



Maryland
Department of
Juvenile Services

Second
Task Force Report
on Juvenile
Sex Offenders

September 2007

Executive Summary
Maryland Department of Juvenile Services
Second Task Force Report on Juvenile Sex Offenders
October 2007

Since the fall of 2003, the Maryland Department of Juvenile Services has had a Sex Offender Task Force (SOTF). Started informally by a group of DJS managers and external stakeholders, the early committee evolved into a DJS sanctioned task force in 2005. The Sex Offender Task Force was chaired by Delmas Wood, with Christie Johnson as co-chair. From the time of its inception, the Task Force was fortunate to have the consulting services of Dr. Barbara Bonner, Center Administrator for the National Center on Sexual Behavior of Youth.

The Task Force has included both DJS and other juvenile justice system stakeholders. Listed below are the members of the Task Force:

Delmas Wood, Area Director
Christie Johnson, Director, Program Development
Charmian Crawford, Assistant Area Director
Patricia Flanigan, Assistant Area Director
Paul Waldman, County Supervisor
Pamela Strain, Case Management Specialist
Brett Fonseca, Case Management Specialist
Kayla Pierce, Case Management Specialist
Nicole Mills, Case Management Specialist
Meredith Waudby, Training Specialist
Joyce Wright, Juvenile Division Chief, Office of the Baltimore City States Attorney
Deborah Herman, Assistant States Attorney, Office of the Baltimore City States Attorney
Elizabeth Lewis, Assistant Public Defender, Office of the Public Defender, Juvenile Court Division, Baltimore City
Melissa Nolan, Director, Juvenile Client Services Division, Office of the Public Defender, Baltimore City
Phyllis Burke, Director, Baltimore County Juvenile Sex Offender Treatment Program
JoD Straub, Youth Services Coordinator, Howard County Department of Police

Initially the SOTF focused on assessing the status of Juvenile Sex Offenders (JSO) and their treatment within DJS and learning about the best and promising practices for treating this population. The SOTF's first endeavors culminated in a report of findings that included:

- Assessment of Juvenile Sex Offenders
- Treatment of Juvenile Sex Offenders
- Supervision of Juvenile Sex Offenders
- Qualifications and Training for Clinicians and DJS Staff Who Provide Direct Services to Adolescents Who Offend Sexually and
- Findings and Recommendations.

In January, 2005, the report was presented to and adopted by executive staff, making follow up on the recommendations the Task Force's focus for the following year. This report has

been published on the DJS website and is one of the links proffered on National Center on Sexual Behavior of Youth's web site.

The following document is the second report of the Task Force. After nearly two years the members of the Task Force wanted to review original recommendations established in July 2005 to determine the actions taken to follow the recommendations; to decide the extent to which the Task Force continued to support each recommendation; and to develop additional recommendations for future work.

As this second report indicates, some of the goals of the Task Force as described in the first report have been achieved, some have been modified and some require further work.

- The Department has made significant progress in contractual requirements for sex offender treatment providers.
- The Task Force Training Committee has worked with the Department's Office of Professional Development and Training to create and support quality training within the Department. Through close participation with community partners, the Training Committee has opened up opportunities for staff to receive specialized training along side clinicians who are leading Maryland's first tangible effort to provide credentialing for clinicians who treat children and youth with sexual behavior problems.
- Case Management Specialists who work with juvenile sex offenders have been given specialized tools and developed understandings about the use of research-based risk assessments.
- Surveys have been conducted within DJS to get local jurisdictions' views about training needs and provider availability.

During the next year, the SOTF needs to revisit some of its earlier work and focus on several new issues. Toward that end, the Sex Offender Task Force makes the following recommendations:

1. Study the effectiveness of JSO treatments, including the recidivism rates for different types of offenders and for different interventions.
2. Maintain efforts to ensure any clinician working with JSOs in Maryland meets basic criteria for credentials, as detailed in the Report of the Task Force on Juvenile Sex Offenders, November 3, 2004.
3. Require DJS workers to complete training prior to working with youth who sexually offend.
4. Ensure all youth who sexually offend receive appropriate assessment and that highly skilled and knowledgeable clinicians complete the risk instrument/s for this population within the context of thorough clinical interviews.
5. Provide each jurisdiction, as much as is practicable, an array of community-based treatment.

6. Work with the DJS Director of Placements to assure that all jurisdictions have access to residential programming with specialized sex offender services, including secure treatment, residential treatment centers, group homes and treatment foster care.

7. Continue to promote consistency and quality of treatment and collaborate among the Department's divisions to ensure adequate funding levels and appropriate funding deployment.

8. Invite representation on the Task Force from the Department of Human Resources (DHR) and Department of Health & Mental Hygiene (DHMH). Establish formal protocols and shared responsibilities with DHMH to address cooperative case planning, cross training and re-entry services for older youth.

9. Collaborate with the Department of Public Safety and Correctional Services to ensure the development of appropriate juvenile policies and state legislation that meet the Federal sex offender registration requirements as set out in the new federal law entitled the Adam Walsh Child Protection and Safety Act.

10. Develop a current listing of all providers (residential and non-residential) that offer assessment and treatment services to Maryland youth who sexually offend.

11. Have DJS executive staff:

- Adopt this report as the Department's "marching orders";
- Formalize this report and the original SOTF through policy and procedure; and
- Assign a DJS executive to oversee implementation and assess progress at six - and twelve-month intervals.

12. The Task Force is reaffirming the recommendation that, in order to move forward with the goals established throughout the last four years, the position of Director of Sex Offender Services be created within DJS.

Generally, all youth served by the Department need a holistic and comprehensive approach to intervention. This kind of approach is even more critical for children and youth with sexual behavior problems as DJS addresses their unique treatment and supervision needs. Quality training for our staff at a variety of levels, in conjunction with our clinical treatment providers, and consistent access to quality assessment and treatment providers are necessary to build a continuum of coordinated, accountable services across Maryland. Using lessons learned, effective procurement options should be pursued to establish partnerships and contracts for these assessment and treatment services. The Task Force supports continued efforts in all of these areas.

Maryland Department of Juvenile Services
Sex Offender Task Force
Second Report
October, 2007

At this time, the Sex Offender Task Force has completed and reported on its second year's work. The second annual report of the Task Force is organized as follows:

- Each original recommendation followed by a status report on its attainment.
- Future focus of the Task Force, including new recommendations.

Status of Recommendations Since 2005

Regarding its recommendations as "goals" to be achieved, the Sex Offender Task Force pursued the following:

Recommendation 1:

Raise the awareness and priority within the Department of the needs of juvenile sex offenders by:

- *Creating a position of Director of Treatment Services for Sex Offending Youth to be responsible for the implementation of the other recommendations in this report; including training the DJS workers assigned to Juvenile Sex Offender (JSO) workloads, creation of policies guiding the handling of JSOs, quality control of procurement services for assessment and treatment of JSOs, organization of annual conference/training for staff, etc.*
- *Continuing the efforts of the Sex Offender Task Force to ensure follow up on these recommendations and to assist and support the Director of Sex Offender Services.*

Excerpt from the original Report of the Task Force on Juvenile Sex Offenders

The SOTF reaffirms the need for a Director of Sex Offender Services within DJS. This position should report to the Director of Behavioral Health Services to oversee community- and facility-based programming. In order to attract an individual with the proper credentials and experience, this position should be a Program Manager I, or similar classification, at grade 19 or above.

The strides of the Sex Offender Task Force in implementing its recommendations are woven throughout this report. Some of the original recommendations of the Task Force have been fully achieved while others remain in process. In addition, new areas of concern have arisen. There is more to be done concerning this specialized population. Therefore, the SOTF recommends its continuance to ensure follow up on its recommendations, sustain its accomplishments and assist and support the ongoing sex offender services at DJS.

Recommendation 2:

Study the effectiveness of its treatment of JSOs, including the recidivism rates for different types of offenders and for different interventions.

Excerpt from the original Report of the Task Force on Juvenile Sex Offenders

This recommendation provides a long term direction which will put the Maryland DJS on the cutting edge of this science in working with this population. To date, the SOTF involvement has included updating data and developing elements for collection and analysis.

As Attachment A, Sex Offender Recidivism – FY 2005 Releases, indicates, a cohort of all youth released in FY 2005 from any residential committed program for any adjudicated sex offense were tracked for recidivism. There were 110 youths who fit this category. The follow-up time was one year after their release from the residential program.

- Of the 110 youths, 37 (33%) were either re-referred to the juvenile justice or adult criminal justice system (27 in the juvenile and 11 in the criminal justice system). None was re-referred to the juvenile or referred to the criminal justice systems for a sex offense.
- 22 or 20% were either re-adjudicated/convicted to the juvenile justice or adult criminal justice systems (12 in the juvenile and 10 in the criminal justice system).
- 5 youths were re-committed to the juvenile justice system and none was incarcerated in the criminal justice system.

The above recidivism data for residentially placed youth is promising. Consistent with what other jurisdictions have found, treatment for this population has proven to be successful regarding sexual re-offense. (See Attachment B, Sex Offender Recidivism – 2005 Committed Sex Offender Released by Program Type Re-Referred, Re-Adjudicated & Re-Committed Count.)

Current national data continues to support an optimistic perspective on community-based early intervention for children and youth with sexual behavior problems. The research and provider capacity building objectives of the Task Force are consistent with the 2007 Joint Chairpersons Report (JCR) from the Maryland General Assembly.

This JCR requires an evaluation of community-based sex offender treatment programs, due to the General Assembly in 2008. The 2007 JCR states:

“It is the intention of the General Assembly that the Department of Juvenile Services pursues grant and foundation funding in order to conduct an evaluation of community-based sex offender treatment currently provided by the Department. The evaluation shall include a discussion of the availability of evidence-based practices, fidelity to those standards by Maryland programs, as well as an analysis of outcomes in Maryland based programs to national models. The Department shall submit any evaluation it is able to undertake to the budget committees within thirty days of its completion.”

