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Maryland Department of Juvenile Services
Residential and Community-Based Services Gap
Analysis



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Executive Summary

The Department of Juvenile Services (DJS) is responsible for managing, supervising, and treating youth who are involved in the juvenile justice system in Maryland. This report summarizes DJS's current service continuum and data related to the risks and needs presented by girls and boys who are involved with DJS, and provides an assessment of whether the current array of services are sufficient to meet the needs of all youth, with specific focus on girls. A proposed action plan for addressing identified gaps is included at the end of the report.

Community-Based Service Gaps

- Youth in all jurisdictions have access to some form of evidence-based or promising programs that have shown to be effective for girls and boys, including Multisystemic Therapy (MST), Functional Family Therapy (FFT), Family-Centered Treatment (FCT), and High Fidelity Wraparound.
- All jurisdictions reported availability of treatment programming to address mental health and substance use needs; more detailed analyses are needed in each locality to determine whether the existing services are sufficient.
- The following jurisdictions reported having no gender-specific community services for girls, despite having a significant number of girls on probation supervision: Baltimore County (114 girls court-ordered to probation in Fiscal Year 2013 (FY13)), Prince George's County (62), Anne Arundel County (61), and Wicomico County (30).
- A significant number of youth under probation in Anne Arundel and Worcester Counties demonstrated a moderate or high need related to aggression, but these counties did not report access to any services to address this need.
- A significant number of youth under probation in Wicomico and Worcester (boys only) Counties demonstrated a moderate or high education/school need (e.g., truancy, misconduct, poor grades, etc.), but these counties did not report access to any education support services.

Residential Service Gaps for Girls

- Findings from a forecast analysis suggest that DJS has enough capacity to serve girls in Level III/hardware secure residential services through a single DJS-operated program (capacity of 14 girls) for the foreseeable future. An assessment of girls' needs indicates that Level III programming should address mental health, family functioning, aggression, and alcohol and drug use.

- There appears to be a shortage of services available for Level II/staff secure residential programs. On any given day, DJS has approximately eight slots available using two privately-run group homes to serve girls who require a staff secure placement, yet the forecast analysis projects that 16 girls require services at this level. An analysis of girls' needs indicates that programming in Level II programs should focus on alcohol and drug use, in addition to mental health. These findings are also supported by analyses of placement ejections and girls placed outside Maryland.
- There are sufficient resources for Level I/community-based residential programs, with 81 slots available to girls on any given day and 65-67 girls projected for this level of programming. The evidence-based services (EBSs) described above may also be utilized as alternatives to out-of-home placement for these youth, if they are eligible and the youth and caregivers are amenable to treatment.
- There are sufficient resources for mental health residential treatment based on prior utilization, with 47-48 girls projected to need this type of placement, and 51 mental health residential placements (MHRPs) utilized on average. This included 37 residential treatment center (RTC) beds, six beds in diagnostic units, eight psychiatric hospital beds, and one high intensity psychiatric respite bed. Nonresidential services, such as care coordination in the community through the Care Management Entity (CME), may also be appropriate alternatives to residential care for some youth.

Residential Service Gaps for Boys

- There is a shortage in capacity to serve boys in Level III programs. Whereas 135-138 boys are projected to require Level III programming on any given day, there is currently only one hardware secure program in Maryland that serves 48 boys. An assessment of boys' needs indicates that Level III programming should address the continuum of behavioral health needs with emphasis on alcohol and drug use, family functioning, aggression, and mental health. These findings are also supported by an analysis of boys who were placed in programs outside of Maryland in FY12 and FY13.
- There are sufficient services available for Level II programs. On any given day, DJS has approximately 335 slots available using seven staff secure programs, one therapeutic group home, one group home, and three intermediate care facilities for boys who require a staff secure placement. The forecast analysis projects that 269-275 boys require services at this level. An analysis of boys' needs indicates that services in Level II programs should

emphasize alcohol and drug use, family functioning, and aggression/assaultive behavior, and mental health.

- There are sufficient resources for Level I programs, with 240 slots available to boys and 254-260 boys projected for this level of programming on any given day. Some boys may be diverted to one of the in-home EBSs—over three-quarters of the boys were identified as having a moderate or high need related to family functioning and all currently available EBSs are family-based models.
- There is a potential shortage in appropriate mental health residential treatment beds. On the one hand, the forecast analysis indicated that 123-126 boys are projected to need this type of placement, and 130 MHRPs have been utilized on average. These included 77 RTC beds, 12 psychiatric hospital beds, 11 beds in diagnostic units, and one high intensity psychiatric respite bed. And once again, community-based services such as care coordination through the CMEs may also be appropriate alternatives to residential care for some youth. On the other hand, 29 boys have been sent to MHRPs located outside of Maryland over the past two fiscal years, and an additional 11 youth were sent to secure out-of-state programs that provide mental health or substance abuse treatment. These out-of-state placements suggest potential gaps in this type of residential care.

Introduction

The Department of Juvenile Services (DJS or the Department) administers the primary service delivery and supervision functions of the juvenile justice system in Maryland, including intake, detention, probation, commitment, and aftercare services.¹ To accomplish these tasks, DJS operates field offices in each of Maryland's counties, including Baltimore City, as well as detention and residential facilities throughout the state. Operational functions are organized into six Regions: Baltimore City, Central, Western, Eastern Shore, Metro, and Southern (Figure 1).

Figure 1. DJS Regional Map



Most of the youth involved with the juvenile justice system are managed and supervised in the community through pre-court (i.e., informal) or probation supervision. In these cases, youth may participate in community-based services provided directly by DJS or by another agency via a contract with DJS or another funding mechanism (e.g., insurance). A substantially smaller share of youth is committed to DJS by the juvenile court; in these cases, the Department provides services to youth in the least restrictive settings warranted by the youth's risk to public safety. A range of programs is available to committed youth. *Community-based treatment programs* allow youth to continue living at home in their community while they receive treatment. *Residential treatment programs* provide specific types of treatment within a continuum of restrictive environments.

DJS utilizes a broad network of public and privately-run programs to meet the needs of youth involved with the system. These programs vary in terms of size, location, populations served, security level, and

¹ A glossary of terms used in this report is available in Appendix A.

services provided, among other factors, and together they constitute a broad, yet comprehensive service array. The different types of programs are discussed in more detail in subsequent sections of this report.

Service Decisions

Decisions to refer and/or place youth in services and programs involve different stakeholders and processes, depending on the nature of the youth's involvement with the Department. At DJS intake, staff interview the youth and family member(s) and utilize a brief risk assessment to inform service referral decisions. For youth who have been adjudicated delinquent, service and placement decisions involve a social history investigation (SHI) and completion of the MCASP (Maryland Comprehensive Assessment and Service Planning) Assessment, as well as direction from the courts, who ultimately determine whether the youth will be served in the community or in out-of-home care. If the youth is committed to DJS, placement determinations are further guided by the Multidisciplinary Assessment and Staffing Team (MAST). The MCASP Assessment and MAST are briefly described below.

All adjudicated youth are assessed with the MCASP Assessment, which is used to inform supervision and service decisions for youth at disposition and treatment service plans (TSPs). It is typically completed as part of the SHI, which occurs between adjudication and disposition (unless these hearings occur on the same day; in these cases it is completed post-disposition). The MCASP Assessment was adapted from the Washington State Juvenile Court Assessment, a validated risk and need assessment instrument created specifically for a juvenile justice population (Barnoski, 1998). It consists of 106 items, which are grouped into 11 domains related to the youth's risk of recidivism: delinquency history, school/education, use of free time, employment, peer relationships, family, mental health, alcohol and drug use, anti-social attitudes, aggression, and neighborhood safety. The instrument's output provides case managers with two sets of information that are incorporated into their recommendations and decisions: 1) the recommended supervision level, which is based on the youth's overall risk level, current offense severity, and prior offending chronicity; and 2) a risk level for each need domain. The MCASP Assessment is not a clinical assessment instrument, thus findings cannot be interpreted to determine clinical levels of care.²

² For example, if a youth scores as "high" in the mental health domain, that youth should be further assessed by a licensed clinician.

Youth committed to the custody of DJS are evaluated by the Multidisciplinary Assessment and Staffing Team (MAST), which completes a battery of standardized assessments and evaluations to determine clinical needs and other individual factors that should be considered as part of the placement decision. The MAST's clinical staff convene with the youth's DJS case manager, the case manager supervisor, resource coordinator, education representative, and parents or caregivers to review the findings and recommendations. The review includes documentation of the youth's current offense, prior offenses, Social History Investigation and Report, MCASP scores, educational records, clinical assessments, and whether any other state agency is involved with the youth. The result of the meeting is a list of recommendations for appropriate programs and services that would best suit the youth's individual risks and needs. DJS then refers the youth's case to the recommended programs for consideration. Programs may accept or reject a youth based on program eligibility criteria and capacity. Once a youth is accepted, services must be authorized by DJS prior to the youth's placement.

To facilitate the identification of appropriate services for youth, the Department has also implemented the DJS Program Questionnaire, a 45-item instrument that is disseminated to all DJS-operated and contracted residential providers, and some nonresidential services, on an annual basis. The purpose of this questionnaire is to gather comprehensive information about the services offered and youth served by the programs. This information is used to describe DJS's service array, to identify gaps in services, and to improve service matching based on youth characteristics, including identified risks and needs.

Programming for Girls

Research demonstrates that the experiences and needs of girls involved in the juvenile justice system are different than boys (e. g., Bright & Jonson-Reid, 2008). "Traditional" delinquency interventions have typically been created for boys involved with the system, and are often ineffective with girls (Chesney-Lind & Shelden, 2004). Thus, gender-responsive services that are tailored to girls' unique needs are necessary to effectively serve them. Bloom and Covington (2000, p.11) define services that are "gender responsive" as: "Creating an environment through site selection, staff selection, program development, content, and material that reflect an understanding of the realities of women's lives and address the issues of the participants. Gender-responsive approaches are multidimensional and are based on theoretical perspectives that acknowledge women's pathways into the criminal justice system. These approaches address social (e.g., poverty, race, class, and gender) and cultural factors, as well as therapeutic interventions. These

interventions address issues such as abuse, violence, family relationships, substance abuse, and co-occurring disorders. They provide a strengths-based approach to treatment and skills-building while emphasizing self-efficacy.”

It is a priority for DJS to provide a continuum of services for all youth in residential placements and those who are supervised in the community. While DJS provides some gender-specific programs (both residential and community-based) for girls, it also relies on a broader service array to meet the diverse needs of all youth in its care.

The purpose of this report is to (1) describe the existing service arrays for girls and boys involved with DJS and (2) to determine whether the existing community-based and residential service arrays can meet the needs of these youth. The gap analysis is divided into two primary sections—one that explores gaps in community-based services, with a focus on programming for youth placed on probation,³ and one that explores the potential gaps in residential services for youth who are committed to DJS. The next section provides an overview of the community-based and residential services utilized by DJS.

The Continuum of Care

Community-Based Services

The service array available to youth in the community varies from county to county across Maryland. In all jurisdictions, services for DJS-involved youth are planned and provided through collaborative efforts with the Local Management Boards, Core Service Agencies, Social Services, Health Departments, Courts, Local Education Agencies, Youth Service Bureaus, and other public and private entities. While the Department contracts with a few community-based programs to ensure access to certain services for their youth population, DJS staff also refer youth to services that may be accessed through insurance or made available through another funding source. The community-based programs discussed in this report are often utilized with youth under probation or aftercare supervision, and in some cases pre-court supervision. Some may also be utilized as diversion from out-of-home placements for committed youth (see *Evidence-Based Services*).

³ DJS, in partnership with The Institute for Innovation & Implementation, will commence a separate project to examine the availability and utilization of alternatives to detention (ATDs) in the Spring 2014. This analysis will utilize data from the newly implemented Detention Risk Assessment Instrument (DRAI).

Evidence-Based Services

Evidence-based Services (EBSs) are model practices or programs that have proven to be effective in reducing recidivism and achieving positive outcomes for youth and families. For many youth, these programs offer appropriate and effective alternatives to residential care if the youth and family are eligible and amenable to the services. DJS uses EBSs to address the needs of youth who are committed to the Department but may be safely served in their homes. These programs are also used for youth under probation supervision and for committed youth who are returning home from residential placements. In some jurisdictions, EBSs are also offered to youth under pre-court supervision.

Four primary evidence-based or promising practices are offered for DJS-involved youth in Maryland: Functional Family Therapy, Multisystemic Therapy, Family-Centered Treatment, and high-fidelity Wraparound delivered through the Care Management Entity. These programs and services are family-based models that have demonstrated to be effective with juveniles involved with the juvenile justice system. The following is a brief description of each program.

Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is a family-based intervention program for high-risk youth ages 10-18. It is a short-term program, with an average of 12 sessions over a 3-4 month period. FFT is intended for a wide range of youth whose problems range from disruptive behaviors to alcohol and/or substance use. Interventions tend to focus on family interactions, communications, and problem-solving, as well as parenting skills and pro-social activities. Services are conducted in both clinic and home settings, and can also be provided in schools, as well as child welfare agencies, probation offices, and mental health facilities. Participating youth must be psychiatrically stable, capable of participating in a cognitive behavioral intervention, and have a parent or legal guardian willing and able to participate (Sexton & Alexander, 2000; Sexton, 2011).

Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is an intensive family-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders, including their homes and families, schools and teachers, neighborhoods and friends. Youth served are 12 to 17 years of age, psychiatrically stable, living with a primary caregiver, and capable of participating in a cognitive behavioral intervention. Exclusion criteria for MST include youth with a diagnosis of Pervasive Developmental Disorder, such as Autism Spectrum Disorder; youth who are primarily

being referred for sex offending behavior; and/or youth living independently in the community. The therapist meets with the family as often as needed (more than once per week, if necessary) in the home or community, and is available 24 hours a day. Treatment duration is typically 3 to 5 months (Henggeler, 1999; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009).

Family Centered Treatment (FCT)

Family Centered Treatment (FCT) is an evidence-based family preservation model of in-home treatment. The FCT model is multifaceted, and treatment services may include counseling, skills training, trauma treatment, community resource coordination, wraparound services, and other interventions. FCT aims to help at-risk families learn and adopt positive behavioral patterns. It is designed for youth facing out-of-home placements and for those reentering their family home from foster care, juvenile detention, or other institutional settings. The FCT model is flexible and treatment can be personalized to meet a range of needs, including substance abuse challenges, domestic violence trauma, sexually inappropriate behavior (including sex offenses), as well as highly reactive behavior (e.g., Sullivan, Bennear, Honess, Painter, & Wood, 2012).⁴

Care Management Entity (CME)/High Fidelity Wraparound

The Care Management Entity (CME) provides intensive care coordination services to children and youth with intensive behavioral health needs using a Wraparound service delivery model. The services are provided in accordance with the 10 principles of Wraparound,⁵ including using a strengths-based team approach to individualized, culturally-responsive, comprehensive, and outcomes-driven care planning. Youth and families are considered critical members of the Child and Family Team, and care coordinators strive to ensure that their voices are fully heard and respected.

Girl-Specific Programs

The programs described above have been shown to be effective or promising programs for girls involved with the juvenile justice system, but they are not gender-specific models. Again, research supports the use of programs that are designed to address the unique needs of girls. Several gender-responsive programs are offered to girls who involved with DJS, though access varies across the state. The Female Intervention Team, Girls Group, and Girls Circle are highlighted below.

⁴ See www.ifcsinc.com for more information.

⁵ More information on the Wraparound Model is available at www.nwi.pdx.edu.

Female Intervention Team

DJS created the Female Intervention Team (FIT), a probation unit dedicated to females, in response to a substantial increase in girls referred to and served by DJS in the early 1990s. FIT's primary focus has been to keep girls in the community and prevent them from re-offending through the use of case management and access to support services and programs, including FIT-conducted teen parenting, parent support, and substance abuse groups. FIT serves all DJS-involved girls who reside in Baltimore City and have been formally adjudicated and supervised through aftercare, probation, and the violence prevention initiative. Girls receive services through FIT for varying lengths of time, often 6 to 12 months.

Girls Group

Across the state, a number of DJS offices provide their own gender-responsive groups for girls. These groups are led by case managers who have received specific training and resources to supervise girls and to encourage their success. Programming may vary somewhat across jurisdictions but tends to focus on relationships, healthy lifestyles, education and employment preparation, and other issues specific to girls.

Girls Circle

Girls Circle is a structured support group for girls ages 9-18, which integrates relational theory, resiliency practices, and skills training in a specific format designed to increase positive connection, personal and collective strengths, and competence in girls. It aims to counteract social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices.⁶ Research has shown that girls who participate in Girls Circle, including those involved with the juvenile justice system, experience significant gains in self-efficacy, body image, and perceived social support (Irvine, 2005).

Residential Services

DJS utilizes a broad array of residential programs for committed youth, ranging from treatment foster care to secure youth centers to facilities operated by the Public Mental Health System (PMHS). To ensure that youth are placed in programs that are consistent with their risk to public safety (i.e., risk for re-offending), DJS classifies these programs (with the exception of PMHS services, see below) as Level I, II, or III, with Level III representing the most secure settings.

⁶ See www.onecirclefoundation.org/GC.aspx for more information.

Level III programs are hardware secure residential programs, meaning the program relies primarily on the use of construction and hardware such as locks, bars, and fences to restrict youth's movement. The hardware secure programs are generally designed for youthful offenders who are adjudicated for violent offenses or have a history of violent offending.

Level II programs are staff secure residential programs, meaning a youth's movement is controlled by staff supervision rather than by restrictive architectural features. These programs are typically utilized for more serious, non-violent and/or chronic offenders. Some group homes and therapeutic group homes are also classified as Level II programs, when the program offers school on-site and residents have only supervised access to the community. Intermediate care facilities for addictions (ICFAs; i.e., in-patient substance use treatment) are also included in this level.

Level I programs are community-based residential programs, which serve youth who are committed to DJS but do not require placement in a secure setting and may continue to access school and other activities in the community with structured supervision. This level of services typically includes foster care, treatment foster care, group homes (including high intensity group homes), therapeutic group homes, alternative living units, independent living programs, and transitional living programs.

Additionally, youth who are committed to DJS may be placed in residential programs designed for youth with serious emotional disabilities for diagnostic, stabilization, or longer-term treatment purposes. These programs include public and privately-run residential treatment centers (RTCs), diagnostic units, high intensity psychiatric respite, and psychiatric hospitals. Throughout this report, these programs will be referred to globally as *Mental Health Residential Placements* (MHRPs). Referrals to PMHS services are evaluated by local Core Service Agencies, and must have final authorization for services from the Administrative Service Organization (ValueOptions). PMHS services are funded through Medicaid or through the Mental Hygiene Administration (MHA). See Figure 2 for the residential program classification scheme.

DJS also has per diem contracts (i.e., pay for use) with 38 residential programs located outside of Maryland. These programs are utilized to accommodate youth who require more restrictive settings but are not eligible for programs within Maryland or cannot be adequately served by the in-state programs (e.g., youth with unique health needs). The majority of out-of-state programs are

classified as residential treatment centers⁷ (n=16), followed by staff secure programs (n=13) and hardware secure programs (n=8). Almost half of these programs (n=17) are located in Pennsylvania.

Figure 2. DJS Residential Program Levels and Subtypes

Security Level	Residential Program Subtype
Level III – Hardware Secure	– Hardware Secure Facility
Level II – Staff Secure	– Intermediate Care Facility for Addictions – Behavioral Program (e.g., Youth Center) – Group Homes and Therapeutic Group Homes with Schools on-site
Level I – Community-based	– Foster Care, Treatment Foster Care – Group Home/High Intensity Group Home – Therapeutic Group Home – Alternative Living Unit – Independent Living Program – Transitional Living Program
Mental Health Residential Placements	– Residential Treatment Center – Diagnostic Unit – High Intensity Psychiatric Respite – Psychiatric Hospital

Service Gap Analysis

Community-Based Service Gap Analysis

Again, the broader community-based service arrays vary by jurisdiction, and services for DJS-involved youth may be provided by many agencies. In order to establish these arrays, regional DJS staff compiled lists of community-based programs and services for each county/jurisdiction (excluding community-based *residential* programs, which are discussed in the residential sections of this report). For each program, they provided the name, a short description, gender(s) served, and the types of services provided/intervention area(s). The regional and jurisdictional breakdowns of program offerings are summarized by gender in Figure 3. Some jurisdictions listed significantly more programs than others; this may reflect actual differences in the availability of

⁷ Out-of-state residential treatment centers may not meet Maryland’s definition of a residential treatment center, which is synonymous with the federal definition of a psychiatric residential treatment facility, or PRTF),

services, but then some jurisdictions may have only listed services that are typically used for DJS-involved youth. The majority of programs serve both boys and girls.

Figure 3. Community-Based Programs by Region and County

Region/County	# Girl-Only Programs	# Programs Serving Girls and Boys	# Boy-Only Programs	Total # Programs
Baltimore City	2	41	7	50
Central	5	137	4	146
Baltimore Co.	0	24	0	24
Carroll	1	30	0	31
Harford	2	60	2	64
Howard	2	35	1	38
Western	9	61	1	71
Allegany	3	27	0	30
Frederick	3	13	1	17
Garrett	0	11	0	11
Washington	3	20	0	23
Eastern Shore	7	64	6	77
Caroline	0	20	0	20
Cecil	1	10	1	12
Dorchester	1	8	1	10
Kent	2	10	2	14
Queen Anne	0	10	0	10
Somerset	0	10	0	10
Talbot	1	20	1	22
Wicomico	0	8	0	8
Worcester	2	8	1	11
Southern	3	22	5	30
Anne Arundel	0	10	4	14
Calvert	1	9	2	12
Charles	3	10	2	15
St. Mary's	1	11	2	14
Metro	1	24	2	27
Montgomery	1	11	2	14
Prince George's	0	17	1	18
Statewide	27	349	25	401

The community-based service gap analysis is focused on services for youth under probation supervision, with attention paid primarily to girl-specific programming. Many of the programs listed in the service array are also accessed by youth under pre-court and aftercare supervision. Neither of these populations was included in the descriptive analyses below because: 1) DJS does not have similar comprehensive needs data on pre-court youth, and 2) the aftercare population comprises a smaller number of youth and is the focus of the residential service analysis—where gaps exist for probation youth, they also exist for these groups of youth.

To identify the needs of youth placed on probation, each case was matched with his/her most recently completed MCASP Assessment. The needs assessed as part this analysis included: education, use of free time, peer relationships, family functioning, mental health, alcohol and drug use, anti-social attitudes, and aggressive/assaultive behavior. Youth were indicated as having a need in each domain if they scored as moderate or high need in the assessment. In addition, specific types of offenders who have unique treatment needs were identified, including those adjudicated for offenses related to sexual behavior⁸ or fire setting.⁹

Potential service gaps were determined by comparing the needs of youth who were court-ordered to probation in FY13 with the service arrays in their respective jurisdictions. Because DJS does not have program capacity and average length of stay (ALOS) information for all of the community-based services in every jurisdiction, the analysis simply examined whether there was an observable need for a certain type of service/intervention (based on the number of probation youth), and whether any programs exist to address that need. The analysis does not establish whether there are enough services, if any exist, to meet the needs of all youth.

Characteristics of Youth on Probation

As summarized in Figure 4, 2,898 youth were adjudicated delinquent and court-ordered to probation with DJS in FY13. The largest share of youth was from Central Region (33%), followed by Metro (18%), Southern (18%), Baltimore City (16%), Eastern Shore (10%), and Western Regions (4%). Overall, 20% of youth ordered to probation in FY13 was female, and the largest proportions of girls were located in Baltimore County (19%), Baltimore City (12%), Prince George's County (11%), and Anne Arundel County (10%).

⁸ Sex offenses include Attempted Rape or Sex Offense, Child Pornography, Rape 1st Degree, Rape 2nd Degree, Sex Abuse by Household Member, Sex Offense 1st Degree, Sex Offense 2nd Degree, Sex Offense 3rd Degree, and Sex Offense 4th Degree.

⁹ Fire-setting offenses include Arson-Threat, Arson 1st Degree, Arson 2nd Degree, Malicious Burning-Felony, and Malicious Burning-Misdemeanor.

