued use must be justified in writing at 2-hour intervals. Shift commanders do indeed confer with youth at required intervals, but the foundations for their decisions to continue seclusion are not well-articulated.
- Although all of the required positions have been allocated, the facility is not yet fully staffed. As a result, many staff are required to work double-shifts, which impacts the quality of supervision.

Suicide Prevention

- The facility is in substantial compliance with 4 of the 7 provisions (57%) related to suicide prevention, and is in partial compliance with the remaining 3 provisions (43%).
- The facility has established procedures for supervising youth at-risk of self-harm (i.e., those in seclusion, and all youth when locked in their rooms overnight). However, these procedures have not

been implemented consistently, as documents revealed insufficient numbers of checks or excessive delays between checks.

- Individual Suicide Tracking Logs do not routinely indicate the time at which precautions were initiated or when the level of precaution changed. Further, the facility was unable to produce a complete set of Observation Forms for all youth on supervision during the monitoring period.
- More positively, the shift commanders now routinely confer with staff responsible for supervising youth at risk of self-harm and those on suicide precautions. Once supervisors are trained to provide constructive feedback to staff, supervision and documentation practices should improve.
- The State has expended considerable resources to rectify the various environmental safety hazards detailed in the DOJ's Findings Letter.

Mental Health

- The facility is in substantial compliance with 4 of the 6 provisions (67%) related to mental health, and is in partial compliance with the remaining 2 provisions (33%).
- Mental health clinicians need confidential space for individual and group treatment sessions.
- The facility needs to improve the documentation surrounding objective measures to evaluate overall treatment effectiveness and to implement rating scales to assess the effectiveness of psychotropic medications.
- The assessment process needs to be expanded to include a structured psychiatric assessment.

Special Education

- The State is in substantial compliance with 1 of the 5 provisions (20%) related to special education. It is in partial compliance with 2 provisions (40%), and in non-compliance with 2 provisions (40%).
- The facility needs to develop and implement policies and practices to screen, assess, and appropriately serve students. While some policies may be in place at the present time, there does not appear to be any central coordination at the school site.
- With regard to students who have previously been at BCJJC and who self-report special education services, school staff need to develop interim IEPs and/or verify special education eligibility over the phone in the absence of having paperwork documenting students' status. The failure to do so results in eligible students not receiving services and more students experiencing disciplinary consequences.

Quality Assurance

- The State is in substantial compliance with 2 of the 4 provisions (50%) related to quality assurance. It is in partial compliance with one provision, and is in non-compliance with the remaining provision related to Corrective Action Plans.
- Although the Department stated its intent to create and implement a Quality Assurance process at the inception of the original Agreement, only recently has any tangible progress been made. A set of standards, modeled after the terms of the original Agreement, was constructed (the original Agreement was significantly broader than the provisions that apply to BCJJC). A procedure for a peer-review process was developed and the team conducted its first audit of the facility in early December 2007. A report was issued shortly thereafter and a corrective action plan was submitted in mid-December 2007. These are only the very first steps that need to be taken and only barely justify a “partial compliance” rating. Considerable work is needed over the next six months to broaden the scope of the audits; fortify the methodology used; clarify the findings in the reports; and develop corrective actions that are both reasonable and practical. The difficulty of these tasks should not be underestimated.

Overall Compliance

The state is in substantial compliance with 13 of the 29 provisions (45 %) contained in the Agreement, in partial compliance with 14 provisions (48 %) and in non-compliance with 2 provisions (7 %). These ratings, separated by substantive area of the Agreement, are presented in Table 1 below.

Table 1. BCJJC Rates of Compliance as of December 31, 2007				
Area	Total Provisions	Substantial Compliance	Partial Compliance	Non-Compliance
Protection from Harm	7	2 (29%)	5 (71%)	~
Suicide Prevention	7	4 (57%)	3 (43%)	~
Mental Health	6	4 (67%)	2 (33%)	~
Special Education	5	1 (20%)	2 (40%)	2 (40%)
Quality Assurance	4	2 (50%)	2 (50%)	~
TOTAL	29	13 (45%)	14 (48%)	2 (7%)

Table 2, below, lists each provision and the compliance rating for the current monitoring period. The subsequent sections of this report discuss each provision in detail.

Table 2. BCJJC Compliance with the Settlement Agreement as of December 31, 2007		
Provision		Compliance Rating
Protection from Harm III.B-1	i. Protection from Youth-on-Youth Violence	PC
	ii. Reporting of Youth-on-Youth Violence	PC
	iii. Senior Management Review	PC
	iv. Staff Training	C
	v. Behavior Management Program	PC
	vi. Staffing	PC
	vii. Environmental Security Hazards	C

Table 2. BCJJC Compliance with the Settlement Agreement as of December 31, 2007		
Suicide Prevention III.C-1	i. Implementation of Policy	PC
	ii. Mental Health Response	C
	iii. Supervision of Youth at Risk of Self Harm	PC
	iv. Housing for Youth at Risk of Self Harm	C
	v. Documentation of Suicide Precautions	PC
	vi. Suicide and Suicide Attempt Review	C
	vii. Environmental Suicide Hazards	C
Mental Health III.D-1	i. Adequate Treatment	PC
	ii. Mental Health Screening	C
	iii. Mental Health Assessment	PC
	iv. Treatment Plans	C
	v. Mental Health Record-Keeping	C
	vi. Informed Consent	C
Special Education III.F-1	i. Provision of Required Special Education	NC
	ii. Screening and Identification	NC
	iii. Parent, Guardian and Surrogate Involvement	C
	iv. Individual Education Programs	PC
	v. Staffing	PC
Quality Assurance IV	i. Document Development and Revision	C
	ii. Document Review	C
	iii. Quality Assurance Programs	PC
	iv. Corrective Action Plans	PC
<i>Note: NC=Non-Compliance; PC=Partial Compliance; C=Substantial Compliance</i>		

Protection From Harm

¶ III.B-1.i	<u>Protection from Youth-on-Youth Violence.</u> The State shall take all reasonable measures to assure that youth are protected from violence by other youth.
Compliance Rating	Partial Compliance
Discussion	<p>Youth violence in correctional facilities is controlled by a variety of mechanisms including adequate numbers of well-trained staff and behavior management programs. More specific responses to reduce youth violence can be crafted once the nature of the problem is fully understood, which requires a system for identifying the conditions and circumstances that create the opportunity for youth violence to occur.</p> <p>The BCJJC's incident reporting mechanism is not yet fully developed and thus it does not provide the level of detail and information needed to create effective violence prevention strategies. Further, the facility's behavior management program has recently been revised to include an array of sanctions for rule violations. Although well-conceptualized, it has yet to be implemented according to design. Finally, while approximately 40 direct care staff were hired in 2007, another 18 positions remain vacant. While these positions go unfilled, staff on certain shifts are required to work double shifts, which can result in fatigue, compromising the ability to prevent, anticipate and respond to tensions among youth at BCJJC.</p>
Recommendations	<p>To reach compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Develop and implement policies, procedures and documentation strategies sufficient to achieve compliance with the other Protection from Harm provisions.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ All documents, interviews, and observations listed in the subsequent provisions of the Protection from Harm section of this Agreement.

<p>¶ III.B-1.ii</p>	<p><u>Reporting of Youth-on-Youth Violence.</u> The State shall develop and implement appropriate policies, procedures, and practices to enhance the reporting to appropriate individuals of incidents of youth-on-youth violence and to provide that such reporting may be done through confidential means, without fear of retaliation for making the report. The State shall document and report appropriately and with sufficient detail all such incidents.</p>
<p>Compliance Rating</p>	<p>Partial Compliance</p>
<p>Discussion</p>	<p>The following DJS policies and facility operating procedures are relevant to this provision:</p> <ul style="list-style-type: none"> ▪ Use of Crisis Prevention Management Techniques [RF-02-07] ▪ Incident Reporting [MGMT-03-07] ▪ Incident Reporting Facility Operating Procedure <p>Policy. The DJS’ Incident Reporting policy articulates staff’s responsibility to report all incidents of youth-on-youth violence and other types of incidents up the chain of command, by indicating the individuals who must be contacted and the person responsible for making the contact. As part of its annual training program, the DJS recently developed an excellent manual, <i>A Step-by-Step Guide to Completing the Maryland DJS’s Incident Reporting Form</i>, that provides staff with detailed instructions for completing incident reports. Not only does the manual identify the purpose and required procedures of each section, it describes the type of information staff should provide and gives concrete examples of how to complete each section of the report. It is an excellent training tool for staff. In addition, BCJJC has a facility operating policy discussing the responsibilities of staff for completing and routing incident reports. Together, these resources provide a solid foundation upon which to build staff skill and knowledge.</p> <p>Training. A four-hour report writing training program is mandatory for all direct care staff. All staff who were not on medical leave or involved in Entry Level Training attended this training in 2007.</p> <p>Practice. Unfortunately, staff do not yet to complete sufficiently detailed incident reports that would enable supervisors to identify the circumstances surrounding the incident and the situation that may have created the opportunity for violence to occur. Absent sufficient detail, incident reports are of little use in the effort to reduce youth violence.</p> <p>A total of 40 incident reports were purposefully selected from those generated from June through October, 2007 describing youth-on-youth assaults or group disturbances. Among the problems noted were:</p> <ul style="list-style-type: none"> ▪ <u>Vague descriptions of the event itself.</u> Rather than providing a chronology of the observable events, at least half of the narrative descriptions offered only vague statements such as “youth engaged in a fight” or “youth got in a physical

altercation” or “youth began to assault each other.” Without a more detailed description of the actions (e.g., hit, kicked, punched, etc.) and words exchanged between youth, supervisors are not able to visualize the event or to offer constructive criticism for how staff responded to it.