The Department will undertake a three-prong approach to conduct this evaluation:

1. Conduct an inventory of current services:
 - Out of home, sub-residential treatment center (RTC) level “community-based” services.

- In Home services.

Although the JCR is primarily focused on in-home services, DJS will include out of home providers based in the community as well.

2. Conduct a recidivism study of youths receiving the above services:
 - Juvenile recidivism for all charges, and for sex offenses
 - Recidivism in the adult system for all charges, and for sex offenses.

The department already has conducted recidivism studies for out-of-home placements, and is in the process of collecting and refining the data on youth being treated in their homes. Youth are followed for at least a year after release to document new charges as either juveniles or adults.

3. Pursue funding for an evaluation study of key providers
 - Compare with model programs
 - Assess the fidelity to model and quality of services
 - Assess the appropriateness of youth's referred served.

The Department will probably need to partner with an outside evaluator for this third part, and will work with the Governor's office for Crime Control and Prevention (GOCCP) and other potential sources to gain the funding required. An independent researcher, Dr. John Hunter, has been contacted by the Sex Offender Task Force and has expressed an interest in doing an evaluation of Maryland sex offender programs.

This effort to study recidivism is spearheaded by the Office of Planning and Research. The Task Force continues to liaise with this office and support its endeavors.

Baltimore County's Department of Social Services, which operates the DJS community-based treatment program, is now an official research site with Dr. John Hunter, Research Psychologist at University of Virginia, who is developing the typologies of juvenile sex offenders based on a national sampling of data from non-residential treatment providers.

The Office of Research and Planning routinely provides data about children and youth referred to DJS. Attachments C, D, E and F are excerpts from FY 2004 through FY 2007 data that represent Sex Offender Referrals. Referrals for each Fiscal Year are represented in five charts showing referrals by Age, Gender, Race, Intake Decision and, for Formalized Case, the Court Dispositions.

Recommendation 3:

Require any clinician working with JSOs in Maryland to meet basic criteria for credentials, as detailed in the Report of the Task Force on Juvenile Sex Offenders, November 3, 2004.

Excerpt from the original Report of the Task Force on Juvenile Sex Offenders

The Task Force is pleased to report significant gains in this area. The Department's procurement solicitations have been revamped to incorporate the experiential/educational qualifications established by the Task Force. Through the Director of Behavioral Health Services, DJS was able to increase funding for sex offender assessments which enhanced the Department's ability to contract with highly credentialed and seasoned professionals.

At the same time, Mental Health Policy Institute for Leadership and Policy, also known as the Policy Institute or the Institute, initiated its first annual conference. (For more detail, see page 6.) This conference represents the first statewide endeavor to establish ongoing training and certification for clinicians dealing with children and adolescents with sexual behavior problems.

Recommendation 4:

Require DJS workers to complete training prior to working with these youth. DJS should develop a curriculum, based on the attached model, and should also provide annual updated training by experts in the field. DJS should obtain membership in the Association for the Treatment of Sex Abusers (ATSA), a national organization for professionals working with sex offenders. Membership would assist DJS specialists to stay abreast of new development in the field, learn of training opportunities and network with other service providers.

Excerpt from the original Report of the Task Force on Juvenile Sex Offenders

The SOTF has led efforts to develop and implement "in-house" initiatives as well as shared initiatives.

Internal Training Initiatives

The SOTF established a Training Committee to define and design training curricula. In 2005, the Training Committee, in conjunction with Department of Human Resources experts and Planned Parenthood trainers, piloted a two day training, entitled *Only Child's Play? Introduction to Working with Youth Who Sexually Offend*. Developed by the SOTF Training Committee as the first-level of training required for DJS Case Management Specialists (CMS) who work or would be working with this segment of the DJS population, the Training Committee and other volunteers and contractors provided four regional sessions in which 160 DJS staff were trained.

The Training Committee revamped this curriculum to ensure its institutionalization as an integral component of the Department's annual training calendar. The DJS Office of Professional Development and Training then awarded a competitive contract to Planned Parenthood, a private training provider, to deliver this component.

Next, DJS and Department of Human Resources (DHR) clinicians conducted a one-day training session to instruct DJS CMSs and Intake Officers about the use of the Juvenile Sex Offender Assessment Protocol II (J-SOAP II) so they would have a better

understanding of its application in evaluating the risk presented by youth who offend sexually. This session was attended by 28 DJS staff that had earlier completed the *Only Child's Play* training. As a result of feedback received during and following the pilot, the decision was made that CMSs would not be responsible for completing the assessment instruments. Instead the CMSs are receiving additional training to further their knowledge and enhance their skills in working with interagency teams, including collaborative interpretation of research-based risk instruments which are completed by trained clinicians.

Finally, the Training Committee utilized responses to Task Force surveys of CMSs and Area office staff to assess the needs of specific jurisdictions. A hierarchy of training resource needs was developed for juvenile sex offender assessment, treatment and management that ranges from generalized to specific and is statewide by region.

Joint Training Initiatives With Community Partners

- **Maryland Association of Resources for Families and Youth (MARFY)**

Members of the Training Committee joined forces with a public-private partnership, chaired by MARFY to plan and implement a one-day training conference entitled *New Perspectives on Youth Sexual Behavior*. Behind the scenes DJS provided leadership to the planning committee: support services, marketing, internet technical assistance, credentialing for MCTC certification, and program evaluation.

Select DJS personnel facilitated or conducted workshops. Held on May 5, 2006, this conference attracted over 200 participants, including 36 DJS staff from all areas of the State and various specialties. *New Perspectives* hosted an internationally renowned keynote plus 18 workshops, presented by local, regional and national experts that focused on state-of-the-art, best practices for working with children and youth with sexual behavior problems as well as systemic and policy issues around their treatment.

- **Association for the Treatment of Sexual Abusers (ATSA)**

Membership in ATSA, a national organization for professionals who work with sexual offenders, was explored in conjunction with local clinicians who have expressed a desire in starting a mid-Atlantic Chapter of this organization. The Task Force learned that organizations cannot obtain membership in ATSA. DJS staff that work with JSOs can be encouraged to join in order to stay abreast of new developments in the field, learn of training opportunities and network with other service providers. Membership will enhance the abilities of direct service staff, administrators and Task Force members to stay abreast of new developments in the knowledge base, learn of and attend training opportunities and network with other services providers. Having key Department representatives become members in ATSA will also demonstrate the Department's commitment to providing the best possible care to this population and to be a leader in developing best practices in working with sex offending youth.

- **Baltimore City Juvenile Sex Offender Treatment Committee**

The Baltimore City Juvenile Sex Offender Treatment Committee was established by the Family League of Baltimore City (FLBC) in 2002. The committee is comprised of representatives of Baltimore City Department of Social Services, State's Attorney's Office Juvenile Division, Office of the Public Defender, Baltimore Mental Health Systems

and the Maryland Department of Juvenile Services. This interagency committee has worked continuously for the last four years to increase effective community-based treatment for juvenile sex offenders in Baltimore City and is part of a larger effort to develop these services and to train the work force in these issues. Several members of the Baltimore City committee also serve on the statewide Task Force.

Recognizing the need for intervention to deal with youth who have been arrested for or implicated in sexual offenses but not adjudicated, the Baltimore City Juvenile Sex Offender Committee developed a new model for community-based services. In April 2004 the FLBC, in partnership with Baltimore Mental Health Systems (BMHS) and its affiliate, the Policy Institute, issued a Request for Interest to develop a new model for community-based services for youth who have been arrested or implicated in sexual offenses but not adjudicated. In May 2004 a local service provider was awarded start-up funding to operate the new model from July 1, 2004 through June 30, 2005. This model was designed to be the first step in a comprehensive effort to increase effective community-based treatment for juvenile sex offenders and is part of a larger effort to develop these services and to train the work force in these issues. [The Policy Institute was convened in June 2001 by BMHS which serves as the mental health Core Service Agency for Baltimore City. Who serves as the CSA the PI or BMHS? As written, it currently reads that BMHS is the CSA. As a non-profit entity, the Policy Institute has a Board of Directors, close affiliation to BMHS and partnerships with Johns Hopkins University, Coppin University and University of Maryland, Baltimore and Baltimore County campuses.]

The plan for establishing the new community-based model included the provision of training on the model for the local provider's staff. FLBC, in partnership with BMHS and the Policy Institute, provided this training at a conference in May 2006. Selected DJS staff attended the first day which offered an intensive training for a local provider about a specific community-based model of treatment primarily for non-adjudicated youth identified through the States Attorney and Public Defender. DJS also sent staff to the second day of training which included a general overview of characteristics of juvenile sex offenders, assessment and evaluation of juvenile sex offenders and current findings about effective treatment approaches.

- **Family League of Baltimore City**

In February 2005 FLBC received approval from the Governor's Office for Children, Youth and Families to use \$89,000 to establish the Juvenile Sex Offender Treatment Certificate Program. Through a competitive Request For Proposals these startup funds were awarded to the Mental Health Policy Institute for Leadership and Training. The Policy Institute was to develop a training program to increase the availability of comprehensive and coordinated treatment services for the full range of children and youth with sexual behavior problems. A planning committee was convened by the Institute to involve local partners in the development of the first session of the new credentialing program. For this particular project University of Maryland School of Nursing took the lead in developing the Certificate Program.

The award of startup funds required that DJS case management staff be included in the program and that the provider cooperate with DJS to obtain certification from the

Maryland Correctional Training Commission. DJS staff were members of the planning committee for the first session of the certificate program.

The Juvenile Sex Offenders Conference: Treating the Forgotten Youth was held September 12-13, 2006 at the University of Maryland, School of Nursing. DJS provided several presenters and speakers, including then Secretary Kenneth C. Montague, Jr. and Delmas Wood, Area Director (III/Central) and Chair of the statewide Sex Offender Task Force. The conference provided an overview of topics relevant to community-based treatment of juvenile sex offenders and children with inappropriate sexual behavior. Recent research supports community-based treatment because the majority of these children and adolescents will not exhibit recidivist sexual behavior if treated in the community and treatment in the community can be effective, safe, and preferable in many cases. Many of these youth will also have undiagnosed mental illnesses including depression, anxiety, Post Traumatic Stress Disorder, and adjustment disorders that contribute to their behaviors and need to be diagnosed and treated along with the sexual issues.