Figure 4. Number of Girls and Boys Court-Ordered to Probation in FY13 (% of State Girl/Boy Total)

Region/County	# (%) Girls	# (%) Boys	Total
Baltimore City	69 (12%)	401 (17%)	470 (16%)
Central	203 (34%)	756 (33%)	959 (33%)
Baltimore Co.	114 (19%)	500 (22%)	614 (21%)
Carroll	17 (3%)	78 (3%)	95 (3%)
Harford	31 (5%)	87 (4%)	118 (4%)
Howard	41 (7%)	91 (4%)	132 (5%)
Western	23 (4%)	103 (4%)	126 (4%)
Allegany	8 (1%)	17 (1%)	25 (1%)
Frederick	1 (<1%)	5 (<1%)	6 (<1%)
Garrett	2 (<1%)	24 (1%)	26 (1%)
Washington	12 (2%)	57 (2%)	69 (2%)
Eastern Shore	71 (12%)	218 (9%)	289 (10%)
Caroline	1 (<1%)	13 (1%)	14 (<1%)
Cecil	16 (3%)	73 (3%)	89 (3%)
Dorchester	6 (1%)	15 (1%)	21 (1%)
Kent	1 (<1%)	8 (<1%)	9 (<1%)
Queen Anne	1 (<1%)	5 (<1%)	6 (<1%)
Somerset	0 (0%)	0 (0%)	0 (0%)
Talbot	7 (1%)	9 (<1%)	16 (1%)
Wicomico	30 (5%)	43 (2%)	73 (3%)
Worcester	9 (2%)	52 (2%)	61 (2%)
Southern	126 (21%)	400 (17%)	526 (18%)
Anne Arundel	61 (10%)	207 (9%)	268 (9%)
Calvert	11 (2%)	46 (2%)	57 (2%)
Charles	27 (5%)	80 (3%)	107 (4%)
St. Mary's	27 (5%)	67 (3%)	94 (3%)
Metro	97 (16%)	431 (19%)	528 (18%)
Montgomery	35 (6%)	170 (7%)	205 (7%)
Prince George's	62 (11%)	261 (11%)	323 (11%)
Statewide	589	2,309	2,898

Figure 5 shows additional demographic characteristics, as well as specific treatment needs and offender types, of all girls and boys who were adjudicated delinquent and court-ordered to probation in Maryland in FY13. Overall, 63% of these youth were African American/Black, 30% were Caucasian/White, and 5% were Hispanic/Latino. They were 16 years old, on average. Youth treatment needs were generally comparable across gender, though there were some notable differences in needs related to alcohol and drug use (35% girls, 46% boys), mental health (41% girls, 32% boys), and aggression (73% girls, 64% boys). The number of programs available for each need/intervention area (as identified by local DJS staff) is also reported. The most frequently reported intervention types included those that address mental health (n=115) and peer

relationships (n=99). Very few programs were reported to address the needs of sex offenders (n=11) and fire-setters (n=4), though very few youth were adjudicated with the relevant offenses in this cohort.

Figure 5. Probation Youth Needs (FY13) and Community-Based Services: Statewide

	Girls	Boys	Total Youth	# Programs
Total	589 (20%)	2309 (80%)	2898	401
Average Age	16.1	16.2	16.2	--
Race/Ethnicity				
African American/Black	67%	63%	63%	--
Caucasian/White	29%	31%	30%	--
Hispanic/Latino	4%	6%	5%	--
Other	1%	1%	1%	--
Treatment Needs/Offender Type				
Education	57%	57%	57%	89
Use of Free Time	26%	21%	22%	81
Peer Relationships	76%	83%	82%	99
Family	50%	43%	44%	89
Alcohol & Drug Use	35%	46%	44%	87
Mental Health	41%	32%	33%	115
Anti-Social Attitudes	58%	60%	59%	87
Aggression	73%	64%	66%	59
Sex Offender	1%	4%	3%	11
Fire Setter	3%	1%	2%	4
Girl-Only Programs	--	--	--	27

Gaps in the Community-Based Service Array

The community-based service gap analysis was conducted by county since most of the child-serving agencies are organized at this level. Appendix B contains summary tables for each jurisdiction, presenting the characteristics of youth court-ordered to probation and the numbers of programs available, in addition to regional maps of the identified service providers. The most notable gaps in the existing community-based services are summarized below.

Overall, most of the jurisdictions reported having access to at least one community-based program to meet the various treatment needs of youth in each major need domain. There were just a few notable exceptions:

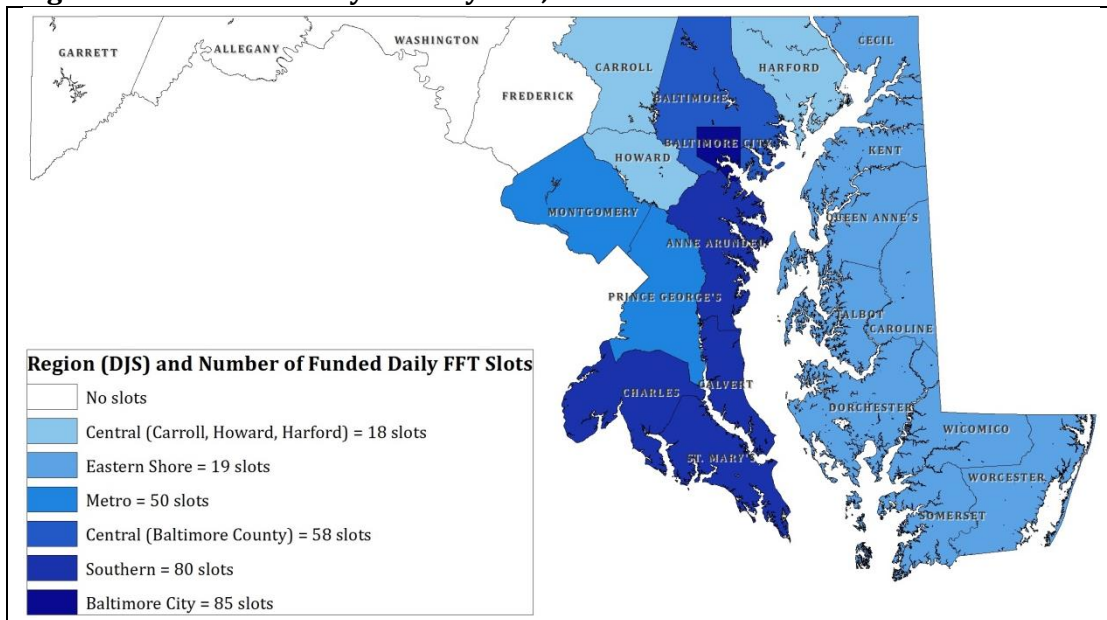
- A significant number of youth under probation in Anne Arundel and Worcester Counties demonstrated a moderate or high need related to aggression, but these counties did not report access to any services to address this need.
- A significant number of youth under probation in Wicomico and Worcester (boys only) Counties demonstrated a moderate or high education/school need, but these counties did not report access to any education support services.

Evidence-Based Services

Youth across Maryland have access to some form of evidence-based or promising programs in the community, although service capacity varies substantially by jurisdiction. The following section summarizes the availability of FFT, MST, FCT, and High-Fidelity Wraparound.

Figure 6 shows where FFT is currently available throughout Maryland. FFT is widely available to DJS-involved youth in Baltimore City, Central, Metro, and Southern Regions, and to a lesser extent in the Eastern Shore Region; it is not available in Western Maryland. DJS provides funding for the majority of these slots, though the Department of Social Services (DSS) provides funding for 18 slots in Baltimore County and the Children’s Cabinet Interagency Fund (CCIF) funds 36 slots in Baltimore County and eight slots in Charles County. DJS youth may utilize the slots funded by CCIF, but not those funded by DSS.

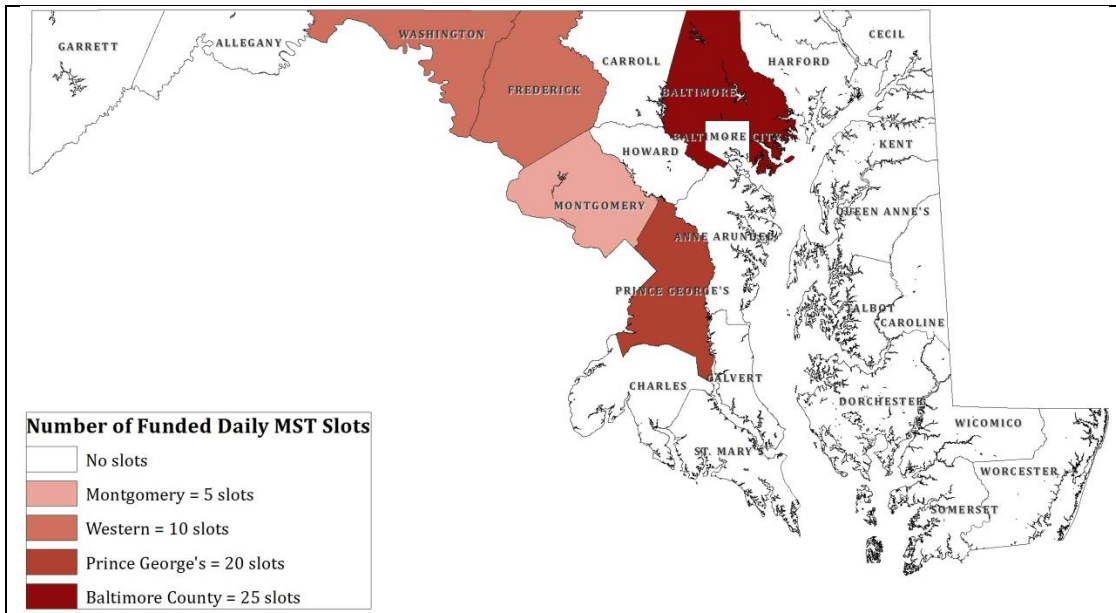
Figure 6. FFT Availability in Maryland, FY14



Note: DSS funds 18 slots in Baltimore County; these are not utilized by DJS youth. CCIF funds 36 slots in Baltimore County and 8 slots in Charles County that may be accessed by DJS youth.

Figure 7 shows where MST is currently available in Maryland. MST is only available to DJS-involved youth in the following five counties: Baltimore, Frederick, Montgomery, Prince George’s, and Washington. DJS provides funding for the majority of these slots, though DSS provides funding for 5 slots in Baltimore County, and the CCIF funds 15 slots in Prince George’s County. Again, DJS youth may utilize the slots funded by CCIF, but not those funded by DSS.

Figure 7. MST Availability in Maryland, FY14



Note: DSS funds 5 slots in Baltimore County; these are not utilized by DJS youth. CCIF funds 15 slots in Prince George's County that may be accessed by DJS youth.

FCT is available to DJS-involved youth in all regions, except for the Eastern Shore. DJS currently funds 131 slots, which are distributed across Baltimore City (15 slots), Central (27), Western¹⁰ (25), Southern (30), and Metro Regions (34). Slots are funded on a per diem basis.

DJS youth can access services from the CME post-adjudication to divert them from placement in a group home. Currently, the statewide CME, Maryland Choices, has 100 slots funded through the Governor's Office of Children for DJS-involved youth across the state, operated on a first-come, first-serve basis, and available for up to nine months. Youth returning from out-of-home placement to the community may also utilize these slots as part of DJS aftercare supervision. More recently, the CME has been able to serve up to 100 youth statewide through a new Stability Initiative, which includes up to 15 months of Wraparound services for DSS- or DJS-involved youth with a documented Serious Emotional Disturbance (SED). Unlike the other group home diversion program, the Stability Initiative does not require lead agency involvement post-enrollment.

Girl-Specific Programs

The majority of jurisdictions reported access to at least one girl-specific community-based program. Six jurisdictions reported having Girls Groups that are provided directly by DJS staff, including Allegany, Carroll, Charles, Frederick, Harford, and Howard Counties. As mentioned earlier, FIT is available to girls in Baltimore City who have been formally adjudicated and supervised through

¹⁰ FCT is not available in Garrett County.

aftercare, probation, and the violence prevention initiative. Girls Circle is currently offered in Dorchester and Kent Counties. Other girl-specific programs are delivered by local health departments, youth service bureaus, and private providers. The following jurisdictions reported having no gender-specific services for girls, despite having a significant number of girls on probation supervision: Baltimore County (114 girls court-ordered to probation in FY13), Prince George's County (62), Anne Arundel County (61), and Wicomico County (30).

A more detailed examination of each jurisdiction's community-based service array may uncover additional gaps in services; the findings presented here are considered a starting point. Local DJS offices will be provided with the data presented in this report to further assess and address their local needs for services.

Residential Service Gap Analysis

The residential service gap analysis entails different data sources and methods in comparison to the community-based analysis. For one, gaps in residential services are assessed at the state level since most residential programs serve youth from any Maryland jurisdiction and youth are generally placed in the program that can best accommodate their risks and needs. Second, DJS collects more detailed data related to the use of residential programs, allowing for deeper quantitative analysis.

Residential Program Capacity

DJS currently utilizes approximately 104 residential programs for committed youth across the State of Maryland. Figure 8 shows DJS's residential service array by type and gender(s) served. A total of 18 residential programs serve only girls. By comparison, 33 programs serve only boys and 53 programs serve youth of both genders. Figure 8 also shows the number of youth who could be served by each program subtype on any given day. The *total daily capacity* reflects the total number of beds for DJS-run programs and those that serve only DJS youth; for all other programs, the total daily capacity is estimated based on the average daily population (ADP) of DJS-youth served by the program during the past fiscal year (FY13).¹¹ For programs that serve males and females, these estimates are provided for each gender. Note that capacity estimates based on the ADP are conservative at best, and can be considered the lower parameter for these approximations.

Level III Programs. There are two Level III programs in DJS's in-state residential service array. DJS operates both programs—one for females (J. DeWeese Carter Youth Facility, or Carter) and one for

¹¹ Capacity for contracted programs that were not utilized for males and/or females during FY13 was set to 1 youth for estimation purposes.

males (Victor Cullen Center). On any given day, these programs can serve 14 girls and 48 boys, respectively.