- Incomplete descriptions of staff intervention. Staff’s response to an altercation is an important method for limiting the risk of injury sustained by youth. Rather than providing a precise description of the physical restraint techniques employed, the staff involved, and how it was executed, nearly all of the incident reports stated only that the youth “were separated” or “were restrained.” Accounts given by the various staff involved in the restraint should be compatible, but often they were not (e.g., listed different set of staff, identified different restraint techniques, etc.).
- Partial set of staff witness statements. All staff who were present during an altercation, or who responded to a call for assistance, should provide a written statement describing what they observed, their own actions, and those of youth and other staff. Approximately two-thirds of the incident reports reviewed did not include statements from all staff, particularly those who responded to the call for assistance. When statements were provided, many suffered from a lack of useful content. At times, they described only the actions of the youth, while other reports described only the author’s actions and failed to account for the actions of other staff involved.
- Missing youth witness statements. Youth who are involved in or witness an incident should be asked to provide a written account of what happened. If they refuse, a statement indicating the refusal should be included in the incident report packet, and youth should also be given another opportunity to provide a statement. Approximately three-quarters of the incident reports reviewed were missing youth witness statements. Although incident reports generated later in the monitoring period (i.e., September and October) usually included statements from youth who observed the incident, they frequently did not include statements from the youth who were directly involved in the incident. Statements from youth often have important information about why the incident occurred, which is essential when thinking about how to prevent youth violence.

When interviewed, all staff were aware of their responsibility to submit incident reports and stated they could seek help from supervisors in completing their reports. Information contained in the incident reports could be supplemented with information obtained via the stationary video cameras located throughout the facility. While video footage is routinely reviewed by the Office of Investigations and Audits (OIA) and after particularly serious or complex incidents, it does not appear to be used routinely as a training aid for staff. Watching the video footage of the incident and working with staff to construct clear and

	<p>detailed narratives could enhance the quality of the written products.</p> <p>Ensuring that youth receive prompt medical attention is another way to reduce the harm sustained by youth involved in physical altercations. Across the 40 incident reports reviewed, a “Body Sheet” completed by a nurse was located for nearly all of the youth involved and for the most part, these forms were complete. At the beginning of the monitoring period, many of the forms were missing information (e.g., the injury severity rating, time or date of assessment, etc.), but by September and October, nearly all of the forms were complete. A significant delay in receiving medical attention (i.e., two hours or more) was noted for approximately 20 of the youth involved, a pattern which was observed throughout the monitoring period. The reason for this delay could not be ascertained. In two cases, youth made clear allegations of staff abuse to the nurse, but yet the nurse did not report the statement to the Office of Investigations and Audits (OIA) as required by policy. Injuries and allegations of excessive force pursuant to physical restraints must be taken seriously. Though infrequent, these errors by nursing staff have grave consequences and nurses must both understand and put into practice their responsibilities as mandated child abuse reporters.</p>
<p>Recommendations</p>	<p>To reach compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Ensure that all incident reports contain detailed descriptions of the circumstances surrounding the altercation, the youth’s behavior and the response by staff, along with written statements from those who were involved in or who observed the incident. Utilizing videotaped footage, providing timely feedback to staff who submit substandard incident reports and requiring corrective action may be useful toward this end. 2. Ensure that all medical staff are aware of their responsibilities as mandated child abuse reporters. Post easy-to-follow instructions for reporting abuse in areas that are accessible to nursing staff.
<p>Evidentiary Basis</p>	<ul style="list-style-type: none"> ▪ Policy review ▪ Youth interviews, n=32 ▪ Staff interviews, n=21 ▪ Administrator interviews ▪ Incident reports, n=40, randomly selected from those generated in June-October, 2007 related to youth-on-youth violence and group disturbances.

¶ III.B-1.iii	<u>Senior Management Review.</u> The State shall develop and implement a system for review by senior management of youth-on-youth violence.
Compliance Rating	Partial Compliance
Discussion	<p>Each incident report is reviewed by the Shift Commander. These reviews should critique staff performance in preventing, anticipating, or intervening in the incident. Feedback surrounding the use of de-escalation techniques, staffing ratios and posts, supervision strategies, maintaining security, conflict resolution, environmental hazards, policy and procedures will help to improve staff skill and knowledge and may lead to a decline in youth violence over time. Across the 40 incident reports reviewed, only about one-quarter were well-done. Among the remaining reviews, in about half, the Shift Commander simply summarized the event in question without providing a thoughtful critique. In the other half, the Shift Commander made conclusive statements (e.g., “staff handled the incident appropriately” or “staff did a good job” or “the response was adequate”) without stating the basis for these conclusions. If these reviews are to be helpful to staff, they must identify the specific decisions made or actions taken that either promoted or compromised youth and staff safety so that staff can refine their reactions when next placed in a similar situation.</p> <p>In addition to the Shift Commanders’ reviews, incidents are discussed in management meetings. For the most part, these discussions amount to a report of what occurred, rather than a problem-solving process aimed at identifying patterns and conditions that could give rise to prevention efforts. The DJS will soon begin a bi-weekly data review. Hopefully, this new structure will encourage managers to identify specific targets for intervention that could help to reduce the rate of youth violence within the facility.</p> <p>Finally, the Assistant Superintendents conduct audits of all incidents. By design, these audits should not only verify the completeness of the incident reporting package, but should also comment on the quality of the staff’s responses to each portion of the incident report and confirm that all of the sources of information hang together without contradiction. In practice, however, the audits often overlooked key issues of substance (e.g., contradictions in staff accounts, confusing information about which youth were involved in the altercation). Further, many times, the file audits did not occur until well after the incident (e.g., one month) when staff had likely forgotten the context within which they made the decisions in question. Even when corrective action was required, staff often failed to make the needed corrections. In order for staff to develop new skills and put them into practice, feedback should be provided much more quickly and staff should be held accountable for making required corrections.</p>
Recommendation	<p>To reach compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Provide written guidance and training to Shift Commanders to ensure that all incident reports include a thoughtful critique of the way in which staff handled the incident and

	<p>any contextual factors that could have prevented the incident from occurring.</p> <ol style="list-style-type: none"> 2. Provide timely feedback and hold staff accountable for making corrections to substandard incident reports. <p>It is also recommended that the State:</p> <ol style="list-style-type: none"> 1. Enact violence prevention strategies grounded in the details, patterns and commonalities across incident reports. Establish a baseline for measurement and use available data to evaluate the effectiveness of these strategies.
Evidentiary Basis	<ul style="list-style-type: none"> • Administrator interviews • Incident reports, n=40, randomly selected from those generated in June-October, 2007 related to youth-on-youth violence and group disturbances.

¶ III.B-1.iv	<u>Staff Training in Behavior Management, De-Escalation and Crisis Intervention</u> . The State shall develop and implement a curriculum for appropriate competency-based staff training in behavior management, de-escalation techniques, appropriate communication with youth, and crisis intervention. Such training shall be completed before staff may work independently with youth.
Compliance Rating	Substantial Compliance
Discussion	<p>The following regulations and policies are relevant to this provision:</p> <ul style="list-style-type: none"> • Maryland Correctional Training Commission (COMAR 12.10.01) • Behavior Management (RF-00-07) <p>Professional standards (e.g., ACA standard 3-JDF-1D-09) suggest that training for direct care staff should involve, at a minimum, 120 hours of basic training during the first year of employment and an additional 40 hours of in-service training each year thereafter. Topics should include the use of force, along with interpersonal relations, communication skills and counseling techniques. Currently, the Maryland Correctional Training Commission requires a 120-hour Entry Level Training (ELT) during the first year of service, but only an 18-hour annual in-service training. This prerequisite is supplemented by DJS policy which requires 40 hours of annual in-service training. The DJS has recently added to its required courses, which now include: suicide prevention, child abuse reporting, incident report writing, verbal de-escalation, Crisis Prevention Management (CPM), bloodborne pathogens, gang awareness and adolescent mental health and development.</p> <p>A roster showing the certification status and training record for all BCJJC direct care staff was prepared by the facility and DJS staff. Staff have one year from the date of hire within which to complete the ELT. Historically, delays in obtaining certification were not uncommon, but the discussion here is limited only to those staff who were not certified within the proper timeframe since BCJJC was included in the Agreement. As of mid-November, 2007, of 161 direct care staff, 11 were provisionally certified meaning that they had satisfied some, but not all, of the ELT training and other requirements for full certification. Most of these individuals were beyond the 12-month window permitted for staff to become fully certified (e.g., were hired in early 2006). The facility hired approximately 40 new direct care staff in 2007. All but 14 staff completed ELT well within the 12-month time frame. The other 14 staff were hired in late 2007 and are scheduled to complete ELT in early 2008, easily within the 12-month timeframe.</p> <p>Annual training was assessed for the 97 fully-certified staff currently working at BCJJC. With very few exceptions, all staff received training in the core topics required by the Department and germane to the provisions in this section of the Agreement.</p>
Recommendations	The State is in substantial compliance with this provision. However, it is strongly recommended that the State:

	1. Take immediate steps to ensure that staff who were hired prior to the term of this Agreement receive the requisite training to become fully certified.
Evidentiary Basis	<ul style="list-style-type: none">▪ Policy review▪ Training Roster compiled by the facility at the request of the Monitor, November 2007