The conference explored the research underlying the field including descriptions of the varying populations, options for comprehensive and flexible treatment, the intersection with mental health and other social service systems, as well as possible funding mechanisms for these treatment approaches. Participants also heard about unique models of service that are oriented towards prevention and adapted to working with non-adjudicated youth, as well as the more prevalent post-adjudication model. All of this information was presented within a framework of values that reflect a commitment to consumer oriented, recovery based treatment that recognizes the unique needs of each youth and his or her family.

Conference participants were offered a comprehensive understanding of the field and current research which should enable them to effectively participate in building skills and designing programming for the future reduction of juvenile sex offending. The clinicians enrolled in the certificate program experienced a unique opportunity to get in-depth information and hands-on experiences working with juvenile sex offenders through a faculty mentored, individualized practicum that extended over several months. DJS Case Manager Specialists participated in several sessions with the clinicians following the conference. DJS has arranged additional training opportunities for 2007/2008 to ensure CMSs have the expertise to deal with this special population.

- **Montgomery County Department of Health and Human Services**

At the same time, the Montgomery County Department of Health and Human Services led a local interagency effort that designed a 21-hour training curriculum approved by the Maryland Correctional Training Commission. This training was provided to selected DJS CMSs and other agency participants.

Current Challenges

Currently, the Training Committee is striving to complete several objectives. First, the Committee is investigating external training opportunities. Committee members liaise with Baltimore City's Juvenile Sex Offender Treatment Committee and its contractor, the

Policy Institute, as it designs next year's multi-day sex offender conference. The Committee is researching other external training offerings to determine which, if any, might augment the current Office of Professional and Development and Training (OPDT) array of trainings. During 2007 the Training Committee will make recommendations to the SOTF for further action.

Since its inception the work of the Training Committee incurred \$1,250.00 for the hire of Planned Parenthood to present parts of "*Only Child's Play?*". DJS has incurred no further hard costs because most of the training was done by DJS staff and clinicians on loan from the Baltimore County Department of Social Services and the Department of Mental Hygiene. However, the Department may need the expertise of external trainers such as Drs. John Hunter and Barbara Bonner whose services DJS may need to procure. The estimated cost for such training would be less than \$10,000.00 because DJS would look to:

- Video tape portions of expert presentations for use as an in-service training tool; and
- Utilize trained CMSs to teach select portions of the training.

Both of these measures will help contain costs.

Members of the Training Committee are designing a three-tier annual training plan that will provide progressive skill/knowledge development at the novice, intermediate and specialized levels. The three tiers are anticipated to be:

- All CMSs, Resident Advisors and Community Detention staff receive basic training (the "101" level) about sexual development and children and youth with sexual behavior problems. DJS offers "Only Child's Play?";
- Any CMSs with JSOs on their caseloads have a more intensive training (the "201" level) about special considerations in assessing, supervising and planning for this population. Examples of level "201" offering include: MARFY training May 14, 2007 and the upcoming National Conference offered by The Policy Institute October 22-23, 2007; and
- Each jurisdiction, based on local need and caseload configuration, has one or more CMSs who complete the JSO Case Manager Certificate Program (the "301" level). Side by side with local clinicians, the selected CMSs participate in specialized training which begins with the National Conference described above along with additional follow up training throughout the year. The follow up sessions emphasize that treatment providers and DJS case managers need to work in a cooperative, holistic team approach with the youth and family for youth to be successful. This strategy incorporates findings in recent literature that reflect successful outcomes for this approach for juvenile offenders in general and, with specialized treatment, for children and youth with sexual behavior problems.

The requirement for this "301" level training is that the local DJS County Supervisor/Area Director makes a commitment that the selected CMSs have either a primary caseload of JSOs among a diverse caseload or a caseload that is exclusively JSOs (more feasible in larger jurisdictions). Several jurisdictions have already made this commitment and have

pro-actively designated JSO CMSs who work collaboratively with local certified clinicians.

The three-tier annual training plan will expand the participant pool to include not only community CMSs but also Resident Advisors, who provide direct care services in DJS facilities, and Community Detention staff in order to provide an integrated and holistic approach for JSOs.

Youth referred to DJS because of sexual behavior problems require special consideration. Recent literature indicates positive outcomes when children and youth along with their families receive early intervention. DJS CMSs play an integral role in assisting treatment providers by addressing critical issues and supervising youths' activities in the home and community. DJS Community CMSs help evaluate the extent to which clients are productively participating in the treatment program and complying with court and therapeutic directives. They provide an additional link between the provider and youths' families, and often assist therapists in impressing upon families the importance of their involvement in the youths' rehabilitative programming. In some instances, depending on the level of training, DJS Community Case Manager Specialists participate directly in the delivery of therapeutic services as co-therapists in treatment groups. At a minimum, the role must include communication and collaboration with treatment providers.

Resident Advisors have daily contact with youth and are responsible for supervising groups of youth. Knowledge of special supervision requirements and behavioral intervention approaches contributes to improved quality of interactions for these youth during their stay in shelter and detention.

Community Detention staff are often the first DJS staff visiting the youth's home and providing direct monitoring, often before the youth has been adjudicated. Basic training about children and youth with sexual behavior problems enables the staff to make informed decisions about supervision conditions and the role of the family and to contribute information needed for assessment and treatment planning.

Recommendation 5:

Specify different levels of assessment for different levels of offenders. (See "Assessment of Juvenile Offenders" document.) For youth handled at the intake level, the DJS intake risk/needs screen is sufficient. For those adjudicated delinquent for a sex offense, a trained DJS case manager should complete a social history, administer DJS' risk assessment, and administer an appropriate sex offender-specific assessment (J-SOAP II, ERASOR, etc.). Based on the outcomes of these assessments, a clinical assessment may also be appropriate.

Excerpt from the original Report of the Task Force on Juvenile Sex Offenders

Over the past year, the SOTF has modified its position on this issue. Using standards developed by the Task Force, the Department's Pre-Disposition Investigation report

format was enhanced for case managers' use in preparing social histories for children and youth who are before the court for sexual offenses or who are exhibiting sexual behavior problems. The format was reviewed, revised and approved by the Task Force members including Department CMSs as well as representatives from the provider community, the Office of the Public Defender and the Baltimore City States Attorney's Office. This special format was presented to participants of "Treating the Forgotten Youth" Case Management Certificate Program in September 2006 and is currently in use.

DJS implemented pilot training for CMSs to learn to complete sex offender specific risk instruments. At the time the Task Force's vision was to have case managers complete these tools. The training sessions became an important learning lesson for the Training Committee. As a result, the training is being retooled into an orientation to provide CMSs (and other JSO-involved staff) in-depth knowledge on what these tools mean and how their results can be applied. The Task Force recommends that highly skilled and knowledgeable clinicians complete the risk instrument/s for this population within the context of thorough clinical interviews.

Recommendation 6:

Provide each jurisdiction, as much as is practicable, an array of community-based treatment:

- *Cognitive-Behavioral Group treatment for children (age 12 and under);*
- *Cognitive-Behavioral Group treatment for youth (ages 13 to 15 and 16 to 18);*
- *Cognitive-Behavioral Group treatment for females and for developmentally disabled youth;*
- *Intensive Intervention focused on the youth ecological situation for the more serious offenders and those at risk of residential placement*
- *Therapeutic foster homes.*

Excerpt from the original Report of the Task Force on Juvenile Sex Offenders

Since its inception the SOTF has made strides in implementation of this recommendation. DJS has developed two Requests for Proposals (RFP) for soliciting clinical assessments and treatment. Task Force findings were incorporated into both RFPs in order to enhance the quality of services. The resulting contracts provide for a flexible array of group, family and individual services based on youth demographics (listed above) and local jurisdiction needs. The process of awarding these contracts is ongoing. Several of the jurisdictions are actively working with the selected service providers.

The SOTF conducted two surveys among field services CMSs and local office managers to ascertain further needs in order to provide quality services in each jurisdiction. Findings suggest that all jurisdictions have been able to access assessment and outpatient treatment providers locally however there is no consistent standard for qualifications when providers are not specifically contracted through DJS. Quality

assessments are not readily available in all jurisdictions at this time. Gaps remain in certain jurisdictions for community-based placements, including group homes and treatment foster care for this special population.

The SOTF plans to explore more frequent usage of DJS therapeutic and special foster home placement in conjunction with wrap around to meet local needs for community-based placements. Youth in this type of wraparound plan would receive specialized treatment to address sexual behavior issues.

Part of constructing a community-based array of treatment requires provision of cooperative case management by DJS staff. The Department is actively engaged in networking activities with clinicians who are participating in the current credentialing program sponsored by the Policy Institute. These activities are resulting in better understanding among treatment providers and DJS case managers about shared responsibilities, roles and boundaries.

Recommendation 7:

Replicate two model programs: the Baltimore County Juvenile Sex Offender Treatment Program and the Norfolk (Virginia) Juvenile Sex Offender Program. Both offer a continuity of assessment and treatment and different levels of treatment/intervention based on the needs of the case.

Excerpt from the original Report of the Task Force on Juvenile Sex Offenders

The SOTF recognized that the unique nature of the Baltimore County model, housed in the local DSS and staffed by Department of Social Services (DSS) personnel, presented a challenge in replication across other jurisdictions and would require extensive interagency negotiation. Both the Virginia and Baltimore County models include provision for one-stop treatment in that the same entity performs initial assessment as well as ongoing treatment. Currently the Department's position is that as a general rule these two functions should be carried out independently to avoid conflict of interest or the appearance of same. In addition, DJS needs to maintain a separate resource for court-ordered evaluations to meet court-ordered timelines.