Level II Programs. Of the 14 Level II programs in DJS's residential continuum, two serve only girls for a total capacity to serve eight girls on any given day. Notably, there is no staff secure facility for girls. Those who require placement in a more restrictive setting, but not a hardware secure facility, may be placed in a staff-secure group home or therapeutic group home.

With regard to staff secure facilities for boys, the Department operates four Youth Centers in Western Maryland; one of these facilities includes a short-term 90-day residential program in addition to the traditional program. DJS also operates a staff secure facility that provides intensive substance abuse services in Baltimore City. The remaining staff secure facility for boys is privately operated (Silver Oak Academy).¹² In addition, to these programs, DJS has contracts with one high intensity group home and one therapeutic group home that provide services for boys in staff-secure settings.

In addition to the gender-specific programs, there are three other staff-secure residential programs that serve both males and females; these programs all specialize in addictions services.

Level I Programs. The majority of the 65 Level I programs are group homes/high intensity group homes and treatment foster care programs. Many, if not all, of these programs also serve youth who are committed to DSS. Note that while there are greater numbers of these programs, they tend to have lower youth capacity than the Level II and III residential settings. Twenty Level I programs serve only boys, 13 programs serve only girls, and 32 serve both genders.

Mental Health Residential Placements. Most of the mental health residential programs serve both boys and girls, including seven staff secure RTCs, three diagnostic units, one high intensity psychiatric respite program, and several psychiatric hospitals. There is also one hardware secure residential treatment program that serves male sex offenders (total capacity of 29 boys), two staff secure RTC programs that serve only boys, and one staff secure RTC program that serves only girls. There is also a female-only diagnostic unit for girls who require a short-term emergency placement.

¹² Silver Oak Academy was recently granted permission by the State of Maryland to expand capacity from 48 to 96 beds, which will occur gradually over the next year.

Figure 8. Frequency of Residential Program Subtypes and Daily Capacity by Gender(s) Served

		Girl-Only Programs		Girl & Boy Programs			Boy-Only Programs	
	Type of Program	# Programs	Total Daily Capacity	# Programs	Total Daily Capacity: Girls	Total Daily Capacity: Boys	# Programs	Total Daily Capacity
Level III	Hardware Secure Facility	1	14	0	0	0	1	48
	Total	1	14	0	0	0	1	48
Level II	Staff Secure Facility	0	0	0	0	0	7	279
	Intermediate Care Facility for Addictions	0	0	3	8	34	0	0
	High Intensity Group Home	1	6	0	0	0	1	16
	Therapeutic Group Home	1	2	0	0	0	1	6
	Total	2	8	3	8	34	9	301
Level I	Alternative Living Unit	0	0	1	1	9	0	0
	Group Home/High Intensity Group Home	7	21	5	10	29	16	124
	Independent Living Program	2	4	6	6	8	0	0
	Therapeutic Group Home	3	16	0	0	0	2	10
	Transitional Living Program	1	1	0	0	0	2	7
	Treatment Foster Care	0	0	20	22	53	0	0
	Total	13	42	32	39	99	20	141
MHRP	RTC-Hardware Secure	0	0	0	0	0	1	29
	RTC-Staff Secure	1	20	7	17	43	2	34
	Diagnostic Unit	1	1	3	5	11	0	0
	High Intensity Psychiatric Respite	0	0	1	1	1	0	0
	Psychiatric Hospital	0	0	7	8	12	0	0
	Total	2	21	18	31	67	3	63
Total		18	85	53	78	200	33	553

Figures 9 and 10 show the total daily capacities for programs serving girls and boys committed to DJS by program level. Notably, for girls, most of the residential program capacity is available in Level I/community-based programs, whereas for boys, most of the capacity is within Level II/staff secure programs.

Figure 9. Youth Capacity by Program Level: Girls

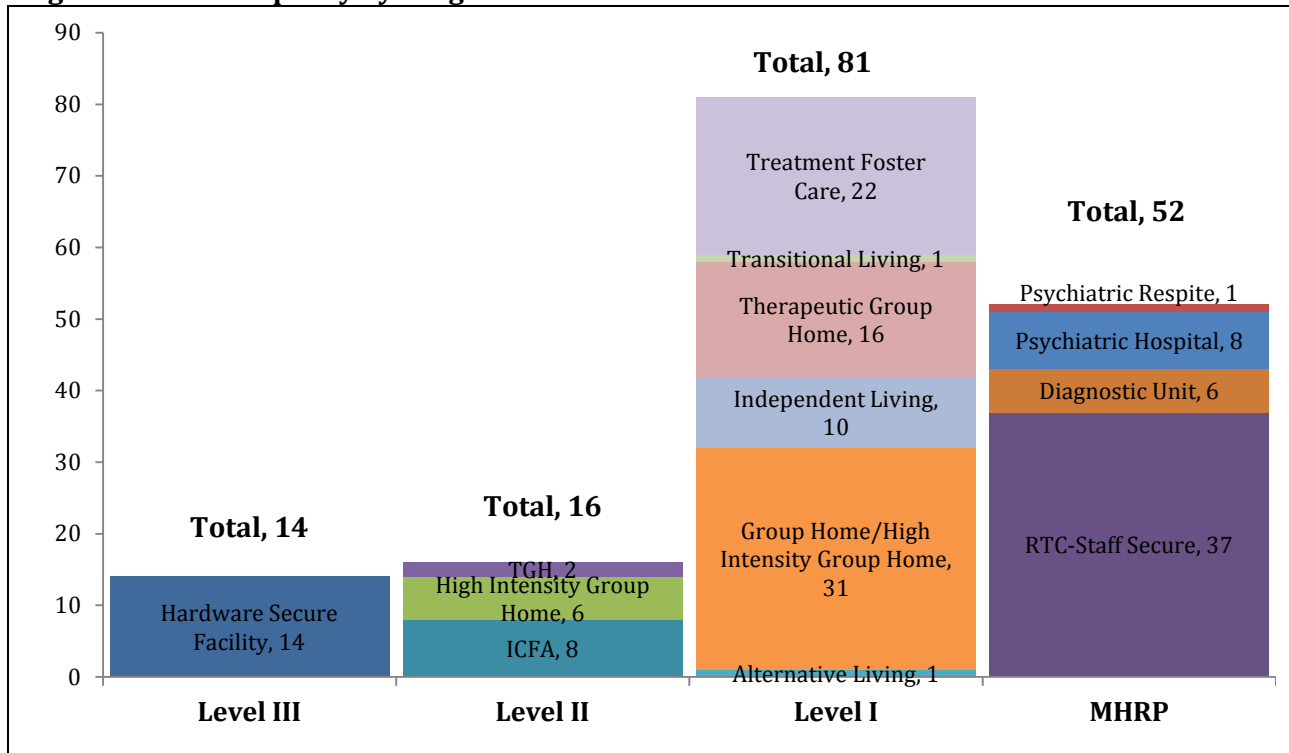
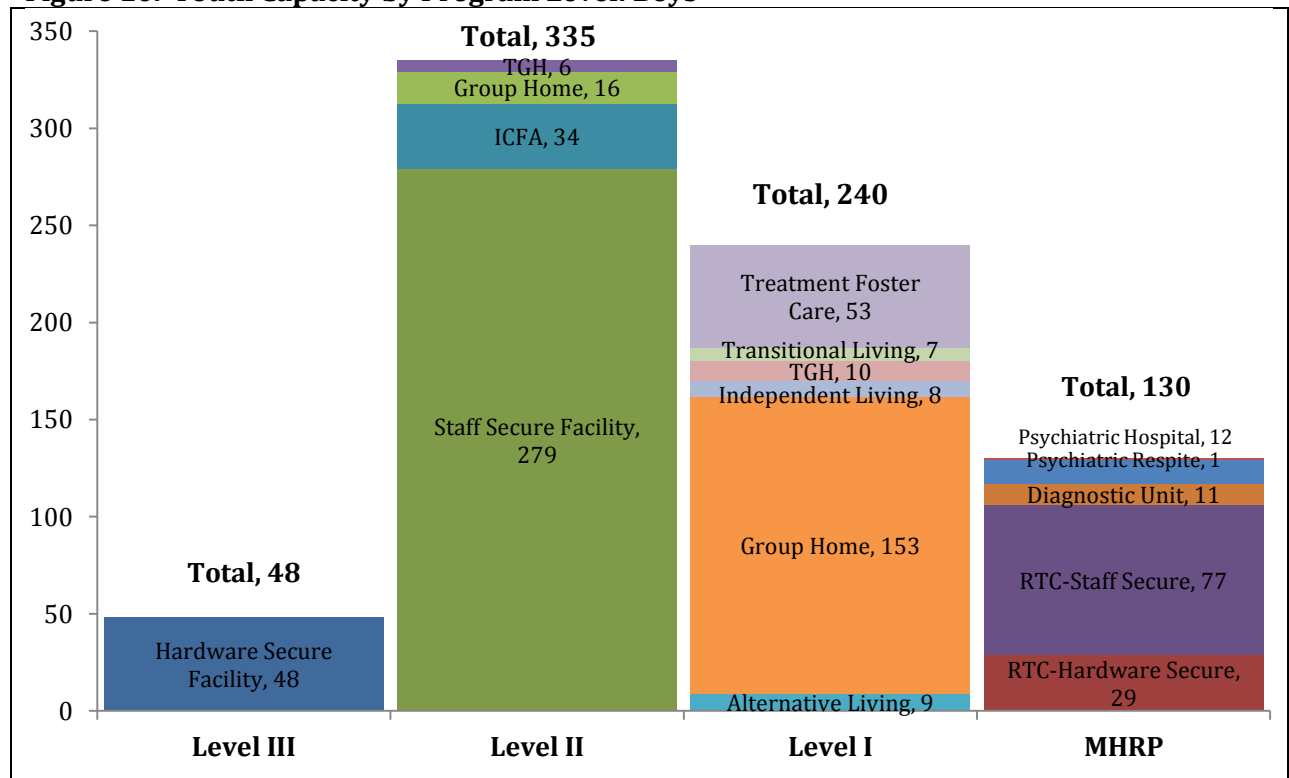


Figure 10. Youth Capacity by Program Level: Boys



Residential Program Locations

The residential programs utilized by DJS are not uniformly dispersed across the state (Figure 11). For instance, the Central Region has seven girl-only Level I programs, while the Eastern Shore Region has one residential program that serves only females—the only Level III program in the State. The rest of the regions only have one or two girl-only residential programs each. On the other hand, the Western Region has the largest number of male-only residential programs (12 total). The Southern Region has the fewest male-only residential programs with just one Level I program.

Figure 11 also shows the distribution of residential programs that serve both genders by DJS Region. Again, a large number of these programs are located in Central Region (13 Level I and 8 MHRPs). The Southern Region has the fewest residential programs that serve both genders, with just one Level I program—in fact, this region has the fewest residential programs overall, with just four total. The Central Region has the most residential programs utilized by DJS (n=36), followed by Western Region (n=25).

