

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

SECOND MONITORS' REPORT

For the Baltimore City Juvenile Justice Center (BCJJC)
For the Period of January 1, 2008 through June 30, 2008

Submitted by

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June 30, 2008

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April 10, 2008

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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' second 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 was bound by the original 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 was required to come into substantial compliance with the Agreement after only 12 months, on June 30, 2008. As discussed in this report, the State was unable to reach substantial compliance with several provisions in protection from harm, suicide prevention and special education. As a result, the Agreement was extended, giving the State an additional 12 months to reach substantial compliance on the remaining 11 provisions in these areas. The new expiration date for the Agreement is June 29, 2009.

This represents the Second Monitors' Report for BCJJC. 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 (BCJJ) 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 BCJJ 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.

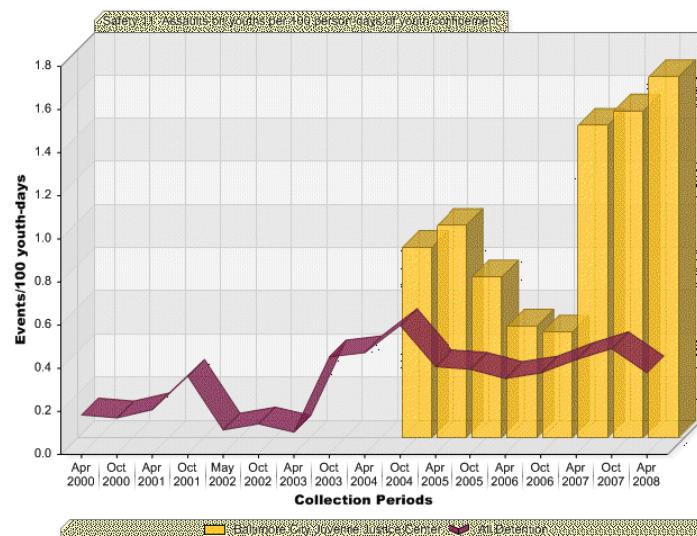
BCJJ continues to make significant progress in remedying the deficits originally discussed in the DOJ's Findings Letter, issued August, 2006. The facility administrators have demonstrated outstanding leadership and have persevered through the natural frustrations involved in a reform effort of this scale. Similarly, direct care staff, education, mental health and medical staff have risen to the challenge and have expended considerable time and energy to developing new skills and implementing new procedures. Success in this endeavor will not be possible without their continued buy-in and commitment and efforts to properly guide, motivate and reward staff should be a priority.

Although adherence to DJS policy and procedure continues to improve, the level of violence at the facility continues to be of concern. In addition to PbS data, first reported in the previous Monitors' Report, the DJS also has its own capability to generate aggregate data on the number, type and location of incidents occurring at BCJJ. Not only must the facility continue to build the infrastructure that is envisioned by the Agreement, it must also begin to use data more strategically to identify the particular circumstances (environmental, interpersonal, individual) that create the opportunity for youth-on-youth violence to occur.

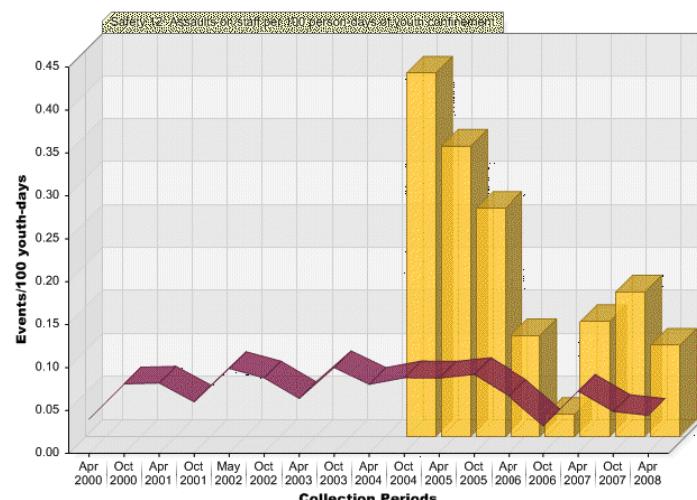
The DOJ's Findings Letter issued in August 2006 asserted that the rate of youth-on-youth violence was nearly double the national field average reported by the Performance Based Standards (PbS) group in October 2005. Comparisons to the PbS national field average may be open to interpretation given that participation in the PbS project is voluntary and the field average includes only a subset of the detention facilities in the United States (n=39 of the approximately 760 detention facilities nationwide). However, PbS data are extremely useful for tracking changes in data within a single facility and for evaluating the effectiveness of various interventions designed to reduce negative outcomes for youth.

As shown in the chart on the following page, after a small dip in the rate of assaults in 2006, the number of youth-on-youth assaults began to increase markedly. PbS data are extremely sensitive to changes in reporting procedures and it would be natural to expect the number of youth-on-youth assaults to increase with the arrival of a new administration that holds staff more accountable for reporting each and every instance of violence that occurs in the facility. However, the current administration has been in place for over one year, and the rate of youth-on-youth assaults continues to rise.

The PbS standard *Safety 11* tracks the rate of youth-on-youth assaults, represented as a rate which accounts for changes in the size of the youth population. As shown in the table below, the rate of youth violence reached an all-time high in April 2008 (rate=1.675) which was more than four times the national field average for detention facilities (field average = 0.379). (The national field average is represented by the line traveling through the bar chart). A related measure is contained in the outcome *Safety 13*, in which 13 % of BCJJC youth indicated that they feared for their safety (graph not shown) which is a significant decrease from its previous high of 22 % in October 2007.



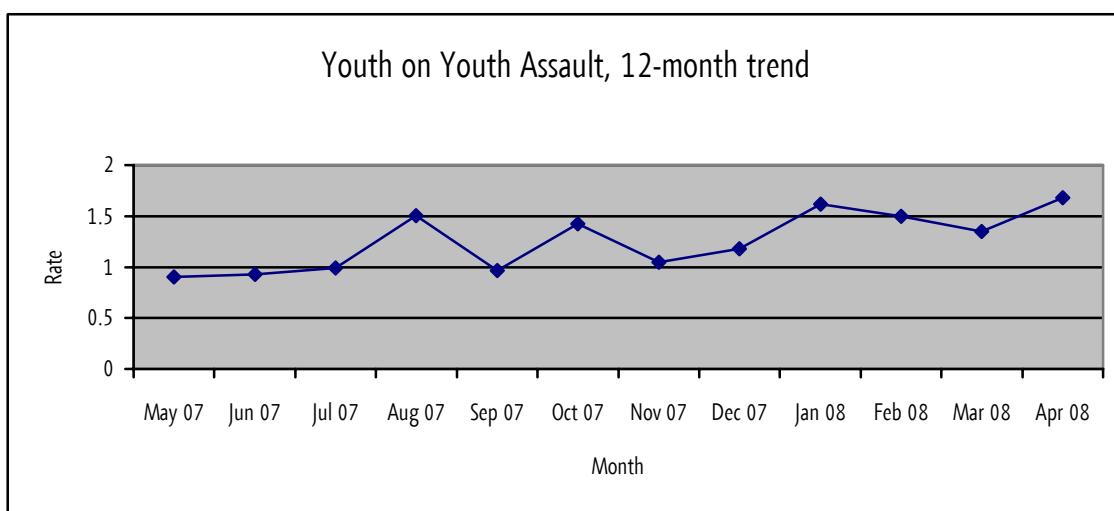
The PbS project also tracks the safety of staff as an outcome in *Safety 12*, presented in the graph below. In April 2008, the rate of assaults on staff was 0.106, down slightly from the previous reporting period, and also significantly lower than the rates of assault on staff observed in 2005. Though clearly improving over time, the rate of assaults on staff remains more than two times higher than the national field average of 0.044.



