



Maryland Department of
Juvenile Services
Treating • Supporting • Protecting



DJS COMPREHENSIVE STRATEGIC PLAN UPDATE

JULY 9, 2010



Martin O'Malley
Governor

Anthony G. Brown
Lt. Governor

Donald W. DeVore
Secretary

Vision Statement

Every child under the Department of Juvenile Services' (DJS or Department) supervision will become a self-sufficient productive adult.

Mission Statement

The Department of Juvenile Services ensures the safety of the community and the well-being and safety of the youth under DJS care, holds juvenile offenders accountable to victims and communities, and assists youth in developing competency and character to aid them in becoming successful members of society.

Guiding Principles

- Achieve public safety by successfully addressing youth needs.
- Encourage youth success through services closer to home that emphasize youth accountability.
- Promote objective decision-making based on scientific and validated assessment instruments.
- Develop professional staff, best practices and quality assurance processes essential to youth success.
- Incorporate collaboration and integration with other child serving agencies in working towards achieving the Department's goals.

The Maryland Model: DJS Goals

- Treating Maryland's children in Maryland.
- Improving conditions of confinement at all DJS facilities.
- Achieving better outcomes for children and families by becoming a data and results-driven department.
- Reducing juvenile homicides and non-fatal shootings by DJS supervised youth.
- Aligning organizational development with strategic planning goals.

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INTRODUCTION

The Department of Juvenile Services (DJS or Department) follows the principles of the balanced and restorative justice model which seeks to ensure public safety, hold juvenile offenders accountable, and provide youth with the competencies needed to assist them in becoming responsible and productive members of society. DJS operates a comprehensive system of delinquency services from Intake to community-based programming, detention, residential treatment, and aftercare.

BUILDING THE SYSTEM - THE MARYLAND MODEL FOR JUVENILE SERVICES

Under the leadership of Governor Martin O'Malley, Lieutenant Governor Anthony G. Brown, and Secretary Donald W. DeVore, the Department has launched a reform effort to develop and implement the Maryland Model for juvenile services. The model focuses on increasing public safety through the rehabilitation of youth. At its core, the Maryland Model supports the provision of high quality services to youth in the least restrictive setting close to their home. The Maryland Model promotes objective decision-making based on scientific and validated assessment instruments to prevent re-offending and to match youth with the appropriate services in order to create an effective and responsive service delivery system. In order to articulate and implement the Maryland Model, the Department focuses intensively on the development of professional staff, the utilization of best practices and quality assurance processes, and the reliance on strong collaboration with law enforcement, the courts, service providers, child- and family-serving agencies and community programs. The Department's implementation of the Maryland Model is consistent with and supportive of the recently completed Maryland Child and Family Services Interagency Strategic Plan, which DJS initiated and developed in collaboration with other state and community child- and family-serving agencies.

GOALS TO ACHIEVE THE MARYLAND MODEL

In fiscal year 2008, the Department initiated the implementation of the Maryland Model for juvenile services. The Maryland Model is a regionalized service delivery model with an emphasis on evidence-based programs and community collaboration, validated assessment and treatment tools (with built-in continuous quality improvement), treatment, and successful reentry services for youth requiring residential care. The Maryland Model encompasses five critical goals:

- *Treating Maryland's youth in Maryland;*
- *Improving conditions of confinement at all DJS facilities;*
- *Achieving better outcomes for youth and families by becoming a more data and results driven agency;*
- *Reducing the number of homicides and non-fatal shootings of youth under DJS supervision; and*
- *Aligning organizational development with strategic planning goals.*

OFFICE OF THE SECRETARY

The Office of the Secretary provides leadership, direction and coordination to the Department's Regional Operations and Support Services Divisions to accomplish the Department's mission. The Office establishes policies and practices, initiates legislation, approves the allocation of resources, ensures accountability, and guides the implementation of departmental goals driven by the Maryland Model for juvenile services. The Office of the Secretary is comprised of the following units: Communications, Legislative Affairs, and Equal Opportunity and Fair Practices. The Office of the Secretary also oversees the Juvenile Detention Alternatives Initiative (JDAI) and Gender Responsive Services initiatives and provides administrative support to the State Advisory Board and Facility Advisory Boards.

SPECIFIC STRATEGIES TO ACHIEVE THE MARYLAND MODEL GOALS

The Department is actively implementing multiple strategies to implement the Maryland Model goals. These strategies cross-cut DJS units to effectively advance the five goals of the Maryland Model.

TREATING MARYLAND'S YOUTH IN MARYLAND

A substantial portion of the detention population includes post-disposition detained youth awaiting placement into a treatment facility. Youth in pending placement status comprise roughly one-third of youth in a detention facility.

The Department classifies youth into five disposition levels, ranging from nonresidential placement alternatives to secure residential programs. The classification system is as follows:

Level I	<u>Home with Services</u> (Youth live at home with parents, guardians, or extended family).
Level II	<u>Family Foster Care / Therapeutic Foster Care</u> (Youth are served within a family environment with 24-hour care and supportive services provided by a child placement agency in an approved family home.)
Level III	<u>Community Based Residential Programs</u> (Youth are served in out-of-home residential care. These programs provide basic care, social work, and health care services in residential neighborhoods; <i>e.g.</i> , group homes, independent living, etc.)
Level IV	<u>Special Programs</u> (Youth are served in out-of-home residential care with minimal services sought from the community; <i>e.g.</i> , residential treatment centers, youth centers.)
Level V	<u>Secure Programs</u> (Youth are served in structured, self-contained and comprehensive residential programs providing all services and activities on-site.)

After the Hickey committed programs closed in 2005, the number of committed youth waiting for placement swelled. The Department's strategy to reduce the pending placement population in secure detention is to:

- Build in-state capacity to accommodate all Maryland youth requiring Level V, secure residential treatment care;

- Evaluate and divert youth at risk of out-of-home placement who fit program-specific eligibility criteria to intensive care coordination services using Wraparound and evidence-based programs, and partner with the Children's Cabinet to increase the service capacity of these programs; and
- Improve case management processes and seek to shorten lengthy interagency approval mechanisms.

Building In-State Capacity to Treat Level V Youth

Under the Department's current capital plan, the site selection of a new 48 bed secure, state-run committed treatment programs for boys in Baltimore City will continue during fiscal year 2011. In fiscal year 2011, the Department also will begin the planning of new staff-secure privately-operated treatment programming for committed girls. The Department expects the creation of the new treatment facilities to reduce the number of youth in the out-of-state programs. The historical trends show that for fiscal year 2001 and fiscal year 2002, in-state secure/high-risk admissions were over 300 and, once the Department lost secure/high-risk bed capacity, secure admissions decreased by 60% to an average of 123 for fiscal years 2003 through 2007. This decline in secure beds resulted in an increase in the pending placement population and an increase in the number of youth being sent to out-of-state programs. Due to budget constraints, capital plans for building in-state treatment capacity at the Cheltenham Youth Facility have been deferred to 2014.

Diverting Youth to Wraparound and Evidence-Based Programs

The Department has set a goal to reduce the number of youth currently entering residential treatment centers (RTC) by 20%. DJS seeks to achieve this goal by working with the Department of Health and Mental Hygiene and the Children's Cabinet to divert youth with significant mental health needs who meet criteria for RTC placement and safely treat them in the community through care coordination using a Wraparound service delivery model. The provision of high-fidelity Wraparound services through care management entities is currently available in three jurisdictions, with plans for statewide expansion. Wraparound is an approach to treatment for youth with intensive needs that is family-centered, community-oriented, and strengths-based. This highly individualized planning process relies on a balance of formal and informal, or natural supports, to help children and families achieve important outcomes while youth remain, whenever possible, in their neighborhoods and homes. Details on the diversion of RTC youth through the expansion of Wraparound services appear in the Technical Appendix to the Department's Gap Analysis.

The Department also has set a goal of reducing by 20% the number of group home placements by diverting these youth to evidence-based programs (EBP). The Department has implemented three EBP: Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Multidimensional Treatment Foster Care (MTFC). DJS chose these models because the programming has proven efficacy and facilitates successful outcomes for youth eligible for group home placements. These EBP programs meet the three key criteria for model EBP programs: (1) evidence of deterrent effect on violence/criminal behavior, (2) sustained effect of the program's treatment intervention, and (3) multiple replications of the program's effects at different research sites. The Department plans to launch the Nurse-Family Partnership programs in fiscal year 2012 to serve DJS youth. (For further information of the Department's plans for

EBP implementation, see discussion under expanding community-based services.)

Improving Case Management Processing

Case processing within DJS has been improved with the implementation of a classification system used to determine the level of care needed for each youth and to control the admissions in the new committed programs. Further, recent interagency reforms no longer require the Department to obtain Local Coordinating Council/State Coordinating Council (LCC/SCC) approval to refer youth to RTC. Together, these case management reforms have helped reduce average length of stay (ALOS) for youth while they are awaiting placements. The Department also expects that these strategies will result in an overall reduction of the pending placement population.

Capital Improvement

As part of the fiscal year 2011 capital budget, the Department received approval for the following capital improvement projects.

- Construction of a new 72-Bed Cheltenham Detention Center for males- fiscal years 2011 and 2012 (planning), fiscal year 2012 and 2013 (construction), fiscal year 2014 (equipment).
- Construction of a new 48-Bed Region V Detention Center for males- fiscal years 2011 (site acquisition), fiscal years 2011 and 2012 (planning), fiscal year 2013 and 2014 (construction), fiscal year 2015 (equipment).

Through the Facility Master Plan, the Department has proposed additional capital improvement projects. Approval for facility programs are being prepared and submitted to DBM. Once approval and funding is received, the Department will initiate planning followed by construction, renovation, or demolition of the residential programs listed below:

- Begin planning for new 48-bed Baltimore City Regional Treatment Center for males;
- Construct new 48-Bed Charles H. Hickey, Jr. Detention Center for males;
- Construct new 48-Bed Cheltenham Youth Facility Treatment Center for males;
- Construct new 42-Bed Thomas J.S. Waxter Detention Center for females;
- Construct new Education Expansion Center and Pedestrian Bridge to connect with the Baltimore City Juvenile Justice Center;
- Renovate and expand Alfred D. Noyes Children's Center for males and females;
- Renovate Maryland Youth Residence Center to 30-Bed shelter for males;
- Construct new education building and expand housing to 48-beds at Meadow Mountain Youth Center for males;
- Renovate and construct new education center and housing for 48-bed facility at Backbone Youth Center for males;
- Renovate and construct new education center at Savage Mountain Youth Center for males;
- Renovate and expand J. DeWeese Carter Youth Facility for 24-Beds for males
- Construct new education center at Victor Cullen Center;
- Renovate existing Thomas J.S. Waxter Center for 12-Bed Treatment Center for females;
- Renovate and construct new education center and housing at Green Ridge Youth Center for males

- Construct new Warehouse for Region III;
- Demolish all obsolete buildings and structures on Charles H. Hickey Jr. School grounds;
- Demolish all obsolete buildings and structures on Cheltenham Youth Facility grounds;
- Construct new DJS Professional Development and Training Center.