<p>¶ III.B-1.v</p>	<p><u>Behavior Management Program</u>. The State shall develop and implement an effective behavior management program at the facility throughout the day, including during school time and shall continue to implement the behavior management plan. The State shall develop and implement policies, procedures and practices under which mental health staff provide regular consultation regarding behavior management to direct care and other staff involved in the behavior management plans for youth receiving mental health services, and shall develop a mechanism to assess the effectiveness of interventions utilized.</p>
<p>Compliance Rating</p>	<p>Partial Compliance</p>
<p>Discussion</p>	<p>At the end of August, 2007, the BCJJC replaced its existing behavior management program with one featuring greater flexibility in terms of incentives and sanctions. Prior to implementing the new program, all staff and youth were provided written and verbal guidance on how the new system would operate. When interviewed, both youth and staff could explain how both the new and the old systems worked. The new system was adopted from the Cheltenham Youth Facility, where it has been in operation for several years. At the time of the first monitoring visit, the program was too new to evaluate effectively. As of the second visit in November 2007, the program had been operating for approximately two months.</p> <p>The basic structure of the behavior management program is solid—youth are able to earn up to 100 points per day and as points accumulate, youth are promoted to a higher level that comes with greater privileges. The range of privileges and incentives available through the program are meaningful to youth—they want to earn them and also do not want to lose them. Over the past two months, the range of incentives has expanded considerably.</p> <p>However, in certain areas, the program has not been implemented as designed. By design, youth earn points throughout the day for their participation in the variety of program activities. For example, youth earn 30 points for participating in school (5 points for each of 6 classes), 4 points at mealtimes, 20 points in group, etc. There were a number of occasions when an entire unit did not earn points for a specific activity. For example, on October 30, 2007, none of the youth on Unit 40 earned any points for lunch. On October 31, 2007, they did not earn any points for recreation. It is possible that the entire unit was involved in some sort of disturbance leading to the universal failure to earn any points. The reasons for point deductions should be clearly articulated on the point sheets. It is also possible that the activity itself (recreation) wasn't held. Youth should earn points for activities that are cancelled for the convenience of the facility.</p> <p>In addition, the consequences for both minor and major rule infractions are not implemented consistently. When youth engage in minor misconduct, the violation is to be reported on a Student Behavior Report (SBR). In theory, points should be deducted in accordance with the written guidelines. However, the SBRs did not always correspond to</p>

what was noted in the point log, and vice versa. A review of point logs indicated that staff often deducted points in excess of the limits established by the written guidelines. For example, the written guidance indicates that youth may lose 5 points for having their hands down their pants—one youth was charged 50 points for this infraction. Similarly, the failure to participate in academics should result in the loss of point allocated to that activity (15, for the morning session), yet one youth was charged 75 points for his failure to participate. Similar examples were found throughout the point logs on all 3 pods. Further, calculation errors were notable throughout the documentation. Although staff have calculators at their disposal, there were many examples where youth's point totals were off by 10, 20, even 100 points. Youth reported difficulty learning how many points they had on any given day, stating that they had to ask staff to see the point log rather than being able to refer to a point board on the unit.

Youth reported that they were able to earn back a portion of the points deducted by writing an essay or participating in extra work detail. This opportunity for point restoration is an excellent practice and staff creativity in this area, particularly when done in collaboration with mental health staff, should be encouraged.

Finally, although a disciplinary hearing process for major infractions was part of the original design of the program, the hearing process had not been implemented by early November, 2007. Given that the range of sanctions do not impact the youth's liberty interest (i.e., the State of Maryland prohibits the use of disciplinary isolation), a hearing is not required. Instead, a presumptive point deduction could be articulated with an appeal process via the grievance process. The Department is encouraged to allow for a more creative range of individualized sanctions that could bring a restorative aspect to an otherwise one-dimensional point deduction. Either way, the facility's practice must match the written guidance it has issued for both staff and students. New program guidelines that utilize the chain of command in a verbal appeal process (e.g., unit supervisors, pod managers, etc.) were drafted in mid-November, 2007, but, when interviewed, youth were not fully aware of how the process was supposed to work.

While the facility is not permitted to use disciplinary isolation as a sanction, seclusion may be used to provide youth with an opportunity to calm down after an altercation or other tense situation. Practices designed to protect the safety of youth in seclusion are discussed in a subsequent section (III.C-1.iii). Given that seclusion is permissible only in situations where the safety of youth and staff or the security of the facility is compromised, the justification for the use of seclusion is relevant here. In order to be released from seclusion, a youth must discuss his behavior with staff, must take responsibility for himself, and articulate how he could have behaved differently. A total of 32 seclusion episodes were randomly selected from those occurring between June 1 and October 31, 2007. The reasons offered for keeping the youth in seclusion were audited. About one-third of these did not properly justify the continued used of seclusion (i.e., when the Shift Commander met with the youth, the reason the Shift Commander decided the youth was not ready to

	<p>return to the general population). Most of these gave only vague statements such as “not ready to process.” While this may be true, the Shift Commanders should indicate the behaviors or statements from youth that led to this conclusion, otherwise, the State cannot demonstrate that seclusion was used to protect safety and security, rather than as a punitive measure.</p> <p>As an interim measure, the facility also uses “social separation,” in which a youth is sent to his room and must remain there for 60 minutes or less. The door to the room is at least partially open, and is unlocked. There are situations in which the youth still has not calmed down, even after the period of separation. In these cases, the youth is then placed in seclusion. During the latter part of the monitoring period, the facility began to observe and document the youth’s behavior while separated, so that if the youth needed to be transferred to seclusion, the reasons for the transfer were well-documented. Although a systematic review of these forms was not conducted, a review of approximately 5 or 6 of them suggested that the process is a useful one for ensuring that youth are not placed in seclusion without justification.</p> <p>In contrast to the other two facilities covered by the Agreement, BCJJC does not yet have a structure for direct care/mental health staff collaboration to direct the behavior management program for youth on the mental health caseload. The facility plans to adopt the Guarded Care protocol during the next monitoring period.</p> <p>The facility’s daily schedule has a large impact on the level of youth violence. Both youth and staff reported that the unit schedules are followed dependably, with few exceptions. This provides a high level of predictability for both youth and staff which is important for reducing stress and tension. During the monitoring period, the facility assembled an impressive array of engaging activities for youth. These include talent shows, sleepovers, flag football/basketball, card tournaments, faith-based programs, drumming classes, chess tournaments, movie nights, etc. The calendar of events is posted throughout the facility, and an effort to engage parents in some of the events is notable. Recreation space is somewhat limited—the facility has only one gymnasium. Youth reported that staff do not always offer outdoor recreation, even when the weather is moderate. Ensuring that all youth receive at least one hour of large muscle activity on weekdays and two hours on weekend days is an important adjunct to an effective behavior management program.</p>
<p>Recommendations</p>	<p>To reach compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Ensure that the behavior management program is implemented as it is designed. Balance staff discretion with opportunities for individualization. 2. Make youth aware of the number of points they have earned, the number of points deducted, the total number of points accrued and their level on a daily basis. Post point totals and levels on a board that is easily accessible to youth. 3. Formalize the plan for the appeal process. Inform staff and youth of the changes to the written procedure. 4. Require Shift Commanders to describe the youth’s statements and behaviors that cause

	<p>the Shift Commander to conclude that the youth should remain in seclusion, rather than returning to the general population.</p> <ol style="list-style-type: none"> 5. Require mental health and direct care staff to collaborate in developing an effective behavior management plan for youth on the mental health caseload with clear performance objectives for determining effectiveness. 6. Continue to provide an engaging array of activities and to develop a meaningful assortment of incentives of value to youth.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ <i>BCJJC Behavior Management Program</i>, written guidance ▪ Point Logs for all 12 units ▪ SBRs generated during last two weeks of October, 2007 ▪ Unit schedules ▪ Activity schedules, July-December, 2007 ▪ Staff interviews, n=21 ▪ Youth interviews, n=32 ▪ Seclusion records, n=32, randomly selected from those occurring June-October, 2007 ▪ Social separation door sheets, n=approximately 5, selected from those occurring in October 2007