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. In April 2008, the proportion of staff who feared for their safety skyrocketed to 68% percent, the highest it has been since 2004.

PbS data also reveal a recent spike in the rate of injuries sustained by youth at BCJJC. Standards focused on all injuries (including those from sports and non-incident related injuries; *Safety 2*), injuries to youth by other youth (*Safety 4*), injuries to youth by staff (*Safety 5*), and youth injured during the application of physical restraint (*Safety 10*) all rose sharply during the April 2008 reporting period and are between 4 and 6 times higher than the national field average. Additional analysis is needed to determine the source and severity of these injuries so that targeted interventions can be crafted.

The Department's own data parallel the trends revealed by the PbS data. All incident reports are entered into DJS' electronic database. To calculate the rates presented in the charts below, the number of assaults was multiplied by 100, and then divided by the average daily population multiplied by the number of days in the month to create a rate that is comparable to the PbS data reported above (incidents x 100 / ADP x number of days in month = rate). The graph below presents these data for the past 12-months.¹



As shown above, after a slight downward trend in late 2007, the facility has experienced a recent uptick in the rate of youth on youth violence. The rate of assault in April 2008 was the highest of the 12-month period, and has nearly doubled since May 2007.

Thus, although the facility has made important progress in building the infrastructure envisioned by the various provisions in the Agreement, it remains challenged by very high rates of youth violence and injuries. Over the next 12 months, the facility must identify the causes of youth violence and must enact specific interventions designed to impact the conditions that create the opportunity for youth violence to occur.

¹ These data extracted from DJS' OIA database, combining the primary and associated incident report categories. These calculations depart from PbS' in that PbS uses the ACTUAL population on each day of the month whereas the rates generated for this report use the AVERAGE daily population, multiplied by the number of days in the month.

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

Protection from Harm

- The facility is in substantial compliance with 2 of the 7 provisions (29%) related to protecting youth from harm, and is in partial compliance with the remaining 5 provisions (71%).
- The quality of incident reports has improved considerably over the 12 months since the Agreement was signed but incident reports do not yet contain sufficient detail to be useful in an analysis to devise strategies to reduce youth violence (which is their overall purpose). Additional detail is needed in the descriptions of precipitating factors, positioning of staff, and descriptions of staff interventions including the use of physical restraints.
- Senior managers' reviews of incident reports often lack substance. Audits by senior managers are well-done, but staff were not always responsive to requests for additional information. If reviews are to be helpful to staff and to the objective of reducing violence, they must identify the specific decisions made or actions taken that either promoted or compromised youth safety so that staff can refine their responses.
- The behavior management program has yet to be fully implemented. Several steps are needed to ensure that youth and staff fully understand the program, staff use it properly, and that the system of rewards and consequences contributes to a reduction in youth violence.
- 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. (Disciplinary confinement is prohibited by State law and by DJS policy). It is laudable that the facility has significantly reduced the average duration of seclusion from over 24 hours to approximately 8 hours during the current monitoring period.
- Although many staff have been hired and the reliance on overtime has decreased, on a number of occasions during the monitoring period insufficient staff were available to permit all youth access to the facility's program. During these times, youth were rotated in and out of their rooms to maintain proper staff—youth ratios.
- The State has expended considerable resources to rectify the various environmental safety hazards detailed in the DOJ's Findings Letter. Continued vigilance in this area is needed to address chronic threats to institutional security (e.g., chairs, items in janitorial closets, etc.).

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.
- Documentation of supervision of youth on suicide precautions needs to be better maintained. Require procedures to verify the safety of youth on precautions were not followed consistently. Improving shift commanders' skill in identifying errors and providing immediate feedback and guidance to staff will capitalize on recent improvements in shift commanders' oversight of assigned staff on each shift.
- The State has expended considerable resources to rectify the various environmental safety hazards detailed in the DOJ's Findings Letter. All of these modifications continue to be in place.

Mental Health

- The facility is in substantial compliance with all 6 of the provisions (100%) related to mental health.

Special Education

- The State is in substantial compliance with 2 of the 5 provisions (40%) related to special education and in partial compliance with 3 provisions (60%). There were no non-compliance ratings in this area.
- Though progress is evident from the prior reporting period, certain units remain plagued by late arrival to school or non-attendance due to direct care staff shortages.
- New screening procedures have been developed, but need additional review and refinement to ensure they are useful in planning instruction for students, particularly those with low intake assessment scores and those with large numbers of behavior reports.

Quality Assurance

- The State is in substantial compliance with each of the 4 provisions (100%) related to quality assurance.
- The Office of Quality Assurance and Accountability is an important asset in promoting compliance with the Agreement. Its standards, methodology, written reports and quality improvement plans all meet or exceed contemporary standards.

Overall Compliance

The State is in substantial compliance with 18 of the 29 provisions (62%) contained in the Agreement and in partial compliance with 11 provisions (38%). None of the provisions were in non-compliance. This represents a net gain of 5 provisions in substantial compliance (17% of the total 29), compared to the last report. These ratings, separated by substantive area of the Agreement, are presented in Table 1 below.

Table 1. BCJJJC Rates of Compliance as of June 30, 2008

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	6 (100%)	~	~
Special Education	5	2 (40%)	3 (60%)	~
Quality Assurance	4	4 (100%)	~	~
TOTAL	29	18 (62%)	11 (38%)	~

Table 2, below, compares the compliance ratings for the current monitoring period with those from the previous monitoring period. As shown, compliance was maintained on 13 provisions (45%). Partial compliance ratings remained the same on 9 provisions (31%). The State made progress, moving closer to substantial compliance, on 7 provisions (24%).

Table 2. Compliance Ratings, 1st Monitors' Report versus 2nd Monitors' Report

Provision	1 st Report	2 nd Report	Slippage	No Change	Progress	Compliance Maintained
Protection From Harm						
i. Protection from Youth-on-Youth Violence	PC	PC		X		
ii. Reporting of Youth-on-Youth Violence	PC	PC		X		
iii. Senior Management Review	PC	PC		X		
iv. Staff Training	C	C				X
v. Behavior Management Program	PC	PC		X		
vi. Staffing	PC	PC		X		
vii. Environmental Security Hazards	C	C				X
Suicide Prevention						
i. Implementation of Policy	PC	PC		X		
ii. Mental Health Response	C	C				X
iii. Supervision of Youth at Risk of Self Harm	PC	PC		X		
iv. Housing for Youth at Risk of Self Harm	C	C				X
v. Documentation of Suicide Precautions	PC	PC		X		
vi. Suicide and Suicide Attempt Review	C	C				X
vii. Environmental Suicide Hazards	C	C				X
Mental Health						
i. Adequate Treatment	PC	C			X	
ii. Mental Health Screening	C	C				X