Benefits to Increasing In-State Treatment Capacity and Diverting Youth from Committed Placements:

- Increasing in-state capacity will significantly decrease the waiting time for youth being placed in Level V care, and thus lower pending placement numbers. Moreover, this will also obviate the need to send youth out-of-state and will support treating Maryland's youth in Maryland.
- Providing intensive care coordination services with a Wraparound service delivery model to youth diverted from RTC placements is expected to improve outcomes, reduce cross-agency per youth costs (serve more youth more effectively), allow youth to maintain ties with family and community, and will reduce pending placement numbers and ALOS by serving youth in their home community.
- Increasing slots for EBP is expected to improve outcomes, better invest dollars based upon research, allow youth to maintain ties with family and community, and reduce pending placement numbers and ALOS by serving youth in their home community.
- Reforms to the case management process will reduce pending placement ALOS.

IMPROVING CONDITIONS OF CONFINEMENT AT ALL DJS FACILITIES

This goal has two main strategies:

- Eliminating the inappropriate or unnecessary use of secure detention while ensuring public safety and youths' appearance in court; and
- Replacing outdated facilities with new construction.

Eliminating the Inappropriate Use of Secure Detention

DJS strengthened its participation in the Juvenile Detention Alternatives Initiative (JDAI) in 2007. The goals of JDAI are to reduce overcrowding in juvenile detention centers by safely maintaining the youth in the community in detention alternatives without jeopardizing public safety or increasing the number of youth who fail to appear for court. JDAI is a best practice model that eliminates inappropriate and unnecessary use of detention and protects public safety by minimizing failures of juveniles to appear in court.

To use data to drive decision-making, eliminate the inappropriate use of detention while still maintaining public safety, and ensure youth appear in court, the Department is implementing a validated Detention Risk Assessment Instrument (DRAI). This objective tool is based on criteria that assess a youth's risk factors and current offense(s) to determine whether a youth should be placed in secure confinement, conditionally released to the community under close supervision with treatment services, or released with no conditions until a court hearing. The DRAI is currently being used statewide.

Youth with high-risk DRAI scores are placed in detention, while youth with low-to-moderate risk scores are placed in an alternative to detention program. Alternatives to Detention (ATD) are short-term programs that utilize the least restrictive option to keep youth who meet low-to-moderate-risk DRAI criteria in the community while awaiting juvenile court hearings. ATD provide a level of supervision sufficient to safely maintain youth in the community and to ensure their appearance in court. ATD are cost-effective solutions for a large number of youth who are

awaiting adjudication and disposition hearings. When implemented effectively, ATD reduce the overall detention population, cut the costs of operating large juvenile detention centers, shield youth from the stigma of institutionalization, help youth avoid associating with peers who have more serious delinquent histories, reduce the disproportionate minority contact with the juvenile system, and maintain positive ties between the juvenile and his or her family and community. Currently, the Department has an array of ATD such as Community Detention, Evening Reporting Centers, the Baltimore City Detention Reduction Advocacy Program, GPS, and Shelter Care.

As discussed above, detention center populations are projected to continue to be reduced through the use of instruments and policies that place lower-risk pre-adjudication and pre-disposition youth in ATD. Further, reduction in the detention population is being achieved by shortening the length of stay for youth who have been adjudicated and are waiting for a program placement opening. The Department's initiatives in fiscal year 2009 have resulted in a significant reduction in the average length of stay (ALOS) 32.8 days for post-adjudicated youth in detention centers. The need for detention beds for the post-adjudicated youth in detention centers population is projected to further decrease as in-state community-based and secure treatment capacity is increased.

In the next two fiscal years, the department will focus on the development of a desired continuum of regional alternatives, finalizing the model in fiscal year 2011. The Department will evaluate the localized DRAI results, conduct a revalidation of the DRAI and ensure appropriate data collection, and reporting the analysis of the DRAI data in fiscal year 2012. In fiscal year 2011, a focus will be placed in working to reduce racial disparities in the Maryland juvenile justice system and will determine the Disproportionate Minority Contact (DMC) rates for regional sites and educate local sites about how to implement JDAI strategies through a racial lens and address DMC issues in the regions.

Replacing out-dated facilities with new construction

The current total statewide capacity for detention centers (for males and females) is 480 beds. To increase its detention capacity, in fiscal year 2011 the Department will initiate plans to build a new 48-bed regional detention center in Southern Maryland and a 72-bed detention center at Cheltenham Youth Facility. Due to budget constraints, plans for other new detention centers have been deferred to accommodate the Southern Maryland Regional Detention Center. The Department's plans for the detention centers at the Charles H. Hickey School have been deferred to fiscal year 2013 and the plans for the Thomas J. S. Waxter Center have been deferred to 2015. Details supporting the Department's calculation for its capital plan (*e.g.*, calculation for the number of detention beds needed) appear in its Facilities Master Plan and Gap Analysis. Details for increasing the Department's secure detention capacity can be found in the fiscal year 2011 capital improvement budget.

Benefits to Using the DRAI and ATD:

- Prevents the over-placement of any youth in detention centers.
- Reduces the disproportionate placement of minority youth.
- Reduces the overall detention population and relieves overcrowding.
- Cost-effective solution to help youth without incurring the high cost of detention.
- Allows youth to maintain ties to their home and community.

ACHIEVING BETTER OUTCOMES FOR YOUTH AND FAMILIES BY BECOMING A MORE DATA AND RESULTS DRIVEN AGENCY

Expanding Community-Based Services, Treatment, and Placements

In addition to the improved case management and prevention and early intervention programs, DJS uses a continuum of community-based services, treatment, and residential placements to serve adjudicated youth both in their communities and in out-of-home placements. Traditional community-based programs include probation, home monitoring, court-ordered community services, victim restitution, and counseling. These options are now augmented with the use of innovative evidence-based programs, to include Functional Family Therapy, Multisystemic Therapy, and Multidimensional Treatment Foster Care. In addition to the expanded use of evidence-based programs, the Department also provides educational, employment, structured recreation, mentoring, assessment and treatment services as well as family support to youth in community-based placements.

The Department established its own classification tool based upon the Washington State Juvenile Court Assessment. The resulting tool, the Maryland Comprehensive Assessment and Service Planning (MCASP), is an innovative process that will be conducted on all youth throughout their involvement with DJS, and includes an ongoing assessment to address need and reduce risk. The MCASP will produce a score that places the youth into a risk level. The risk levels vary from low- to high-risk. The risk level will primarily be used for placement into the different levels of care that include community services, foster care, residential programs, or secure care. The MCASP includes the ten major domains related to juvenile delinquency and continued re-offending: (1) Criminal History; (2) School; (3) Use of Free Time; (4) Employment; (5) Relationships; (6) Family; (7) Alcohol and Drugs; (8) Mental Health; (9) Attitudes/Behaviors and (10) Skills. The continuum of placement options under the new classification model begins with nonresidential placement alternatives and ends with secure residential programs. As a result of standardized and accurate risk assessments and an emphasis on placing youth in the least restrictive and most appropriate settings, youth will be matched to placements within the state based on public safety considerations and the youth's individual treatment needs.

The Department has collaborated with other Children's Cabinet agencies (DHR, DHMH, DOD, DBM and MSDE) and GOC in the establishment of Care Management Entities (CME) to provide intensive care coordination using a Wraparound service delivery model to divert high-risk youth from out-of-home placement. The CME convenes a team that includes youth, family, and community resources to support the family's long-term ability to function independently in the community without outgoing service interventions. Wraparound is a process that coordinates the delivery of community-based interventions, support and services that are developed based on the individual needs and strengths of the family and youth. CME assist the youth and family with accessing mental health, social services, education, and other community-based resources that reflect the family's values and preferences. During the next fiscal year, the Department expects to divert high-risk youth from out-of-home placement with the implementation of wraparound services coordinated by two newly selected CME: Choices will provide managed care to the northwest region (Montgomery County) and Wraparound Maryland will provide managed care to Baltimore City and the southeast region (Prince George's County). The Wraparound programs are the foundation for a statewide integrated system of care that will

deliver a comprehensive array of services to meet the multiple, changing needs of the youth and family.

Enhancing Core Programming at DJS Treatment Facilities

DJS also is implementing enhancements to its core programming for youth in treatment facilities. Youth admitted to the new DJS treatment facilities will participate in core programming while receiving individualized services based upon needs identified through assessment and service planning. All new treatment facilities will develop the capacity to provide programming that will address the needs of the youth at any given point in the continuum.

The treatment model for boys consists of multiple components including:

- EQUIP (Cognitive skills training, moral reasoning and problem solving within a positive peer culture approach;
- Seven Challenges (drug counseling);
- Cognitive Behavioral Therapy;
- Individual and Family Counseling;
- Specialized Clinical Groups;
- Education;
- Vocational Training;
- Restorative Justice Activities;
- Structured Recreation; and
- Transition Planning.

The Department currently is developing a statement of need for a staff secure treatment program to effectively and comprehensively improve services and outcomes for adolescent girls who are committed to the Department. The targeted population will be committed adolescent girls aged 12-18 who have a history of significant abuse or trauma, educational failure, family dysfunction and loss.

Planned services for girls will include:

- Mental Health and Substance Abuse Treatment;
- Trauma Informed Care;
- Family Treatment Services;
- Education including remedial and Special Education;
- Vocational and career planning services;
- Medical Services;
- Recreational programs;
- Mentoring; and
- Transition and Re-entry programming including community linkages.

Implementing the Truancy Initiative

In fiscal year 2009, the Department implemented a Truancy Initiative. Truancy is a significant risk factor for delinquency. Using a multi-component approach to reduce truancy, DJS will collaborate with the Baltimore City Public School System (BCPSS) to intervene with truant youth under the Department's supervision. Through daily attendance data from the BCPSS and

the alerts from the departmental database, ASSIST, the DJS case management staff receives notices of unexcused absences for youth under the Department's supervision. With this real-time information, community case managers are able to reinforce expectations and address problems interfering with consistent school attendance.

Beginning in fiscal year 2009 and continuing through 2011, DJS has adopted the following strategies to reduce truancy of youth under the Department's supervision.

- DJS will expand Spotlight on Schools, a program that places community case managers in the public schools throughout the State, to additional Baltimore City schools that have high truancy rates as well as other similar schools statewide.
- DJS community case managers will refer to and participate in BCPSS School Support Teams, which provide a multidisciplinary forum for meeting with youth and their parents to resolve the causes of truancy, including as appropriate placement in an alternative school program.
- The University of Baltimore's Truancy Court will serve DJS involved youth enrolled in a Baltimore City high school.
- DJS and DSS will collaborate with the BCPSS to co-locate services in schools to address multiple correlates of delinquency and risk for school failure.
- DJS will continue to identify and utilize best practices to guide and expand the truancy initiative within Baltimore City and to assess its applicability to other areas of the state.

Benefits to Improved Treatment

- Improving programming for youth both in the community and in treatment facilities will better prepare youth for adulthood, help them transition out of care, reduce recidivism, and help make them productive members of society.
- Using the MCASP to expand the reach and use of community-based services such as evidenced-based programs, to include Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Multidimensional Treatment Foster Care (MTFC), Brief Strategic Family Therapy (BSFT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) will advance the ability to use data and research to improve outcomes and allow more youth to receive treatment in their homes and communities.
- Reduce the number of youth who do not attend school regularly, increasing their chances of graduation and employment

REDUCING THE NUMBER OF HOMICIDES AND NON-FATAL SHOOTINGS OF YOUTH UNDER DJS SUPERVISION

Implementing the Violence Prevention Initiative

As part of its violence prevention efforts, the Department, in collaboration with the police and health departments, continues its implementation of a Violence Prevention Initiative (VPI) across the state for enhanced community-based case management and increased monitoring of high-risk juvenile offenders. DJS initiated the VPI initially in Baltimore City in January of 2008 and subsequently expanded it statewide by the end of 2008. The VPI model integrates increased monitoring and programming that targets the needs of high-risk youth during non-traditional hours. The VPI uses a Global Positioning System (GPS) as a tool to identify youth location and

decrease response times in the event that youth violate the conditions of their probation. DJS reviews all juvenile homicides and non-fatal shooting to improve case management practices and identify risk factors for youth violence.