Figure 11. Number of Residential Programs by DJS Region

	DJS Region						Total
	Baltimore	Central	Western	Eastern Shore	Southern	Metro	
# of Girl-Only Programs	1	9	3	1	2	2	18
Level I	1	7	1	0	2	2	13
Level II	0	0	2	0	0	0	2
Level III	0	0	0	1	0	0	1
MHRP	0	2	0	0	0	0	2
# of Girl-Boy Programs	7	21	10	6	1	8	53
Level I	4	13	6	4	1	4	32
Level II	1	0	2	0	0	0	3
Level III	0	0	0	0	0	0	0
MHRP	2	8	2	2	0	4	18
# of Boy-Only Programs	4	6	12	3	1	7	33
Level I	2	3	5	3	1	6	20
Level II	1	1	6	0	0	1	9
Level III	0	0	1	0	0	0	1
MHRP	1	2	0	0	0	0	3
Total	12	36	25	10	4	17	104

Gaps in the Residential Service Array for Girls

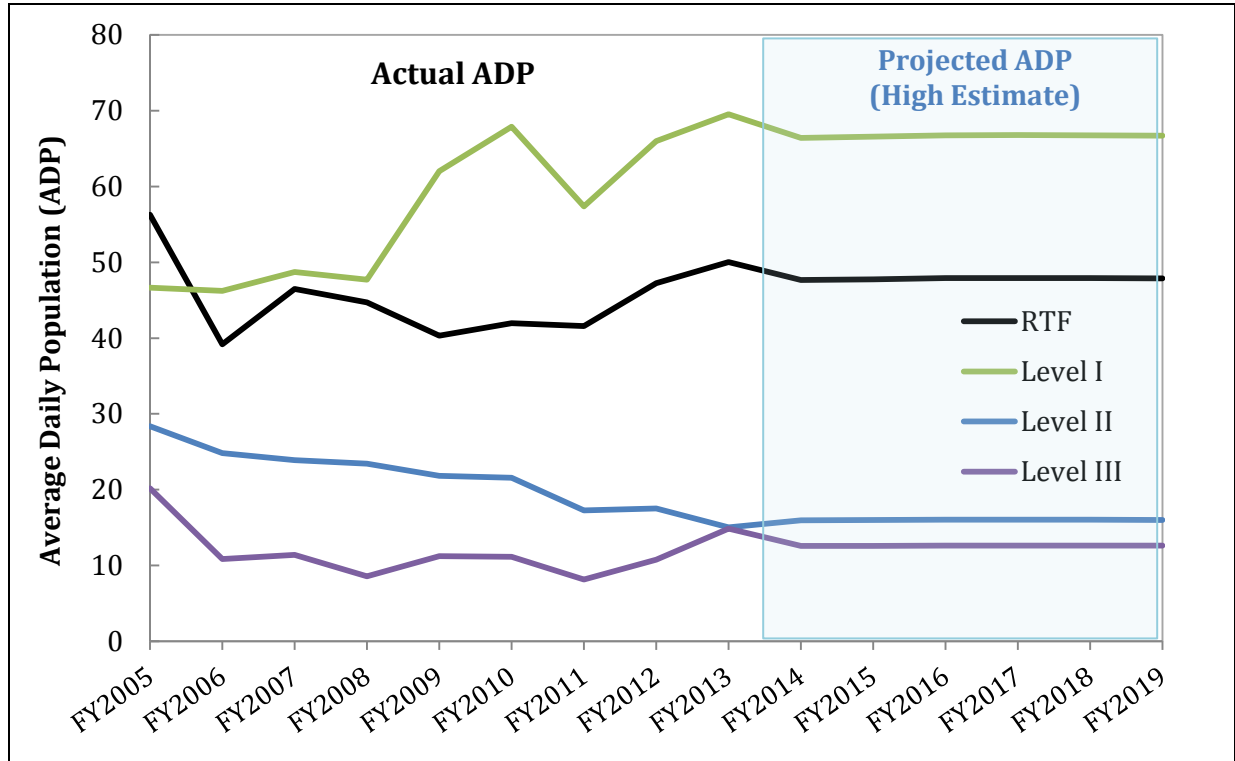
While DJS administers an array of services for youth committed to the Department, the current array does not necessarily meet the diverse needs of all committed boys and girls. The following section summarizes several analyses that focus on identifying the gaps in services for girls, with a subsequent section focused on boys.

Forecast Analysis of Residential Programs for Girls

Projections of Maryland’s total committed youth population were developed using a set of statistical techniques known as time-series forecasting.¹³ The parameters in the time series model account for the pattern, trend, and seasonal variation and are used to project future population values. For a baseline forecast, such models implicitly assume that current policies and practices will continue into the future. Two projections were developed, providing a low and high scenario. Projections were then disaggregated by gender and program level. To disaggregate the projections, the percentages of the population in each gender/program level category during FY12 and F13 were averaged and the resulting percentages were applied to the projections.

Figure 12 shows the actual ADPs of committed girls from FY05 through FY13 and the projected ADPs through FY19 by program level. The forecast findings indicate that the number of girls to be served at each program level should be relatively constant over the next five years. Approximately 12-13 girls (only the high estimates are shown in Figure 12) are projected for care in Level III programs, 16 girls for Level II programs, 65-67 girls for Level I programs, and 47-48 girls for MHRPs.

Figure 12. Committed Population Projections for Girls by Program Level



¹³ We would like to acknowledge Meredith Farrar-Owens for completing the forecast analyses included in this report. A more detailed report of the forecast analysis is currently being completed.

Taking into account the current total daily capacity of services (Figure 8), the findings from the forecast analysis suggest that the Department has enough capacity to serve girls in Level III services with the one hardware secure facility (capacity of 14 girls) for the foreseeable future. On the other hand, there appears to be a shortage of services available for Level II programs; on any given day, DJS has approximately eight slots available using two privately-run group homes to serve girls who require a staff secure placement, yet the forecast analysis projects that 16 girls require services at this level. Conversely, it appears that there are sufficient resources for Level I programs, with 81 slots available to girls on any given day, in addition to the EBSs discussed in the *Community-Based Services* section, and a projected 65-67 girls requiring this level of programming. Finally, there are sufficient resources for MHRP beds, with 47-48 girls projected to need this type of placement and 37 RTC beds utilized on average, as well as six beds in diagnostic units, eight psychiatric hospital beds, and one bed in a high intensity psychiatric respite program. In some cases, in-home evidence-based services, such as the CME, may also be appropriate alternatives to residential care for these girls.

Characteristics of Committed Girls

Figure 13 presents the characteristics of girls who were admitted to residential placements in FY12 and FY13 by program level.¹⁴ On average, the girls were 16 years old. Race/ethnicity varied across program levels—African American/Black was the most frequently identified race/ethnicity within Level I (64%), Level III (77%), and MHRP programs (66%), whereas Caucasian/White was the most frequent for Level II (68%). There were also regional differences in the distribution of girls within each program level—Metro (25%) and Southern Regions (18%) had the highest shares of Level I admissions; Central (26%) and Southern (24%) had the highest percentages of Level II admissions; Metro (33%) and Baltimore City (21%) had the highest percentages of Level III admissions; and Southern had the highest share of MHRP admissions (28%).

To measure the risks and needs presented by this sample of committed girls,¹⁵ each case was matched with the most recently completed MCASP Assessment (prior to admission). Overall, the most frequent adjudicated offenses were misdemeanors and violations of probation (VOP). Girls admitted to Level III programs were the most likely to be adjudicated for a person-to-person offense (43%), followed by those placed in MHRPs (37%). With regard to treatment needs,

¹⁴ Several girls were admitted to one or more programs within or across program levels during the time frame; all cases are included in the descriptive analyses.

¹⁵ Similar criteria were utilized to classify risks and needs as presented in the community-based services analysis.

according to results from the MCASP Assessment, approximately three-quarters of committed girls screened for moderate or high mental health need, and slightly less than two-thirds of girls screened for moderate or high need in the alcohol and drug use domain. Further, the overwhelming majority of committed girls screened as moderate or high need for family functioning (88%) as well as for aggression/assaultive behavior (92%). Despite this latter finding, very few girls were adjudicated for violent offenses¹⁶ (1%) or those related to sexual behavior (<1%) or fire setting (3%).

Figure 13. Characteristics of Girls Admitted to Residential Placements in FY12 and FY13 (N=633)

	Level I	Level II	Level III	MHRP	Total
Average Age	16.6	16.8	16.7	16.0	16.5
Race/Ethnicity					
African American/Black	64%	29%	77%	66%	57%
Caucasian/White	32%	68%	17%	33%	39%
Hispanic/Latino	4%	4%	6%	2%	4%
DJS Region					
Baltimore City	16%	7%	21%	17%	15%
Central	12%	26%	14%	15%	16%
Western	14%	13%	4%	12%	12%
Eastern Shore	16%	17%	15%	13%	15%
Southern	18%	24%	14%	28%	22%
Metro	25%	13%	33%	15%	20%
Offense Type*					
Person-to-Person Felony	3%	2%	14%	5%	4%
Drug Felony	<1%	2%	0%	0%	<1%
Other Felony	11%	8%	12%	6%	9%
Person-to-Person Misdemeanor	20%	17%	29%	32%	23%
Drug Misdemeanor	5%	15%	0%	4%	6%
Other Misdemeanor	38%	32%	20%	39%	36%
VOP	21%	23%	20%	14%	20%
Missing	2%	2%	4%	1%	2%
Treatment Needs/Offender Type*					
Mental Health	74%	58%	76%	90%	75%
Alcohol & Drug Use	61%	82%	59%	52%	63%
Family Functioning	91%	78%	92%	90%	88%
Aggression/Assaultive Behavior	93%	86%	96%	92%	92%
Violent Offender	1%	1%	2%	2%	1%
Sex Offender	<1%	0%	0%	1%	<1%
Fire Setter	4%	1%	2%	3%	3%

*From the MCASP Assessment.

¹⁶ Violent offenses include Attempted Murder, Attempted Rape or Sex Offense, Carjacking, Child Abduction of Individual Under 16, Child Abuse, Kidnapping, Murder 1st Degree, Murder 2nd Degree, Pandering, Poisoning, Prostitution-Bawdyhouse, Rape 1st Degree, Rape 2nd Degree, Sex Abuse by Household Member, Sex Offense 1st Degree, Sex Offense 2nd Degree, Sex Offense 2nd Degree (no force or threat), and Sex Offense 2nd Degree (w/force or threat).

There were some important variations in treatment needs across program levels. Not surprisingly, the majority of girls in MHRPs screened as moderate or high for mental health needs. Notably, the percentage of girls admitted to Level II programs who screened for a moderate or high mental health need (58%) was less than the population of girls admitted to Level I and III programs (74% and 76%, respectively), though the alcohol and drug use need was substantially higher (82% versus 61% and 59%). Taken as a whole, these findings suggest the strong need for behavioral health programming at all program levels, with the greatest need for substance use treatment at the staff secure level.

While the findings from the forecast and descriptive analyses are instructive with regard to programming needs within DJS's residential service continuum for girls, these analyses are limited to the extent that they rely on the use of prior placement data, which poses some drawbacks. For one, it is likely that previous admissions were impacted by the availability of services within each program level; thus, the need for programs within each level may be under or over-estimated. For example, girls who may have been best served in a staff secure setting might have been placed in a Level I or Level III program simply due to the limited availability of programs within Level II for girls. Second, and relatedly, this analysis was based on the assumption that youth were always placed in the most suitable program to meet their needs, which is not always the case as evidenced by ejection data (presented below). With these shortcomings in mind, additional analyses were conducted to assess for potential gaps in the girls' service array using other methods and data.

Analysis of Hardware Secure Placements: Girls

The 46 admissions to the J. DeWeese Carter Youth Facility over the past two years were reviewed individually to determine whether these admissions met the Department's target population for hardware secure settings. The review included an assessment of the girls' histories of offenses, placements, and alerts for AWOL (absent without leave). Only 17 of the 46 girls appeared to have case histories that warranted placement in a hardware secure facility; the remainder of the girls could have been served with an intervention in a less secure setting.

Analysis of Residential Program Ejections: Girls

An analysis of placement ejections also offers information about potential gaps in the girls' residential service array. Youth may be ejected from an out-of-home placement upon determination that he/she failed to comply with the rules and conditions of the program. These cases generally require a new committed placement and are reviewed by DJS's Central Review Committee (CRC). According to data collected by the CRC, the committee reviewed 46 cases of girls

who were facing ejection from residential placements between July 2012 and August 2013 (Figure 14). For the purposes of this analysis, the girls' subsequent placements, if any, were identified using data available in the DJS client database, Automated Statewide System of Information Support Tools (ASSIST). In some cases, youth were detained short-term prior to admission to their next committed residential admission, though only the later placements are indicated.

Figure 14. DJS Girls Ejected from Residential Placements between July 2012 and August 2013 and Their Subsequent Placements (N=46)

Ejected Placement		Subsequent Placement		
Type	# Girls	Type	# Girls	
Level III	Hardware Secure Facility	Level I – Group Home	1	
		MHRP – RTC	2	
		Community/Wraparound Services	1	
Level II	Intermediate Care Facility for Addictions (ICFA)	Level II – ICFA	2	
		Level I – Foster Care	1	
		Level I – Group Home	1	
		MHRP – Psychiatric Hospital	1	
		MHRP – RTC	1	
	No Subsequent Residential Placement	2		
	Group Home (school on-site)	1	Level I – Treatment Foster Care	1
Level I	Therapeutic Group Home	Level I – Group Home	1	
		MHRP – RTC	3	
		Community/Wraparound Services	1	
		No Subsequent Residential Placement	1	
	Group Home (school off-site) <i>Includes 6 youth who were ejected from a Group Home that provides intensive substance abuse services.</i>	19	Level III – Hardware Secure Facility	5
			Level I – Treatment Foster Care	3
			Level I – Group Home	2
			Level I – Therapeutic Group Home	1
			MHRP – RTC	4
			MHRP – Diagnostic Unit	1
			MHRP – Psychiatric Hospital	1
	No Subsequent Residential Placement	2		
	Foster Care	1	Level II – Group Home	1
Treatment Foster Care	1	No Subsequent Residential Placement	1	
MHRP	Residential Treatment Center (RTC)	Level III – Hardware Secure Facility	1	
		MHRP – RTC	2	
		MHRP – Diagnostic Unit	1	
		Community/Wraparound Services	1	
		No Subsequent Residential Placement	1	

Of the 46 girls, the majority had been residing in group homes (including teen mother programs; n=19), IFCAs (n=8), RTCs (n=6), and therapeutic group homes (n=6). Not all ejections resulted in placement in a more restrictive setting. In total, only 7 (15%) of the 46 girls were placed in a more restrictive program post-program ejection, and 16 (35%) were placed in MHRPs. Six (13%) girls were ejected from a Level I or MHRP program and subsequently placed in a hardware secure facility (Carter in all cases). Three girls remained in the community and received services from the CME, and seven did not have any residential programming (or the CME) indicated in ASSIST records. The majority of ejected girls (from any program level) went on to reside in a behavioral health-type placement (27 total, 59%). Of these, the most frequent subsequent placement was a RTC (n=13), followed by treatment foster care (n=4), CME (n=3), diagnostic unit (n=2), psychiatric hospital (n=2), and ICFA (n=2). Notably, four girls were also ejected from the only hardware secure facility for girls, Carter; two of these girls were placed in RTCs and two moved to considerably less restrictive settings.