The Task Force believes that the new enhanced DJS contracts, along with the specialization and enhanced training of identified DJS case managers will be conducive to the creation in each county of a service continuum as effective and coordinated as the two model programs identified here.

Recommendation 8:

Ensure each jurisdiction has access to the residential programs:

- *Residential treatment centers*
- *Secure treatment for youth who are a danger to the community or likely to abscond.*

Excerpt from the original Report of the Task Force on Juvenile Sex Offenders

The State of Maryland is in the unique position of having the only residential treatment center for juvenile sex offenders in the country that is housed on the grounds of a state-operated secure juvenile facility.

DJS field services can access three staff secure RTCs in Maryland dedicated to the treatment of juvenile sex offenders. In addition, DJS utilizes out of state RTCs for placement of juvenile sex offenders when no comparable facility is available within the State. The SOTF continues to consult with the Director of Placements to stay apprised of current status of in- and out-of state RTC level of care.

As the Department develops increased community-based resources throughout Maryland, there may be less need to rely on the restrictive level of RTC care. Currently DJS utilizes out-patient group counseling, wraparound, treatment foster care and therapeutic group homes. The ongoing shift in the treatment of the JSO population to less restrictive alternatives is consistent with current literature regarding better outcomes for this population when therapeutic efforts occur in the community.

Recommendation 9:

Promote consistency and quality of treatment by utilization of Requests for Proposals (RFP).

Excerpt from the original Report of the Task Force on Juvenile Sex Offenders

Generally, this recommendation has been accomplished. DJS has issued two multi-year RFPs that incorporate the Task Force's requirements for clinical providers as well as the services performed. Temporarily, DJS is using short-term contracts to maintain continuity of existing services until the procurement process ends in the award of contracts. It should be noted, however, that funding allocation and procurement processes present challenges that will be addressed in the SOTF's Future Focus and Recommendations.

Future Focus and Recommendations

During the next year, the SOTF needs to revisit some of its earlier work and focus on several new issues. Toward that end, the Sex Offender Task Force makes the following recommendations:

1. Study the effectiveness of JSO treatments, including the recidivism rates for different types of offenders and for different interventions. This includes following the JCR

recommendations concerning effectiveness of community-based programs. Further research efforts, local and national, will examine not only recidivism but also non-traditional social outcomes concerning youth and family success.

2. Maintain efforts to ensure any clinician working with JSOs in Maryland meets basic criteria for credentials, as detailed in the Report of the Task Force on Juvenile Sex Offenders, November 3, 2004. This involves supporting the Division of Behavioral Health Services in quality assurance with contractual service providers as well as assistance to external partners in providing effective, state-of-the-art training.

3. Require DJS workers to complete training prior to working with youth who sexually offend. DJS should refine its three-tier curriculum and provide annual updated training by experts in the field. The updated training in risk assessment tools will be presented as an orientation to provide CMSs (and other JSO-involved staff) in-depth knowledge on what these risk assessment tools mean and how their results can be applied. In researching further educational opportunities for staff, the Task Force learned that organizations cannot obtain membership in ATSA. DJS staff, however, who work with JSOs will be encouraged to join ATSA in order to stay abreast of new developments in the field, learn of training opportunities and network with other service providers.

4. Ensure all youth who sexually offend receive appropriate assessment and that highly skilled and knowledgeable clinicians complete the risk instrument/s for this population within the context of thorough clinical interviews. DJS staff who work with this specialized population need in-depth understanding of what risk tools mean and how their results can be applied.

5. Provide each jurisdiction, as much as is practicable, with an array of community-based treatment with:

- Cognitive-behavioral group treatment for children (age 12 and under);
- Cognitive-behavioral group treatment for youth (ages 13 to 15 and 16 to 18);
- Cognitive-behavioral group treatment for females and for developmentally disabled youth;
- Intensive Intervention focused on the youth ecological situation for the more serious offenders and those at risk of residential placement; and
- Therapeutic foster homes.

The SOTF would:

- Assist the Division of Behavioral Health Services in maintaining quality assurance oversight of the contracts awarded to provide community-based sex offender treatment;
- Utilize findings from its two surveys to ascertain remaining needs and explore avenues by which to meet service gaps;
- Investigate more frequent usage of DJS therapeutic and special foster home placement in conjunction with wraparound services to meet local needs for community-based placements.
- Facilitate the building, in local jurisdiction, of treatment provider and case management teams to deliver a community-based array of treatment supported by cooperative case management.

6. Work with the DJS Director of Placements to assure that all jurisdictions have access to residential programming with specialized sex offender services, including secure treatment, residential treatment centers, group homes and treatment foster care.

7. Continue to promote consistency and quality of treatment by usage of Requests for Proposals, assist the Procurement Office in streamlining the procurement process and collaborate among the Department's divisions to ensure adequate funding levels and appropriate funding deployment. Explore the non-residential negotiated rate process as a possible option for procuring services.

8. Invite representation on the Task Force from the Department of Human Resources (DHR) and Department of Health & Mental Hygiene (DHMH). Establish formal protocols and shared responsibilities with DHMH to address the following:

- Cooperative case planning especially for youth with co-occurring mental health needs;
- Cross training to enhance each Department's understanding of the other; and
- Planning for youth who have been removed from home and need proper coordination of services for smooth transitioning to adulthood.

9. Collaborate with the Department of Public Safety and Correctional Services to ensure the development of appropriate juvenile policies and state legislation that meet the Federal sex offender registration requirements as set out in the new federal law entitled the Adam Walsh Child Protection and Safety Act. Current research indicates positive outcomes when proper treatment, especially community-based interventions, is provided to children and youth with sexual behavior problems. The current political environment, however, is leading to inaccurate assumptions regarding the use of the registry as it relates to public safety. It is questionable whether registering these youth will protect the community. Enrollment in the registry could forever deny these youth the possibility of experiencing rehabilitation. Therefore, the SOTF recommends the Department take a strong advocacy role to maintain the spirit and practice of confidentiality protections pertaining to youthful offenders as Maryland addresses federal requirements.

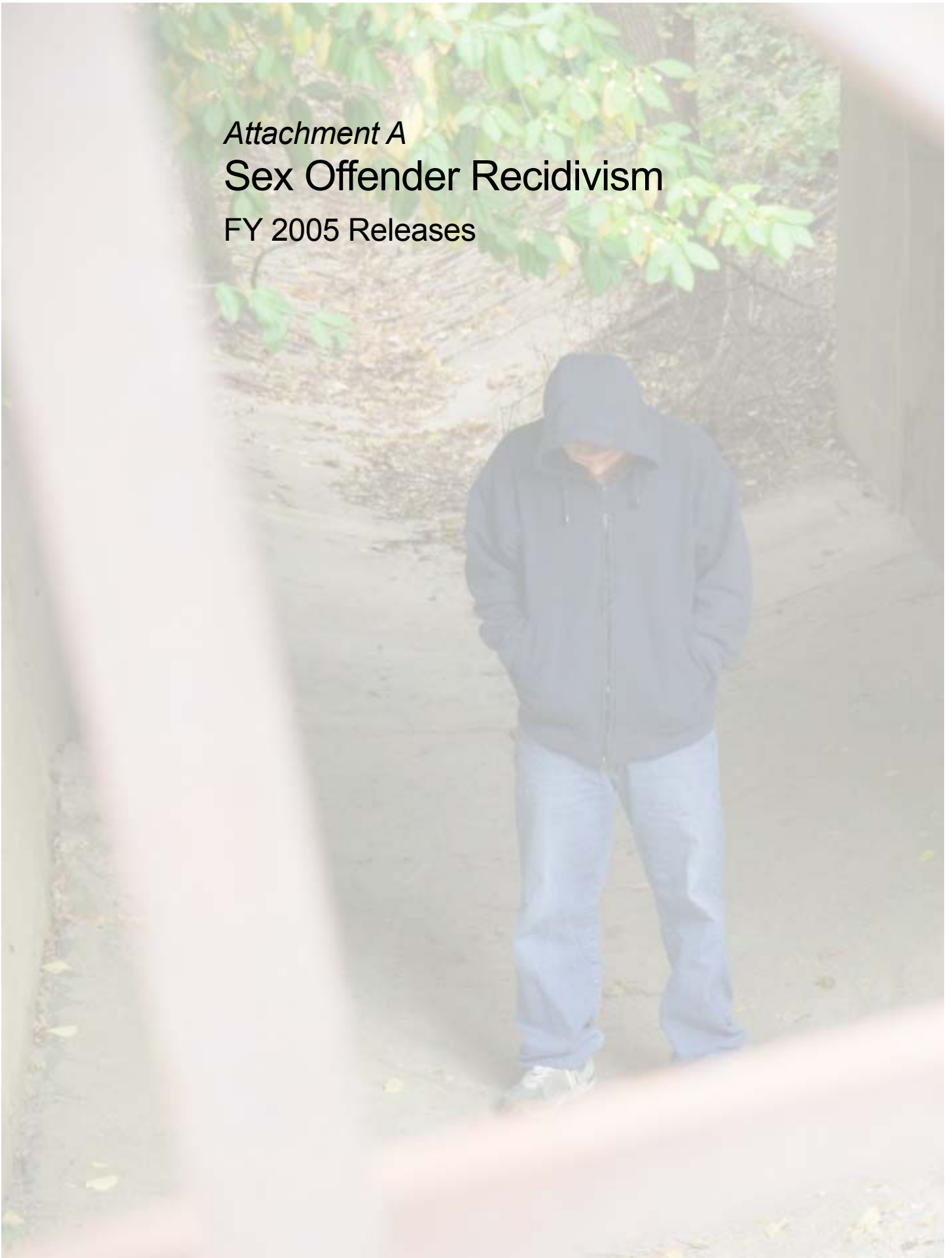
10. Develop a current listing of all providers (residential and non-residential) that offer assessment and treatment services to Maryland youth who sexually offend. Survey the DJS Resource Specialists and Juvenile Court stakeholders about availability and quality of these services. Develop a screening checklist comparable to DJS contract requirements for CMSs to use when accessing assessments and treatment through local providers who are not contracted directly through DJS.