Table 2. Compliance Ratings, 1st Monitors' Report versus 2nd Monitors' Report

Provision	1 st Report	2 nd Report	Slippage	No Change	Progress	Compliance Maintained
iii. Mental Health Assessment	PC	C			X	
iv. Treatment Plans	C	C				X
v. Mental Health Record-Keeping	C	C				X
vi. Informed Consent	C	C				X
Special Education						
i. Provision of Required Special Education	NC	PC			X	
ii. Screening and Identification	NC	PC			X	
iii. Parent, Guardian and Surrogate Involvement	C	C				X
iv. Individual Education Programs	PC	PC		X		
v. Staffing	PC	C			X	
Quality Assurance						
i. Document Development and Revision	C	C				X
ii. Document Review	C	C				X
iii. Quality Assurance Programs	PC	C			X	
iv. Corrective Action Plans	PC	C			X	
TOTAL 29 PROVISIONS				~	9 (31%)	7 (24%)
<i>Note: C = substantial compliance; PC = partial compliance; NC = non-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 <u>incident reports</u> require additional detail about precipitating factors, positioning of staff, and descriptions of staff interventions. Shift commanders' reviews continue to lack foundation, sometimes miss obvious issues, and do not always gather missing information as required. Staff responses to audits are not always complete. For these reasons, the incident reporting mechanism does not provide the level of detail and information needed to create effective violence prevention strategies. Further, the facility is on its third incarnation of the <u>behavior management program</u>, which has yet to be fully implemented over a substantial period of time. Documentation substantiating that <u>seclusion</u> is used only to control out of control behavior, and not as a punitive measure, often lacks specific detail. Finally, in terms of <u>staffing</u>, while the vacancy rate is down to approximately 3 %, overtime use remains high and is sometimes insufficient to ensure that all youth are able to participate in facility programming.</p>
Recommendations	<p>To reach substantial 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 2007.²</p> <p>Practice. While improvements over the prior monitoring period are obvious, incident reports do not yet include sufficient detail to enable supervisors to identify the circumstances surrounding the incident and the situation that may have created the opportunity for violence to occur. Simply reporting that an incident occurred is necessary, but not sufficient, to reduce youth violence. Incident reports must be detailed and the information contained in them must be analyzed in order to craft effective violence reduction strategies.</p> <p>A total of 45 incident reports (IRs) were purposefully selected from those generated from</p>

² Annual training data for 2007 was compiled for the Monitors' previous report. Given that only a portion of 2008 elapsed at the time of this report, annual training data for 2008 were not compiled. They will be compiled for the Monitors' Report due December 31, 2008.

January 1, 2008 through May 5, 2008 describing youth-on-youth assaults or group disturbances. Some progress was notable:

- The descriptions of the events themselves have improved. Most of the reports included solid chronologies of the youths' actions and sufficient detail to determine the nature and seriousness of the assault.
- Most IRs included a complete set of staff witness statements from staff who were present at the time the incident occurred.
- Nearly all of the IRs included a complete set of statements from youth involved in the event and youth who witnessed the event.

Areas that remain in need of improvement include:

- Descriptions of precipitating factors. The purpose of discussing the factors that precipitated the event is to highlight dynamics and actions that could have helped staff to anticipate or prevent the assault. Many staff interpreted this section very literally. For example, they stated that "just before the assault, the youth were preparing to take showers," rather than discussing on-going tensions between the two youth involved in the event. While at times these immediate precursors can be helpful toward prevention efforts (e.g., they may suggest that a new showering procedure is needed), more often, assaults at BCJJC appeared to be catalyzed by events that happened hours or days before the incident actually occurred.
- Specific positions of staff. Information about staff positioning is essential for providing feedback on supervision strategies that could help to prevent or limit the harm to the youth involved in an assault. While most of the IRs included the number of staff and youth who were present at the time of the event, many did not clearly state where each staff person was posted at the time the event occurred. In particular, if one staff person had left the unit, the duration of and reason for their departure was not clearly stated.
- 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.). Many staff witness statements did not provide sufficient information to determine the staff's exact role in the event or the restraint, and often it was not clear why staff assigned to the unit did not intervene until other staff responded to the call for assistance.

	<p>Administrators discussed their use of video footage to supplement the information contained in the IR and that video footage is periodically used as a training aid. Watching the video footage of the incident and working with staff to construct clear and detailed narratives could enhance the quality of the written products, particularly when staff are discussing their positions, actions and roles in the incident.</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 45 IRs reviewed, a complete "Body Sheet" was located for all of the youth involved. In contrast to the previous Monitors' Report which found a large proportion of youth for whom medical attention was quite delayed, in the current monitoring period, medical attention was prompt for nearly all youth. All child abuse allegations were properly reported to CPS and OIA as required by policy. This too has improved since the previous monitoring period.</p>
Recommendations	<p>To reach substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Ensure that all incident reports contain detailed complete descriptions of the event. In particular, improvements are needed in the descriptions of the circumstances surrounding the altercation, staff positioning and intervention.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Policy review ▪ Youth interviews, n=11 ▪ Staff interviews, n=10 ▪ Administrator interviews ▪ Incident reports, n=45, randomly selected from those generated January 1 through May 5, 2008 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.</p> <p>Across the 45 incident reports reviewed, all of the reviewing shift commanders at least attempted to critique the incident—no longer are they simply summarizing the event as they were at the time of the previous Monitors' Report. However, as a whole, the shift commander reviews are not as adept as they need to be in order to function as an effective strategy to combat youth violence. Over half of the reviews were inadequate in that:</p> <ul style="list-style-type: none"> ▪ Conclusions are made without foundation (e.g., "good de-escalation" when the narrative made no mention of any staff action other than physical restraint); ▪ Obvious issues are not raised (e.g., the event occurred when the unit was not staffed according to required ratios); ▪ Key pieces of information (e.g. the number and locations of each staff assigned to the unit) are simply noted as "missing" which would preclude a meaningful analysis of the event; and ▪ Inconsistencies across staff witness statements are largely ignored. <p>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 responses when next placed in a similar situation.</p> <p>During the current monitoring period, the Group Life Managers took over the auditing function from the Assistant Superintendents. 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 contrast to the last monitoring period, most of the audits were timely, occurring within a few days of the event itself. Most of the audits were well-done, although some missed some of the substantive issues raised in the shift commander discussion above. The major problem however is a lack of responsiveness from staff who were required to undertake some sort of corrective action. Staff often did not respond at all, or else responded to the simpler things to fix, leaving the more complex (but far more potent) issues unaddressed.</p>

	<p>Not only should these critiques and audits elevate the incident reporting skills of staff, but they should also serve to highlight patterns across incident reports that can be used in targeted violence prevention strategies. There is little point to writing and critiquing incident reports without using the information to reduce youth violence.</p>
Recommendation	<p>To reach substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Ensure that Shift Commanders review and critique all incident reports in terms of the way in which staff handled the incident and any contextual factors that could have prevented the incident from occurring. Conclusions should be supported by specific information available in the incident report and therefore Shift Commanders must ensure that all required information is present before undertaking a critique. 2. 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=45, randomly selected from those generated January 1 through May 5, 2008 related to youth-on-youth violence and group disturbances.