While these data suggest that the results of the CRC process are very individualized to the circumstances of each girl, it is not clear from the available data whether girls were appropriately placed in their initial placement and simply did not do well in that particular program, or if they should not have been placed there in the first place. This analysis is also impacted by the fact that subsequent placement decisions were constrained by the given service array options. That said, the majority of ejected girls were from Level I placements, 5 of whom were subsequently placed in Carter, likely due to a lack of Level II/staff secure program options. Several of the ejections were also from ICFA's, none of which are operated by DJS. On the whole, these data also support the notion that residential programming for girls should have a strong behavioral health component, and that additional programming may be needed among Level II services.

Analysis of Out-of-State Placements: Girls

Between July 1, 2011 and June 30, 2013, nine girls were placed in out-of-state residential programs (Figure 15). Over half (56%) of these girls were African American, and they were 16 years old, on average. According to their most recent MCASP Assessment, the majority (89%) of these girls were classified as high risk for recidivism, and their adjudicated offenses (as identified in the MCASP Assessment) were diverse. Most of the girls were indicated as having moderate or high needs for mental health (78%), alcohol and drug use (67%), family functioning (78%), and aggression (78%). In four cases, the out-of-state placement was the girl's first committed placement; the remaining

girls had at least one previous admission to a committed residential placement in Maryland and most had several placements, not including stays in detention.

Figure 15. Characteristics of Girls Admitted to Out-of-State Residential Placements in FY12 and FY13

	#/%
Number of Girls	9
Average Age	16.2
Race/Ethnicity	
African American/Black	56%
Caucasian/White	33%
Hispanic/Latino	11%
DJS Region	
Baltimore City	56%
Central	22%
Western	0%
Eastern Shore	11%
Southern	0%
Metro	11%
Offense Type*	
Person-to-Person Felony	11%
Drug Felony	11%
Other Felony	11%
Person-to-Person Misdemeanor	11%
Drug Misdemeanor	0%
Other Misdemeanor	22%
VOP	22%
Missing	11%
Prior DJS Committed Residential Placement	56%
Treatment Needs/Offender Type*	
Mental Health	78%
Alcohol & Drug Use	67%
Family Functioning	78%
Aggression/Assaultive Behavior	78%
Violent Offender	11%
Sex Offender	0%
Fire Setter	11%

*From the MCASP Assessment.

The nine girls were placed in five out-of-state facilities total (Figure 16). Three of the girls were placed at the Clarinda Academy, a staff secure residential facility in Ohio. The rest of the youth were placed in residential treatment centers, including three at Foundations for Living, one at Gulf Coast Treatment Center, one at Laurel Oaks Behavioral Health Center, and one at Newport News Behavioral Health Center.

Overall, a small number of girls were placed out-of-state in FY12 and FY13, but their numbers still represent a gap in programs that can serve these youth in Maryland. The findings point to the

potential need for staff secure programming within Maryland that can accommodate DJS-involved girls who have behavioral health needs and behavior issues generally.

Figure 16. Out-of-State Residential Placements for Girls, FY12 & FY13 (N=9)

Residential Program Type/Name	Program Location	# Girls
Staff Secure Facility		3 total
Clarinda Academy	Iowa	3
Staff Secure with Intensive Substance Abuse Treatment		3 total
Foundations for Living	Ohio	3
Residential Treatment Center		3 total
Gulf Coast Treatment Center	Florida	1
Newport News Behavioral Health Center	Virginia	1
Laurel Oaks Behavioral Health Center	Alabama	1

Gaps in the Residential Service Array for Boys

Forecast Analysis of Residential Programs for Boys

Using the same method described in the analysis for committed girls, a similar forecast analysis is presented for boys. Figure 17 shows the actual ADPs of committed boys from FY05 through FY13 and the projected ADPs through FY19 by program level. The forecast findings indicate that the number of boys projected to be served at each program level should be relatively constant over the next five years. Approximately 135-138 boys (only the high estimates are shown in Figure 17) are projected for care in Level III programs, 269-275 boys for Level II programs, 254-260 boys for Level I programs, and 123-126 boys for MHRPs.

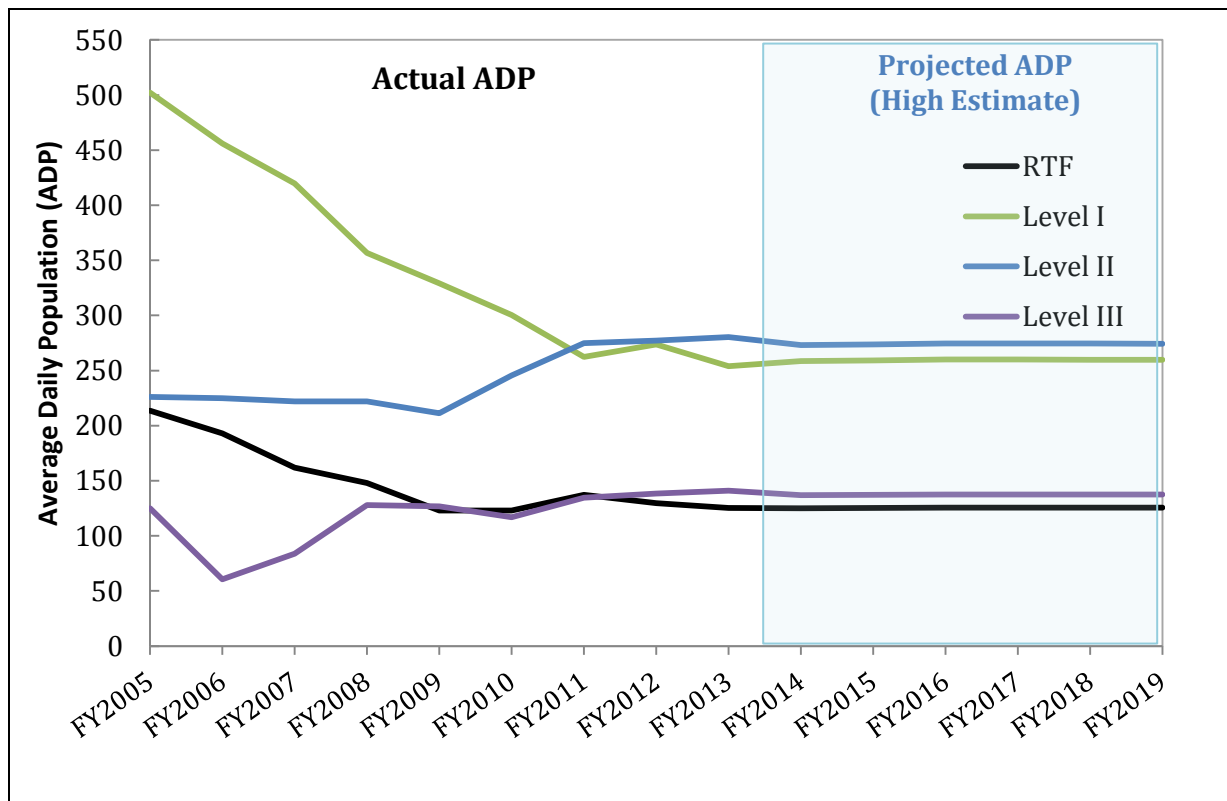
Taking into account the current total daily capacity of services (Figure 8), the findings from the forecast analysis suggest that DJS has a significant shortage in capacity to serve boys in Level III services. Whereas 135-138 boys are projected to require Level III programming on any given day, there is only one hardware secure program in Maryland that provides these services, with a total capacity to serve 48 boys.

On the other hand, there appears to be sufficient services available for Level II programs; on any given day, DJS has approximately 335 slots available using seven staff secure programs, one therapeutic group home, one group home, and three ICFAs to serve boys who require a staff secure placement, and the forecast analysis projects that 269-275 boys require services at this level. It also appears that there are sufficient resources for Level I programs, with 240 community-based

residential slots¹⁷, in addition to the EBSs, available to boys and 254-260 boys projected for this level of programming on any given day.

Finally, there are sufficient MHRP beds, with 123-126 boys projected to need this type of placement, and 130 MHRP beds utilized on average. These included 77 RTC beds, 12 psychiatric hospital beds, 11 beds in diagnostic units, and one bed in a high intensity psychiatric respite program.

Figure 17. Committed Population Projections for Boys by Program Level



Characteristics of Committed Boys

Figure 18 presents the characteristics of boys who were admitted to residential placements in FY12 and FY13 by program level.¹⁸ On average, the boys were 16 years old, though boys admitted to Level III facilities tended to be 17 years old. Race/ethnicity varied across program levels, though African American/Black was the most frequently identified race/ethnicity within each (69%, 70%, 88%, and 57% for Levels I, II, III, and MHRP, respectively). The majority of admissions were from

¹⁷ Note that the estimated 240 slots are based on prior rates of utilization; it is possible for most of these programs to accept additional DJS youth.

¹⁸ Several boys were admitted to one or more programs within or across program levels during the time frame.

Metro and Baltimore City across all levels of placement, together accounting for 51% of admissions overall. This was also the case within each program level, with the exception of MHRPs—the largest share of these admissions was from Southern Region (27%), followed by Eastern Shore (20%) and Metro Regions (20%).

Like the analysis for girls, each case was matched with the most recently completed MCASP Assessment (prior to admission). Among Level I admissions, the most frequently adjudicated offenses were “other” misdemeanors (26%) and person-to-person misdemeanors (20%), compared with “other” misdemeanors (24%) and violations of probation (VOP; 24%) for Level II admissions, person-to-person felony offenses (40%) for youth placed in Level III programs, and person-to-person misdemeanors (30%) and “other” misdemeanors (28%) for MHRP admissions.

Figure 18. Characteristics of Boys Admitted to Committed Residential Placements in FY12 and FY13 (N=3,384)

	Level I	Level II	Level III	MHRP	Total
Average Age	16.8	16.9	17.1	16.0	16.8
Race/Ethnicity					
African American/Black	69%	70%	88%	57%	70%
Caucasian/White	26%	24%	5%	37%	25%
Hispanic/Latino	4%	5%	6%	5%	5%
Asian	<1%	<1%	0%	<1%	<1%
Unknown	<1%	<1%	<1%	<1%	<1%
DJS Region					
Baltimore City	24%	24%	34%	10%	23%
Central	13%	15%	7%	13%	14%
Western	8%	8%	2%	10%	8%
Eastern Shore	15%	9%	3%	20%	11%
Southern	14%	16%	8%	27%	16%
Metro	26%	28%	46%	20%	28%
Offense Type*					
Person-to-Person Felony	12%	11%	40%	9%	14%
Drug Felony	3%	4%	5%	1%	4%
Other Felony	16%	13%	15%	15%	14%
Person-to-Person Misdemeanor	20%	11%	7%	30%	15%
Drug Misdemeanor	7%	12%	5%	5%	9%
Other Misdemeanor	26%	24%	15%	28%	24%
VOP	15%	24%	11%	11%	19%
Missing	1%	1%	1%	0%	1%
Treatment Needs/Offender Type*					
Mental Health	62%	48%	46%	84%	55%
Alcohol & Drug Use	58%	75%	59%	45%	66%
Family Functioning	76%	77%	78%	74%	76%
Aggression/Assaultive Behavior	82%	84%	85%	88%	84%
Violent Offender	2%	1%	6%	4%	2%
Sex Offender	7%	<1%	1%	8%	3%
Fire Setter	1%	1%	3%	3%	2%

*From the MCASP Assessment.

According to results from the MCASP Assessment, treatment needs of committed boys varied by program level. For instance, 62% of boys in Level I programs screened for moderate or high mental health need, whereas just less than half of boys in Level II (48%) and Level III programs (46%) were indicated as such (the majority of boys in MHRPs were indicated for a mental health need). And 75% of boys screened as moderate or high need in the alcohol and drug use domain among those placed in Level II programs, compared with 58% and 59% in Level I and Level III programs. Further, across all levels, approximately three-quarters of committed boys screened as moderate or high need for family functioning and most screened as moderate or high need for aggression/assaultive behavior. Despite this latter finding, very few boys were adjudicated for violent offenses (2%) or those related to sexual behavior (3%) or fire setting (2%), overall.