The positive outcomes of the VPI and other violence prevention strategies are very encouraging. From 2008 to 2009, the rate of juvenile homicides decreased by 53% in Baltimore City, 45% in Prince George's County and 26% statewide. During the same period, Baltimore City juvenile nonfatal shootings decreased by 37%. From 2009 to June 2010, juvenile homicides decreased by 54% state wide, 38% in Baltimore City and 25% in Prince George's county. Concurrently, during this time, non-fatal shootings decreased by 33% in Baltimore City.

The intensity of VPI supervision and services facilitates prevention of escalation of behaviors that could result in violent crime. Services are targeted to address individual needs that correlate with delinquent behavior including youth tolerance towards violence, negative peer associations, lack of supervision, lack of neighborhood safety, and substance abuse, education, and anger management services. VPI incorporates a level system and continuum of graduated responses to ensure immediate, appropriate and consistent responses if youth are non-compliant.

The criteria established for the VPI was adapted from Baltimore City Health Department studies, the Operation Safe Kids (OSK) Program, and discussions with the Governor's Office. DJS identifies VPI youth based on factors that predict risk associated with increased likelihood of committing or being the victim of violent crime.

Implementing CD/EM

Community Detention and Electronic Monitoring (CD/EM) is a statewide program providing close monitoring of youth in the community as an alternative to residential placement. Youth are made eligible for CD/EM by the local courts. Youth placed on CD/EM are permitted to leave their residence *only* to participate in educational programs, court hearings, scheduled meetings with their attorney or DJS case managers, treatment appointments, and/or approved outings with their parent or guardian. Youth on CD/EM are closely supervised and held accountable to comply with court ordered conditions including returning to court as required.

Community Detention Officers conduct daily face-to-face and telephone contacts with youth. The CD Officers receive training to detect violations of the court ordered release conditions and potential threats to public safety. If youth engage in any activity that places the public at risk, they may be withdrawn from the program and held in secure detention. The youth will appear again before the Court to determine their eligibility to remain in the community.

GPS is an additional type of electronic monitoring tool for high-risk youth placed on Probation. The GPS system monitors youth movement and compliance with time/location parameters. The system records the youth's locations as often as once every 10 seconds. The GPS unit continuously records location data throughout the day and reports exclusion zones, *e.g.*, locations that are off-limits to youth such as a victim's residence, and inclusion zones, *e.g.* locations at which youth are required to be at specified times such as school, work, home, court, and appointments with case managers, attorneys and service providers. The youth's CD Officer and the GPS Team are notified electronically of any violations of the authorized schedule and the

violations are addressed as warranted. Real-time reporting and immediate notification enable rapid response by CD Officers and case managers with assistance from law enforcement when youth violate CD program expectations.

Benefits of increased monitoring high-risk youth behavior:

- Reduces youth homicides and non-fatal shootings.
- Prevents escalation of behaviors that could result in violent crime.
- Targets youth with increased services that correlate with delinquent behavior.
- Cost-effective solution to help youth without incurring the high cost of detention.
- Allows youth to maintain ties to their home and community.

ALIGNING ORGANIZATIONAL DEVELOPMENT WITH STRATEGIC PLANNING GOALS

The Department has completed the process of reorganizing its management structure with the creation of six new regions to better coordinate with local public safety, city and county agencies as well as community-based programs including providers of expanded evidence-based services. The regionalization of the Department has resulted in the more efficient administration of facilities and resources ensuring youth under DJS supervision stay connected to their families, service providers and communities. Regionalization also has improved coordination between all departmental functions.

With the completion of Regionalization, the Department will focus in the coming fiscal year on building a continuum of community-based and residential treatment services in each region. Within each region, the Department plans to increase capacity for evidence-based programming, group homes and detention.

Integrating Services to Youth

In fiscal year 2009, the Department created the Office of Professional Services that includes the Behavioral Health, Medical, Education and Placement units. The Office of Professional Services was established to integrate behavioral and somatic health and education services for youth in residential facilities and in the community and to ensure that youth placement is based on level of risk and needs. Bringing together these services into one office fosters comprehensive, interdisciplinary treatment and transition plans for youth served by DJS.

Professional Development

The Professional Development and Training Unit (PDTU) provides instruction for entry-level and in-service Training programs for the Department's employees. In fiscal year 2010, PDTU will conduct the entry-level training program in two sessions for employees. The sessions will provide employees with the basic skills to work with youth and will ensure that no employee will provide direct care to youth unless they have received adequate training.

To support the Department's efforts to expand the use of evidence-based practices, the PDTU will increase the number of courses in Aggression Replacement Training (ART), Gender-Responsive training, Trauma Informed Care, FFT, MST, and MTFC.

The PDTU also has primary responsibility for the Department's compliance with Maryland

Correctional Training Commission (MCTC) standards for entry and annual in-service training of DJS staff. By MCTC mandate and DJS policy, all DJS employees working with youth in identified position classifications in residential facilities and in the community (probation/aftercare, supervision) are required to complete 160 hours of entry-level training and 40 hours annually of in-service training. DJS policy requires additional training to ensure DJS employees are proficient in skills related to safety and security of youth in residential facilities, case management, gender-responsive services and evidence-based models programs. Currently, 98% of DJS direct care staff are MCTC certified.

As the Department regionalizes its business functions, the PDTU will provide quarterly technical assistance forums with training coordinators and adjunct trainers to communicate and discuss policies and standards. The unit will provide quarterly comprehensive reports and monthly follow-up reports to Regional Directors regarding MCTC compliance for all mandated staff.

Leadership Development

As a part of its efforts to improve staff competency, the Department implemented a Leadership Development initiative to provide developmental programming to DJS staff. This initiative ensures DJS has competent, professional staff working to meet the Department's mission, goals and objectives. In recognition of the essential role of leadership development in building capacity for reform, DJS provides specialized programs to increase the number of its staff prepared to assume leadership roles within the Department. The Leadership Development Institute (LDI) is a leadership preparation and learning program designed to assist individuals in identifying and developing effective skills in influencing others to achieve the agency's goals and objectives. The LDI designs curricula and provides instruction for Specialized and Leadership Development Training programs for departmental staff. The Institute coordinates the development of staff and the subsequent placement of staff in "learning environments" with senior departmental personnel. In the next three fiscal years, the Institute will continue to train staff and expand developmental opportunities for DJS Staff.

Benefits to Regionalizing the Service Network

- Increase statewide EBP capacity and staff training on program implementation.
- Ensure trained, professional staff.
- Increase regional detention capacity.
- Increase regional group home capacity.
- Increase leadership potential of DJS staff.

MEASURING SUCCESS

Under the leadership of the Secretary, each Division has developed a series of indicators for each office to measure outcomes related to the goals and strategies of the Department's strategic plan. In the following pages are the departmental goals and objectives for measuring this success. DJS reports indicators, process and outcome data, in its annual Managing for Results budget document, Annual Report and monthly State Stat reports.

DIVISION OF REGIONAL OPERATIONS

The Division of Regional Operations administers and supports a statewide juvenile justice system organized within six regions to provide investigation, intake, probation and aftercare supervision, detention, and community-based and residential programming. Regionalization facilitates the provision of services that mitigate risk for delinquency and foster positive youth outcomes close to youths' families and communities. To accomplish its work, the Division maintains ongoing collaboration with juvenile courts, law enforcement, public defenders, state's attorneys, child-serving public agencies and community providers. The Division is comprised of three offices: Residential, Community Services and Professional Services.

The Office of Residential Services oversees facilities and residential programs for youth detained or committed by the court. Central office support and supervision includes the development of policy and procedures, protocols for transportation of youth, and completion of quality control reviews to assure residential facilities meet or exceed standards for conditions of confinement.

The Office of Community Services supports effective implementation of case management practices for youth under supervision of the Department. The Office also directs and supports victim services, statewide VPI programs, Interstate Compact, and CD/EM.

The Office of Professional Services provides assessment, planning and mental health, substance abuse, and somatic health services for youth in DJS residential facilities or in the community. The Office coordinates implementation of evidence-based programs and Wraparound services. In collaboration with the regions the Office ensures the appropriate placement of youth in residential programs and management of associated costs.

DJS regional operations include community field offices and residential facilities that serve each of the regions and counties listed in the table below.

REGION	COUNTIES	FACILITIES
Baltimore Region	Baltimore City	Baltimore City Juvenile Justice Center (BCJJC) William Donald Schaefer House (Schaefer House)
Central Region	Baltimore, Carroll, Harford, and Howard	Charles H. Hickey, Jr. School (Hickey)
Metro Region	Montgomery and Prince George's	Alfred D. Noyes Children's Center (Noyes) Cheltenham Youth Facility (Cheltenham)
Southern Region	Anne Arundel, Calvert, Charles, and St. Mary's	Thomas J. S. Waxter Children's Center (Waxter)
Western Region	Allegany, Frederick, Garrett, and Washington	Western Maryland Children's Center (WMDCC) Youth Centers, and Victor Cullen Center (Cullen)
Eastern Shore Region	Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester	J. DeWeese Carter Center (Carter), Lower Eastern Shore Children's Center (LESCC)

OFFICE OF RESIDENTIAL SERVICES

The Office of Residential Services provides support to all DJS operated detention and committed residential facilities. DJS residential programs serve youth who need more structure and supervision than is available in the community. Youth served are considered to pose a risk to themselves and/or the community or be at risk to flee. DJS residential facilities provide a structured program of case management, social work, somatic health, and education services. The Office also provides secure transportation of youth to court and other appointments, and administers quality improvement reviews of DJS residential facilities.

Treating Maryland's children in Maryland

- Begin development of a 72-bed detention facility at Cheltenham Youth Facility.
- Begin development of a 48-bed detention facility at Southern Region.
- Reduce per diem placement by increasing utilization of community-based services in regions with highest placement rate.

Improving conditions of confinement at all DJS facilities

- Consistent use of DRAI in all regions.
- Develop an improvement plan for the Victor Cullen Academy in collaboration with the Annie E. Casey foundation and the Missouri Youth Services Institute that will strengthen leadership development, residential treatment programs, and aftercare services.
- Exit DOJ CRIPA Settlement Agreement at BCJJC by 9/1/10.
- Initiate quality assurance assessments at all DJS treatment facilities by the end of fiscal year 2011.
- Update DJS detention standards by the end of fiscal year 2011.
- Continue to participate in Performance-based Standards (PbS), a self-improvement and accountability system used in 202 juvenile facilities nationwide, to report outcomes from all DJS facilities on safety, security, education, health and mental health services.
- Sustain or increase Level 3 performance within the PbS system to ensure that DJS facilities perform comparably or better than the national average on Critical Outcome Measures.