<p>¶ III.B-1. vi</p>	<p><u>Staffing.</u> The State shall employ sufficient numbers of adequately trained direct care and supervisory staff to supervise youth safely, protect youth from harm, and allow youth reasonable access to mental health, education services, structured rehabilitative programming, and adequate time spent in out-of-room activities, and that it shall continue to provide sufficient numbers of staff at the facility.</p>
<p>Compliance Rating</p>	<p>Partial Compliance</p>
<p>Discussion</p>	<p>Policies and standards related to this provision include:</p> <ul style="list-style-type: none"> ▪ Selection and Certification Standards for Mandated Positions [HR-2-03] ▪ Post Orders [RF-07-07] ▪ Maryland Correctional Training Commission [COMAR 12.10.01] ▪ Youth Movement and Count [RF-02-06] <p>The Department’s standard staff ratios are 1:8 during waking hours and 1:16 during sleeping hours. These are within the range of those accepted in the field as necessary to protect youth from harm. However, these ratios should be considered minimal staffing ratios—they are sufficient only to the extent that the physical plant and risk profiles of the youth are amenable to supervision. Given the two-tiered structure of the housing units at BCJJC, the local policy is to staff the facility at 1:6 during waking hours and 1:12 during sleeping hours.</p> <p>To assess the extent to which required staffing ratios are met, shift staffing reports were requested for 22 days from June-October, 2007. A total of 792 shifts were reviewed (i.e., 22 days x 3 shifts x 12 units = 792). For each of three shifts, the number of youth and staff assigned to each unit was used to calculate the ratio of staff to youth. Throughout the period in question, a significant portion of the daytime (i.e., 6:00am to 2:00pm) shifts were not staffed within required ratios. Among the 264 daytime shifts reviewed, only one staff was assigned to supervise 12 youth assigned to a unit approximately 25 % of the time. In an effort to maintain the safety and security of the facility, units that were short staffed went to a “6 up—6 down” procedure in which half of the youth were locked in their rooms while the other half were allowed to go about the normal activities on the unit. Youth on these units were obviously restricted from participating in normal activities as a result of the failure to staff the facility within the required ratios.</p> <p>When the facility was able to meet required staffing ratios, it often did so through the extensive use of overtime staff. At the beginning of the monitoring period, the Superintendent estimated that, on any given day, approximately 50 % of all posts were covered by a staff person doing a double shift. Toward the end of the monitoring period, the overnight shift (i.e., 10:00pm to 6:00am) was fully staffed, but given shortages on the other two shifts, overtime staff continued to cover 30 % to 40 % of all posts. The endemic use of staff working double shifts has serious consequences for the quality of supervision,</p>

	<p>engagement of youth and the ability to protect youth and staff from harm. When staff are tired—as most would be working a 16-hour shift—judgment and response times may be compromised, patience may be short, and they may be less engaged with youth and less able to identify tensions and other situations giving rise to youth violence. While the use of overtime staff does allow the facility to maintain required staff to youth ratios, it is not a workable long-term strategy nor one that is likely to reduce youth violence as required by this Agreement.</p> <p>A staffing analysis was recently completed to identify the number of staff required to staff the facility within ratios, requiring staff to work only one shift per day. The analysis also utilized a relief factor to account for illness, vacation, training, etc., without compromising the ability to properly staff the facility. All 185 direct care positions required to fully staff the facility have been allocated, meaning that the positions have been created and funding is available. Although the facility hired at least 40 new staff in 2007, 18 positions (10% of the total number of direct care positions allocated) remained vacant as of mid-November 2007. Fortunately, the rate of resignations has sharply declined since the new Superintendent was hired. Until the 18 vacant positions are filled, the facility will continue to rely on overtime staff to provide the full complement of staff needed to supervise the youth at BCJJC.</p>
Recommendations	<p>To reach compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Provide for the required 1:6 and 1:12 ratios on all shifts. This can be accomplished by filling all direct care staff positions or by capping the facility’s population. 2. Demonstrate that youth’s access to programming is not restricted due to low staffing levels. <p>It is strongly recommended that the State:</p> <ol style="list-style-type: none"> 1. Minimize the use of overtime so that staff are required to work only one 8-hour shift during any 24-hour period.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Policy review ▪ Shift staffing reports for 22 days randomly selected from June-October, 2007 ▪ Youth interviews, n=32 ▪ Staff interviews, n=21 ▪ Administrator interviews ▪ <i>Baltimore City Juvenile Justice Center: Staffing Pattern</i>, dated August 22, 2007 ▪ <i>Vacancy Spreadsheet</i>, compiled by the DJS at the request of the Monitor, November, 2007

¶ III.B-1.vii	<u>Environmental Security Hazards</u> . The State shall remove and replace known environmental security hazards.
Compliance Rating	Substantial Compliance
Discussion	<p>The DOJ’s findings letter, dated August 7, 2006, cited a variety of incidents in which youth used chairs, broomsticks and sharpened toothbrushes as weapons, thereby increasing the risk of serious injury from youth-on-youth violence. The facility has taken affirmative steps to identify items posing a security hazard and to control access to or replace them with safer alternatives.</p> <p>In the unit dayroom areas, bulky plastic block chairs have been provided in sufficient numbers for all youth. Staff continue to use metal chairs at the staff desk. Chairs in the pod area continue to be of the metal variety, while the school utilizes a desk/chair unit that is bulky and difficult to lift. A review of incident reports revealed that youth continue to throw chairs and overturn tables during fights and other non-compliant periods. No serious injuries (i.e., deep lacerations, broken bones) occurred from such events during the monitoring period, but the fact that youth continue to throw chairs is a concern. Nearly all of the incidents involving chair throwing occurred on the unit day rooms, which indicates that it is the staff chairs that are being thrown (since all others have been replaced by the blocky variety). Specific strategies to target this problem (e.g., identifying an alternative station for staff; bolting staff chairs to the floor; enhancing penalties) should be pursued.</p> <p>All brooms and mops and other cleaning supplies are now required to be kept in a locked janitorial closet. Supervisors verify that doors are secured. Youth also now use “fingerbrushes” as toothbrushes that are made of pliable plastic that fits over the fingertip. They cannot be used as weapons.</p>
Recommendations	<p>The State is in substantial compliance with this provision. However, it is strongly recommended that the State:</p> <ol style="list-style-type: none"> 1. Pursue specific strategies to reduce the utilization of chairs as weapons. Analyze incidents in which chairs have been thrown, identify the common locations and the chairs being used, and develop specific strategies to limit their accessibility or suitability as a weapon. Identify a baseline for measurement and assess the extent to which these strategies have reduced the number of incidents in which chairs are used as weapons.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Visual inspection of housing units ▪ Administrative interviews ▪ Incident reports, n=40, randomly selected from those generated in June-October, 2007 related to youth-on-youth violence and group disturbances.

Suicide Prevention

¶ III.C-1. i	<u>Implementation of Policy.</u> The State shall take all reasonable measures to assure that all aspects of its suicide prevention policy are implemented.
Compliance Rating	Partial Compliance
Discussion	<p>The DJS recently updated its Suicide Prevention policy. The key change from the former version is that mental health staff are now permitted to remove a youth from suicide precautions at any level, rather than having to step them down through each level before removing a youth from watch.</p> <p>The policy requires youth to be supervised at different intensities, depending on the level of precaution required. As discussed in III.C-1.v, the practice and documentation of supervision does not always comport with policy. Further, while individual suicide tracking logs are maintained, they often omit a key piece of information (the time that precautions are initiated or changed) needed to ensure that supervision is commensurate with the assessed risk level.</p> <p>Clinically, Hope Health staff have developed an effective response strategy for youth displaying or verbalizing self-harming behaviors. Staff are competently trained in developing strategies for youth to address the distress they experience during a suicidal episode.</p> <p>Environmentally, the DJS has rectified all of the deficiencies noted in the DOJ’s findings letter, including fitting the facility with suicide resistant bunks, towel racks, handrails, and Plexiglas barriers.</p>
Recommendations	<p>To reach compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Ensure that staff supervise youth on suicide precautions as required by policy. 2. Ensure that individual suicide tracking logs contain all information required to initiate the appropriate level of supervision.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ See sources of information listed under each provision, below.

¶ III.C-1.ii	<u>Mental Health Response to Suicidal Youth</u> . Youth at the facility who demonstrate suicidal ideation or attempt self-harm shall receive timely and appropriate mental health care by qualified mental health professionals. This care shall include helping youth develop skills to reduce their suicidal ideations or behaviors, and providing youth discharged from suicide precautions with adequate follow-up treatment.
Compliance Rating	Substantial Compliance
Discussion	Hope Health staff have developed an effective response strategy for youth displaying self harming behaviors or verbalizations. Rapid and consistent contact by mental health to youth who are in need of suicide assessments and interventions is documented. Staff are competently trained in developing strategies for youth to address the distress they experience during a suicidal episode. Clinical Suicide Watch Level Consultation forms, Individual Suicide Tracking Logs and Suicide Log sheets are developed and tracked in a consistent manner. Changes in plans, levels and instructions to staff are clearly stated. Dr. Akin Akitola provides excellent clinical input and evaluates the mental status of youth placed on levels. Staff supervision is competently provided. During the current tour no youth were on a Suicide Level.
Recommendations	The State is in substantial compliance with this provision as of December 31, 2007. It is recommended that the State: <ol style="list-style-type: none"> 1. Increase training of staff in a skills based approach to youth who display suicidal and self harming behaviors— an adolescent adaptations of the cognitive behavioral treatment Dialectic Behavior Therapy would improve youth’s self management of at-risk behavior. 2. Increase contact with parents/guardians to elicit input into emergent interventions as well as keeping them informed as to their child’s safety and status.
Evidentiary Basis	Document and Chart Review, staff and youth interviews