11. Have DJS executive staff:

- Adopt this report as the Department's "marching orders";
- Formalize this report and the original SOTF through policy and procedure; and
- Assign a DJS executive to oversee implementation and assess progress at six - and twelve-month intervals.

12. Create the position of Director of Sex Offender Services within the Division of Behavioral Health Services and continue of the Task Force's work to ensure follow up on its recommendations, sustain its accomplishments and assist and support the Director of Sex Offender Services.

Attachment A
Sex Offender Recidivism
FY 2005 Releases



Attachment A

Sex Offender Recidivism – FY 2005 Releases

Cohort: All youths released in FY 2005 from any residential committed program for any adjudicated sex offense formed the cohort group for the recidivism tracking. There were 110 youths who fitted this category. The follow-up time was one year after their release from the residential program..

Results: Of the 110 youths, 42 (38%) were either re-referred to the juvenile justice or criminal justice system (27 in the juvenile and 15 in the criminal justice system). None was re-referred/referred either to the juvenile or criminal justice system for another sex offense.

22 or 20% were either re-adjudicated/convicted to the juvenile justice or adult system (12 in the juvenile and 10 in the criminal justice system).

5 youths were re-committed to the juvenile justice system and none was incarcerated in the criminal justice system.

Recidivism definitions:

If a youth had recidivated in both the juvenile and criminal justice system, that person was counted only once. Since it is possible for a youth to have been admitted and released in two different programs within the same fiscal year either on a transfer or a new charge, for the purpose of this study, the selection is made based on the release from the longest length of stay program.

A. Juvenile Justice Recidivism

1. **Re-referral** refers to **any subsequent contact** that a juvenile has with DJJ intake staff, because of a new referral or alleged charge. Therefore, by definition, a re-referred juvenile has had at least two contacts with DJJ.
2. **Re-adjudication** refers to any juvenile, who is re-referred, has a judiciary hearing and is **adjudicated delinquent**.
3. **Re-commitment** refers to any juvenile who is re-referred, re-adjudicated, and **again committed** to the Department's custody for residential placement.

B. Juvenile and/or Criminal Justice Recidivism

1. **Re-referral/arrest** refers to any subsequent contact a youth has either in the juvenile or adult system.
2. **Re-adjudication/conviction** refers to any youth who has a judiciary hearing and is adjudicated delinquent or is arrested and has a criminal hearing in the adult system and is convicted or found guilty.
3. **Re-commitment/incarceration** refers to any juvenile who is again committed to the Department's custody for placement or is arrested, convicted, and incarcerated in the adult system.

Attachment B
Sex Offender Releases
FY 2005



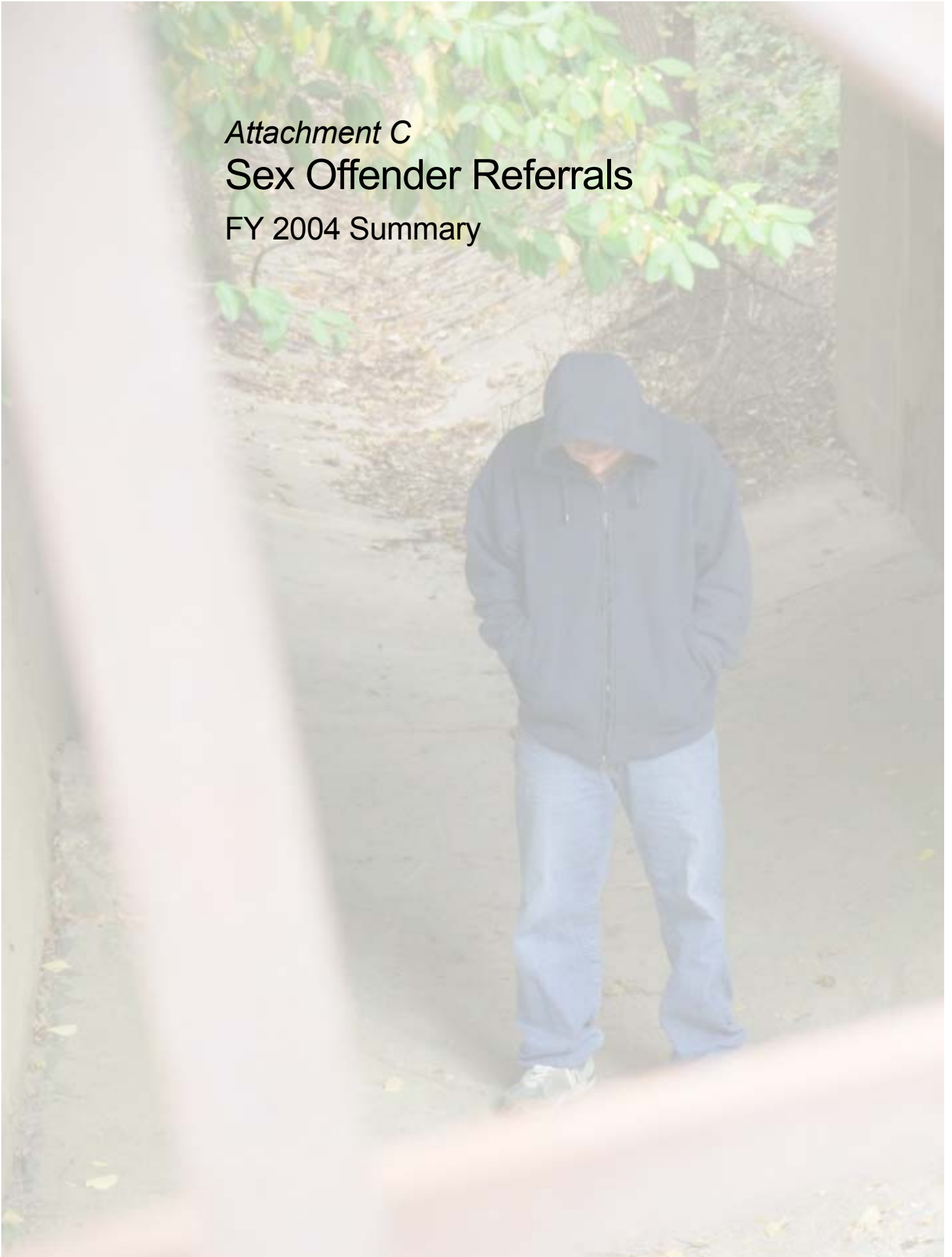
Attachment B FY 2005 Committed Sex Offender Released by Program Type, Re- Referred, Re- Adjudicated & Re-Committed Count

Program Type	Youth Released	Re-Referrals/Arrest		Re-Adjudicated/Convicted		Re-Committed/Incarcerated					
		DJS Youth	%	DJS & Adult	%	DJS Youth	%	Adult	%	DJS & Adult	%
Committed-Residential	2	0	0%	0	0%	0	0%	0	0%	0	0%
Foster Care	2	0	0%	0	0%	0	0%	0	0%	0	0%
Group Home	33	10	30%	12	36%	5	15%	2	6%	2	6%
Independent Living	9	1	11%	2	22%	1	11%	0	0%	0	0%
Psychiatric Hospital	5	2	40%	3	60%	2	40%	0	0%	0	0%
Residential Treatment Facility	45	7	16%	16	36%	7	16%	1	2%	1	2%
Substance Abuse Programs	2	2	100%	2	100%	0	0%	1	50%	0	0%
Substance Abuse Youth Center	1	0	0%	0	0%	0	0%	0	0%	0	0%
Therapeutic Group Home	1	0	0%	0	0%	0	0%	0	0%	0	0%
Treatment Foster Care	10	5	50%	7	70%	5	50%	1	10%	0	0%
Total	110	27	25%	42	38%	22	20%	5	5%	5	5%

Cohort of 110 youth had been placed in committed residential programs following an adjudicated sex offense.

Attachment B

Attachment C
Sex Offender Referrals
FY 2004 Summary



Attachment C1 FY 2004 Sex Offender Referrals by County of Jurisdiction & Race

COUNTY	RACE						Total
	AA/WH	African American	Asian	Hispanic	White	Unknown	
Allegany					9		9
Anne Arundel		32		1	26		59
Baltimore City		70			9	1	80
Baltimore County		47			69		116
Calvert		6			7		13
Caroline		2			4		6
Carroll					12		12
Cecil		2			13		15
Charles		10			7		17
Dorchester		4					4
Frederick		6			12		18
Garrett					9		9
Harford		6			12		18
Howard		9	1		7		17
Kent		1					1
Montgomery		29		5	9	14	57
Out of State					1		1
Prince George's		74		2	6	1	83
Queen Anne's		4			2		6
Somerset	1	5			4		10
St. Mary's		5			7		12
Talbot		4			9		13
Washington		1			14		15
Wicomico		7			11	1	19
Worcester		6		1	1		8
State Total	1	330	1	9	260	17	618

Attachment C2 FY 2004 Sex Offender Referral by County of Jurisdiction & Age Group