Once again, these findings are instructive with regard to the type of service needs presented by boys who are committed to DJS. On the other hand, these analyses suffer from the same shortcomings as the analyses for girls (i.e., based on prior placements), therefore additional analyses were conducted to assess for potential gaps in the residential service array for boys using other methods and data.

Analysis of Out-of-State Placements: Boys

Between July 1, 2011 and June 30, 2013, 291 boys were placed in out-of-state residential programs¹⁹ (Figure 19). Ninety percent of these boys were African-American, and they were 17 years old, on average. Most of the boys were from Baltimore City (45%) or Metro Region (36%). The most frequently adjudicated offenses (as identified in the MCASP Assessment) were person-to-person felonies for both Level II (25%) and Level III (54%) admissions, and person-to-person misdemeanors (28%) for MHRP admissions.

The boys admitted to Level II programs had slightly higher identified needs relative to those admitted to Level III programs, with a greater share indicating moderate or high needs for mental health (60% vs. 49%), alcohol and drug use (60% vs. 50%), family functioning (85% vs. 74%), and aggression (90% vs. 84%) per the MCASP Assessment. Boys admitted to MHRPs presented even greater needs related to mental health (90%), family functioning (90%), and aggression (96%). In addition, a larger share of boys admitted to Level III programs outside of Maryland were identified as violent offenders (16%), compared with youth admitted to MHRPs (10%) and Level II programs (6%) out of state.

¹⁹ 24 youth were placed out of state twice.

Figure 19. Characteristics of Boys Admitted to Out-of-State Residential Placements in FY12 and FY13

	Level II	Level III	MHRP	Total
Number of Boys	164	98	29	291
Average Age	17.0	17.2	17.5	17.1
Race/Ethnicity				
African American/Black	94%	88%	76%	90%
Caucasian/White	4%	7%	7%	5%
Hispanic/Latino	2%	5%	17%	5%
DJS Region				
Baltimore City	51%	36%	38%	45%
Central	9%	3%	3%	6%
Western	0%	0%	0%	0%
Eastern Shore	4%	1%	3%	3%
Southern	12%	5%	21%	11%
Metro	24%	55%	35%	36%
Offense Type*				
Person-to-Person Felony	25%	54%	14%	33%
Drug Felony	5%	2%	14%	5%
Other Felony	11%	19%	14%	14%
Person-to-Person Misdemeanor	16%	5%	28%	14%
Drug Misdemeanor	11%	5%	3%	8%
Other Misdemeanor	21%	7%	21%	16%
VOP	11%	7%	7%	9%
Missing	0%	1%	0%	<1%
Treatment Needs/Offender Type*				
Mental Health	60%	49%	90%	59%
Alcohol & Drug Use	60%	50%	52%	56%
Family Functioning	85%	74%	90%	82%
Aggression/Assaultive Behavior	90%	84%	96%	89%
Violent Offender	6%	16%	10%	10%
Sex Offender	2%	4%	0%	2%
Fire Setter	2%	5%	3%	3%

*From the MCASP Assessment.

In FY12 and FY13, 291 boys were placed in 26 out-of-state residential programs (Figure 20). The majority were placed in staff secure programs (161 admissions), followed by hardware secure programs (87 admissions) and residential treatment centers (29 admissions). Most of these boys were placed in programs located in Pennsylvania (n=141), followed by Iowa (n=58) and Tennessee (n=36). When considering these findings in relation to in-state service gaps, it is important to note that youth placed in out-of-state staff secure facilities typically present risk levels that would warrant a hardware secure placement within Maryland (with the exception of those placed in Glen Mills School).

A substantial number of boys were placed out-of-state in FY12 and FY13, demonstrating a clear gap in programs that can serve these youth in Maryland. Specifically, the findings point to the need for hardware secure programming that can accommodate DJS-involved boys in Maryland. In addition,

a significant number of youth were served in out-of-state MHRPs, suggesting a potential gap in these in-state services, as well.

Figure 20. Out-of-State Residential Placements for Boys, FY12 & FY13 Admissions (N=291)

Residential Program Type/Name	Program Location	# Boys
Hardware Secure Facility		87 total
Abraxas Residential Services	Pennsylvania	37
Mid Atlantic Youth Services – PA Child Care	Pennsylvania	13
Mid Atlantic Youth Services – Western PA Child Care	Pennsylvania	29
Northwestern Academy (NHS Human Services)	Pennsylvania	8
Hardware Secure Facility with Intensive Mental Health Services		10 total
Turning Point Youth Center	Michigan	10
Staff Secure Facility*		163 total
Abraxas Residential Services	Pennsylvania	15
Bennington School	Vermont	2
Canyon State Academy	Arizona	11
Clarinda Academy	Iowa	33
Glen Mills School	Pennsylvania	22
Lakeside Academy	Michigan	3
Mid Atlantic Youth Services – PA Child Care	Pennsylvania	2
Natchez Trace Youth Academy	Tennessee	36
Summit Academy	Pennsylvania	14
Woodward Academy	Iowa	25
Staff Secure Facility with Intensive Substance Abuse Treatment*		1 total
Foundations for Living	Ohio	1
Residential Treatment Center		29 total
Boys Town	Nebraska	5
Coastal Harbor Treatment Center	Georgia	1
Cottonwood Treatment Center	Utah	1
Devereux Florida	Florida	4
Devereux Georgia	Georgia	8
Devereux Pennsylvania – Children’s IDD Services	Pennsylvania	1
Laurel Oaks Behavioral Health Center	Alabama	5
New Hope Carolinas	South Carolina	2
Newport News Behavioral Health Center	Virginia	2
Three Rivers Residential Treatment – Midland Campus	South Carolina	1

*Youth placed in out-of-state staff secure facilities typically present risk levels that would warrant a hardware secure placement within Maryland, with the exception of Glen Mills School.

Conclusion & Recommendations

Summary of Service Gaps

The primary purpose of this report was to identify gaps in services for girls and boys involved with DJS. Several analyses were conducted to determine gaps in the community-

based and residential service continuums, with a focus on gender-specific services. The major findings related to identified service gaps are summarized below:

Community-Based Service Gaps

- The following jurisdictions reported having no gender-specific community services for girls, despite having a significant number of girls on probation supervision: Baltimore County (114 girls court-ordered to probation in FY13), Prince George's County (62), Anne Arundel County (61), and Wicomico County (30).
- A significant number of youth under probation in Anne Arundel and Worcester Counties demonstrated a moderate or high need related to aggression, but these counties did not report utilization of any services to address this need.
- A significant number of youth under probation in Wicomico and Worcester (boys only) Counties demonstrated a moderate or high education/school need, but these counties did not report access to any education support services.

Residential Service Gaps for Girls

- There appears to be a shortage of services available for Level II/staff secure residential programs for girls. On any given day, DJS has approximately eight slots available using two privately-run group homes to serve girls who require a staff secure placement, yet the forecast analysis projects that 16 girls require services at this level. An analysis of girls' needs indicates that programming in Level II programs should focus on alcohol and drug use, as well as mental health.

Residential Service Gaps for Boys

- There is a shortage in capacity to serve boys in Level III programs. Whereas 135-138 boys are projected to require Level III programming on any given day, there is currently only one hardware secure program in Maryland that serves 48 boys. An assessment of boys' needs indicates that Level III programming should address alcohol and drug use, family functioning, and aggression, as well as mental health.
- There is a potential shortage in appropriate mental health residential treatment beds. On the one hand, the forecast analysis indicated that 123-126 boys are projected to need this type of placement, and 130 MHRPs have been utilized on average. These included 77 RTC beds, 12 psychiatric hospital beds, 11 beds in diagnostic units, and one high intensity psychiatric respite bed. And once again, nonresidential services such as CMEs may also provide appropriate alternatives to residential care for some youth. On the other hand, 29

boys have been sent to MHRPs located outside of Maryland over the past two fiscal years, and an additional 11 youth sent to secure out-of-state programs that provide mental health or substance abuse treatment. These out-of-state placements suggest potential gaps in this type of residential care.

Recommendations

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 DJS recommendations related to the identified service gaps are summarized below:

Community-Based Service Gaps

- **Gender-specific community services for girls in Baltimore County, Prince George's County, Anne Arundel County and Wicomico County.**

DJS is in the process of developing community service programming for girls in Baltimore County, Prince George's County, Anne Arundel County and Wicomico County to meet the needs of girls that are being supervised by DJS in the community. It is anticipated that girl's specific case management or programming will be available in each of the respective counties during 2014.

Additionally, DJS has reached out to a national group to develop training for case managers across the state that will provide appropriate gender responsive techniques to best supervise this population in the community. DJS is also working the State Advisory Board to create a committee to continue to monitor and evaluate DJS's commitment to providing appropriate gender responsive services.

- **Services to address aggression needs in Anne Arundel and Worcester County.**

DJS is reaching out to community partners in Anne Arundel and Worcester County to develop programming for youth in the community that will provide appropriate services to address aggression needs. It is anticipate that this programming will be available during 2014.

- **Education Support Services for boys in Wicomico and Worcester County.**

DJS is continuing to evaluate the need for additional education support services for boys in Wicomico County and Worcester County since each of the above mentioned counties has a truancy court that provides education support services to youth experiencing issues with truancy.

Residential Service Gaps for Girls

- **Level II/staff secure residential programs for girls.**

DJS has recognized a need for a level II / staff secure residential placement for girls. On June 13, 2012, DJS posted an Expression of Interest on eMaryland Marketplace to licensed residential providers to determine if there was interest in developing a Level II/staff secure residential program for girls in Maryland. DJS worked with a provider that was willing to re-purpose an existing program to meet this need, however, due to financial reasons that program was unable to continue in that capacity.

Subsequently, on August 20, 2013 DJS posted another Expression of Interest on eMaryland Marketplace. DJS postponed evaluating responses until the GAP Analysis was complete to ensure that the development of a new program would have all the components necessary to meet the needs of girls that require this level of care. DJS will continue to evaluate responses to the most recent Request for Interest and will work to identify a program that will be able to meet the needs of this population.

Residential Service Gaps for Boys

- **Level III programs/hardware secure residential program for boys.**

The Department of Juvenile Services' Capital Improvement Plan (CIP) includes two (2) male secure treatment centers, Baltimore Regional Treatment Center (BRTC) and Cheltenham Treatment Center (CTC) to address the need for Level III/ hardware secure residential programming.

A brief project/funding synopsis is as follows.

- The Baltimore Regional Treatment Center (BRTC) project is 48-bed hardware secure treatment center to serve male youth in Regions I and II. The project has prior authorized funding for acquisition; anticipated funding for Planning in FY2016, FY2017, and FY2018; and construction funding in FY2018.
 - The Cheltenham Treatment Center (CTC) project is a 48-bed hardware secure treatment center to serve male youth in Regions V and VI. The location for CTC is on the grounds of the state-owned Cheltenham Youth Facility. The Department anticipates planning funding in FY2017 and FY 2018.
- **Potential shortage in appropriate mental health residential treatment beds for boys.**

DJS will continue to work with other State agencies to ensure that there is access to appropriate mental health residential treatment beds for boys.

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Appendix A. Glossary of Key Terms

Aftercare: Supervision and individualized treatment services provided to youth in the community following discharge from a residential program.

Alternative Living Unit: A residence owned, leased, or operated by a licensee that: (a) provides residential services for children who, because of a developmental disability, require specialized living arrangements; (b) admits not more than three children; and (c) provides 24 hours of supervision per unit, per day.

Average Daily Population (ADP): Daily population of youth in residential placement (state or privately owned) averaged over the number of days in the year.

Average Length of Stay (ALOS): Average total number of days in residential placement between admission and release. Youth detained in more than one facility during a contiguous stay are counted as a single placement.

Case Management Specialist (CMS): DJS staff who provide case management services to youth in community and residential settings. Case managers provide supervision, develop treatment plans, link youth with necessary resources and services, monitor progress, and modify treatment plans as needed.

Certificate of Placement (COP): The document which reflects a youth's placement location, services, and authorizes payment for services.

Commitment versus Admission: A commitment is a court order placing a delinquent youth in DJS' care. The youth is usually placed into an out-of-home program, but may also be provided services at home. An admission occurs when a juvenile physically arrives at a facility and is officially entered into the facility's rolls. An admission may occur days/weeks after the juvenile is committed to DJS (in the interim, a youth is considered to be on "pending placement" status – see Pending Placement). A single admission to an out-of-home program could be the result of multiple commitments (e.g. a juvenile may be committed by more than one court, or have multiple charges with "committed" dispositions). Thus, the number of commitments will not equal the number of admissions to committed programs.