<p>¶ III.B-1.iv</p>	<p><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.</p>
<p>Compliance Rating</p>	<p>Substantial Compliance (as of December 31, 2007)</p>
<p>Discussion</p>	<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>During the current monitoring report, a new curriculum was piloted at BCJJJC—Response Ability Pathways (RAP Training). The RAP program is designed to develop staff skills in connecting with youth and in developing positive, rehabilitative relationships that promote resilience and restoration. All BCJJJC direct care staff and education staff participated in this training during the current monitoring period.</p> <p>A roster showing the certification status and training record for all BCJJJC 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. So, all staff hired prior to May 30, 2007 should be fully certified. A total of 107 staff were hired prior to this date, and all but 6 (94%) were fully certified. While proper staff training is essential for the safe operation of juvenile correctional facilities, this completion rate is sufficient for a substantial compliance rating.</p> <p>Staff hired within the past 12-months have either completed ELT and Field Training and are fully certified, or are scheduled to complete these trainings well within the 12-month timeframe.</p> <p>Annual training for 2007 was assessed for the 97 fully-certified staff working at BCJJJC at</p>

	the time of the previous Monitors' Report. 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. Given that only part of 2008 had elapsed at the end of the current monitoring period, compliance with 2008 annual training requirements could not be assessed. The training coordinator position at BCJJJC was vacant for the majority of the current monitoring period but was filled in mid-May 2008.
Recommendations	<p>The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007. However, it is strongly recommended that the State:</p> <ol style="list-style-type: none"> 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 ▪ Certification Status worksheet compiled by DJS Headquarters at the request of the Monitor, May 2008

¶ III.B-1.v	<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>
Compliance Rating	<p>Partial Compliance</p>
Discussion	<p><u>Behavior Management Program</u></p> <p>The development and implementation of an effective behavior management program is an area in which very little progress has been made since the inception of the Agreement. It is also one of the key strategies needed to reduce youth violence and to address some of the behavioral issues that challenge the academic program at BCJJC (as discussed in the "Special Education" section of this report). Its full implementation is an essential step for coming into compliance with this Agreement over the next 12 months.</p> <p>During the previous monitoring period, the BCJJC adopted an earnings-based behavior management program. 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. At the end of the previous monitoring period, use of the system had just gotten underway.</p> <p>In March, 2008, the facility administration felt that the system was not achieving its objectives and decided to change the program from an earning-based program to a point deduction-based program. Rather than beginning the day with zero points and earning points for engaging in prosocial behavior, youth instead begin the day with 100 points and lose them if they violate the various facility rules. Although it may have been possible to implement the deduction-based system in a manner that could have fulfilled the requirements of this provision, the new system was not well-conceptualized nor was it well-articulated to staff or youth. When interviewed, both groups had a difficult time explaining how the system worked and how points were deducted or how they could be used to purchase incentives. Perhaps most notably, the new system involved a major conceptual change (and one which is not well-supported in behavior modification research) that appeared to be moving in the opposite direction of the facility's behavioral health program that seeks to teach adaptive behaviors.</p> <p>As a result, the program was changed again toward the end of the current monitoring period in late April 2008. The basic structure of the current behavior management program is solid—youth are able to earn up to 100 points per day and as points accumulate, youth</p>

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. Both staff and youth were given instruction as to how the new system would work. Unfortunately, the program was implemented too late in the monitoring period for the Monitors to fully assess its operation. When interviewed, staff indicated their support for the earnings-based system, although 8 of the 10 indicated that they needed additional training. While youth reviewed the system favorably, no two youth explained the mechanics of the system the same way, suggesting that additional instruction is also needed for the youth. In order to fully implement the program, the following steps are recommended:

- Update the Student Handbook to reflect the CURRENT system and re-engineer orientation materials to ensure that youth are fully briefed on the program's structure;
- Finalize the forms that will be used to track point earning;
- Ensure that staff understand the mechanics for adding and deducting points (i.e., the progression from verbal warnings, to loss of allotted points for the given activity, to major point deductions that is built into the system);
- Post point totals and levels on each unit for each youth on a daily basis;
- Audit the point logs every couple of days to make sure that staff are using the system properly and so that major problems are addressed correctly and do not have the chance to compound;
- Revisit the design of the system after a couple of months to see the types of errors that staff make or the areas in which the system is not working as planned. Make targeted revisions that are philosophically aligned with the treatment program at BCJC; and
- A couple months following any revisions, assess the program to determine its effectiveness. Use both process measures (e.g., length of stay on each level; rate of promotions across levels; quality of incentives; meaningfulness of consequences) and outcome measures (e.g., impact on the rate of youth violence; impact on youths' performance relative to treatment goals).

Seclusion

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 44 seclusion episodes were randomly selected from those occurring between January 1 and May 5, 2008. The reasons offered for keeping the youth in seclusion were audited. Shift Commanders are required to visit with the youth every two hours to assess his readiness for release. Documentation supports that these visits occurred at required intervals. However, in approximately half of the cases, the Shift Commander did not properly justify the continued use of seclusion (i.e., the reason the Shift Commander decided the youth was not ready to return to the general population). Most gave only vague statements such as "not ready to process" or statements such as "youth agitated that he is in his room" that do not explain why the youth was judged to be a continued safety threat. These reasons for the continued use of seclusion must be better articulated in order to substantiate that seclusion is used only as a mechanism to control a legitimate threat to safety, and not as a punitive measure.

On a positive note, the duration of seclusion episodes decreased steadily during the monitoring period. The Quality Assurance audit in March 2008 calculated a 23.4 hour average length of stay. During the Monitor's April 2008 tour, the average length of stay had decreased to 12 hours, and dropped again, to 8.27 hours, by the May 2008 visit. Returning the youth to the general population as soon as the safety risk has been addressed is not only in the youth's best interest but also returns the staff to their normal supervision duties. This same trend is observed in April 2008 PbS Report for the standard *Order 9*.

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. This is a useful process to ensure that social separation does not become *de facto* seclusion. Social separation forms for February, March and April 2008 were audited for all three pods. On all three pods, social separation routinely extended beyond the 60 minutes allowed by policy. On D and E Pods, many of the cases reviewed (35% D Pod; 59% E Pod) greatly exceeded this limit (e.g., durations of 3 or 4 hours). A smaller proportion of cases on F Pod (15%) exceeded the 60 minute limit, and only by 30 to 60 minutes.

Mental Health Consultation

The problems with the development and implementation of a behavior management program discussed above have precluded an effective collaboration between direct care and mental health staff regarding the behavior management of the average youth receiving mental health services. There were two exceptions, however. Guarded Care plans were developed for two youth with significant mental health issues. These plans were comprehensive and involved a cross-section of facility staff in the plan to support the

	<p>youth's progress while at BCJJC and also included specific performance measures to assess progress. While this level of intervention and planning will not be necessary for most youth receiving mental health services, regular consultation and discussion of youths' performance in the behavior management program should be part of the Treatment Team meetings. The youth's level and point totals are discussed for most youth, but it is recommended that this become a formal part of the Treatment Team meetings in order to forge the needed linkage between mental health and direct care staff.</p> <p><u><i>Daily Schedule</i></u></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. The facility assembled an impressive array of engaging activities for youth. The calendar of special 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. Free time on weekends and in the evenings seems to rely on card playing, TV and video games. While some leisure time is of course important, the evening and weekend free time periods should be as structured as possible and staff should be encouraged to interact with youth, rather than simply supervising them from a distance.</p>
Recommendations	<p>To reach substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Fully implement the behavior management program (see recommendations listed above) and audit its operation to ensure that staff are using it properly and that youth are progressing at a reasonable pace. 2. When youth are placed in seclusion, ensure that Shift Commanders describe the youth's statements and behaviors that cause the Shift Commander to conclude that the youth should remain in seclusion, rather than returning to the general population. 3. Ensure that social separation does not extend beyond 60 minutes without enacting specific measures (e.g., convert the social separation to seclusion) to ensure youth are released when they are prepared to return to the general population. 4. Promote collaboration between mental health staff and direct care staff in the use of the behavior management program (e.g., discusses BMP during treatment team meetings; integrate treatment goals into the BMP for each youth).
Evidentiary Basis	<ul style="list-style-type: none"> ▪ <i>Student Handbook</i> ▪ Administrative Interviews ▪ Guarded Care Plans for two youth ▪ Staff interviews, n=10 ▪ Youth interviews, n=11 ▪ Seclusion records, n=44, randomly selected from those occurring January-May 2008 ▪ Social separation door sheets for February, March and April, 2008, all three Pods ▪ Unit schedules ▪ Activity schedules, January-May, 2008