Achieving better outcomes for youth and families by becoming a more data and results driven agency

- Develop a strategic plan for Girls' Services in fiscal year 2011 by collaborating with child-serving agencies and external stakeholders in a Girls' Services Task Force to develop a plan for services to adolescent females under the supervision of DJS that is gender-specific and based on current research and best practices.
- In fiscal year 2011, initiate the process to achieve accreditation of the Western Maryland Children's Center, the Lower Eastern Shore Children's Center and the J. Carter DeWeese Center by the American Correctional Association that will certify that facility operating policies and practices are consistent with national state-of-the art standards.

Aligning organizational development with strategic planning goals

- Implement biometric time keeping pilot program at the Baltimore City Juvenile Justice Center, the Cheltenham Youth Facility, and the Charles H. Hickey Jr. School to improve scheduling and reduce over time costs.

OFFICE OF COMMUNITY SERVICES

The Office of Community Services provides support and oversight of community programs including case management, probation and aftercare services, interstate compact services, and CD/EM programming. Community Services are programs in which youth receive services in the community while remaining in their home. The traditional programs include probation, home detention and monitoring, court-ordered community services, victim restitution and counseling. These programs augment the provision of EBP and Wraparound services to youth. Costs are much less than residential care and focus on organizing and providing an individualized, effective system of care for each youth.

Treating Maryland's children in Maryland

- Continue to reduce the number of youth in out of state care.
- Identify appropriate youth placement using the new MCASP tool.
- Screen youth to divert from group homes to evidence-based programming and care management entities.

Improving conditions of confinement at all DJS facilities

- Eliminate the inappropriate use of secure detention by safely maintaining youth in the community in detention alternatives without jeopardizing public safety.

Achieving better outcomes for youth and families by becoming a more data and results driven agency

- Fully implement the MCASP tool in 2011.
- Screen youth at Staffings to divert from group home placement to evidence-based services.
- Continue to support effective intervention by increasing the capacity of evidence-based services (MST, FFT, MTFC) to more than 400 slots statewide.
- Improve the quality of community supervision for youth on probation by strengthening the frequency of contacts between youth and case management staff, improving the quality of supervisory reviews of case practice, consistently using a continuum of graduated responses (incentives and sanctions), and developing and implementing a new case management manual reflecting best practices.
- Collaborate with the Office of Problem Solving Courts and the Alcohol and Drug Abuse to assess drug treatment services available for court-involved youth and make recommendations for enhanced services.

Reducing juvenile homicides and non-fatal shootings by DJS supervised youth

- Expand information sharing and coordination to foster security integration and collaboration across public agencies.
- Continue data sharing of youth records with Baltimore City Health Department if the record concerns a child convicted of a crime or adjudicated delinquent for an act that caused a death or near fatality.
- Increase the number of EM units by 15% in fiscal year 2011.

OFFICE OF PROFESSIONAL SERVICES

The Office of Professional Services, in collaboration with the Regions, ensures the full implementation of the Maryland Comprehensive Assessment and Service Planning (MCASP) process. The Behavioral Health Unit oversees the expansion of evidence-based models of program services to youth under supervision in the community, provides behavioral health assessment and treatment services in DJS facilities, fosters transition of youth to community services, and expands the availability of evidence-based practices in the community. The Somatic Health Unit oversees the provision of nursing, physician, dental, and nutritional services to DJS youth.. The Placement Unit coordinates the residential placement,, oversees resource offices, ensures that sufficient per diem resources are available to meet departmental needs and ensures that federal protections are met for youth out-of-home and their families. The Education Unit provides academic, special education and vocational/career planning and programs to youth in DJS facilities, and coordinates the re-entry of youth from facilities to public schools across the state.

Treating Maryland's children in Maryland

- Continue to reduce the number of youth in out of state care.
- Identify appropriate youth placement using the new MCASP tool.
- Identify youth who are eligible for community-based evidence based services as an alternative to placement.
- Reduce length of stay for out-of-state placement.

Improving conditions of confinement at all DJS facilities

- Reduce length of stay for youth pending placement in detention to reduce population.
- Improve collection and reporting of placement data to track youth's placement status.
- Assist quality assurance facility reviews.
- Delivery of immunizations to DJS youth in compliance with requirements for attendance at Maryland schools and recommendations by the American Academy of Pediatrics and the CDC.
- Manage chronic diseases with special emphasis on asthma.
- Provide dental care and management of dental pain.
Administration of medication and nursing assessment of youth injury with emphasis on documentation by nursing staff.
- Deliver preventative, acute and chronic health care to youth in DJS facilities.
- Provide medical case management of youth with complex health problems.
- Ensure infection control and employee health.
- Deliver nutritious, quality food to youth in DJS facilities in compliance with the federal Child Nutrition Program.

Achieving better outcomes for youth and families by becoming a more data and results driven agency

- Support full implementation of MCASP by 2011.
- Work with Care Management Entities to provide Wraparound services to youth and families in three regions – 25 slots in Baltimore City, 25 slots in Southeastern region (Prince George's County), 25 slots in Northwestern region (Montgomery County).

DJS Comprehensive Strategic Plan
Update

- Continue to support the effective interventions by increasing the capacity of evidence based services to over 400 slots evidence-based services (MST, FFT, MTFC) statewide.
- Increase number of youth who are assessed at Intake using the MAYSI (mental health) and SASSI (substance abuse) tools.
- Identify youth at Intake who need a mental health or substance abuse treatment and provide appropriate treatment.
- Refer youth to and participate in BCPSS School Support Teams, which provide a multidisciplinary forum for meeting with youth and their parents to resolve the causes of truancy, including as appropriate placement in an alternative school program.
- The University of Baltimore's Truancy Court will serve DJS involved youth enrolled at a Baltimore City high school.
- Collaborate with DSS and BCPSS to co-locate services in schools to address multiple correlates of delinquency and risk for school failure.
- Continue to identify and utilize best practices to guide and expand the truancy initiative within Baltimore City and to assess its applicability to other areas of the state.
- Pursue federal funding of Nurse-Family Partnership, an evidence-based community health program that provides home visits from registered nurses allowing low-income, first-time moms to receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient.

Aligning organizational development with strategic planning goals

- Participate in learning collaboration with the state pharmacological experts from the Department of Health and Mental Hygiene, Johns Hopkins University, and the University of Maryland to ensure standards of care are met in the treatment of youth.
- Ensure interdisciplinary planning for treatment and education services are implemented department-wide.

DIVISION OF SUPPORT SERVICES

The Division of Support Services provides support in the areas of financial management, research and evaluation, policy and program development, training, monitoring of private providers, procurement, facility maintenance, human resource management, information technology, investigations, youth advocacy and gang intelligence to assist the Division of Regional Operations in carrying out the Department's mission, goals and objectives. The Support Services Division is comprised of two offices: Resource Management and Quality Assurance and Accountability.

OFFICE OF RESOURCE MANAGEMENT

The Office of Resource Management provides on-going financial and strategic recommendations to DJS executive management regarding the most effective and efficient way to manage and allocate resources in order to meet the Department's mission, goals and objectives. The Office is organized into six units: Budget and Finance, Human Resources, General Services, Information Technology, Procurement, and Capital Planning.

Treating Maryland's children in Maryland

- Begin planning new capital construction in fiscal year 2011 for the Cheltenham Detention Center and Southern Region Detention Center.
- Assess community-based and residential placement vendors based on performance and need, to determine the type and quantity of existing vendors and use assessment results to determine what services are needed to serve DJS youth.

Improving conditions of confinement at all DJS facilities

- Replace of the fire alarm system in Administration building at Hickey.
- Replace roof on Unit 9 at Hickey.
- Renovate Waxter facility (paint, stair treads, lights, carpet).
- Replace boiler at Savage Mountain Youth Center.
- Replace emergency generator at Cheltenham Youth Facility.
- Replace emergency generator at Greenridge Youth Center.
- Upgrade baseboard heat at Noyes.
- Replace fuel tank at Noyes.

Achieving better outcomes for youth and families by becoming a more data and results driven agency

- Completed the automation of Phase I - Risk Assessment and Phase II - Needs Assessment of the Maryland Comprehensive Assessment and Service Planning (MCASP) tool. In fiscal year 2011, finalize the requirements for automation of Phase III-Treatment Service Plan to track services, including incentives and sanctions, for youth under DJS supervision.
- Implement data sharing with the Department of Public Safety and Corrections (DPSCS) allowing adult arrest notification of youth under 22 years old.

Reducing juvenile homicides and non-fatal shootings by DJS supervised youth

- Support violence prevention initiatives through real-time data-sharing between

government stakeholders focused on reducing youth homicides and non-fatal shootings.

- Support automated tracking of violent offenders through use of GPS technology and coordinate use of these systems with local and state justice agencies.

Aligning organizational development with strategic planning goals

- In fiscal year 2010, consolidated several divisions within DJS HQ, abolished positions and saved nearly \$1 million.
-
- By the end of fiscal year 2011, DJS will increase the capacity of minority businesses that are contracted to deliver human services to youth by 25%.
- In fiscal year 2011, DJS will work to increase federal fund reimbursement for out-of-home placements and services.
- Reduce time to hire direct care staff to 2 months.
- Reduce vacancies to an average of 4% of permanent positions.
- Increase PEP compliance to 75%.

OFFICE OF QUALITY ASSURANCE AND ACCOUNTABILITY

DJS established the Office of Quality Assurance and Accountability (OQAA) in May 2007 to build and strengthen its central focus on data-based measurement, analysis and management in support of positive youth and program outcomes across all major areas of residential and regional operations. The OQAA integrated existing functions in the key areas of program development, evaluation and training with new initiatives for evidence-based practices to foster reform initiatives throughout the Department. The scope, strategies and work products of the OQAA assist DJS to meet public expectations for accountability, transparency and excellence. The OQAA is comprised of the following units: Professional Development and Training, Community and Family Partnerships, Internal Audit, the Inspector General Office, Program Evaluation and Research, Planning and Evaluation.

Treating Maryland's children in Maryland

- Enroll a minimum of 80 and a maximum of 110 Baltimore City youth in VPI unit to receive job readiness training and subsidized employment as part of the DJS and Baltimore City's Partnership for Education and Workforce Development (PEWD).
- Enroll 400 youth from Baltimore City (320 youth in placement who will be transitioning to the community upon release and 80 youth from VPI or Female Intervention Team unit) to provide education, employment, youth advocacy, mentoring, community service and community engagement programming.
- Expand the College Campus Mentoring Program (CCMP) from 40-60 matched mentors with youth by 100% in Baltimore City. Expansion includes recruitment of faith-based and community based organizations to allow for greater mentor capacity.

Improving conditions of confinement at all DJS facilities

- Re-instate youth development programming at Noyes, Waxter, Cheltenham and Hickey to include arts, empowerment, self esteem, personal awareness programming.
- Expand the number of youth focus group sessions throughout DJS facilities concentrating

on living conditions, food services and any complaints raised by the youth.

Achieving better outcomes for youth and families by becoming a more data and results driven agency

- Continue to evaluate performance of providers based on standards found in COMAR to recommend utilization of programs in which DJS youth are placed.
- Use new self-assessment tool on providers requiring license renewal.
- Resolve compliance issues raised by the Office of Legislative Auditors as a result of the most recent three year audit cycle in fiscal year 2007.
- Develop a Department-wide proactive internal control plan focused on the detention facilities to ensure effective and efficient operations, reliable financial reporting and compliance with applicable laws and regulations.
- Analyze Audit cost containment issues (e.g. biometric system, food service expenditures and the non-residential and residential per diems) to make recommendations for improvement.
- Enhance the gang information database and work with statewide law enforcement agencies.