¶ III.C-1.iii	<u>Supervision of Youth at Risk of Self-Harm</u> . The State shall sufficiently supervise youth in seclusion to maintain their safety.
Compliance Rating	Partial Compliance
Discussion	<p>The policies relevant to this provision include:</p> <ul style="list-style-type: none"> ▪ Seclusion ▪ Youth Movement and Count <p>Even when they have not verbalized any suicidal ideation or intent, youth are at heightened risk of self-harm when they are isolated in a locked room (e.g., when secluded, overnight, etc.). By checking on youth periodically during these times, staff can respond to any needs or otherwise verify the youth’s safety.</p> <p>Staff interviews confirmed that staff are aware of the procedures required for ensuring the safety of youth in seclusion. When interviewed, youth who had been in seclusion confirmed that staff checked on them regularly. In addition to these reports, the practice of supervision can be assessed using documentation—as such, this review focuses on the adequacy of that documentation to substantiate compliance with the requirements of this provision and DJS policy.</p> <p><i>Youth in Seclusion.</i> A total of 34 seclusion episodes, randomly selected from those occurring in June-October, 2007, were audited. The use of seclusion, and the justification offered for it, was discussed previously (see III.B-1.v). Regardless of the reason for placement, this provision requires the State to adequately supervise youth in seclusion to ensure their safety. Staff are required by policy to make observations at random intervals, no less than six per hour. Of the 34 episodes reviewed, about half revealed that staff were not following required observation procedure (e.g., monitoring at exact 10 minute intervals, insufficient number of checks per hour, etc.). Policy also requires medical staff to verify the well-being of youth at two-hour intervals during their stay in seclusion. In approximately half of the seclusion episodes audited, medical staff missed one or more of these two hour checks. Of greatest concern was an incident during the Monitor’s August 2007 tour in which a direct care staff was informed that he had not been checking the youth according to policy. Instead of simply acknowledging the mistake and indicating his intention to follow the required practice, the staff person went back to the form and entered data for the preceding hour, as if these checks had been done properly. Other, less blatant examples of staff misrepresenting their activities were also noted during the review. Document falsification must not be tolerated.</p> <p><i>Youth Locked in their Rooms Overnight.</i> Youth at BCJJC are locked into single rooms overnight. The facility is equipped with an electronic GuardTour system that records staff’s routine observations of youth while in their rooms. DJS policy requires staff to verify the</p>

	<p>well-being of youth at 30-minute intervals, but the facility’s operating policy requires 15-minute intervals. GuardTour reports for 6 days in October were reviewed to determine the level of compliance with overnight check procedures. Some units demonstrated greater consistency than others. Among the problems noted were:</p> <ul style="list-style-type: none"> ▪ The onset of supervision was not staggered according to youth’s bedtimes. Instead, safety checks sometimes began for all youth at 11 or 12 at night. ▪ The cessation of supervision did not coincide with wake-up times. Instead, checks sometimes stopped at 3 or 4 in the morning. ▪ Many intervals exceeded the 30 minutes prescribed by policy. Sometimes, as many as 4 or 5 checks were missed, resulting in youth going unsupervised for 2 or 3 hours. <p>The GuardTour reports are audited by one of the Assistant Superintendents. Over the past few months, at least 14 staff were disciplined for their failure to comply with policy. While the rate of errors is reportedly decreasing, the consistency of supervision while youth are locked in their rooms overnight is not yet dependable.</p>
Recommendations	<p>To reach compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Ensure that staff supervise youth in seclusion according to policy and require medical staff to assess the youth’s medical condition at two-hour intervals, as required by policy. 2. Instruct staff not to make any entries that misrepresent what actually occurred during the period of supervision. Discipline non-compliant staff as appropriate. 3. Ensure that staff verify the safety and welfare of youth at 30-minute intervals (or 15-minute intervals, if preferred) and document this verification using the GuardTour system. Audit GuardTour reports frequently and discipline or retrain staff as appropriate.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Policy review ▪ Seclusion Observation Forms for n=34 youth, randomly selected from those placed in seclusion at some point from June to October, 2007 ▪ GuardTour reports for 6 days in October, 2007 ▪ Youth interviews, n=32 ▪ Staff interviews, n=21 ▪ Administrative interviews

¶ III.C-1.iv	<u>Housing for Youth at Risk of Self-Harm</u> . The State shall take all reasonable measures to assure that all housing for youth at heightened risk of self-harm, including holding rooms, seclusion rooms and housing for youth on suicide precautions, is free of identifiable hazards that would allow youth to hang themselves or commit other acts of self-harm.
Compliance Rating	Substantial Compliance
Discussion	In response to the DOJ's Findings Letter, all rooms were fitted with suicide-resistant bunks; cords were removed from youth's laundry bags; and suicide resistant towel hooks were installed in all youth restroom and shower areas. During the tour of the rooms on each unit, no protrusions or other environmental hazards were observed.
Recommendations	The State is in substantial compliance with this provision. It is recommended that the State: <ol style="list-style-type: none"> 1. Exercise continued vigilance and replace objects or fixtures that would allow youth to hang themselves or commit other acts of self-harm.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Administrative interviews ▪ Tour of all housing units

<p>¶ III.C-1.v</p>	<p><u>Documentation of Suicide Precautions.</u> The following information shall be thoroughly and correctly documented, and provided to all staff at the facility who need to know such information:</p> <ol style="list-style-type: none"> a. the times youth are placed on and removed from precautions; b. the levels of precautions on which youth are maintained; c. the housing location of youth on precautions; d. the conditions of the precautions; and e. the times and circumstances of all observations by staff monitoring the youth.
<p>Compliance Rating</p>	<p>Partial Compliance</p>
<p>Discussion</p>	<p>The policies relevant to this provision include:</p> <ul style="list-style-type: none"> ▪ Suicide Prevention <p>The mental health provider creates and maintains individual suicide precaution tracking logs that are designed to provide all of the information required by this provision. While judged to be clinically adequate by the Mental Health Monitor, the individual logs do not provide dependable information about when suicide precautions are initiated, when the level of precautions is changed, or when precautions can be discontinued. A space for the time to be entered is present on the form itself, but in many cases, the date on which an assessment was made is entered instead. A total of 23 Individual Suicide Tracking Logs were reviewed. While they clearly identified the level of precaution, the housing location and conditions of supervision, a majority of them did not indicate the time at which precautions were initiated or when the level of precaution was changed. The accessibility of this information is essential for ensuring that the intensity of supervision is commensurate with the youth’s risk level.</p> <p>To assess part (e) of this provision, suicide precaution observation forms were reviewed for these same 23 youth who were on some level of precaution from June through October, 2007. The facility was unable to produce the observation forms for a significant number of shifts. On the first tour, approximately 50% of the forms could not be located. Significant improvements were evident on the second tour, when the proportion of missing forms dropped to 17%. Further, DJS policy requires observations to be made at random intervals, no fewer than six per hour. Approximately half of the forms audited on each tour revealed some failure to comply with this requirement (e.g., checks at exact 10 minute intervals or some other obvious pattern suggesting that checks were not random; insufficient numbers of checks per hour; significant gaps between checks). A small proportion of forms suggested that staff were pre-filling the forms with dates or signatures, a practice that is problematic because it could lead to more serious document falsification.</p> <p>One of the mechanisms the facility uses to improve the quality of documentation is for the Shift Commanders to confer with the supervising staff at least once per shift to verify that</p>

	<p>practice complies with policy. On the first tour, documentation revealed that the Shift Commanders were not providing this type of oversight. However, on the second tour, a Shift Commander had signed off on nearly every form audited. Although problems with the frequency and intervals of observations continued to be noted, the fact that Shift Commanders have begun to review the forms on a regular basis should lead to improvements (provided the Shift Commanders know what they are looking for during the review).</p>
Recommendations	<p>To reach compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Ensure that Individual Suicide Tracking Logs are filled out completely and accurately, particularly with regard to the time that precautions are initiated, changed or stopped. 2. Ensure that staff responsible for implementing suicide precautions do so according to policy and that the documents used to demonstrate compliance are maintained.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Policy Review ▪ Suicide Precaution Observation Forms and Individual Suicide Tracking Logs for n=23 youth, randomly selected from those on suicide precautions at some point from June to October, 2007

¶ III.C-1.vi	<u>Suicide and Suicide Attempt Review</u> . Appropriate staff shall review all completed suicides and serious suicide attempts at the facility for policy and training implications.
Compliance Rating	Substantial Compliance
Discussion	<p>Mental health and facility staff have received initial training on suicide policy and treatment strategies for detained youth. Documentation in medical charts indicates that mental health and psychiatric evaluations are performed with consistently on youth who are identified as self harming. Appropriate treatment plans, monitoring, assessments and reviews are performed by mental health staff of all youth placed on suicide levels. After youth are removed from a suicide level additional follow-up of youth behavior is performed.</p> <p>There have been no completed or serious suicide attempts at the facility during the current monitoring period.</p>
Recommendations	The State is in substantial compliance with this provision.
Evidentiary Basis	Staff interviews, chart reviews.