¶ III.B-1. vi	<p>Staffing. 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>
Compliance Rating	<p>Partial Compliance</p>
Discussion	<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 BCJJJC, 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 19 days from January to May, 2008. A total of 684 shifts were reviewed (i.e., 19 days x 3 shifts x 12 units = 684). 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. Across this period of time, only 5 shifts were not staffed within required ratios (1%). However, a review of the seclusion log indicated that at least once in February and four times in April, 1st shift did not have sufficient staff to allow all youth out of their rooms at the times indicated on the unit schedules.³ Instead, the facility 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>While the "6 up-6 down" situation persists, the proportion of shifts that are staffed within required ratios has increased significantly since the previous Monitors' Report (from 25 % of daytime shifts to 99 % of daytime shifts). Similarly, the reliance on overtime has decreased. The proportion of shifts that are covered by a person doing a double shift</p>

³ Such situations are recorded in the seclusion log because the same safety procedures are engaged for youth who are locked in their rooms due to staff shortages. While an unfortunate situation, this is an excellent practice for protecting the safety of these youth.

	<p>decreased from approximately 30-40 % during the previous monitoring period to approximately 25 % during the current monitoring period. Although improving, the continued use of staff working double shifts has serious consequences for the quality of supervision, engagement of youth and the ability to protect youth and staff from harm. Being required to work a double shift remains staff's biggest concern about their job. Further, 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>During the previous monitoring period, a staffing analysis identified 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. Of the 177 direct care positions allocated to the facility, 172 have been filled, which results in a 3 % vacancy rate.⁴ The vacancy rate has slowly improved since the previous Monitors' Report (when it was 10 %), although properly staffing the facility remains a problem as new staff are required to attend a lengthy training. Until the vacant positions are filled and recent hires have completed training, the facility will continue to rely on overtime staff to provide the full complement of staff needed to supervise the youth at BCJJC.</p> <p>Although it is not advisable for the reasons discussed above, the Agreement does not preclude the extensive use of overtime. However, it does require sufficient staffing to provide youth with access to the full range of facility services and programs, and because of the challenges experienced in this area, the facility has not yet achieved substantial compliance.</p>
Recommendations	<p>To reach substantial 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.

⁴ Dedicated readers of the Monitors' previous report will note that the number of allocated positions has changed slightly. The 185 number cited in the 1st Monitors' Report is the total budgeted number, plus 15 additional contractual staff for BCJJC Detention. It also includes 6 administrative, 14 case management, 12 group life managers, 150 Resident Advisor series and 3 Rec/Transportation personnel (6 + 14 + 12 + 150 + 3 = 185). The 177 "direct care" number used in this report is the number of Group Life Managers (12) and Resident Advisor series (165) with the new 15 additional contractual staff for the total of 177.

Evidentiary Basis	<ul style="list-style-type: none"> ▪ Policy review ▪ Shift staffing reports for 19 days randomly selected from January-May 2008 ▪ Seclusion Log, January through May, 2008 ▪ Youth interviews, n=11 ▪ Staff interviews, n=10 ▪ Administrator interviews ▪ <i>Baltimore City Juvenile Justice Center: Staffing Allocation</i> dated May 13, 2008, compiled at the request of the Monitor
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<p>¶ III.B-1.vii</p>	<p><u>Environmental Security Hazards</u>. The State shall remove and replace known environmental security hazards.</p>
<p>Compliance Rating</p>	<p>Substantial Compliance (as of December 31, 2007)</p>
<p>Discussion</p>	<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. All of these remedies were in place during the previous monitoring period and were verified during the current monitoring period. They continue to effectively mitigate the risks cited by DOJ.</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. As noted in the previous Monitors' Report, the review of incident reports revealed that youth continue to throw chairs and overturn tables during fights and other non-compliant periods. During the current monitoring period, a staff person was seriously injured by one of the bulky plastic block chairs thrown by a youth. Specific strategies to target this problem should be pursued.</p> <p>All brooms and mops and other cleaning supplies are now required to be kept in a locked janitorial closet. During a tour of the facility all but one of the janitorial closets was locked—a problem that was also noted by the Quality Assurance team during their review in April 2008. A Quality Improvement Plan (QIP) was developed to address this problem.</p> <p>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> <p>The small number of examples in which environmental security hazards were not adequately controlled are a concern; however, they do not appear to be prevalent enough to warrant a return to the Partial Compliance rating.</p>
<p>Recommendations</p>	<p>The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007. However, it is strongly recommended that the State:</p> <ol style="list-style-type: none"> 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. Ensure that janitorial closets remain locked at all times.

Evidentiary Basis	<ul style="list-style-type: none">▪ Visual inspection of housing units▪ Administrative interviews▪ Incident reports, n=45, randomly selected from those generated in January-May 2008 related to youth-on-youth violence and group disturbances.
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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' Suicide Prevention policy is aligned with contemporary standards of care.</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. Similarly, while procedures for ensuring the welfare of youth in high-risk settings (i.e., in a locked room by themselves) are established, as discussed in III.C-1.iii, they are not always properly implemented.</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>As discussed in the prior Monitors' Report, environmentally, the DJS 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. These remedies are still in place.</p>
Recommendations	<p>To reach substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Ensure that youth who are locked in their rooms at night or while on seclusion are monitored according to established procedures. 2. Ensure that staff supervise youth on suicide precautions as required by policy.
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 (as of December 31, 2007)
Discussion	Hope Health staff continues to implement an effective response strategy for youth displaying self harming behaviors or verbalizations. Timely contact by mental health with youth who are in need of suicide assessments and interventions is documented. Staff continue to receive training and supervision 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 continue to be used and tracked in a consistent manner. Changes in plans, levels and instructions to staff continue to be clearly stated. Dr. Akin Akitola continues to provide excellent clinical input and evaluates the mental status of youth placed on levels. Staff supervision continues to be competently provided.
Recommendations	The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007.
Evidentiary Basis	Document and Chart Review, staff and youth interviews

<p>¶ III.C-1.iii</p>	<p><u>Supervision of Youth at Risk of Self-Harm.</u> The State shall sufficiently supervise youth in seclusion to maintain their safety.</p>
<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"> ▪ 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 44 seclusion episodes, randomly selected from those occurring in January-May, 2008, 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 44 episodes reviewed, about half revealed that staff were not following required observation procedure (e.g., insufficient number of checks per hour, large gaps in supervision, etc.). This proportion is similar to that observed during the previous monitoring period.</p> <p>Policy also requires medical staff to verify the well-being of youth at two-hour intervals during their stay in seclusion. In approximately two-thirds of the seclusion episodes audited, medical staff missed one or more of these two-hour checks. This proportion increased from the previous monitoring period in which approximately half of the seclusion cases reviewed had this problem.</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 well-being of youth at 30-minute intervals, but the facility's operating policy requires 15-minute intervals. GuardTour reports for 15 days in March and April 2008 were reviewed to</p>