Reducing juvenile homicides and non-fatal shootings by DJS supervised youth

- Develop a gang awareness and prevention program utilizing the Gang Resistance Education and Training program (GREAT) as part of a statewide initiative to provide prevention and diversion services to youth.

Aligning organizational development with strategic planning goals

- Created DJS Training Academy for employees on the grounds of Charles H. Hickey Jr. School by the end of fiscal year 2010.
- Ensure that 100% of DJS direct care employees are certified by the MCTC by the end of fiscal year 2011.
- Implement workforce development training for DJS staff to support MCASP implementation.
- Collaborate with University of Maryland for research and training in best practices.
- Complete research evaluations of the DJS VPI program including validating risk factors and program outcomes.
- Conduct evaluation of Alternative to Detention programs with the University of Maryland to determine program effectiveness.
- Collaborate with DPSCS and DHR to share data of DJS youth involved in either system or living with those who are.

APPENDICES-

- A. INVENTORY OF RESIDENTIAL PROGRAMS**
- B. INVENTORY OF NON-RESIDENTIAL PROGRAMS**
- C. AVERAGE DAILY POPULATION CHART**

APPENDIX A – INVENTORY OF STATE-OPERATED PROGRAMS

I. DJS RESIDENTIAL PROGRAMMING

BALTIMORE CITY JUVENILE JUSTICE CENTER

300 North Gay Street
Baltimore, MD 21202

The Baltimore City Juvenile Justice Center (BCJJC) provides centralized intake, assessment, court, detention services and 144 beds for delinquent youth requiring detention. The detention center has educational, medical services, and a full-size gym.

Opened in 2003, the 244,000 square-foot facility includes three circuit courtrooms, hearing rooms for juvenile masters, offices for state's attorneys and public defenders, a booking facility offices for DJS Area I staff and Baltimore City Social Services (DSS) legal services, and houses a combined intergovernmental workforce of 800 employees.

The Department of Juveniles Services' (DJS) Behavioral Health Services Division established a Family Resource Center at the Justice Center which brings together youth families, community-based family and mental health advocacy organizations, and DJS staff.

For additional information, contact Anthony Wynn, BCJJC Director of Detention, 443-263-6353 or wynna@djs.state.md.us

J. DEWEESE CARTER CENTER

P. O. Box 229
Scheeler Road
Chestertown, MD 21620

The J. DeWeese Carter Center, located in Kent County, is a secure detention facility for 15 youth. The Carter Center provides emergency detention facilities to Cecil, Kent, Caroline, Queen Anne's and Talbot Counties on the Eastern Shore of Maryland. Opened in August 1982, the Center was named for the Honorable J. DeWeese Carter (1904-1977), who served on the Maryland Court of Special Appeals in the 1970s.

For information regarding the J. DeWeese Carter Center, contact Derrick Witherspoon, Superintendent, 410-778-6444 or at withersd@djs.state.md.us.

APPENDIX A – INVENTORY OF STATE-OPERATED PROGRAMS (cont.)

CHELTENHAM YOUTH FACILITY

P. O. Box 160
11001 Frank Tippet Road
Cheltenham, MD 20623

Located in Prince George's County, Cheltenham provides care and detention for youth awaiting trial or court disposition from Anne Arundel, Prince George's, Calvert, Charles and St. Mary's counties. The Murphy Cottage, which is also located on the grounds, houses the ReDirect program for 15 youth. The Shelter in the old superintendent's house shelters 5 delinquent youth who need court ordered supervision but have not been deemed dangerous to themselves or others.

For information regarding the Cheltenham Youth Facility, contact Reginald Garnett, Assistant Director of Operations at 410-230-3216 or garnettr@djs.state.md.us.

CHARLES H. HICKEY, JR., SCHOOL

2400 Cub Hill Road
Baltimore, MD 21234

Named for a former Baltimore County Sheriff, the Charles H. Hickey, Jr. School currently houses male youth placed by the court and serves as a detention center for youth awaiting trial.

Formerly, the Hickey School served up to 300 delinquent boys and young men, ages 15 to 17, from across Maryland either as a detention center or as a committed facility. In 2005, Governor Ehrlich ordered the committed program closed at the Charles H. Hickey, Jr. School. The detention program, however, continues to operate as a regional center for youth awaiting trial or placement in a treatment program.

For information regarding the Charles H. Hickey, Jr. School, contact Mark Hamlett, Facility Administrator, 410 663-7601 or hamlettm@djs.state.md.us.

APPENDIX A – INVENTORY OF STATE-OPERATED PROGRAMS (cont.)

LOWER EASTERN SHORE CHILDREN’S CENTER

405 Naylor Mill Road
Salisbury, MD 21801

The Lower Eastern Shore Children's Center (LESCC) provides secure detention for 24 youths, both boys and girls, from Dorchester, Somerset, Wicomico and Worcester counties. The facility offers educational services and provides drug and alcohol program, anger management/conflict resolution groups, and a Young Fathers program.

For information regarding the Lower Eastern Shore Children’s Center, contact Derrick Witherspoon, Superintendent, at 443 523-1520 or withersd@djs.state.md.us.

MARYLAND YOUTH RESIDENCE CENTER

721 Woodbourne Ave.
Baltimore, MD 21212

The Maryland Youth Residence Center (MYRC) is a shelter care facility for up to twenty-four boys, ages 14 to 18. Boys in need of supervision but not deemed dangerous are housed at the Center while awaiting a court hearing or placement. MYRC provided educational, recreational, psychological and educational counseling, drug addiction counseling and medical services. MYRC also housed up to twelve boys, ages 13 and under, in a Jump Start Program that provided the same services available in the shelter care program. Operations at MYRC were suspended in early fiscal year 2008.

For information regarding the Maryland Youth Residence Center, contact Reginald Garnett, Assistant Director of Operations at 410-230-3216 or garnettr@djs.state.md.us.

ALFRED D. NOYES CENTER

9925 Blackwell Road
Rockville, MD 20850

The Alfred D. Noyes Children’s Center is a regional detention facility serving youth primarily from Montgomery County and often from Howard, Frederick and Washington Counties. The facility, named after a Juvenile Court Judge for Montgomery County in the 1970s, opened in 1977 and is located adjacent to the Regional Institute for Children and Adolescent in Rockville.

Noyes provides residential care for a capacity of fifty seven (57) adolescents ranging from ages twelve (12) to eighteen (18). Intensive supervision and services are provided by a staff of Resident Advisors, Case Management Specialist, a psychologist, teachers, nurses, and support staff. Upon admission, youth receive a preliminary medical and mental health assessment.

APPENDIX A – INVENTORY OF STATE-OPERATED PROGRAMS (cont.)

Within seven days, comprehensive medical, mental health, substance abuse and educational assessments are completed. Youth receive five hours of academic instruction five days a week. Youth also participate in life skills groups, recreational and leisure activities.

For information regarding the Alfred D. Noyes Center, contact John Dowdy, Facility Operations Manager, 410 792-0865 or DowdyJ@djs.state.md.us.

THOMAS J. S. WAXTER CENTER

375 Red Clay Road, SW
Laurel, MD 20724

The Waxter Center, renamed in 1963 to honor Thomas J. S. Waxter, the Director of the State Department of Public Welfare from 1953 until his death in 1962, has a detention program for up to fifty minor girls and secure commitment program for up to ten girls. Waxter primarily serves Anne Arundel, Baltimore, Calvert, Carroll, Charles, Harford, Howard, and St. Mary's Counties and Baltimore City.

For information regarding the Thomas J.S. Waxter Center, contact Johnitha McNair, Superintendent, 410 792-7416 or mcnairjr@djs.state.md.us.

VICTOR CULLEN CENTER

600 Cullen Dr.
Sabillasville, MD 21780

In July 2007, the Victor Cullen Center reopened under State administration as a regional committed treatment center. The Victor Cullen Center is a secure commitment facility for delinquent boys in northwest Frederick County. As a regional center, it has the capacity to care for 48 boys between the ages of 15 and 18 in a six- to nine-month treatment program for mental health issues and substance abuse.

For information regarding the Victor Cullen Center, contact Superintendent William Pickerel at 301-241-3950 or pickerelw@djs.state.md.us.

APPENDIX A – INVENTORY OF STATE-OPERATED PROGRAMS (cont.)

WESTERN MARYLAND CHILDREN’S CENTER

18420 Roxbury Road
Hagerstown, MD 21740

The Western Maryland Children Center is a 27,800 square foot, 24 bed detention facility on 8.5 acres in Hagerstown, Maryland. The facility opened in September 2003 and employs approximately 60 staff. The Western Maryland Children Center serves youth from Garrett, Allegany, Washington, and Frederick Counties. The Center has a medical suite, an intake area, a school, a full size kitchen and dining area, a maintenance shop, indoor and outdoor recreation areas, and three dormitories.

Western Maryland Children's Center's program is designed to meet the needs of detained youth. The goal of the Center is to complete assessments focusing on the educational, medical, mental health, substance abuse, and case management requirements of each youth. It is the Center's belief that the detention environment should be utilized as more than a temporary holding period so as to maximize the restorative process and truly impact the development of the children.

For information regarding the Western Maryland Children’s Center, contact Mark Bishop, Superintendent at (301)745-6071 or bishopm@djs.state.md.us.

WILLIAM DONALD SCHAEFER HOUSE

907-909 Druid Park Lake Drive
Baltimore, MD 21217

Situated across from the reservoir in Druid Hill Park in Baltimore City, the William Donald Schaefer House, which opened in 1992, provides services to young men 14 to 18 years of age and is fully accredited by the Alcohol and Drug Abuse Administration (ADAA). Schaefer House residents are referred by juvenile counselors for substance abuse addiction treatment in a small, nurturing environment for an average stay of 90 days.

To address and treat their substance use and addictions, youth at the Schaefer House receive intensive individualized and group counseling every day, attend alcohol and drug education classes twice a week, participate in Alcoholics Anonymous and Narcotics Anonymous meetings, and attend weekly health education classes given by the program’s registered nurse.

Once a youth has completed his residential treatment at the Schaefer House, he graduates to an intensive aftercare program in his community to maintain the support network necessary for a drug and alcohol free life.

For information regarding the William Donald Schaefer House, contact Martin Callum, Director, 410- 230-3189 or callumm@djs.state.md.us.

APPENDIX A– INVENTORY OF STATE-OPERATED PROGRAMS (cont.)

YOUTH CENTERS

- **GREEN RIDGE YOUTH CENTER**
PO Box 51
Fifteen Mile Creek Road Flintstone, MD 21530
- **SAVAGE MOUNTAIN YOUTH CENTER**
164 Freedom Lane
Lonaconing, MD 21539
- **MEADOW MOUNTAIN YOUTH CENTER**
234 Recovery Road
Grantsville, MD 21535
- **BACKBONE MOUNTAIN YOUTH CENTERS**
Route 1
124 Camp 4 Road
Swanton, MD 21562

Youth Center Central Office

1 James Day Drive
Cumberland, MD 21502

The Youth Centers comprise four separate residential facilities and an administrative headquarters located throughout Allegany and Garrett Counties in Western Maryland. Each center serves 36 to 40 court-committed youth between the ages of 14 and 18 years old in a staff secure facility. The Youth Centers serve youth from all regions of the state.