¶ III.C-1.vii	<u>Environmental Suicide Hazards</u> . The State shall remove, replace, or remediate known and identified environmental suicide hazards at the facility, such as the non-suicide-resistant bed frames and the mezzanine stair railings in the housing units.
Compliance Rating	Substantial Compliance
Discussion	As stated above in III.C-1.iv, in response to the DOJ’s Findings Letter, all rooms were fitted with suicide-resistant bunks; cords were removed from youth’s laundry bags; and suicide resistant towel hooks were installed in all youth restroom and shower areas. Further, the mezzanine stair railings in the housing units were fitted with Plexiglas barriers that prevent youth from being able to “tie off” a ligature on the railing. Railings in the bathrooms were replaced with suicide-resistant, ADA approved railings. During the tour of each unit, no protrusions or other environmental hazards were observed.
Recommendations	The State is in substantial compliance with this provision. It is recommended that the State: 1. Exercise continued vigilance and replace objects or fixtures that would allow youth to hang themselves or commit other acts of self-harm.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Administrative interviews ▪ Tour of all housing units

Mental Health

¶ III.D-1.i	<u>Adequate Treatment.</u> The State shall provide adequate mental health and substance abuse care and treatment services (including timely emergency services) and an adequate number of qualified mental health professionals. Psychiatric care shall be appropriate to the adolescent population of the facility and shall be integrated with other mental health services.
Compliance Rating	Partial Compliance
Discussion	<p>Hope Health employs an adequate number of skilled child mental health and chemical dependency clinicians. Psychiatric care is provided 35 hours per week with on call availability on evenings and weekends. The psychiatrist is active member of the treatment team and plays an important role in consulting with other mental health staff. Youth identified for treatment are provided well developed interventions and are seen on a timely and regular basis.</p> <p>Improved specificity in providing specific ways to measure the effectiveness of treatment need to be developed and clarified with youth and staff as well as being documented in the contact forms. Inadequate private space for clinicians undermines their effectiveness and often gets in the way of providing confidential sessions. This issue needs an immediate remedy.</p>
Recommendations	<p>To achieve substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Provide private and confidential space for individual and group treatments. 2. Improve documentation of objective measures to evaluate treatment effectiveness.
Evidentiary Basis	Staff and youth interviews, Document and Chart Reviews

¶ III.D-1.ii	<u>Mental Health Screening</u> . The State shall develop and implement policies, procedures and practices for all youth admitted to the facility to be screened comprehensively by qualified mental health professionals in a timely manner utilizing reliable and valid measures. If, due to exceptional circumstances, no such professional is on-site to conduct the screening, it shall be conducted by another staff member who has received specific training in conducting such assessments and reviewed by a qualified mental health professional.
Compliance Rating	Substantial Compliance
Discussion	The MAYSI and SASSI are administered on all youth admitted to the facility. Youth who are either “red flagged” on the MAYSI or identified as needing further assessment for chemical dependency are referred either to a mental health clinician or substance abuse counselor. The current screening system is effectively implemented and documented.
Recommendations	The State is in substantial compliance with this provision.
Evidentiary Basis	Document and Chart Reviews

¶ III.D-1.iii	<u>Mental Health Assessment</u> . Youth in the facility whose mental health screens indicate the possible need for mental health services shall receive comprehensive, appropriate and up-to-date assessments by qualified mental health professionals.
Compliance Rating	Partial Compliance
Discussion	<p>Limited evidence of assessment information is provided beyond the administration of the bio-psychosocial assessment and a mental status exam conducted by the psychiatrist when a youth is identified by the screening tools. A brief suicide risk assessment and a comprehensive chemical dependency and substance abuse instrument are administered for youth flagged for these concerns. The assessment process would be improved if a structured diagnostic interview was performed. Often youth are admitted with histories of conflicting psychiatric diagnosis which often lead to interventions and medication that are not effective. Poor treatment response in the facility often contributes to delays in a youth going to placement.</p> <p>Youth placed on psychotropic medications are not assessed on an ongoing basis with commonly used rating scales designed to monitor the medications effect on targeted symptoms. These scales should be used on a regular basis to assess the impact of medications treatments for depression, anxiety, attention problems, sleep, etc.</p>
Recommendations	<p>To achieve substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Improve the assessment process to include a structured psychiatric assessment. 2. Implement rating scales to assess the effectiveness of psychotropic medication management.
Evidentiary Basis	Document and Chart Review, Staff interviews

¶ III.D-1.iv	<u>Treatment Plans</u> . Youth in the facility in need of mental health and/or substance abuse treatment shall have an adequate treatment plan, including behavior management plan, as appropriate, which shall be implemented in the facility.
Compliance Rating	Substantial Compliance
Discussion	<p>Hope Health staff has implemented a carefully formulated and well detailed treatment planning process. The process follows an orderly and well documented procedure that is driven by data gathered through the initial screening process which includes administration of the MAYSI and the SASSI and subsequent bio-psychosocial assessment conducted within 72 hours of a youth's placement at BCJJC.</p> <p>Adequate attention for treatment is provided in the plans for both mental health and substance abuse issues. The Individual Treatment Plan (ITP) is developed by the Hope Health staff after the first two individual sessions for youth on detention units and is subsequently incorporated into the interdisciplinary Treatment Service Plan (TSP). For Pending Placement youth, the process is similar but the time frame for developing the plan is extended and the plans are more detailed. Contact with parents/guardians for input is attempted; however, the success rates for these contacts are not optimal and need to be improved. Staff are motivated to engage parents/guardians and see this activity as an important component of treatment planning. Community case workers' involvement in the treatment planning process is expected but does not occur with the consistency necessary for adequate continuity of care.</p> <p>The ITPs have defined goals and objectives but are missing any objective strategy to ascertain a youth's progress to achieving the goal.</p> <p>Hope Health has developed an effective quality assurance strategy that assures adequate monitoring of mental health staff activity and the implementation of this treatment planning process.</p>
Recommendations	<p>The State is in substantial compliance with this provision.</p> <p>It is recommended that the State:</p> <ol style="list-style-type: none"> 1. Develop a strategy to objectively track youths' attainment of treatment goals. 2. Improve family and community case manager involvement in treatment planning process.
Evidentiary Basis	Document and chart review, staff and youth interviews

¶ III.D-1.v	<u>Mental Health Record-keeping</u> . Consistent with State law, the State shall provide adequate mental health record-keeping and communications between and among the treatment teams, psychiatry staff, and the youth's families.
Compliance Rating	Substantial Compliance
Discussion	Hope Health staff maintains excellent records. TSPs and ITPs are kept up to date and are maintained in the youths' files. Progress Contact notes both from mental health clinicians and the Psychiatrist are effectively documented. Group therapy notes were available and were specific as to the activity being conducted as well as indicating the level of participation of the individual youth served. Phone Contacts between case managers and direct care staff are documented as well. The specific area for improvement as indicated in the section on Treatment Planning is the incorporation of more objective measures to reflect youth progress towards treatment goals.
Recommendations	The State is in substantial compliance with this provision. It is recommended that the State: 1. Improve communication with parents/guardians on the progress (or lack thereof) a youth is making towards treatment goals.
Evidentiary Basis	Document and Chart reviews

¶ III.D-1.vi	<u>Informed Consent</u> . Consistent with State law, the State shall ensure that the youths in the facility are provided with accurate information regarding the confidentiality of communications with facility clinicians.
Compliance Rating	Substantial Compliance
Discussion	Documentation of youth and parent compliance with the consenting process was found to be regularly obtained. The Youth Consent for Mental Health Treatment Form provides a comprehensive description of the specifics of confidentiality and the procedures that mental health use in eliciting information and providing treatment. Consent for psychiatric treatment was well documented.
Recommendations	The State is in substantial compliance with this provision.
Evidentiary Basis	Chart and document reviews

Special Education

¶ III.F-1.i	<u>Provision of Required Special Education</u> . The State shall provide all eligible youth confined at the facility special education services as required by the IDEA, 20 U.S.C. §1400 et seq., and regulations promulgated thereunder.
Compliance Rating	Non-compliance
Discussion	<p>The ability of the MSDE to provide required special education services is compromised by a number of things. On several of the days observed by the Monitor, the school was chaotic, units arrived for school more than one-half hour late, and classes were taught by instructional assistants. A review of the movement log kept in the school by DJS staff as well as interviews with DJS and MSDE staff confirmed that the issues discussed below are chronic.</p> <p>The chaos in the school appeared to be associated with lack of clarity concerning how MSDE and DJS staff should respond to incipient and serious disciplinary problems in the classroom. In some classrooms, MSDE and DJS staff did not communicate well. My observations and review of disciplinary reports suggested that the two staff do not work well together and that youth exploit the differences between unit staff and school staff. During one of my visits, I observed a teacher escalate a situation that DJS staff appeared to have under control. This teacher unilaterally ordered a student involved in a verbal altercation back to his living unit. The student in question was not in this teacher's class and DJS staff was talking to the youth at the time.</p> <p>Several students who self-disclosed that they had previously received special education services were not receiving services because records were not available and parents had not responded to MSDE's requests for permission to place these students in special education. The school staff did not provide services to these students and several of them received a number of behavior reports for misconduct in school. This situation is discussed in greater detail below in Sections III.F-1.ii, Screening and Identification and III.F-1.iv, Individualized Education Programs.</p> <p>A review of school attendance in August 2007 revealed that some units were not attending school due to DJS staff shortages or were held back on units when teachers were absent. An analysis of attendance at BCJJC in October 2007 revealed that while most units were attending school on a regular basis, several units consistently arrived very late. For example at the beginning of the school day, the last arriving unit was on average, 50 minutes late during the first week in October. During the second week of October, 17 minutes late; during the third week, 53 minutes late; and during the fourth week of October, the last unit in the school building arrived on average 39 minutes late to school. Notations in the DJS staff logbook indicate that delays in youth receiving breakfast were</p>

	<p>responsible for some of these morning delays. Other delays were difficult to explain from a review of the log book. Following lunch, housing units were slightly more punctual than in the morning, with the latest units arriving on average 15 to 20 minutes late.</p> <p>While instructional assistants can be used to teach classes on an occasional basis, during almost this entire reporting period an instructional assistant was the primary social studies teacher. Similarly, continuing absences by one of the special education teachers resulted in instructional assistants teaching special education students and students not receiving services some days.</p>
<p>Recommendations</p>	<p>In order to achieve substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Provide joint training to DJS and MSDE staff on behavior management practices in the school. Students are not served well when teachers and unit staff have to respond frequently to misbehavior, particularly behavior associated with attention-getting and power-struggles. 2. Provide a setting for instruction of youth who are chronically disruptive. An in-school suspension setting where students receive education services would be an improvement over the current system where students may be out of class for a very short period of time or alternatively are suspended and kept out of school for two or three days or more. 3. Develop and implement a system to ensure that all students are in school by 8:30 in the morning and back in class at 1:30 in the afternoon. Units coming to school late should be the exception not the general rule. Addressing this chronic problem may require coordination between unit staff and culinary staff. 4. Several recommendations concerning staffing can be found below in Section III.F-1.v.
<p>Evidentiary Basis</p>	<p>Site visits, classroom observations, review of DJS movement logs, interviews with students, review of Level 2/Student Behavior Reports, review of student files, interviews with staff.</p>