	<p>determine the level of compliance with overnight check procedures. A total of 180 shifts were reviewed (15 days x 12 units = 180 shifts). Across the 180 shifts, none of them evidenced proper procedures. On some shifts, no checks were registered at all. The rest of the shifts were plagued by some or all of the problems below:</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. Many shifts showed two or more gaps of 60 minutes or more during the shift. <p>Responsibility for auditing the GuardTour reports was recently re-assigned and staff were asked to sign a form indicating that they understood their responsibilities regarding GuardTour. Administrative staff indicated that accountability procedures will be put in place for staff who do not follow the required procedures.</p>
Recommendations	<p>To reach substantial 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. Ensure that staff verify the safety and welfare of youth locked in their rooms at night 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=44 youth, randomly selected from those placed in seclusion at some point from January to May, 2008 ▪ GuardTour reports for 15 days in March and April, 2008 ▪ Youth interviews, n=11 ▪ Staff interviews, n=10 ▪ 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 (as of December 31, 2007)
Discussion	As discussed in the previous Monitors' Report, 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. These protections were all observed during the facility tour in April 2008.
Recommendations	The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007.
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>Two suicide logs are used at BCJJC. One is automated and is created and maintained by mental health staff. While useful clinically, it does not always contain the information needed for direct care staff who are tasked with providing the level of supervision that is ordered by the clinicians (i.e., it does not always contain the correct time and date that the suicide watch level (SWL) was adjusted). However, mental health staff also complete a handwritten log on each housing unit that tends to provide more accurate and complete information along with other guidance and instructions useful to direct care staff's responsibilities. The handwritten logs were reviewed for 16 of the youth who were placed on suicide watch during January-May, 2008. All of them contained the information required in (a) through (d), above.</p> <p>To assess part (e) of this provision, suicide precaution observation forms were reviewed for these same 16 youth who were on some level of precaution from January through May, 2008. An observation form is required for each shift, each day the youth is on SWL (with the exception of SWL I in which the youth does not have to be monitored on 3rd shift). The facility was unable to produce the observation forms for approximately one-third of the total shifts, which approximates the findings from the previous Monitors' Report. Further, observations are to be made around the clock (except for SWL I), yet just under half of the forms reviewed showed significant gaps in observations, some extending over an hour and frequently occurring at shift change. Finally, DJS policy requires observations to be made at random intervals, no fewer than six per hour. When checks are being made, staff ARE making the required number of checks in most cases (this has improved from the previous Monitors' Report).</p> <p>A small but significant number of forms suggested that staff were misrepresenting their activities. For example, one form had two different staff's handwriting on the same line, suggesting that one staff filled out part of the information in advance of the observation actually occurring. This type of misrepresentation was noted on 5 of the forms reviewed.</p>

	<p>One staff person was disciplined for falsifying SWL records during the current monitoring period.</p> <p>In addition, one case indicated that staff did not fully understand their responsibilities in protecting the youth from self-harm. Staff observed and documented a youth on SWL making two suicide gestures over the course of one hour (placing a plastic bag over his head and then tying his shirt around his neck). While these behaviors were clearly documented on the form, there was no indication on the observation form, in the unit log, or in the youth's mental health chart indicating that mental health staff were called to the scene or otherwise informed about this behavior. Although this was an isolated occurrence, its serious nature raises concern.</p> <p>Finally, 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 practice complies with policy. Shift commanders routinely signed off on the observation forms, which demonstrates their compliance with policy, but given the high rate of errors noted on these same forms, it also suggests that they may not be tuned into the types of errors staff make and the type of oversight they should be providing.</p>
Recommendations	<p>To reach substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Ensure that staff responsible for implementing suicide precautions do so according to policy and that the documents used to demonstrate compliance are maintained. 2. Hold staff accountable for misrepresenting their activities when monitoring youth on SWL. 3. Remind direct care staff of the larger purpose of observing youth on suicide precautions (interrupting a youth who makes a self-harm gesture and ensuring that adequate mental health treatment is provided immediately). 4. Alert Shift Commanders to the types of errors commonly made by staff and ensure that they do not sign-off on forms that contain these errors without first addressing the issue with staff, and documenting that they have done so.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Policy Review ▪ Suicide Precaution Observation Forms and Individual Suicide Tracking Logs for n=16 youth, randomly selected from those on suicide precautions at some point from January through May, 2008

¶ 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 (as of December 31, 2007)
Discussion	Mental health and facility staff continued to receive training on suicide policy and treatment strategies for detained youth. Documentation in medical charts indicates that mental health and psychiatric evaluations continue to be performed with consistency on youth who are identified as self harming. Treatment plans, monitoring, assessments and reviews are consistently performed by mental health staff of all youth placed on suicide levels. After youth are removed from a suicide level, protocols are followed where mental health staff continue to assess the youth. This is an excellent practice which reduces the likelihood of youth being placed on levels multiple times.
Recommendations	The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007.
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 (as of December 31, 2007)
Discussion	As noted in the previous Monitors' Report and 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 and all of the aforementioned remedies remained intact.
Recommendations	The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007. 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

Mental Health

¶ III.D-1.i	<p><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.</p>
Compliance Rating	Substantial Compliance (as of June 30, 2008)
Discussion	<p>Hope Health continues to employ a well trained and highly motivated team 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 continues to be an active member of the treatment team and plays an increasingly important role in the development of treatment strategies for individual youth and support and guidance for other staff mental health professionals.</p> <p>Significant improvements were noted in the adequacy of treatment plans and the specificity that clinicians developed treatment goals and ways to measure achievement of these goals. Although treatment strategies are improved and are in substantial compliance continued emphasis on the utilization of evidence based treatment for depression, anxiety, conduct, and post traumatic stress disorder could improve treatment outcomes. Although parent/guardian involvement continues to be minimal the mental health staff is highly motivated to engage families and see it as priority for improved treatment outcomes.</p> <p>In the previous report the issue of lack of private space for clinicians was noted—the issue has been resolved and clinicians now have adequate space to conduct confidential sessions with youth.</p>
Recommendations	<p>The State is in substantial compliance with this provision as of June 30, 2008. It is further recommended that the State:</p> <ol style="list-style-type: none"> 1. Continue to implement evidence based treatments 2. Implement group programs such as Anger Replacement Training to improve youth skills in managing anger.
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 (as of December 31, 2007)
Discussion	The MASI and SASSI continue to be administered on all youth admitted to the facility. The current screening system is effectively implemented and documented.
Recommendations	The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007.
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	Substantial Compliance (as of June 30, 2008)
Discussion	<p>The State has fulfilled its commitment to implement a structured diagnostic psychiatric assessment (V-DISC) of youth. Current assessments have improved and with the addition of information derived from the V-DISC mental health and chemical dependency the State's procedures will fully satisfy the requirements of this provision.</p> <p>The issue of assessing youth placed on psychotropic medications with commonly used rating scales designed to monitor the medications effect on targeted symptoms continues to require improvement. These scales should be used on a regular basis to assess the impact of medications treatments for depression, anxiety, attention problems, sleep, etc. The management of youth complaining of sleep problems has improved with the utilization of sleep logs (consistent and accurate monitoring and recording by unit staff continues to require improvement) and increased alternatives to medication being provided to youth.</p>
Recommendations	<p>The State is in substantial compliance with this provision as of June 30, 2008. It is further recommended that the State:</p> <ol style="list-style-type: none"> 1. 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 (as of December 31, 2007)
Discussion	As indicated in the prior report Hope Health staff has implemented a well defined treatment planning process. The process continues to follow 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. The process will be significantly improved with the information that will be derived from the administration of the V-DISC.
Recommendations	The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007.
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 (as of December 31, 2007)
Discussion	Hope Health staff continues to maintain excellent records.
Recommendations	The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007. It is further 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 (as of December 31, 2007)
Discussion	As in the previous report documentation of youth and parent compliance with the consenting process was found to be regularly obtained.
Recommendations	The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007.
Evidentiary Basis	Chart and document reviews