Since 1955, the Youth Centers have provided an environment within which young men have the opportunity to make positive changes in their lives. The therapeutic foundation of the Youth Centers' program continues to be the Positive Peer Culture (PPC) model. The basis of the PPC modality is that youth develop self-worth and responsibility only as they become committed to the positive values of helping others. The Youth Centers also utilize the EQUIP Program (a new, highly effective program that motivates and equips young people to help one another) as a programmatic enhancement. The EQUIP Program extend the PPC model of anti-social behaviors by exploring underlying cognitive distortions or critical thinking errors. EQUIP also adds social skill instruction and role playing in the development of socio-moral decision making skills.

APPENDIX A– INVENTORY OF STATE-OPERATED PROGRAMS (cont.)

The Youth Centers are certified Maryland State Department of Education schools and offer youth a wide variety of educational opportunities including planning to return to public school, preparing for the General Education Development (GED) test and the Scholastic Aptitude Test (SAT). Vocational education opportunities are provided within each center and included carpentry, aquaculture, and automotive technology.

The Youth Centers offer all levels of substance abuse intervention to include assessment, early intervention, outpatient treatment, and intensive outpatient treatment. The Youth Centers also provide comprehensive somatic health care and mental health care services through the Allegany County Health Department.

For information regarding the Youth Centers, contact Robert McElvie at (301) 777-2491 or mcelvier@djs.state.md.us.

APPENDIX A– INVENTORY OF STATE-OPERATED PROGRAMS (cont.)

II. DJS NON-RESIDENTIAL PROGRAMMING

The Department's service programs include:

1. **Spotlight on Schools (SOS)** – SOS is a statewide initiative that places probation officers on-site at over 100 local high schools and middle schools across the State of Maryland. DJS Spotlight officers monitor and respond immediately to attendance issues, referrals for disruptive behavior, suspensions, and drop out issues for youth who are under the jurisdiction of the Department. Prevention and early intervention services are also offered to other students who are either referred by school administrators or who are in crisis. In addition, Spotlight officers provide immediate, on-site intake services for any student who is involved in delinquent activity.
2. **Collaborative Supervision and Focused Enforcement (CSAFE)** – The Maryland CSAFE community initiative is managed by the Governor's Office of Crime Control and Prevention (GOCCP) and is a statewide effort to support comprehensive neighborhood strategies to reduce crime and the fear of crime by providing a wide range of targeted operational and technical assistance. The core elements of this initiative are community mobilization, community policing, and community probation. Essentially, DJS case managers are partnered with federal and state probation agents, state police, and local law enforcement to ensure intensive supervision of known juvenile and adult offenders, intensive police patrols and investigations, and active organization of community.
3. **Emergency Night Intake** – Youth may be referred to DJS 24 hours a day. Emergency Night Intake officers evaluate referrals received at night, on weekends and State Holidays. Intake officers evaluate referrals through communication with the youth, the youth's family, the victim and the arresting officer or other person(s) who caused the complaint to be filed. Based on specific criteria, including, but not limited to, seriousness of offense, prior history of complaints, and home and school adjustment, they make one of four possible recommendations: 1) Referral to the State's Attorney's office for a formal court hearing; 2) Informal adjustment by accepting voluntary services for 90 days without court intervention; 3) Case resolved at intake which may include referral to community service; or 4) Disapproval for reasons of legal insufficiency.
4. **Immediate Charging** – State's Attorney Immediate Charging Program funded by DJS expedites case processing. This program serves as an alternative to secure detention by assuring youth are charged with the appropriate offense. Many times the appropriate charge is one of lower severity than what the police initially charge. The reduction of severity of a charge impacts detention and the youth's risk assessment score, often resulting in the youth being eligible for an alternative to detention or release without supervision.

APPENDIX A – INVENTORY OF STATE-OPERATED PROGRAMS (cont.)

5. **Juvenile Drug Court Programs** – Juvenile drug courts are intensive treatment programs established in collaboration with juvenile courts to provide specialized services for eligible drug-involved youth and their families. Cases are assigned to a juvenile drug court docket based on criteria set by local officials to carry out the goals of the drug court program. Juvenile drug courts provide intensive and continuous judicial supervision over delinquency cases that involve substance-abusing juveniles and supervised delivery of an array of support services necessary to address the problems that contribute to juvenile involvement in the justice system.
6. **Teen Court** - Teen Court emphasizes accountability, youth involvement, and positive peer influence. The premise of Teen Court is for juvenile offenders to have their cases heard in front of their peers who act as jurors, clerks, bailiffs, and attorneys. The impetus of the Teen Court program is to provide offenders with an opportunity to reflect upon their choices and provide them with the resources to enhance their decision making skills. Adult volunteers train youth participants. Offenders are usually between the ages of 11 and 17, are first time offenders, and their current offense is a misdemeanor. Sanctions are determined by the jury and can include community service requirements, such as serving as a Teen Court jury member. If an offender chooses not to complete the sanction, his/her case is remanded to the Department for intake processing.
7. **Neighborhood Youth Panels** – Neighborhood Youth Panels are a diversion program involving collaboration between DJS and local community groups. A DJS coordinator and volunteer community members conduct informal conferences with the juvenile offender, family members, police officers, and the victim. Typically, youth referred to the program are first time offenders being charged with misdemeanor offenses. Panel members listen to the facts of a case provided by the youth, the parents, and victims to determine an appropriate consequence/remedy/sanction that is in the best interest of the youth, community, and victim. Panel members monitor a youth's compliance. Non-compliance results in the complaint being forwarded to the Department for intake processing.
8. **Truancy Programs** – Truancy programs, a collaborative effort between DJS, the local police Department and the Maryland State Department of Education (MSDE) focus on truant youth. For most cases, youth are referred to this program by Pupil Personnel Workers (PPW). Hearings are conducted by a DJS representative, the parent, child, PPW, police, and MSDE administrators to determine the cause of truancy for a particular youth. The youth is then assigned a mentor who follows the youth for the rest of the school year to encourage school attendance. If the youth's truant behavior continues, the case is forwarded to DJS for intake processing. If it is determined that the parent is negligent, then the case is forwarded to District Court.

APPENDIX A – INVENTORY OF STATE-OPERATED PROGRAMS (cont.)

9. **Evening Reporting Centers (ERC)** – Evening Reporting Centers are a practical, community-based alternative focusing on minors who would otherwise be detained for probation violations. Evening reporting centers operate from 3 p.m. to 9 p.m. — hours when working parents may not at home and kids are most likely to get into trouble. Offering a range of educational and recreational opportunities, evening reporting centers provide transportation and a meal — both of which are occasions for informal counseling.
10. **Juvenile Offenders In Need of Supervision (JOINS)** – The JOINS program is a collaborative effort between local law enforcement agents and DJS for first time offenders whose current offense is a misdemeanor. Juvenile counselors and police officers intervene to assist youth in abiding curfews, attending school, obtaining employment, paying restitution, and strengthening positive ties to the community and family. Juvenile offenders who fail to make positive adjustments are referred to DJS for intake processing.
11. **Gender Responsive Programming** – Gender responsive programming represents an effort to assist in positive female development. It provides girls with the opportunity to develop life skills and decision-making skills to help them become productive young women. The programming is socially, culturally, and ethnically responsive to the girls being served. All DJS Regions have developed gender responsive programming. Case Managers facilitate groups, activities, and functions designed to enhance or improve the female experience with the juvenile justice system.
12. **Community Conferencing** – Community Conferencing programs are for first-time offenders whose current offense is a misdemeanor. Trained facilitators and members of a youth’s community provide intervention, sanctions, consequences, and counseling. Juvenile offenders who fail to make positive adjustments are referred to DJS for intake processing. Community Conferencing teams consists of local law enforcement agents and community organizations from the community in which a juvenile offender resides.
13. **Community Supervision Programs** – Community Supervision programs are typically designed to provide intensive surveillance and supervision for youth until the termination of the court commitment order or administrative discharge from supervision. In most cases, community supervision is a transition phase for the youth as he or she leaves the highly structured secure facility and returns to the community. Community Supervision agents monitor the youth’s behavior while he or she continues to participate in treatment programs and educational/vocational training according to his or her TSP. The frequency of contacts by the agent with the youth varies over time depending on the needs of each youth. All youth follow written rules of supervision.

APPENDIX A – INVENTORY OF STATE-OPERATED PROGRAMS (cont.)

14. **Violence Prevention Initiative/Operation Safe Kids** - In January 2008, DJS implemented the Violence Prevention Initiative (VPI) in Baltimore City and expanded the initiative statewide in December 2008 to ensure intensified levels of supervision and services for youth who are at highest risk of being victims or perpetrators of crimes of violence. Under VPI, the supervision of youth is greatly enhanced and provided during nontraditional hours as a means to engage youth and families. This approach allows DJS to intervene early and more often, thereby preventing an escalation of behaviors that could result in violent crime. Services are based on and targeted to address individual needs that correlate with delinquent behavior including youth tolerance towards violence, negative peer associations, lack of supervision, lack of neighborhood safety, and substance abuse, education, and anger management services. This Initiative incorporates a level system and continuum of graduated responses to ensure that immediate and appropriate actions are consistently applied when youth are non-compliant. The criteria established for the VPI was adapted from Baltimore City Health Department studies, the Operation Safe Kids (OSK) Program, and discussions with the Governor's Office. Identification of VPI youth is based on factors that predict risk associated with increased likelihood of committing or being the victim of violent crime.

**APPENDIX B– INVENTORY OF DIVERSION & PREVENTION PROGRAMS
(INCLUDING RE-ENTRY PROGRAMS)**

BALTIMORE REGION

Baltimore City

ABA Health Services	Prevention
ABA Music Program	Prevention
Baltimore Families First	Prevention
Baltimore Rising	Prevention
Baltimore Truancy Assessment Center (BCPS and BCPD)	Prevention
Belair-Edison Youth Collaborative Program	Prevention
Big Brother/Big Sister Program	Prevention
CC Jackson Boys/Girls Club - North/Northwest Baltimore	Prevention
Community Mediation	Diversion
Community Service Program - BCTT -East/Northeast Baltimore	Prevention
Dance Girls of Baltimore	Prevention
East Baltimore Christian Athletic Association	Prevention
East Baltimore Youth & Family Services (YSB)	Prevention
Family Functional Therapy	Diversion
Get Out of the Game	Diversion
Hope Family Empowerment Center	Prevention
Intrepid Foundation for Urban Youth Empowerment	Diversion
Job Corp	Prevention
Just For Me Mentoring Program for Girls	Prevention
KUUMBA Tutoring and Mentoring Programs	Prevention
Mack Lewis Boxing Program	Prevention
Mentoring Male Teen in the Hood	Prevention
Multisystemic Therapy	Diversion
National Pike Health Center	Diversion
Northwest Baltimore Youth Services (YSB)	Prevention
Office of Employment Development Youth Opportunity Program	Prevention
On Our Shoulders	Diversion
Pan in the Community Program	Prevention
Phoenix Therapeutic Foundation	Diversion
Precision Youth Program	Prevention
Project Success Youth Place	Prevention
Reaching the Unreachable Outreach Ministries	Diversion
Reclaiming Our Children	Diversion
Reward Health Services	Prevention
Social Responsibility Program	Diversion
Street Soldiers Alive Prevention Program - East/Northeast Baltimore	Prevention
Success by Six Partnership	Prevention
Talking Drums Program	Prevention
Teen Court	Diversion
Treatment Resources for Youth	Diversion
Turn-A-Round Program	Prevention
UMAR Boxing	Prevention