<p>¶ III.F-1.ii</p>	<p><u>Screening and Identification</u>. Qualified professionals shall provide prompt and adequate screening of facility youth for special education needs, including identifying youth who are receiving special education in their home school districts and those eligible to receive special education services who have not been so identified in the past.</p>
<p>Compliance Rating</p>	<p>Non-compliance</p>
<p>Discussion</p>	<p>Review of records and discussion with staff revealed that while the school conducts intake interviews with youth and completes a brief computer-based Star Reading and Math assessment, these activities appear to have minimal impact on the initial placement of students or support services they receive. Students’ files in the school office did not contain any of these initial screening results. These data were available on a local server and were provided to the Monitor when requested. However, there did not appear to be a school-based support team that reviewed this information to develop instructional or behavioral supports or to alert teachers about skill deficits of particular students.</p> <p>For example, students who identified themselves as students who were previously served in special education as well as students who scored below the 10th percentile for their age on the Star Reading or Math assessment were placed in classes without accommodations and support and subsequently received disciplinary write-ups and were excluded from school for their behavior. In early November “EB” had been at BCJJC for more than 54 days. There was no intake interview in his student file and his reading and math score placed him at the 1st and 2nd percentiles, respectively. During this time period, he received three level 2 student behavior reports in school for behaviors such as “did not do assigned work;” “refused to work;” and fighting. There was no indication that a child study team examined the performance of this student or referred him for assessment and potential special education services.</p> <p>“OS,” another BCJJC student, arrived at the Justice Center on September 28, 2007. He self-reported a history of special education services and scored at the 1st and 6th percentiles respectively, in reading and math on the Star intake assessments. “OS” was placed in special education approximately 35 days after his arrival at BCJJC when his prior school records and information about special education eligibility arrived. During the time he was in general education classes with no specialized academic support, “OS” received seven, Level 2 behavior reports and one special behavior report.</p> <p>A third student, “GJ” arrived at the Justice Center on August 21, 2007. He was previously been detained at the Center in May, 2007. A handwritten note in his file indicated that he has a history of special education services, though there was no intake interview protocol in his file. His scores on both the Star reading and math assessments at intake placed his skill level at the 5th percentile in those academic areas. There was one note in his file indicating his records were requested on August 24, 2007 and that “_____” said</p>

	<p>he was not special ed.” There is no indication that any staff or a pre-referral team followed up on this conflicting information or reviewed his performance in classrooms.</p> <p>The consequences of a failure to screen and identify students and provide instructional or behavioral supports are significant. Students with low levels of academic skills and those who self-report a history of special education services are particularly vulnerable to behavioral problems in classrooms. When incidents occur, it can disrupt the instruction of all youth in the class as well as consume valuable teacher and DJS staff time.</p>
Recommendations	<p>In order to achieve substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Carefully examine the screening and intake process at BCJJC. Designated staff members need to assume responsibility for leadership in screening and identification process. Information about students’ skill levels needs to be clearly communicated to teachers. Having the information available on a server to which teachers have access is not enough. 2. Determine how to support those youth who self-report a history of special education services. For those who were previously at BCJJC or who were at other DJS facilities, the process of determining eligibility should be straight forward. When MSDE has started the process of contacting parents during a youth’s earlier stay at a detention center, this information should be considered when requesting parental information during a current incarceration. In any case, when students self-report a history of special education services, this should trigger accommodations and supports independently of students being designated as special education students.
Evidentiary Basis	<p>Site visits, classroom observations, review of students’ files, review of special education student rosters.</p>

¶ III.F-1.iii	<u>Parent, Guardian, and Surrogate Involvement</u> . The State shall appropriately notify and involve parents, guardians or surrogate parents in evaluations, eligibility determinations, Individual Education Programs (“IEPs”), placement and provision of special education services.
Compliance Rating	Substantial Compliance
Discussion	The student files contained evidence of a good faith effort by the school staff to contact parents or guardians and involve them in the education of their sons. Students’ files contained notes, phone call reminders, and a log of contacts. Copies of correspondence were also available. On the basis of existing information, this provision is rated as in substantial compliance. Subsequent visits will examine more closely the extent to which parents and surrogates participate in IEP meetings.
Recommendations	The State is in substantial compliance with this provision.
Evidentiary Basis	Review of 11 student files; interviews with Ms. Tolbert, Mr. Oluku.

<p>¶ III.F-1.iv</p>	<p><u>Individualized Education Programs</u>. The State shall develop and/or implement an adequate IEP, as defined in 34 C.F.R. §300.320, for each youth who qualifies for an IEP. Consistent with the requirements of 34 C.F.R. §300.323(c), within 30 days of a determination that a youth is eligible for special education and related services, the State shall conduct an IEP meeting and develop and IEP. As part of satisfying this requirement, the State must conduct required re-evaluations of IEPs, adequately provide and document all required instructional services, conduct appropriate assessments and comply with the requirements regarding student and teacher participation in the IEP process. Mental health staff shall be involved in development of IEPs of all youth with identified mental illness. Goals and objectives shall be stated in realistic and measurable terms.</p>
<p>Compliance Rating</p>	<p>Partial compliance</p>
<p>Discussion</p>	<p>As noted in Section III.F-1.i, students who self-disclosed a history of special education services were not receiving services. Some of these students had existing IEPs that were not sent to BCJJC in spite of requests for those records. These students were not provided with an interim IEP nor did they receive accommodations.</p> <p>For example, “IS” had been at BCJJC for 38 days at the time of the Monitor’s November site visit. The records indicated that he had previously been at the Justice Center in June, 2007. He self-reported a history of special education services and indicated during his intake interview that he was taking Aderal for ADHD. His reading and math scores placed his performance at the 16th and 5th percentiles respectively. Since his arrival on 9/27/07 at BCJJC, he received two student behavior reports, one special behavior report, and a four day suspension from school. “IS” name was at the bottom of a BCJJC Resource Students List under the heading “Waiting on LRE placement.”</p> <p>“CL,” another student with a history of special education services was not receiving services at the time of the Monitor’s visit in November 2007 and was on the “Waiting on LRE placement” list. “CL” had attended school at the Justice Center in February and November, 2006, May 2007, and most recently arrived at the Center on September 2007.</p> <p>The IEPs in students’ files were for the most part well-written and contained appropriate components. IEP teams were multidisciplinary and case managers and mental health staff attended some of these meetings. The minutes contained in IEPs completed at BCJJC were well-done and provided good information about the committee’s decision making.</p> <p>Some students enrolled in the LRE (least restrictive environment) special education support class complained about the location of their classroom. The instructional space for this class was in an open area near the entrance to the main school area. Instruction in this space was frequently interrupted by students and staff entering and leaving the school area. Two students interviewed declined to receive services because of the distractions and</p>

	<p>the lack of privacy in this area.</p> <p>While the transition specialist functioned as a de-facto special education coordinator some of the time, the absence of a school counselor and clerical support during some of this year contributed to the inability of the school to develop and effectively implement IEPs for all eligible students. Inadequate instructional space was also a major factor contributing to the inability to effectively serve youth. For two living units, classes are split and instructional assistants provide instruction half of the time.</p>
Recommendations	<p>To achieve substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Develop an efficient way to determine eligibility and develop interim IEPs for those students who self report a history of special education services. MSDE and DJS need to identify more adequate space for classes that now meet in the cafeteria and the open area near the front of the school. 2. Conduct functional behavioral assessments for students with a history of disciplinary problems or emotional and behavioral disorders. A school-based team should use this information to develop behavioral intervention plans (BIPs) as part of students' IEPs.
Evidentiary Basis	Review of 11 student files; interviews with students; observation of classes.

¶ III.F-1.v	<u>Staffing.</u> The State shall provide adequate special education staffing.
Compliance Rating	Partial compliance
Discussion	<p>Several vacancies were filled during this reporting period. A new social studies teacher who is also certified in special education, a new guidance counselor, and a new clerical assistant were hired. However, at the end of this reporting period, vacancies for school principal and an instructional assistant existed. The principal left BCJJC in early October; Ms. Elizabeth Hart, the Field Director for Juvenile Corrections for MSDE, has been spending additional time at BCJJC. Ms. Pogue, the supervising teacher has also assumed additional responsibilities in the absence of the principal. MSDE staff indicated that a search is underway for a new school principal. The Transition Coordinator also left during this reporting period.</p> <p>The lack of substitute teachers has created a situation in which Mr. Moore, the recently hired social studies teacher, has had to fill in for a special education teacher who is on long-term absence due to illness. The social studies class has been taught by an instructional assistant for most of this reporting period.</p>
Recommendations	<p>To achieve substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Hire an additional special education teacher as a long-term substitute and to provide coordination and leadership for special education services and support. The school is in dire need of a permanent principal; some of the concerns discussed above are compounded by the vacancy in this position. MSDE should fill the vacancy left by the resignation of the transition coordinator.
Evidentiary Basis	Site visits and discussion with Hart, Pogue, and BCJJC teaching staff.