Special Education

¶ III.F-1.i	<p><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.</p>
Compliance Rating	<p>Partial Compliance</p>
Discussion	<p>During this reporting period, MSDE took a number of steps to respond to concerns noted in the First Monitors' Report. In addition to appointing a principal, new staff at BCJJC included a special education lead teacher and a transition specialist. The school has also experimented with a new schedule that staggers the class times for youth in detention and those pending placement. The schedule also makes more effective use of the gymnasium and frees up additional time for the lead teacher to assist the principal in managing the school. The school now has a timeout room that is staffed part-time by an instructional assistant.</p> <p>In response to concerns about safety and the need for greater collaboration between school staff and direct care staff, MSDE and DJS have conducted two joint training activities designed to deescalate potential student behavior problems. De-escalation training was provided by the Department of Juvenile Services; an outside vendor provided "RAP" training. The joint training also provided an opportunity for school staff and unit staff to use common language and techniques in working with students. An outgrowth of the training has been weekly meetings between the superintendent and representative DJS staff and representative school staff. MSDE and DJS have also been working to develop a unified system of assigning students points for appropriate behavior. Related to this and the joint training have been efforts to clarify a uniform set of classroom expectations for students and staff.</p> <p>MSDE temporarily assigned several staff from the Hickey School to assist BCJJC staff in organizing intake and records management.</p> <p>Review of residential services logbook kept by DJS staff in the school indicates that in general, more units are getting youth to school on time than was the case during earlier site visits though problems remain. For example, on March 27, 2008, the log book indicates "No first period class. Not enough teachers." and "No afternoon class for unit #32 and 33. No teacher available." On April 24, the log book notes, "Unit 41 and 43 are not in education due to staff shortage in detention." DJS staff has begun moving units to school at 8:15 am and a number of units are regularly in class and ready to begin school at 8:30 am. Other units appear to be chronically late, arriving about half the time between 8:45 and 9:00 am.</p>

	Near the end of this reporting period, State Superintendent of Schools, Dr. Grasmick and Secretary Devore of DJS both addressed the school staff concerning staff safety. In March 2008, a number of teachers and other school staff wrote to the Governor about assaults at BCJJJC occurring in school.
Recommendations	To achieve substantial compliance with this provision, the State must: <ol style="list-style-type: none"> 1. Hold regular meetings between direct service MSDE and DJS staffs in order to transform the school environment. Carefully monitoring key elements of school performance and responding to problems as they emerge is key to achieving compliance with this omnibus provision. 2. Ensure all units arrive at school on-time. Late arrivals should be the exception rather than the norm.
Evidentiary Basis	Site visits, classroom observations, review of residential services logbook, interviews with DJS and MSDE staff, observation of joint meetings and training activities.

¶ III.F-1.ii	<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.
Compliance Rating	Partial Compliance
Discussion	<p>During this reporting period, MSDE made a number of changes to the screening and identification process at BCJJJC. Students are now receiving initial assessments within one to three days of their arrival at the detention center. An instructional assistant has been administering the Star reading and math assessments and conducting intake interviews with all students. These initial screening results are being disseminated to teaching staff and including the lead special education teacher.</p> <p>Prior site visits revealed that the interview and intake assessment process had minimal impact on the initial placement of students or support services they received. While some students' files in the school office contained initial screening results, the ability of the new special education lead teacher to use this information in conjunction with a school-based support team is crucial. During previous site visits and during the first report on the status of compliance with the education provisions of the Agreement, a number of students who self-reported special education services but for whom records were not available experienced considerable difficulty in classes and received a number of disciplinary write-ups. During the next reporting period, procedures put in place to address these issues will be examined carefully.</p>

Recommendations	<p>To achieve substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. Routinely conduct intake screening of all youth, request prior school records, and identify youth that may have special education needs within five days of their arrival at BCJJC. Those identified as having special education needs should receive appropriate special education services and support consistent with their prior IEP, an interim IEP developed by staff at BCJJC, or a new IEP developed by staff at BCJJC. (MSDE has reassigned staff and redesigned the screening and intake process at BCJJC. Staff from both the Hickey School and the DJS Office of Quality Assurance and Accountability has worked with Justice Center school staff to ensure that screening and identification functions appropriately. The lead special education teacher and the school leadership should review new procedures and fine tune them as necessary. Reviewing several cases of youth with low intake assessment scores and those with a large number of discipline reports will help refine the new procedures.)
Evidentiary Basis	Site visits, review of students' files, review of special education student rosters, discussion with MSDE staff.

¶ III.F-1.iii	<p><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.</p>
Compliance Rating	Substantial Compliance (as of December 31, 2007)
Discussion	BCJJC staff continues to reach out to parents to solicit their input and invite their participation in IEP meetings. The good faith effort described in the first monitoring report appears to have been maintained by the special education case managers. Students' files included notes, phone call reminders, copies of correspondence, and a log of contacts.
Recommendations	The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007.
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>On May 13, 2008, there were 44 students at BCJJC identified as eligible for special education services. Review of student files, interviews with students, and classroom observations indicated that some students are receiving appropriate services. In general, students were positive about the general and special education instruction they received with several exceptions. Those who spoke positively about their school experience at BCJJC named specific teachers and experiences that they found helpful. In contrast, several students indicated that they refused to work with specific teachers and that school was a waste of time.</p> <p>The 6 IEPs reviewed during the May 2008 site visit were well-written with a few exceptions. IEP team meetings were multidisciplinary and case managers and mental health staff participated. The minutes for the IEP meetings held at BCJJC provided good information about the committee's decision making and efforts to involve parents and other staff in planning students' education programs.</p> <p>During this reporting period, several new special education classroom spaces were created. A small room was converted to a second special education self-contained room and students receiving pull-out services now meet with their teacher in a more private location in the area that once served as the school office suite. Discussion with staff and observation of special education classes indicate that the relationship between several teachers and some of students is a problem. Some students refuse services from special education teachers.</p>
<p>Recommendations</p>	<p>To achieve substantial compliance with this provision, the State must:</p> <ol style="list-style-type: none"> 1. The principal and special education lead teacher need to carefully monitor and address the problem of students refusing to work with specific teachers. In addition to ensuring that IEPs are timely and meet generally accepted professional standards, the State must demonstrate that it has addressed problems associated with students' refusing services. Steps may include staff development activities, schedule changes, and cooperative and inclusive teaching arrangements in order to provide appropriate

	services to students.
Evidentiary Basis	Review of 6 student files, interviews with 7 students, and observation of 10 classes.

¶ III.F-1.v	<u>Staffing</u> . The State shall provide adequate special education staffing.
Compliance Rating	Substantial compliance (as of June 30, 2008)
Discussion	During this reporting period two vacant positions were filled and one new position was created and filled. The former school counselor at BCJJC returned to the facility and was appointed as Principal and an experienced transition specialist transferred from the DOC and joined the staff at BCJJC. The new position, lead special education teacher, was filled with an experienced special educator from a local public school system. The challenge for the three new staff will be creating a well-coordinated education service delivery system at the facility.
Recommendations	The State is in substantial compliance with this provision as of June 30, 2008. However, it is recommended that the State: 1. Provide on-going staff development and administrative support from MSDE and DJS.
Evidentiary Basis	Site visits and discussion with Gross, Pogue, Mechlinski and BCJJC teaching staff.