COUNTY	Under 10 Age Group	10 Age Group	11 Age Group	12 Age Group	13 Age Group	14 Age Group	Age Group										DOB Missing	Total		
							15 Age Group	16 Age Group	17 Age Group	18 Age Group	Over 18 Age Group									
Allegheny		2			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9
Anne Arundel	1	1	4	6	15	11	10	10	5	4	1	1	1	1	1	1	1	1	1	59
Baltimore City	3	2	6	10	13	25	10	4	5	4	1	1	1	1	1	1	1	1	1	80
Baltimore County	1	6	7	14	20	25	14	9	9	12	4	2	2	2	2	2	2	2	2	116
Calvert			3	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	13
Caroline					2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	6
Carroll				1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	12
Cecil	1			3	4	4	3	2	3	3	1	1	1	1	1	1	1	1	1	15
Charles				4	4	4	4	2	2	1	1	1	1	1	1	1	1	1	1	17
Dorchester				1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4
Federick				4	4	5	1	1	1	2	3	3	3	3	3	3	3	3	3	18
Garrett				1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9
Harford				4	2	3	6	1	1	1	1	1	1	1	1	1	1	1	1	18
Howard				4	4	6	4	1	1	2	2	2	2	2	2	2	2	2	2	17
Kent							1	1	1	1	1	1	1	1	1	1	1	1	1	1
Montgomery				1	1	1	7	5	5	6	1	1	1	1	1	1	1	1	1	57
Out of State							11	11	16	16	17	17	17	17	17	17	17	17	17	1
Prince George's				4	9	16	17	6	6	5	2	2	2	2	2	2	2	2	2	83
Queen Anne's						2	1	1	1	1	1	1	1	1	1	1	1	1	1	6
Somerset						5	2	1	1	1	1	1	1	1	1	1	1	1	1	10
St. Mary's						4	1	3	3	3	3	3	3	3	3	3	3	3	3	12
Talbot						4	2	2	2	3	3	3	3	3	3	3	3	3	3	13
Washington						1	4	4	4	4	4	4	4	4	4	4	4	4	4	15
Wicomico						1	1	1	1	1	1	1	1	1	1	1	1	1	1	19
Worcester						1	3	3	4	4	4	4	4	4	4	4	4	4	4	8
State Total	15	15	36	84	109	123	90	65	50	16	8	7	618							

Attachment C3

FY 2004 Sex Offender Referral by County of Jurisdiction & Gender

COUNTY	Gender		Total
	F	M	
Allegany		9	9
Anne Arundel	7	52	59
Baltimore City	4	76	80
Baltimore County	8	108	116
Calvert	1	12	13
Caroline		6	6
Carroll	1	11	12
Cecil	1	14	15
Charles	1	16	17
Dorchester		4	4
Frederick		18	18
Garrett		9	9
Harford		18	18
Howard		17	17
Kent		1	1
Montgomery	2	55	57
Out of State		1	1
Prince George`s	3	80	83
Queen Anne`s	1	5	6
Somerset		10	10
St. Mary`s		12	12
Talbot	2	11	13
Washington		15	15
Wicomico	1	18	19
Worcester		8	8
State Total	32	586	618

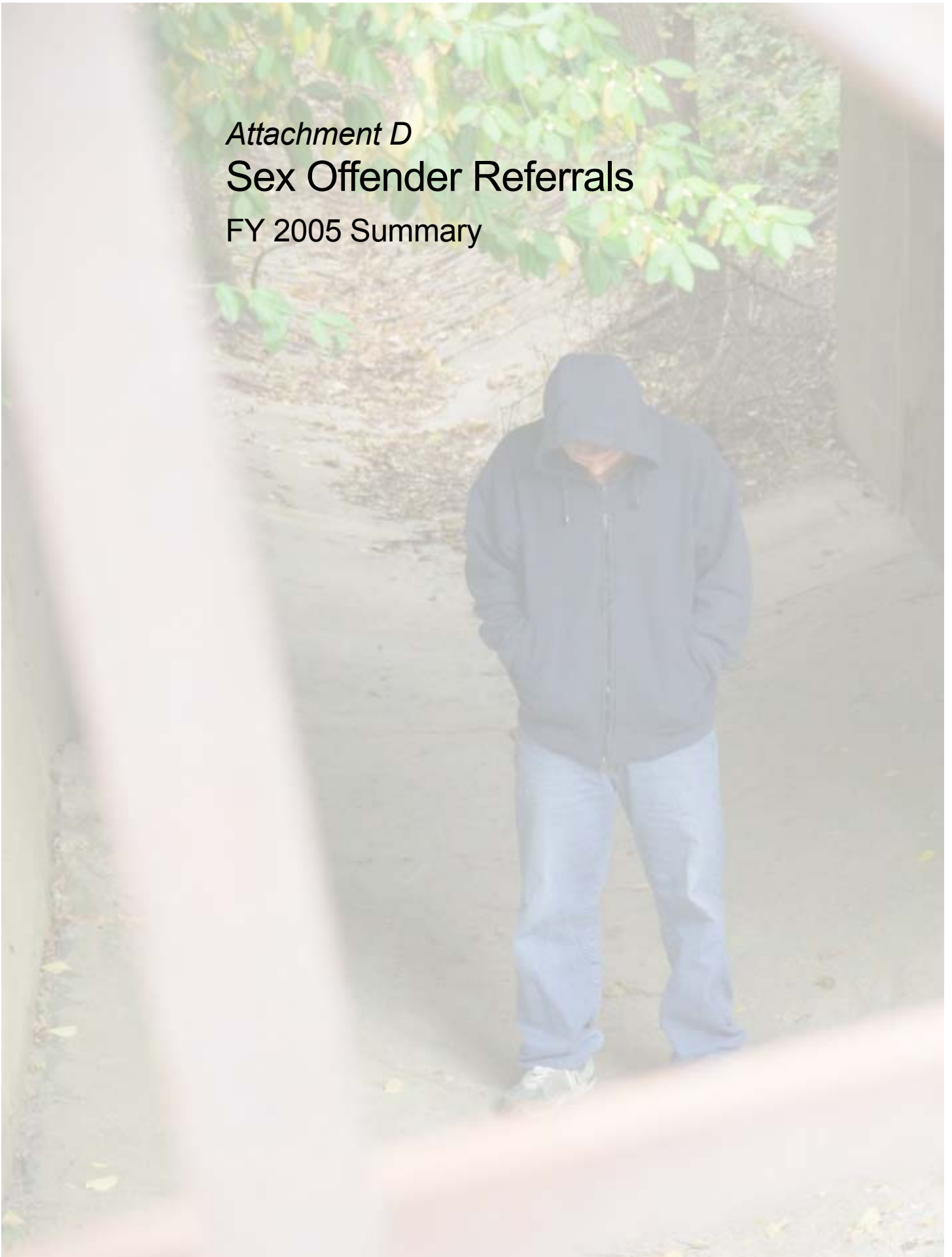
Attachment C4 FY 2004 Sex Offender Referrals by County of Jurisdiction & Decision

COUNTY	Decision Code						Total
	Formal Petitions	No Jurisdiction	Pre Court Supervision	Resolved at Intake	(blank)		
Allegany	7		1	1			9
Anne Arundel	47			10	2		59
Baltimore City	62			9	8	1	80
Baltimore County	98			7	11		116
Calvert	13						13
Caroline	4			2			6
Carroll	12						12
Cecil	9		1	4	1		15
Charles	13			4			17
Dorchester	2			2			4
Frederick	15		1	2			18
Garrett	1			5	2	1	9
Harford	13			4	1		18
Howard	12		1	1	3		17
Kent	1						1
Montgomery	42			7	8		57
Out of State	1						1
Prince George's	55			20	8		83
Queen Anne's	5				1		6
Somerset	9			1			10
St. Mary's	10			2			12
Talbot	7			6			13
Washington	13			2			15
Wicomico	10			2	7		19
Worcester	8						8
State Total	469		4	91	52	2	618

Attachment 05 FY 2004 Formalized Sex Offender Referrals by County of Jurisdiction & Disposition Category

County of Jurisdiction	continued/Stat	Dismissed	DJJ Committed	Inter Region Courtesy	Jurisdiction waived	Disposition Category										Total			
						Not Pros	Other	Petition Denied	Petition Withdrawn	Probation Transfer	Writ Pending	Missing Disp							
Allegheny	4	12	7	5						1				1				1	47
Anne Arundel	6	6	16	4										19				1	62
Baltimore City	28	7	7	9										10				21	98
Baltimore County				6		1		3		10				36		1		3	13
Calvert														5				1	4
Carroll			1											1				1	12
Carroll	3			3					1					4				1	9
Cecil	2			3										6		1		1	13
Charles	2		1	3										3				1	15
Dorchester	1													1				1	13
Frederick	6		3	3				1						3				1	12
Garrett	4		1	2										3				1	11
Harford	6		1	2										3				3	10
Howard			1											1				1	7
Kent				7										16				3	42
Montgomery	10		5						1					11				1	55
Out of State				9										3				1	5
Prince George's	13		14	1										11				4	9
Queen Anne's	1		1	1										3		1		1	10
Somerset	2		1	1										6				1	7
St. Mary's	2		2	1										1				1	13
Talbot	9			2										1				2	10
Washington	1		1	2				2						1				2	8
Wicomico	1			1										1				1	10
Worcester	2		1	2										3				3	8
State Total	112	61	64	4	7	15	16	13	1	132	3	2	39	469					

Attachment D
Sex Offender Referrals
FY 2005 Summary



Attachment D1 FY 2005 Sex Offender Referrals by County of Jurisdiction & Race

COUNTY	RACE							Total
	AA/WH	African American	American Indian	Asian	Hispanic	White	Unknown	
Allegany		1			1	10		12
Anne Arundel		16			1	30		47
Baltimore City		64				8		72
Baltimore County		82			2	45		129
Calvert		4	1		1	10		16
Caroline						3		3
Carroll		3				15	1	19
Cecil		1				23		24
Charles		6				5		11
Dorchester		6				2		8
Frederick	1	4			1	10		16
Garrett		1				4		5
Harford		11				16		27
Howard		3		1		11	1	16
Kent		4				1		5
Montgomery		11		2	5	10	3	31
Prince George's		43	1		6	3	1	54
Queen Anne's		2				7	1	10
Somerset		4				3		7
St. Mary's		3				6		9
Talbot		2			1	1		4
Washington		2				5		7
Wicomico	1	10				3	1	15
Worcester		3				3		6
State Total	2	286	2	3	18	234	8	553