Quality Assurance

<p>¶ IV.A</p>	<p><u>Document Development and Revision.</u> The State shall revise and/or develop policies, procedures, protocols, training curricula, and practices as necessary to make them compliant with the provisions of this Agreement. The State shall revise and/or develop as necessary other written documents such as screening tools, logs, handbooks, manuals, and forms, to effectuate the provisions of this Agreement.</p>
<p>Compliance Rating</p>	<p>Partial Compliance</p>
<p>Discussion</p>	<p>The foundation for compliance with all provisions of this Agreement is a set of comprehensive policies that establish standards for care in every aspect of facility operations. Throughout the period of the Agreement, draft policies were submitted to the Monitors for review and comment. Forms and manuals (e.g., written guidance for behavior management, student handbooks, incident reporting form) are routinely updated to ensure they comport with expected practices. A total of 17 policies related to youth safety and security have been revised and signed into effect by the Secretary of the Department of Juvenile Services. These include:</p> <ul style="list-style-type: none"> ▪ Admission and Orientation ▪ Criminal Background Checks ▪ General Documentation of Log Books ▪ Incident Reporting ▪ Key Control ▪ Perimeter Security ▪ Pharmaceutical Services ▪ Photographing of Injuries ▪ Post Orders ▪ Recreation ▪ Reporting and Investigating Child Abuse ▪ Safety and Security Inspections ▪ Searches ▪ Seclusion ▪ Suicide Prevention ▪ Use of CPM Techniques ▪ Videotaping Incidents ▪ Youth Grievances ▪ Youth Movement and Count <p>The following policy awaits the Secretary’s signature:</p> <ul style="list-style-type: none"> ▪ Behavior Management <p>Two additional policies have recently been drafted:</p>

	<ul style="list-style-type: none"> ▪ Classification ▪ Treatment Service Plan <p>Most of these policies are related to general facility operations and practices to protect youth from harm. The other substantive areas of this Agreement are also covered by written guidelines and standards. Further, each of the substantive has a set of forms, manuals, and handbooks used to effectuate the provisions of the Agreement. The Monitors routinely use these tools to determine the level of compliance, and comment on their utility, as appropriate.</p> <p>DJS has only one agency policy related to education (<i>Coordination with Community Agencies and Educational Institutions</i>), but procedures are governed by the Maryland State Department of Education (MSDE) special education regulations. As is discussed in the Education section of this report, the section discussing providing services to eligible students whose parents are unresponsive to requests from the school may need to be clarified.</p> <p>Mental health services are guided by five policies covering: suicide prevention, substance abuse treatment, psychological evaluations, drug and alcohol abuse assessment, and treatment planning. The treatment planning policy is currently being revised. Finally, facility operations relative to fire safety are covered by policies that discuss: use of flammable, toxic and caustic materials, emergency evacuation procedures, and safety and security inspections. When requested, the Monitor’s have provided feedback on policy content, and will remain available to do so throughout the remainder of the period that the Agreement is in effect.</p>
Recommendations	<p>In order to achieve substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Finalize remaining policies and sign them into effect. 2. Train staff to implement all policies. 3. Specify the mechanism for quality assurance to verify that policies are properly implemented.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Policy review ▪ Administrative interviews

¶ IV.B	<u>Document Review</u> . Written State policies, procedures and protocols that address the provisions of this Agreement regarding the following topics shall be submitted to the Monitoring Team for review and approval within ninety (90) calendar days of the execution of this Agreement: use of force/crisis management; use of restraints and seclusion; mental health, medical and dental screening and assessment; treatment planning; and medication administration and monitoring. The State shall supply the DOJ with copies of all such policies, procedures and protocols when it submits them to the Monitoring Team. The Monitoring Team shall approve and/or suggest revisions to these policies, procedures and protocols within thirty (30) days of receipt, unless a longer period is agreed upon by the parties.
Compliance Rating	Substantial Compliance
Discussion	The required timeline for this provision expired prior to the Agreement's being amended to include the BCJJC. However, the State was found to be in substantial compliance with this provision on June 30, 2007.
Recommendations	The State is in substantial compliance with this provision.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Policy review

Provision IV. C	<u>Quality Assurance Programs</u> . The State shall develop and implement quality assurance programs for protection from harm, suicide prevention, mental health care, medical care, special education services and fire safety.
Compliance Rating	Partial Compliance
Discussion	<p>The Department has made very little progress in this area since the inception of the original Agreement. When the last Monitors' Report covering the Hickey School and Cheltenham Youth Facility was issued, the Department indicated its intent to conduct two Quality Assurance (QA) audits at each facility between July 1 and December 31, 2007, with written reports produced shortly after each visit. Only one audit was conducted at each facility, and only at the very end of the monitoring period. This delay left little time to assess the integrity of the process and to make needed improvements.</p> <p>The Department created a set of standards modeled after the provisions contained in the original Agreement in the areas of protection from harm, special education, medical, mental health and fire safety. However, the initial audits only included protection from harm (which included fire safety) and education-related issues. Audits of medical and mental health operations were not conducted, and thus the Quality Assurance process still has not been implemented.</p> <p>By design, the Quality Assurance (QA) program has two key components:</p> <ol style="list-style-type: none"> 1. <u>Self-Assessment</u>. Using data from OIA's incident reporting database, grievances, the Department's information system, and a variety of other manual data sources, facilities will track outcomes on a variety of performance indicators related to this Agreement (e.g., number of youth-on-youth assaults and other types of serious incidents). The facilities' management teams will discuss the data and develop targeted interventions to impact certain performance indicators. 2. <u>Peer Review</u>. Every three months, a team of reviewers will be dispatched to each facility to review the level of compliance with a specific set of standards, which were modeled after the provisions of this Agreement. All substantive areas will be reviewed using a three-pronged data collection strategy (i.e., documentation, observations, and interviews). Precise methodologies (e.g., sampling strategy, data to be extracted, etc.) for each source of information have yet to be articulated. A performance rating will be given for each standard: Non-performance, Partial Performance, Meeting Standard, or Exceeding Standard. For any deficiencies noted, unannounced visits will be conducted to assess efforts to remediate the problem. <p>With regard to the Self-Assessment process, the Monitor has expressed concerns about the lack of a mechanism to verify accuracy of data used for the assessment; the low base rates</p>

	<p>of certain performance indicators over a two-week data collection period; and the failure to control for population when reviewing performance measures. The first self-assessments were scheduled for the last week in November, 2007, and thus the efficacy of these assessments as a QA mechanism could not be assessed for the current monitoring period.</p> <p>The first Peer Review audit was conducted in early December 2007, with a written report produced approximately 10 days thereafter. The report covered only protection from harm, and did not provide an assessment of the facility’s operations in the areas of education, medical, mental health or fire safety. The report also had a number of deficiencies. Among them:</p> <ul style="list-style-type: none"> • The full text of each standard was not provided, leaving the reader unclear of the exact parameters on which the facility was being assessed. • The methodology was not stated (e.g., how was the sample chosen; what sources of information were accessed; what sort of tools were used to collect and evaluate data). • The rating scale (i.e., non-performance, partial performance, performance) was not operationalized and thus the threshold for each rating is unknown. • While the review was clearly detailed and multi-faceted, the reviewer did not lend a sense of proportion to the findings. As written, the reader is left to make her own judgments about whether the noted deficiency represented a mere technicality or was an issue central to the standard itself. • Related to the issue above, within each standard, it was not clear which of the noted deficiencies were significant enough to require a corrective action plan, versus which were simply informational. <p>With only six months to go in the term of the Agreement, considerable attention is required to implement a comprehensive Quality Assurance process with written reports that meet professional standards.</p>
Recommendations	<p>To achieve compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Ensure that ALL areas covered by the original Agreement are included in the Quality Assurance process. 2. Implement the planned bi-weekly and four-times-per-year audit schedules. Ensure that the self-assessments and Peer Reviews result in timely, detailed written reports outlining the extent to which each facility complies with standards, policies, and expected practices.
Evidentiary Basis	<ul style="list-style-type: none"> • Discussions with the Director of Quality Assurance

Provision IV. D	<u>Corrective Action Plans</u> : DJS shall develop and implement policies and procedures as necessary to address problems that are uncovered during the course of its quality assurance activities. The State shall develop and implement corrective actions plans to address these problems.
Compliance Rating	Partial Compliance
Discussion	<p>In response to the first peer-led Quality Assurance audit conducted in December 2007, the management team of the BCJJC drafted a corrective action plan to address the deficits noted by the audit team. While the part discussing the protection from harm related issues was barely adequate, the CAP is incomplete because QA audits of the mental health and education provisions of this Agreement were not conducted.</p> <p>Future CAPs should strive to incorporate a more rigorous analysis of the problem, along with interventions and responses that go beyond reiterating the standard procedures common to all facilities. Too often, the CAP relied on policy and training based solutions. Unless it is ascertained that these standard procedures were never completed, the CAP should move beyond these basics to analyze the problem, identify the conditions that create the opportunity for the problem to exist, and construct a set of responses designed to impact those conditions.</p>
Recommendations	<p>To achieve compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Develop procedures for Corrective Action Plans in response to all Quality Assurance activities required by this Agreement. These plans should address the remedial actions to take place, the individual(s) responsible for developing and implementing them, and the timeline within which these changes should occur.
Evidentiary Basis	<ul style="list-style-type: none"> • Discussions with the DJS Director of Quality Assurance