Compliance and Quality Assurance

Provision IV. A	<p><u>Document Development and Revision.</u> The State shall revise and/or develop policies, procedures, protocols, training curricula, and practices as necessary to make them compliant with the provisions of this Agreement. The State shall revise and/or develop as necessary other written documents such as screening tools, handbooks, manuals, and forms to effectuate the provisions of this Agreement.</p>
Compliance Rating	<p>Substantial Compliance (as of December 31, 2007)</p>
Discussion	<p>Since the inception of the original Agreement in 2005, a total of 22 policies have been revised and signed into effect by the Secretary of the Department of Juvenile Services. These include:</p> <ul style="list-style-type: none"> ▪ Admission and Orientation ▪ Behavior Management ▪ Classification ▪ Criminal Background Checks ▪ General Documentation of Log Books ▪ Incident Reporting ▪ Key Control ▪ Perimeter Security ▪ Pharmaceutical Services ▪ Photographing of Injuries ▪ Post Orders ▪ Recreation ▪ Reporting and Investigating Child Abuse ▪ Safety and Security Inspections ▪ Searches ▪ Seclusion ▪ Suicide Prevention ▪ Treatment Services Plan ▪ Use of CPM Techniques ▪ Videotaping Incidents ▪ Youth Grievances ▪ Youth Movement and Count <p>Most of these policies are related to general facility operations and practices to protect youth from harm. The other substantive areas of this Agreement are also covered by written guidelines and standards. Further, each of the substantive areas has a set of forms, manuals, and handbooks used to effectuate the provisions of the Agreement.</p> <p>DJS has only one agency policy related to education (<i>Coordination with Community</i></p>

	<i>Agencies and Educational Institutions), but procedures are governed by the Maryland State Department of Education (MSDE) special education regulations. Mental health services are guided by five policies covering: suicide prevention, substance abuse treatment, psychological evaluations, drug and alcohol abuse assessment, and treatment service planning.</i>
Recommendations	The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Policy review

Provision IV. B	<u>Document Review.</u> Written State policies, procedures and protocols that address the provisions of this Agreement regarding the following topics shall be submitted to the Monitoring Team for review and approval within ninety (90) calendar days of the execution of this Agreement: use of force/crisis management; use of restraints and seclusion; mental health, medical and dental screening and assessment; treatment planning; and medication administration and monitoring. The State shall supply the DOJ with copies of all such policies, procedures and protocols when it submits them to the Monitoring Team. The Monitoring Team shall approve and/or suggest revisions to these policies, procedures and protocols within thirty (30) days of receipt, unless a longer period is agreed upon by the parties.
Compliance Rating	Substantial Compliance (as of December 31, 2007)
Discussion	The required timeline for this provision expired prior to the Agreement's being amended to include the BCJJJC. However, the State was found to be in substantial compliance with this provision on June 30, 2007.
Recommendations	The State has been in substantial compliance with this provision for 6 months, beginning December 31, 2007.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Policy review

Provision IV. C	<p><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.</p>
Compliance Rating	<p>Substantial Compliance (as of June 30, 2008)</p>
Discussion	<p>The Department has implemented a high-quality, comprehensive Quality Assurance program that will provide a sound mechanism for on-going review to ensure that the protections offered by the provisions of this Agreement remain in effect.</p> <p>The Department created a set of standards modeled after the provisions contained in this Agreement in the areas of protection from harm (which includes Fire Safety), special education, medical, and mental health. The first comprehensive audit at BCJJC occurred in December 2007, although it did not address mental health or special education and had a number of structural deficiencies. During the current monitoring period, a comprehensive audit of all areas of facility operations was conducted in April 2008. A targeted review was conducted in January 2008 and covered incident reporting, senior management review, seclusion and school attendance.</p> <p>The Quality Assurance team includes a Director and subject-matter experts in protection from harm (n=2, plus peer reviewers from other facilities), medical, mental health and education. Not only are the staff extremely well-qualified, but they are also dedicated QA staff and therefore do not have to divert their attention to other duties. As a result, the QA process is both efficient and thorough.</p> <p>The written report of the findings in each area was of very high quality and remediated all of the deficits noted in the prior Monitors' Report. In addition to the reports for BCJJC, the DJS and the Monitor used reports from other DJS facilities to enhance the reporting template and refine the content. The QA reports now feature:</p> <ul style="list-style-type: none"> • A clear description of the rating scale used to evaluate compliance; • The full text of each standard, which will make the reports fit for broad distribution to those who may not be familiar with the QA process; • The methodology for assessing each standard (e.g., sampling, sources of information, tools used to collect and evaluate data); • The detailed findings in each area, along with examples to illustrate systemic deficiencies; and • A list of items requiring corrective action. <p>Further, the QA reports and targeted reviews are also designed to provide technical assistance and guidance to help the facilities remediate any deficits. Given the breadth of experience and the frequency with which the team reviews other facilities throughout the state, the QA team is an ideal clearinghouse for effective practices in juvenile detention</p>

	facilities.
Recommendations	The State is in substantial compliance with this provision as of June 30, 2008.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Discussions with the Director of Quality Assurance ▪ Quality Assurance reports for BCJJJC (April 2008) ▪ Observation of Quality Assurance team audit April 2008

Provision IV. D	<p><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.</p>
Compliance Rating	Substantial Compliance (as of June 30, 2008)
Discussion	<p>In response to each comprehensive audit, facility administrators are tasked with developing quality improvement plans (QIPs) that describe how they will address the problems uncovered during the audit. The QIP format was modified during this monitoring period to incorporate the key elements of problem analysis, i.e., asking administrators to investigate the cause of the problem using both quantitative and qualitative data and then to craft interventions that target these underlying causes. QIPs also include a mechanism to determine whether the interventions have had a positive effect on the scope or level of the problem.</p> <p>The QIP was completed just prior to this report's being issued (May 2008) and thus its effectiveness in remediating the identified problems cannot be rigorously assessed. On the surface, however, the QIP is well-conceptualized and if fully implemented and regularly monitored has the potential to significantly improve the conditions of confinement at BCJJJC. Key deficits targeted for corrective action included:</p> <ul style="list-style-type: none"> ▪ Incident Reporting procedure (insufficient detail; delay in senior management review; lack of critique by shift commanders); ▪ Grievances (boxes not marked; concern about low usage rates); ▪ Staff training (CPM refresher; no in-service; no training coordinator); ▪ Seclusion (lengthy; not properly justified; gaps in checks; gaps in medical visits); ▪ Security (documentation of perimeter checks; unlocked closets; no key control; count not documented properly; movement to school not timely) ▪ Staffing (ratios not maintained); ▪ Fire Safety (inadequate evacuation procedures and staff knowledge about safety procedures); ▪ Classification (lack of information to complete instrument); ▪ Behavior Management (not properly implemented; limited programming); ▪ Medical procedures (immunization forms incomplete, 30-day health assessments)

	<p>not complete; Special Needs Treatment Plans not complete); and</p> <ul style="list-style-type: none"> ▪ Suicide Prevention (training on use of cut down tools; gaps in observations of youth). <p>While this list is extensive, it is very positive that the issues raised by the QA team reflect the findings of the Monitors. Further, the QIP structure takes an analytical approach that is designed to identify and address the causes of the deficits.</p>
Recommendations	The State is in substantial compliance with this provision as of June 30, 2008.
Evidentiary Basis	<ul style="list-style-type: none"> ▪ Discussions with the DJS Director of Quality Assurance ▪ QIP dated May 2008