Attachment D3

FY 2005 Sex Offender Referrals by County of Jurisdiction & Gender

COUNTY	SEX_CODE		Total
	F	M	
Allegany	1	11	12
Anne Arundel	1	46	47
Baltimore City	4	68	72
Baltimore County	10	119	129
Calvert	1	15	16
Caroline		3	3
Carroll	4	15	19
Cecil		24	24
Charles		11	11
Dorchester	1	7	8
Frederick		16	16
Garrett		5	5
Harford	3	24	27
Howard	1	15	16
Kent		5	5
Montgomery	3	28	31
Prince George's	4	50	54
Queen Anne's		10	10
Somerset	1	6	7
St. Mary's	1	8	9
Talbot		4	4
Washington		7	7
Wicomico	1	14	15
Worcester		6	6
State Total	36	517	553

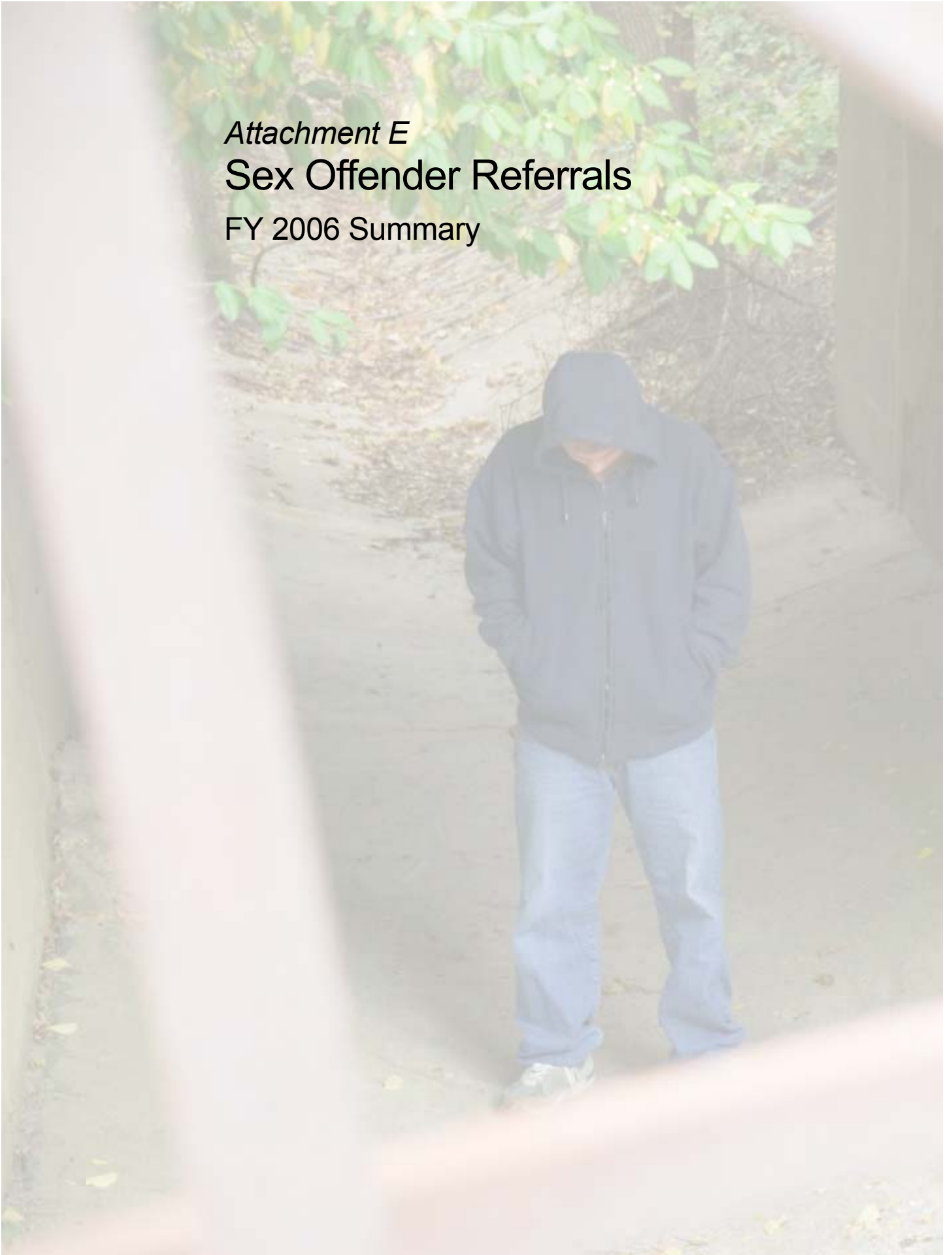
Attachment D4 FY 2005 Sex Offender Referrals by County of Jurisdiction & Decision

COUNTY	Decision Code				Total
	Formal Petitions	No Jurisdiction	Pre Court Supervision	Resolved at Intake	
Allegany	9	1		2	12
Anne Arundel	31	1	11	4	47
Baltimore City	61		5	6	72
Baltimore County	109	3	9	8	129
Calvert	14		2		16
Caroline	2	1			3
Carroll	17		1	1	19
Cecil	20		3	1	24
Charles	7		4		11
Dorchester	8				8
Frederick	14		2		16
Garrett	3	1	1		5
Harford	25		1	1	27
Howard	14	1		1	16
Kent	5				5
Montgomery	26	1	3	1	31
Prince George's	38	1	7	8	54
Queen Anne's	3	1	6		10
Somerset	5		1	1	7
St. Mary's	8		1		9
Talbot	2	1	1		4
Washington	6		1		7
Wicomico	8		2	5	15
Worcester	3		2	1	6
State Total	438	12	63	40	553

AttachmentND5 FY 2005 Formalized Sex Offender Referrals by County of Jurisdiction & Disposition Category

County of Jurisdiction	continued/Stet	Dismissed	DJJ Committed	Inter Region	Courtsey	Disposition Category										Total		
						Jurisdiction waived	NoI Pros	Other	Petition De	Probator	Transfer	Missing						
Allegany	5	1	1	1														9
Anne Arundel	5	1	5	2														31
Baltimore City	6	22	2	5														61
Baltimore County	26	6	5	5	1	4	10	2	2	3	40	8	4	25			109	
Calvert	1										9		1	9			14	
Caroline		1															2	
Carroll	5		1	1							8			8			17	
Cecil	5			11						2	2			2			20	
Charles	2										4			4			7	
Dorchester	3	1	1	1					1		1			1			8	
Frederick	6	3									4			4			14	
Garrett	1										2			2			3	
Harford	7	3	1	1					4		10			4			25	
Howard	6	1	2	2							4			4			14	
Kent		1	3	1							1			1			5	
Montgomery	5	3	3	1							7	1		7			26	
Prince George's	8	8	10	3		1	1			1	6			6			38	
Queen Anne's	1		1	1													3	
Somerset	2			1	1				1		4			4			5	
St. Mary's				1						2	1			2			8	
Talbot	2			1	1					1	1			1			2	
Washington	4			2							2			2			6	
Wicomico	1	1					1			1	2			2			8	
Worcester	1	1															3	
State Total	101	54	48	3	5	13	15	12	130	9	48	438						

Attachment E
Sex Offender Referrals
FY 2006 Summary



Attachment E1 FY 2006 Referrals by County of Jurisdiction & Decision

County of Jurisdiction	Decision Code				Total
	Formal Petitions	No Jurisdiction	Pre Court Supervision	Resolved at Intake	
Allegany	7		4		11
Anne Arundel	50		14	3	67
Baltimore City	46		1	14	61
Baltimore County	88	2	11	11	112
Calvert	6	1	4	2	13
Caroline	6			1	7
Carroll	10				10
Cecil	6		1		7
Charles	14		12		26
Dorchester	5	1			6
Frederick	3		3		6
Garrett	3				3
Harford	11	1	2		14
Howard	15		3	1	19
Kent	3				3
Montgomery	32		3	1	36
Prince George's	33		14	2	49
Queen Anne's			4	1	5
Somerset			1	1	2
St. Mary's	5		2		7
Talbot	3	2	4	1	10
Washington	9		1	3	13
Wicomico	8	1	5	4	18
Worcester	8		2		10
State Total	371	8	91	45	515

Attachment E2 FY 2006

Sex Offender Referrals by County of Jurisdiction & Gender

County of Jurisdiction	Gender		
	F	M	Total
Allegany		11	11
Anne Arundel	6	61	67
Baltimore City		61	61
Baltimore County	10	102	112
Calvert		13	13
Caroline		7	7
Carroll		10	10
Cecil		7	7
Charles	1	25	26
Dorchester	1	5	6
Frederick		6	6
Garrett		3	3
Harford	2	12	14
Howard		19	19
Kent		3	3
Montgomery		36	36
Prince George's	1	48	49
Queen Anne's		5	5
Somerset		2	2
St. Mary's	1	6	7
Talbot		10	10
Washington		13	13
Wicomico		18	18
Worcester	1	9	10
Total	23	492	515

