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2013 JCR RESPONSE
REPORT ON THE DEPARTMENT OF JUVENILE SERVICES
IMPACT OF THE INTERNAL EVALUATIONS PROCESS AND RELATED OUTCOME MEASURES

INTRODUCTION

In the Report on the State Operating Budget (HB 100) and the State Capital Budget (HB 101) and related Recommendations - Joint Chairmen's Report, 2013 Session, p. 156, the Maryland General Assembly requested that the Department of Juvenile Services (DJS) submit a report on the operational and fiscal impact of the new multi-disciplinary assessment teams used to conduct internal mental health evaluations.

Specifically, the committees requested that DJS report on data that shows how often placement decisions made by the courts are in line with the recommendations of the teams.

DJS RESPONSE

I. Operation and Fiscal Impact of Multi-Disciplinary Assessment Teams (MAST)

Overview and Implementation

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

The Multi-Disciplinary Assessment Staffing Teams (MAST) initiative was created to provide comprehensive assessment services to youth who are committed to DJS and are being considered for out-of-home (OOH) placement. Specifically, the goal of MAST is to develop a centralized processing/evaluation method to accomplish the following:

- 1) Create quality and standardized reports;
- 2) Reduce delays;
- 3) Ensure that reports meet the needs of the court and provide the necessary information to make an informed decision regarding placement for treatment and public safety; and,
- 4) Align with best practice models of providing youth with a comprehensive evaluation.

Each MAST consists of the following professionals:

Psychologist – performs testing to determine intellectual functioning, psychological and treatment needs, and other specialized testing as needed (i.e. psychosexual evaluation, neuropsychological screening, and Pervasive Developmental Disorder assessments).

Social Worker –completes a comprehensive psycho-social assessment that will include family history and background, previous treatment history, summary of prior offenses (pre-sentence investigation), substance abuse evaluation, placement assessment, and other relevant community background information.

Resource Specialist – assists in determining the most appropriate placements available to the youth based upon the evaluation of the team.

Community and Facility Case Manager –summarizes the youth’s adjustment within the detention facility, coordinate the assessment team’s results, and will present the report and evaluations to the court at the disposition hearing.

Maryland State Department of Education (MSDE) representative –provides a summary of the youth’s previous educational services, assess the youth’s needs through a psycho-educational evaluation when needed, and present the youth’s educational needs and educational plan.

Other MAST members will contribute information as needed based upon the youth’s specific needs. For example, a medical representative will present recommendations if the youth has unique medical needs and/or is receiving psychotropic medications. MAST conducts a staffing meeting to review evaluations and summarize recommendations from respective disciplines. Parents, guardians, and youth are invited to the staffing meeting.

To implement MAST, DJS developed a process to locate clinical staff providing the assessments (psychologists and social workers) at the DJS detention centers. Based upon utilization and OOH placement data analysis, the chart below illustrates the following positions that were created and/or transferred to implement MAST in the detention centers.

<i>Detention Center</i>	<i>Clinical Staff</i>	
Baltimore City Juvenile Justice Center (2 MASTs)	2 psychologists	2 FTE social workers
C.H. Hickey Children’s Center (2 MASTs)	2 psychologists	2 FTE social workers
Cheltenham Youth Facility (2 MASTs)	2 psychologists	2 FTE social workers
A.D. Noyes Center (1 MAST)	1.5 psychologists	1 FTE social worker
T.J.S. Waxter Children’s Center (1 MAST)	1 psychologists	1 FTE social worker
Lower Eastern Shore Children’s Center (1 MAST)	1 psychologists	1 FTE social worker – shared with community services
Western Maryland Children’s Center (1 MAST)	Psychologist to be assigned when needed	1 FTE social worker – shared with community services

Additionally, prior to implementation DJS conducted extensive outreach to inform stakeholders, including the courts, state’s attorneys, and public defenders, of the new MAST procedures. During the same time, DJS provided training to all DJS case management, resource personnel, clinical staff and administrators.

The chart below identifies the status of implementation as of January 1, 2014.

<i>Detention Center</i>	<i>Implementation Date</i>
Baltimore City Juvenile Justice Center (2 MASTs)	September 2013
C.H. Hickey Children’s Center (2 MASTs)	July 2013
Cheltenham Youth Facility (2 MASTs)	August 2013
A.D. Noyes Center (1 MAST)	October 2013
T.J.S. Waxter Children’s Center (1 MAST)	September 2013
Lower Eastern Shore Children’s Center (1 MAST)	December 2013
Western Maryland Children’s Center (1 MAST)	November 2013

Fiscal Impact of MAST

In FY 2013 the costs for outside vendor evaluations was almost \$1.2 million. This included contracting with private psychiatrists, psychologists, social workers and licensed professional counselors to complete psychiatric, psychological and psycho-social evaluations requested by the court and private facilities that may receive our youth.

The primary costs in developing the local assessment teams was in creating and hiring additional psychologists and social workers. However, to accomplish this, DJS utilized existing vacant positions and converted those positions into the professional staff required to administer the program. At a minimum, the program required reclassifying six positions – five (5) for psychologist and one (1) for a social worker. The other psychologist and social work positions required for implementation already existed within DJS and were reassigned to the assessment program.

By utilizing existing vacancies and reallocating their positions’ titles, duties and responsibilities, there will be a slight increase in costs, as the salary range of the clinical staff will be higher than allocated for the currently existing positions. However, this will be outweighed by the drastic reduction of the outside vendor evaluations. The only component continuing in the outside vendor evaluations will be utilization of contract psychiatrists for Certificate of Need (CON) evaluations. The CON evaluations are a small portion of the vendor

contracts. It would not be cost effective for DJS to hire a full-time psychiatrist for CON evaluations, as they are infrequent and will occur throughout the state.

II. Outcome Measure – Data reflecting how often placement decisions made by the courts are in-line with the recommendations of the MAST.

DJS is able to provide an analysis of how often placement decisions made by the courts were in-line with the recommendations of the MAST from referrals between July 2013 and October 31, 2013. At the end of October 2013, DJS had implemented MAST in four detention centers (C.H. Hickey Children’s Center, Cheltenham Youth Center, T.J.S. Waxter Children’s Center, and the Baltimore City Juvenile Justice Center).

Between July 2013 and October 31, 2013 there were 70 referrals made to MAST at the respective detention centers as follows:

<i>Detention Center</i>	<i>Number of Referrals</i>	<i>Implementation Date</i>
Baltimore City Juvenile Justice Center (2 MASTs)	1	September 2013
C.H. Hickey Children’s Center (2 MASTs)	17	July 2013
Cheltenham Youth Center (2 MASTs)	49	August 2013
T.J.S. Waxter Children’s Center (1 MAST)	3	September 2013
Total (7/2013 – 10/31/2013)	70 referrals	

Of the 70 referrals made to the MAST, the court agreed with the MAST recommendation in 90% of the cases. Of the 10% (6 cases) of cases in which the court disposition and MAST recommendation differed, the court recommended a higher level of care in 1 case and a lower level of care in 5 cases.