APPENDIX B– INVENTORY OF DIVERSION & PREVENTION PROGRAMS (INCLUDING RE-ENTRY PROGRAMS)

CENTRAL REGION

Baltimore County

Baltimore Co. Police Dept. Counseling unit	Prevention
C.I.N.S. Diversion Program (DJS contract with Police Department)	Diversion
Dundalk Youth Services Center (YSB)	Prevention
First Step (YSB)	Prevention
Gender-responsive programming	Diversion
J.O.I.N.S. (Juveniles In Need Of Supervision)	Diversion
Project Attend	Prevention
Shoplifter Awareness Program	Diversion
Victim Awareness Program	Diversion
Youth Service Bureaus (3 bureaus in the county)	Prevention
Moral Reconciliation Therapy (MRT)	Diversion
Community Mediation	Prevention
Community Conferencing	Prevention
Lighthouse (YSB)	Prevention
MST Compact Baltimore County	Diversion
Community work Service	Diversion

Carroll County

Adventure Diversion Program (LMB/YSB)	Diversion
Anger Management Group	Diversion
Carroll County Youth Services (YSB)	Prevention
Community Mediation program through Junction, Inc.	Diversion
Community Service-through the Carroll County Circuit Court	Diversion
Counseling	Diversion
Dad’s Works for teen fathers	Prevention
Evaluations	Diversion
Family Interventionist	Diversion
Family Preservation Program (YSB)	Diversion
Female intervention program	Diversion
Institute for Family Centered Services	Diversion
Juvenile Fire setters Program	Diversion
Parent/Teen Mediation (YSB)	Diversion
Parenting Classes	Prevention
Parenting Teens workshop	Prevention
Restitution	Diversion
Shock Trauma Tour	Diversion
Substance Abuse treatment/ Junction Inc.	Prevention
Victim Awareness Education Program	Diversion
Violence prevention program through Youth Service Bureau	Diversion

**APPENDIX B– INVENTORY OF DIVERSION & PREVENTION PROGRAMS
(INCLUDING RE-ENTRY PROGRAMS)**

Harford County

Adolescent Services	Diversion
Anger Management Class	Diversion
Anger Management Classes (Girls)	Diversion
Bridges to Success	Prevention
Community Work Service Program	Diversion
Family Preservation Program	Diversion
Female Adolescent Group	Diversion
Gender Responsive Program	Diversion
Healthy Decision Making Program	Diversion
Neighborhood Youth Panel	Prevention
Outreach Program	Prevention
Smoking Cessation	Prevention
Victim Awareness Program	Diversion

Howard County

Amen – mentoring program (Pride Youth Services)	Diversion
Anger Management Group	Diversion
Community Service-though the Howard County Sheriff's office	Diversion
Counseling	Diversion
Drug and alcohol counseling, education and treatment	Prevention
Essay Writing / Book reports	Prevention
Evaluations	Diversion
Family Interventionist	Diversion
Family Preservation (IFPS)	Diversion
Hate Bias Panel	Prevention
Juvenile Fire setters Program	Diversion
Letter of apology	Diversion
MADD Victim Impact Panel	Diversion
Mediation / Conflict Resolution Howard County Community College	Prevention
Mobile Crisis Team (CSA and Grass Roots)	Prevention
Parenting Classes	Prevention
Project Attend (local schools, DSS, CSA and SAO)	Diversion
Restitution	Prevention
Shock Trauma Tour	Prevention
Shoplifters (Y.E.S.) Program	Diversion
Substance Abuse treatment/ County Health Department.	Prevention
Victim Awareness Education Program	Diversion
You Are Responsible Program	Diversion
Youth Diversion Program (Howard County Police Department)	Diversion

Youth Service Bureaus: a)Bethesda Youth Services, b) GUIDE Gaithersburg, c) GUIDE Olney, d)GUIDE Up county Services, e) Kensington Wheaton Youth Services, f) Rockville Youth Services, g) Silver Spring YMCA Youth Services. The Montgomery County Collaboration council initiatives include funding for community based prevention programs including school-based health programs, after school activities programs, Child Abuse prevention, Youth Suicide Prevention, and Teen Pregnancy Prevention.

**APPENDIX B– INVENTORY OF DIVERSION & PREVENTION PROGRAMS
(INCLUDING RE-ENTRY PROGRAMS)**

WESTERN REGION

Allegany County

Community Mediation Maryland	Prevention
Community Service	Diversion
Department of Rehabilitative Services	Reentry
Family Crisis Resource Center	Prevention
Family Junction – Parenting	Prevention
Fire Setter Program – refer to Hagerstown	Prevention
Gender Responsive Programming	Diversion
Institute for Family Centered Services	Diversion
Juvenile Review Board	Diversion
Mental Health Treatment	Prevention
Sex Offender Group	Diversion
Smoking Cessation Program	Prevention
Spotlight on Schools	Diversion
Substance Abuse Treatment	Prevention
Teen Mothers	Prevention
Victim Awareness	Diversion
Young Fathers Today	Diversion

Frederick County

Anger Management	Diversion
Community service	Diversion
Crime awareness program	Diversion
Family preservation	Diversion
Frederick County Health Department Substance Abuse program	Diversion
Girls group	Diversion
Institute for Family Centered Services	Diversion
Multi-family group	Prevention
Multi-Systemic Therapy	Diversion
Responsible father's group	Prevention
Shoplifter's group – SINK (Shoplifting is not Kool)	Diversion
VAEP	Diversion
Youthful offender program (SAO)	Diversion

Garrett County

Anger Management provided by the Dove Center	Diversion
Employment Services Programs provided by WIA Youth Services, DORS, and Western Maryland Consortium	Prevention
Family Services provided by In-Home Intervention, Burlington Family Services, Families NOW, Family Support Services and Family Crisis Resource Center	Prevention
Fire Setter Program referral to Hagerstown	Prevention
Garrett County Early Care System of Care Program	Prevention
Garrett County Winners Program directed by the Garrett County Sheriff's Office	Prevention
Mental Health Services provided by Garrett County	

**APPENDIX B– INVENTORY OF DIVERSION & PREVENTION PROGRAMS
(INCLUDING RE-ENTRY PROGRAMS)**

Garrett County (continued)

Health Department, Skyei Holistic Services, Garrett County Lighthouse and PRYDE – Café Services	Prevention
Partners After School Program, at Southern Middle School	Prevention
Peer Counseling Program at County High Schools	Prevention
Salem Summer School Program	Prevention
Sex Offender Outpatient Treatment, referral to Cumberland	Diversion
Victim Awareness Education	Diversion
Smoking Cessation Program facilitated by the Garrett County Health Department	Prevention
Substance Services provided by the Garrett County Health Department	Prevention
Juvenile Review Board	Diversion
Garrett Mentors	Prevention
Gender Responsive	Diversion

Washington County

Adolescent Drug Court	Diversion
Alcohol Education Program and Crime Awareness Program	Diversion
Alternative Drug/Alcohol Counseling (ADAC)	Diversion
Anger Management (Villa Maria)	Diversion
Anger Management Counseling (Potomac Case Management)	Diversion
CINS/First Time Offender Diversion Program (LMB funded)	Diversion
Community Service	Diversion
Crime Awareness Program	Diversion
CSAFE	Diversion
DAD's Connection (young father's)	Diversion
Family Center (pregnant teens)	Diversion
Fire Safety Program	Prevention
Gender Responsive Case Management (Female intervention program)	Diversion
Girls Inc.	Prevention
Healthy Start (Wash. Co Health Dept.)	Diversion
Institute for Family Centered Services	Diversion
Interagency Family Preservation Program	Diversion
Outpatient Substance Abuse (ASAM Level I & II)	Diversion
Reflections (outdoor adventure therapy)	Prevention
Restitution	Diversion
Sex Offender Specific Case Management	Diversion
Sex Offender Specific Outpatient Counseling	Diversion
Shoplifter Abatement Program	Diversion
Spotlight on Schools	Diversion

**APPENDIX B– INVENTORY OF DIVERSION & PREVENTION PROGRAMS
(INCLUDING RE-ENTRY PROGRAMS)**

Washington County (continued)

Victim Awareness Education Program	Diversion
VPI Case Management	Diversion
Western Md. Consortium (GED/employment search)	Diversion

METRO REGION

Montgomery County

Amen (Pride Youth Services)	Diversion
Anger Management Counseling	Diversion
Bethesda Youth Service Bureau	Diversion
Chesapeake Youth Center Outpatient Sex Offender Treatment	Diversion
CHOICE Intensive Supervision Program	Diversion
Community Conferencing (Conflict Resolution Center of Montgomery County)	Diversion
Crisis Center	Prevention
Crossroads Youth Opportunity Center	Prevention
C-SAFE	Diversion
Drug and Alcohol Education Seminars through Montgomery County outpatient substance abuse programs (Suburban and KHI)	Prevention
Guide Gaithersburg Youth Service Bureau (YSB)	Diversion
Guide Olney Youth Services Center (YSB)	Diversion
Guide Up County Youth Services Center	Diversion
Identity- Mentoring and Counseling Services	Prevention
Intensive Family Preservation Services – Community-based services for children with intensive needs	Diversion
Kensington Wheaton Youth Services Center	Diversion
Local Access Mechanism – Montgomery County Department of Health and Human Services	Diversion
Montgomery County Gang Outreach unit	Prevention
Operation Extinguish – Fire Setters program	Diversion
Operation Runaway- Potomac Ridge Behavioral Health System	Prevention
Police Diversion – Montgomery County Family Crimes division pre-intake screening	Diversion
Police Family Crimes Police Diversion program	Diversion
Rockville Youth and Family Services (YSB)	Prevention
Safety and Survival Inc. - Education classes on juvenile delinquency issues	Diversion
SASCA- Montgomery County behavioral health/substance abuse assessments and referral	Diversion
Silver Spring YMCA Youth Services Center	Prevention
Spotlight on Schools	Diversion
Teen Court	Diversion
Tobacco Education Program	Diversion
United Sisters Girl’s Group of Montgomery County	Diversion
Victim Awareness Education Program	Diversion

**APPENDIX B– INVENTORY OF DIVERSION & PREVENTION PROGRAMS
(INCLUDING RE-ENTRY PROGRAMS)**

Montgomery County (continued)

Voices to Empower program	Diversion
YMCA Youth and Family Services (YSB)	Prevention

Prince George’s County

Anger Management	Prevention
Bowie Youth and Family Services (YSB)	Prevention
CSAFE	Prevention
College Park Youth and family Services	Prevention
District Heights Family and Youth Service Center (YSB)	Prevention
EM (Electronic Monitoring)/ CD (Community Detention)	Diversion
ERC (Evening Reporting Center)	Diversion
FFT Prince Georges County	Diversion
IAP (Intensive Aftercare Program)	Reentry
IFCS (Institute for Family Centered Services)	Diversion
Intensive Intervention Counseling	Diversion
Just for Girls Group	Prevention
Just for Guys Group	Prevention
Just for Parents Group	Prevention
Greenbelt Cares Youth and Family Services (YSB)	Prevention
CINS Diversion Project	Diversion
Laurel-Beltsville Oasis Youth Services Bureau (YSB)	Prevention
Multi-Systemic Therapy	Prevention
Neighborhood Youth Panel	Prevention
Prince George’s County Juvenile Drug Court	Diversion
Prince George’s County Teen Court	Diversion
Safe Passages Day Treatment Program	Reentry
Spotlight on School (SOS)	Prevention
Step Down Aftercare	Reentry
Victim Awareness Education Program	Diversion