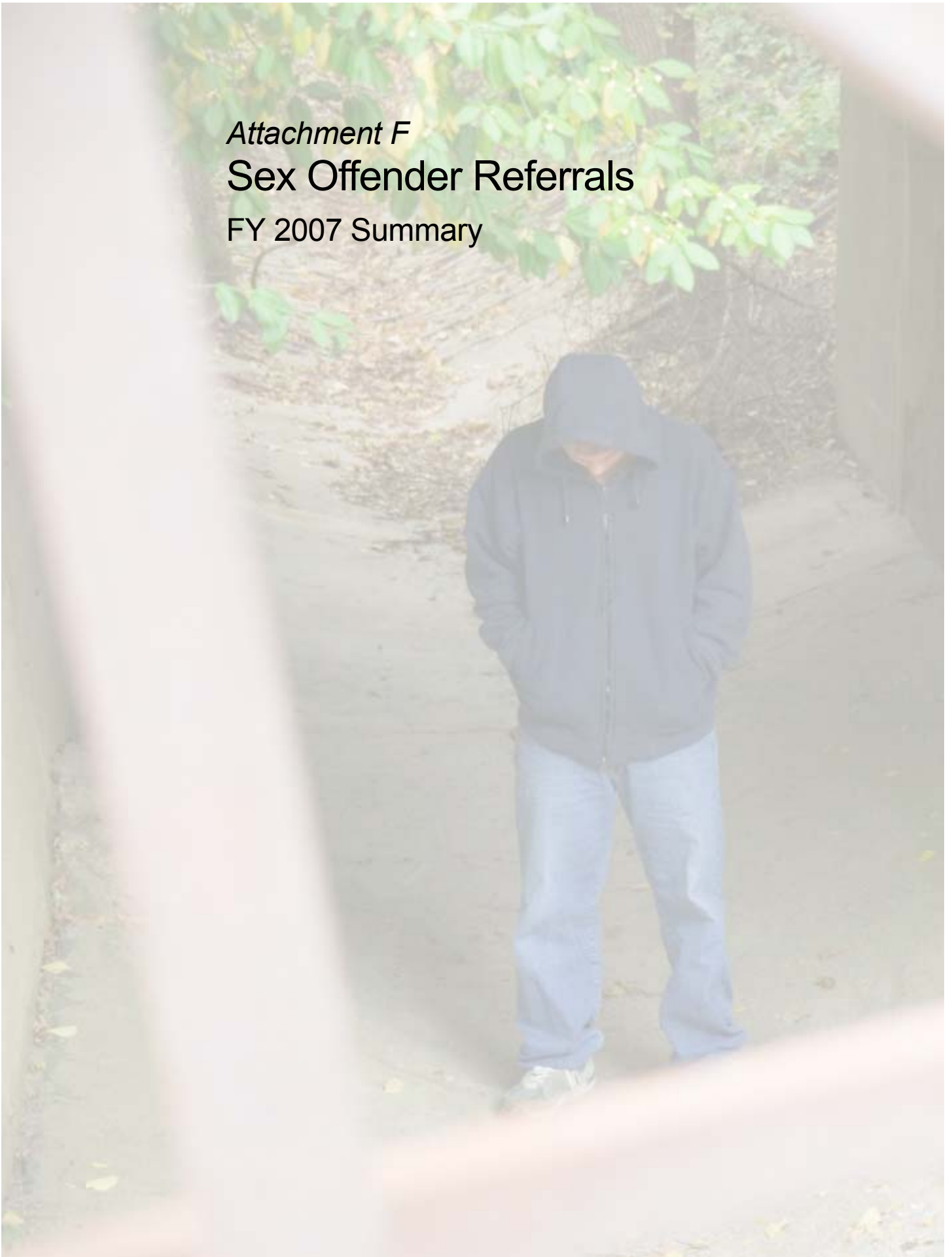
Attachment E3 FY 2006 Sex Offender Referrals by County of Jurisdiction & Age Group

County of Jurisdiction	Under 10 Age Group	10 Age Group	11 Age Group	12 Age Group	13 Age Group	14 Age Group	Age Group										DOB Missing	Total
							15 Age Group	16 Age Group	17 Age Group	18 Age Group	Over 18 Age Group							
Allegheny	1	1	1	2	2	2	2	2	1	1	1	1	1	1	1	1	1	11
Anne Arundel	2	2	1	5	8	13	12	13	13	7	4	4	4	4	1	1	1	67
Baltimore City	5	1	1	6	10	10	10	10	4	7	8	8	8	1	1	1	1	61
Baltimore County	3	1	1	9	11	18	19	18	14	14	10	10	10	2	5	3	3	112
Calvert	1	1	1	3	1	2	1	2	2	2	2	2	2	2	2	2	2	13
Caroline	1	1	1	1	1	3	1	3	2	2	2	2	2	2	2	2	2	7
Carroll	1	1	1	1	2	2	1	2	1	1	1	1	1	1	1	1	1	10
Cecil	1	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	7
Charles	1	1	1	1	2	6	3	6	2	2	3	3	3	1	1	1	1	26
Dorchester	1	1	1	1	2	2	2	2	2	2	1	1	1	1	1	1	1	6
Federick	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6
Garrett	1	1	1	1	1	1	1	1	2	2	1	1	1	1	1	1	1	3
Harford	1	1	1	2	2	4	4	4	2	2	1	1	1	2	2	2	2	14
Howard	3	1	1	1	1	4	4	4	4	4	4	4	4	4	4	4	4	19
Kent	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
Montgomery	1	1	1	3	4	6	3	6	8	4	2	2	2	2	2	2	2	36
Prince George's	3	3	3	3	2	11	12	11	6	8	4	8	4	3	3	3	3	49
Queen Anne's	1	1	1	1	1	1	1	1	1	4	4	4	4	4	4	4	4	5
Somerset	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	7
St. Mary's	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7
Talbot	1	1	1	3	3	2	2	2	1	1	1	1	1	2	2	2	2	10
Washington	2	2	2	3	3	3	3	3	4	4	4	4	4	3	3	3	3	13
Wicomico	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	18
Worcester	1	1	1	2	2	2	1	1	5	1	1	1	1	1	1	1	1	10
State Total	17	10	36	54	95	82	80	64	45	15	10	7	7	7	7	7	7	515

Attachment E4 FY 2006 Sex Offender Referrals by County of Jurisdiction & Race

COUNTY	RACE					Total
	African American	American Indian	Hispanic	Unknown	White	
Allegany					11	11
Anne Arundel	29		2	1	35	67
Baltimore City	54	1			6	61
Baltimore County	61		3	1	47	112
Calvert	5		1		7	13
Caroline	5				2	7
Carroll	1				9	10
Cecil	2				5	7
Charles	17	1			8	26
Dorchester	2				4	6
Frederick	3				3	6
Garrett					3	3
Harford	4				10	14
Howard	9				10	19
Kent					3	3
Montgomery	14		10		12	36
Prince George's	45		1		3	49
Queen Anne's	1				4	5
Somerset	1				1	2
St. Mary's	2		1		4	7
Talbot	6				4	10
Washington					13	13
Wicomico	14				4	18
Worcester	4			1	5	10
State Total	279	2	18	3	213	515

Attachment F
Sex Offender Referrals
FY 2007 Summary



Attachment F1 FY 2007 Sex Offender Referrals by County of Jurisdiction & Decision

COUNTY	Decision Code				Total
	Formal Petitions	No Jurisdiction	Pre Court Supervision	Resolved at Intake	
Allegany	6	1		1	8
Anne Arundel	31		12	2	45
Baltimore City	43		3	6	52
Baltimore County	109		11	8	128
Calvert	7			1	8
Caroline	2		3		5
Carroll	10				10
Cecil	8			2	10
Charles	9		5	1	15
Dorchester	2			1	3
Frederick	17		3		20
Garrett	2		1		3
Harford	21			1	22
Howard	12	1	2		15
Montgomery	46		7	5	58
Prince George's	38	6	11	5	60
Queen Anne's	1		1		2
Somerset	3	1			4
St. Mary's	3		1		4
Talbot	13				13
Washington	13	1			14
Wicomico	12		5	4	21
Worcester	6		1		7
State Total	414	10	66	37	527

Attachment F2

FY 2007 Sex Offender Referrals by County of Jurisdiction & Gender

COUNTY	Gender		Total
	F	M	
Allegany	1	7	8
Anne Arundel	1	44	45
Baltimore City	4	48	52
Baltimore County	12	116	128
Calvert		8	8
Caroline		5	5
Carroll		10	10
Cecil		10	10
Charles		15	15
Dorchester		3	3
Frederick		20	20
Garrett		3	3
Harford	1	21	22
Howard	2	13	15
Montgomery	1	57	58
Prince George's	1	59	60
Queen Anne's		2	2
Somerset		4	4
St. Mary's		4	4
Talbot	3	10	13
Washington		14	14
Wicomico	1	20	21
Worcester		7	7
State Total	27	500	527

Attachment F4 FY 2007 Sex Offender Referrals by County of Jurisdiction & Race

COUNTY	RACE						Total
	AA/WH	African American	Asian	Hispanic	Unknown	White	
Allegany		1				7	8
Anne Arundel		18			1	26	45
Baltimore City		50		1		1	52
Baltimore County		74	1	3		50	128
Calvert		3				5	8
Caroline						5	5
Carroll						10	10
Cecil		1				9	10
Charles		9				6	15
Dorchester		2				1	3
Frederick		10		2		8	20
Garrett						3	3
Harford		12				10	22
Howard		8				7	15
Montgomery		36		10	2	10	58
Prince George's		55		4		1	60
Queen Anne's						2	2
Somerset		2				2	4
St. Mary's		4					4
Talbot		10				3	13
Washington	1	5				8	14
Wicomico		14			1	6	21
Worcester		2				5	7
State Total	1	316	1	20	4	185	527

Attachment F5 FY 2007 Formalized Sex Offender Referrals by County of Jurisdiction & Disposition Category

County of Jurisdiction	continued/Stet	Dismissed	DJJ Committed	Disposition Category						Total	
				Nol Pros	Other	Petition Denied	Probation	Transfer	Missing Disp		
Allegany	1	2	3							9	6
Anne Arundel	2		2	2				13		5	31
Baltimore City	10		4	4						9	43
Baltimore County	37	1	5	15	1	2	37			55	109
Calvert			2				5			5	7
Caroline							1			1	2
Carroll	1		1				1			2	10
Cecil						2	6			6	10
Charles	1						3			3	8
Dorchester			1			1	7			7	9
Frederick	9		3				4			4	2
Garrett							2			2	17
Harford	1		3				5		1	9	21
Howard	6		1			3	5			9	12
Montgomery	12	7	4				9		1	8	46
Prince George's	18	6	4				5			5	38
Queen Anne's							1			1	1
Somerset	1		2				1			1	3
St. Mary's							2			2	3
Talbot		3	1			2	2			5	13
Washington	7		1				1			4	13
Wicomico	5	1	1	1		1	2			6	12
Worcester	1	1	1				2			3	6
State Total	112	24	38	16	24	11	105	2	82	414	