**APPENDIX B– INVENTORY OF DIVERSION & PREVENTION PROGRAMS
(INCLUDING RE-ENTRY PROGRAMS)**

EASTERN SHORE REGION

Caroline County

Community Detention/Electronic Monitoring	Diversion
Community Service Initiative	Diversion
CSAFE Community Programs	Prevention
Drug Court	Diversion
Family Navigator	Prevention
Family Preservation	Diversion
Kent Youth Outreach	Prevention
Life-long Learning After-school program	Prevention
Nurturing Programs	Prevention
Planned Parenthood	Prevention
Teen Court	Diversion

Cecil County

Boys and Girls Clubs	Prevention
Bridges	Diversion
Bridges Detour	Prevention
Community Detention/Electronic Monitoring	Diversion
Community Service Initiative	Diversion
Family Preservation	Diversion
Hooked on Fishing Not Drugs	Prevention
Kent Youth Outreach	Prevention
Middle School After-school Programs	Prevention
Neighborhood Youth Panel	Diversion
Perryville Outreach Program	Diversion
Shock Trauma Tour	Diversion
Victim Awareness Education Program	Diversion

Dorchester County

After School Programming through Parks and Recreation	Prevention
Choices Family Counseling	Prevention
Community Detention/Electronic Monitoring	Diversion
Community Service Initiative	Diversion
CSAFE	Diversion
Delmarva Family Resources	Diversion
Dorchester County Youth Services (YSB)	Diversion
Drug Court	Diversion
Elementary Behavioral Health	Prevention
Health Department Addictions Services	Prevention
Intensive Family Preservation	Diversion
Mid-shore Mediation	Diversion
Moral Reconciliation Therapy	Prevention
Substance Abuse Services (Dorchester County Health Department)	Prevention
Systems Navigation Program	Reentry

**APPENDIX B– INVENTORY OF DIVERSION & PREVENTION PROGRAMS
(INCLUDING RE-ENTRY PROGRAMS)**

Dorchester County (continued)

Teen Court	Diversion
Teen Pregnancy Program (Young Fathers)	Diversion
Truancy Court	Prevention

Kent County

Community Detention/Electronic Monitoring	Diversion
Community Service Initiative	Diversion
Family Preservation	Diversion
Kent Youth Outreach	Diversion
School based Mental Health programs (LMB grant)	Prevention
Teen Court (through State’s Attorneys Office)	Diversion
Truancy Intervention program (LMB grant)	Prevention

Queen Anne's County

Community Detention/Electronic Monitoring	Diversion
Community Services Initiative	Diversion
Intensive Family Preservation	Diversion
Kent Youth Outreach	Diversion
Teen Court (through the State's Attorney's Office)	Diversion

Somerset County

Bridges to Success (CINS Diversion Program)	Prevention
Community Detention/Electronic Monitoring	Diversion
Community Services Initiative	Diversion
Family Preservation	Diversion
Project Nehemiah Coalition (Substance abuse prevention and reduction)	Prevention
Truancy Court	Prevention

Talbot County

Community Detention/Electronic Monitoring	Diversion
Community Service Initiative	Diversion
Family Arbitration	Diversion
Guiding Good Choices parenting program	Prevention
Intensive Family Preservation	Diversion
Kent Youth Outreach	Diversion
Mid-Shore Community Mediation Center	Diversion
Talbot County Addictions Program	Prevention
Talbot County Teen Court	Diversion
Talbot Mentors (Drug Court Collaboration)	Diversion
Target 2013 (Drug Free Schools)	Prevention
Voluntary Family Services (Family Preservation)	Diversion

**APPENDIX B– INVENTORY OF DIVERSION & PREVENTION PROGRAMS
(INCLUDING RE-ENTRY PROGRAMS)**

Wicomico County

Anger Management Program (Life Crisis)	Diversion
Community Center	Prevention
Community Detention/Electronic Monitoring	Diversion
Community Services Initiative	Diversion
CSAFE	Diversion
Down Under Boxing Gym	Prevention
Drug Court (Pre-adjudicated Youth)	Diversion
Family Preservation	Diversion
GEMS (Abstinence Program for Girls)	Prevention
GIFT (Gentleman in Full Transition - DJS Cognitive Group)	Prevention
Job Start Shore Up	Diversion
JUMP (Family Worship Center)	Prevention
LIFT (Ladies in Full Transition- DJS Cognitive Group)	Prevention
Maple Shade’s Crisis Beds	Diversion
Moral Reconciliation Therapy	Prevention
New Transitions (Wraparound Services, Family Assessments)	Diversion
Safe Schools/Health Schools	Diversion
Salvation Army (Community Service, Recreational Programming)	Prevention
Shoplifters Abatement	Diversion
Victim Awareness Education Program	Diversion
Wicomico Exile (State's Attorney's Office facilitates)	Diversion

Worcester County

Alternative Directions Program (through local Health Department/DHMH.)	Diversion
Anger Management (Worcester County Health Department)	Diversion
Community Detention/Electronic Monitoring	Diversion
Community Services Initiative	Diversion
Family Preservation	Diversion
SAGES (Girl’s Program at Worcester Youth and Family Counseling)	Diversion
Victim Awareness Education	Diversion
Brief Re-active Therapy	Diversion
Victim Awareness Education	Diversion

**APPENDIX B– INVENTORY OF DIVERSION & PREVENTION PROGRAMS
(INCLUDING RE-ENTRY PROGRAMS)**

SOUTHERN REGION

Anne Arundel County

AA Co. Dept. of Health	Prevention
Annapolis Youth Services Bureau (YSB)	Prevention
Anger Management	Diversion
Anne Arundel County Teen Court	Diversion
Community Based Sex Offender Group Counseling	Diversion
CSAFE	Diversion
EM (Electronic Monitoring)/CD (Community Detention)	Diversion
FFT Anne Arundel County	Diversion
Institute for Family Centered Services (IFCS)	Diversion
Intensive Intervention Counseling	Diversion
Juvenile Fire Setter Intervention Program	Diversion
Juvenile Intervention Family Independence Program (JIFI) in Anne Arundel County	Diversion
Neighborhood Youth Panel	Diversion
Project Attend – Truancy	Prevention
Robert A. Pascal Youth and Family Services YSB)	Prevention
Spotlight on School (SOS)	Diversion
Victim Awareness Education Program	Diversion
Youth Empowerment Services	Prevention
Youth Services Bureaus (Annapolis & Pascal)	Prevention
*Functional Family Therapy (FFT)	Diversion

Calvert County

Anger Management	Diversion
Boys and Girls Cubs of Southern Maryland	Prevention
Calvert County Family Coordination Center	Diversion
Calvert County Health Department (counseling and mentoring services)	Diversion
Calvert County Juvenile Drug Court (JDC)	Diversion
FFT	Diversion
Community Based Sex Offender Group Counseling	Diversion
Institute for Family Centered Services (IFCS)	Diversion
Inter-Agency Family Preservation (IAFP)	Diversion
Southern MD Community Network Crisis House	Diversion

**APPENDIX B– INVENTORY OF DIVERSION & PREVENTION PROGRAMS
(INCLUDING RE-ENTRY PROGRAMS)**

Calvert County (continued)

Southern MD Community Network Targeted Case Management, IHIP, PRP Programs	Diversion
Spotlight on Schools	Diversion
Tri-County Youth Services Bureau Youth Development Intervention Specialist (CINS)	Prevention
Victim Awareness	Diversion
Young Women’s Empowerment Group	Diversion

Charles County

Anger Management	Diversion
Charles County Drug Court	Diversion
Charles County Teen Court	Diversion
CINS program (Tri-County Youth Services Bureau)	Diversion
Community-based Sex Offender Treatment	Diversion
Electronic Monitoring	Diversion
Functional Family Therapy	Diversion
IFCS (Institute for Family Centered Services)	Diversion
Spotlight on Schools	Prevention
Tri-County Youth Services Bureau (YSB)	Prevention
Victim Awareness	Diversion

St. Mary’s County

Case Management Entity of St. Mary’s	Diversion
CINS program (Tri-County Youth Services Bureau)	Prevention
Community Based Sex Offender Group Counseling	Diversion
C-SAFE	Prevention
Functional Family Therapy	Prevention
Gender-responsive Programming (Girls Group)	Diversion
IFCS (Institute for Family Centered Services)	Prevention
Spotlight on Schools	Prevention
St. Mary’s County Drug Court	Diversion
St. Mary’s County Teen Court	Diversion
The Strengthening Families Program (SFP) of St. Mary’s	Prevention
Violence Prevention, Character Education, and Victim Awareness	Diversion
Wraparound St. Mary’s	Diversion

DJS Comprehensive Strategic Plan
Update

APPENDIX C - AVERAGE DAILY POPULATION BY PROGRAM TYPE, INCLUDING CD/EM

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
TOTAL RESIDENTIAL	1,728	1,646	1,625	1,411
SECURE RESIDENTIAL	527	510	502	468
Secure Detention	290	303	297	290
Hickey	39	39	39	46
Cheltenham	46	52	52	59
Carter	16	18	18	8
Noyes	37	41	35	35
Waxter	24	23	23	22
BCJJC	91	95	95	83
W.MD CC	20	20	20	19
LESCC	17	15	15	18
Committed - Pending Placement	167	149	147	122
Hickey	37	32	32	24
Carter	4	5	5	5
Cheltenham	46	47	45	35
Noyes	21	8	8	10
BCJJC	33	33	33	31
Waxter	12	9	9	7
W.MD CC	8	6	6	4
LESCC	6	9	9	6
Committed - Secure	70	58	58	56
Hickey Secure Programs	32	0	0	0
New Directions - Sex Offender	25	25	25	21
Waxter	7	9	9	7
Enhanced Academy (Per Diem)	6	24	24	28
NON-SECURE/STAFF SECURE	1,201	1,136	1,123	943
Shelter Care	80	63	69	52
Cheltenham Shelter - Murphy unit	13	4	6	4
MYRC Shelter	20	13	17	0
Per Diem-Private Provider Shelter Care (Incl. Family)	47	46	46	48
General Committed - Non-secure/Staff Secure	272	314	308	244
Hickey Impact	9	0	0	0
Youth Centers	114	118	118	118
Victor Cullen	0	0	0	38
O'Farrell	37	41	41	11
Intermediate Academy (Per Diem)	110	118	118	59
MYRC - Impact	0	4	0	0
Cheltenham - Impact	2	7	7	18
Per Diem - Impact	0	26	24	0
Foster Care	78	75	75	82
Per Diem Foster Care	7	5	5	5
Per Diem Therapeutic Foster Care	71	70	70	77
Group Homes	380	292	284	280
Per Diem/Contract Group Homes	345	262	258	239
Per Diem Therapeutic Group Homes	35	30	26	41
Substance Abuse Treatment	155	168	163	149
W.D Schaefer House	18	15	15	15
Meadow Mountain Youth Center	39	40	40	39
Per Diem Substance Abuse Programs	98	113	108	95
Per-Diem Residential Treatment Centers	236	224	224	136
DETENTION/PENDING PLACEMENT				
ALTERNATIVES (NON-RESIDENTIAL)	556	560	560	656
Community Detention/Electronic Monitoring (CD/EM)	539	542	542	595
Evening/Day Reporting Centers	17	18	18	58
TOTAL ALL PROGRAMS	2,284	2,206	2,185	2,067