Continuum of Care: The continuum of care spans in-home probation supervision with services, community-based out of home treatment, and state and privately-operated secure programs, all designed to address youth needs, and the factors that led the youth to delinquent behavior. Legislation passed in 2012 authorized DJS to transfer youth directly from one facility/program to another facility/program (of equal or higher security level) without first asking the court to modify the commitment order.

Delinquent: A youth who has been adjudicated for an act which would be a crime if committed by an adult and who requires guidance, treatment, or rehabilitation.

Detention: Temporary, short-term (1-30 days) physically secure housing of youth who are awaiting court disposition and require secure custody for the protection of themselves or the

community and/or to ensure court appearance.

Diagnostic Unit: A short-term residential program, where staff perform physical, social, and psychological evaluations of youth to recommend appropriate therapeutic interventions.

Disposition: The action taken by the juvenile court that outlines whether the youth requires guidance, treatment, or rehabilitation and, if so, the nature of such assistance that an adjudicated youth will receive. (Note: In adult courts, this is known as a “sentence.”)

Fiscal Year (FY): The time period measured from July 1st of one year to June 30th of the following year. For example, FY 2013 runs from July 1, 2012 through June 30, 2013.

Foster Care: Continuous 24-hour care and support provided to a youth in a DJS- or DSS-approved family home.

Group Home: A residential program licensed by DHR, DJS or MHA/DHMH to provide 24-hour supervised out-of-home care for 4 or more youth and which provides a formal program of basic care, social work, and health care services.

Hardware Secure Facility: A facility that relies primarily on the use of construction and hardware such as locks, bars, and fences to restrict freedom.

High Intensity Psychiatric Respite: Intensive psychiatric respite services with additional staffing and support services for children with a residential treatment center recommendation.

Independent Living Program: A program implemented by a child placement agency licensed by DHR for youth 15 to 21 years of age. During the program, youth learn about interpersonal skills, money management, job readiness, conflict management, positive leisure opportunities and communication skills. Youth reside in either group homes or supervised apartment units, and must be enrolled in high school, college, vocational training, or be gainfully employed.

Intermediate Care Facility for Addictions (IFCA): A clinically managed low- to high-intensity treatment program that provides a structured environment in combination with treatment directed toward preventing relapse, applying recovery skills, promoting personal responsibility, and reintegration, and ancillary services to support and promote recovery.

Pre-Court (or “Informal”) Supervision: An agreement between DJS and a youth and family to enter into counseling and/or DJS monitoring without court involvement.

Probation: Court-ordered supervision of youth in the community requiring youth to meet court-ordered probation conditions (general and case specific), including, for example, school attendance, employment, community service, restitution, counseling, or participation in substance abuse treatment.

Psychiatric Hospital: An inpatient institution that provides evaluation, care, or treatment for individuals who have mental disorders.

Residential Treatment Center (RTC): A mental health facility for children and adolescents with long-term serious emotional, behavioral, and psychological problems. RTCs provide intensive services and should only be considered when therapeutic services available in the community

are insufficient to address a youth's needs. In addition to Maryland RTCs, DJS uses a variety of out-of-state providers including RTCs funded through Medical Assistance, with rates set by the Maryland Interagency Rates Committee, and facilities that are not RTCs and serve moderate-to-high-risk multi-problem youth. These are youth who may be exhibiting moderate psychiatric symptomatology and aggressive behavior, or who have histories of unsuccessful/repeated placements and/or hospitalizations. Treatment models vary depending on the client focus of the program but all provide individualized treatment plans, are comprehensive in services, highly structured, treatment oriented and behaviorally focused.

Respite Care: Short-term care for a child to temporarily relieve the caregiver from the responsibility of providing 24-hour care for a child.

Social History Investigation (SHI): The written study of a youth and his/her family that is presented to the juvenile court. A Social History Investigation emphasizes social and legal histories as well as the domain areas of: family functioning, substance abuse, mental health, somatic health, education, employment, and life skills.

Staff Secure Facility: Residential programs where youth movement is controlled by staff supervision rather than by restrictive architectural features.

Therapeutic Group Home: A small private group home that provides residential child care as well as access to a range of diagnostic and therapeutic mental health services for children and adolescents who have mental disorders.

Treatment Foster Care: 24-hour substitute care program operated by a licensed child placement agency or local Department of Social Services for children with emotional, behavioral, medical, or psychological conditions.

Treatment Service Plan (TSP): A written document identifying treatment objectives, services, and service linkages that address the needs of the youth and family. It also examines the safety and appropriateness of the youth's placement, guides DJS's recommendations to the juvenile court for permanency planning (where appropriate), and monitors level of supervision and services required.

Appendix B. Probation Youth Needs & Community-Based Services

The following tables summarize the characteristics of youth who were adjudicated delinquent and court-ordered to probation in FY13.²⁰ The tables are organized by region, with summary tables provided for the entire region and the respective counties. In some cases, very few youth were ordered to probation in FY13 and their characteristics may not be representative of treatment needs/offender types more generally; accordingly, these data are not presented for jurisdictions where fewer than five girls or boys were ordered to probation (indicated by an asterisk).

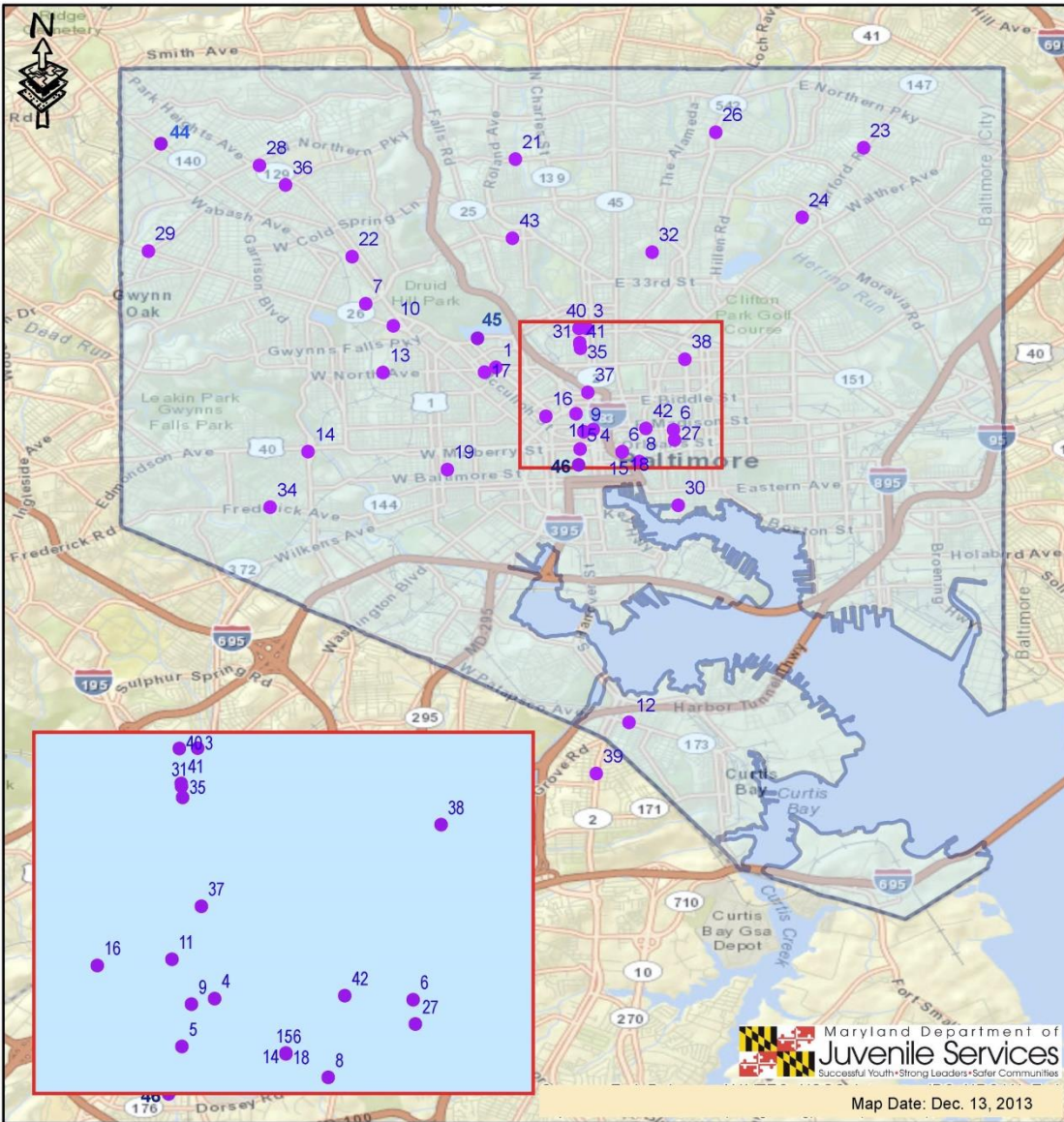
In addition, the community-based service array is summarized for each region/county. Each table shows the number of programs available for each need/intervention area. It is important to note that these programs were identified by local DJS staff, and some counties reported far more programs than others. To some extent, these numbers may reflect actual differences in the availability of programs; but it is also likely that some jurisdictions indicated only their most frequently utilized programs. Further, each section includes a map of the community-based service providers reported by each jurisdiction. Note that some of the service providers administer multiple programs for youth involved with DJS (individual programs are not shown).

Baltimore City Region

Table 1. Probation Youth Needs (FY13) and Community-Based Services: Baltimore City				
	Girls	Boys	Total Youth	# Programs
Total	69 (15%)	401 (85%)	470	50
Average Age	15.7	16.2	16.1	--
Race/Ethnicity				
African American/Black	97%	97%	97%	--
Caucasian/White	3%	2%	2%	--
Hispanic/Latino	0%	<1%	<1%	--
Other	0%	<1%	<1%	--
Treatment Needs/Offender Type				
Education	56%	65%	64%	9
Use of Free Time	14%	24%	22%	2
Peer Relationships	89%	89%	89%	6
Family	58%	49%	51%	8
Alcohol & Drug Use	33%	45%	43%	12
Mental Health	50%	27%	31%	16
Anti-Social Attitudes	72%	66%	67%	2
Aggression	92%	75%	77%	3
Sex Offender	0%	2%	1%	1
Fire Setter	8%	1%	2%	0
Girl-Only Programs	--	--	--	2

²⁰ Youth under probation supervision who had their relevant adjudication hearing prior to FY13 are not included in these analyses.

Community-Based Services in Baltimore City / Region



Ref No	Provider
1	DRU/Mondawmin Healthy Families, Inc.
2	Advanced Behavioral Health
3	All Walks of Life
4	Young Fathers Responsible Fathers
5	Baltimore Child & Adolescents Response System
6	Baltimore City Health Department
7	Behavioral Interface
8	Black Professional Men, Inc.
9	Boys & Girls Clubs
10	Change Health Systems
11	Chase Brexton Health Care
12	Chesapeake Center for Youth Development
13	Coppin State University
14	DJS-Southern office
15	Baltimore City Drug Court
16	DRU/Mondawmin Healthy Families, Inc.
17	Druid Heights Community Development Corporation
18	E. Baltimore Commtty Partnership/The Family League
19	Echo House
20	Epoch Counseling Center
21	Family Solutions of Maryland
22	Harambee Treatment Center
23	Harbel
24	Harford-Belair Community Mental Health Center
25	Institute for Family Centered Services
26	Institute for Life Enrichment
27	Children's Mental Health Center (JHU)
28	King Health Systems
29	Liberty House Shelter
30	Living Classrooms
31	Maryland Choices
32	Mentors for Life
33	Mosaic Community Services
34	Mt. Manor Treatment Center
35	North Baltimore Center
36	Northwest Baltimore Youth Services
37	Quadrant Inc.
38	Roberta's House
39	The Choice Program (UMBC)
40	Treatment Resources for Youth
41	Urban Behavioral Associates
42	VisionQuest
43	Youth Advocate Program
44	DJS-Plaza Office
45	DJS-Day & Evening Reporting Center
46	DJS-Central Office

Central Region

Table 2. Probation Youth Needs (FY13) and Community-Based Services: Central Region				
	Girls	Boys	Total Youth	# Programs
Total	203 (21%)	756 (79%)	959	146
Average Age	16.4	16.2	16.2	--
Race/Ethnicity				
African American/Black	63%	55%	56%	--
Caucasian/White	34%	41%	39%	--
Hispanic/Latino	3%	3%	3%	--
Other	0%	1%	1%	--
Treatment Needs/Offender Type				
Education	56%	53%	54%	51
Use of Free Time	30%	23%	25%	47
Peer Relationships	70%	82%	79%	62
Family	39%	40%	39%	44
Alcohol & Drug Use	33%	47%	44%	34
Mental Health	41%	34%	35%	51
Anti-Social Attitudes	58%	61%	60%	51
Aggression	74%	70%	71%	39
Sex Offender	2%	4%	4%	2
Fire Setter	2%	2%	2%	2
Girl-Only Programs	--	--	--	5

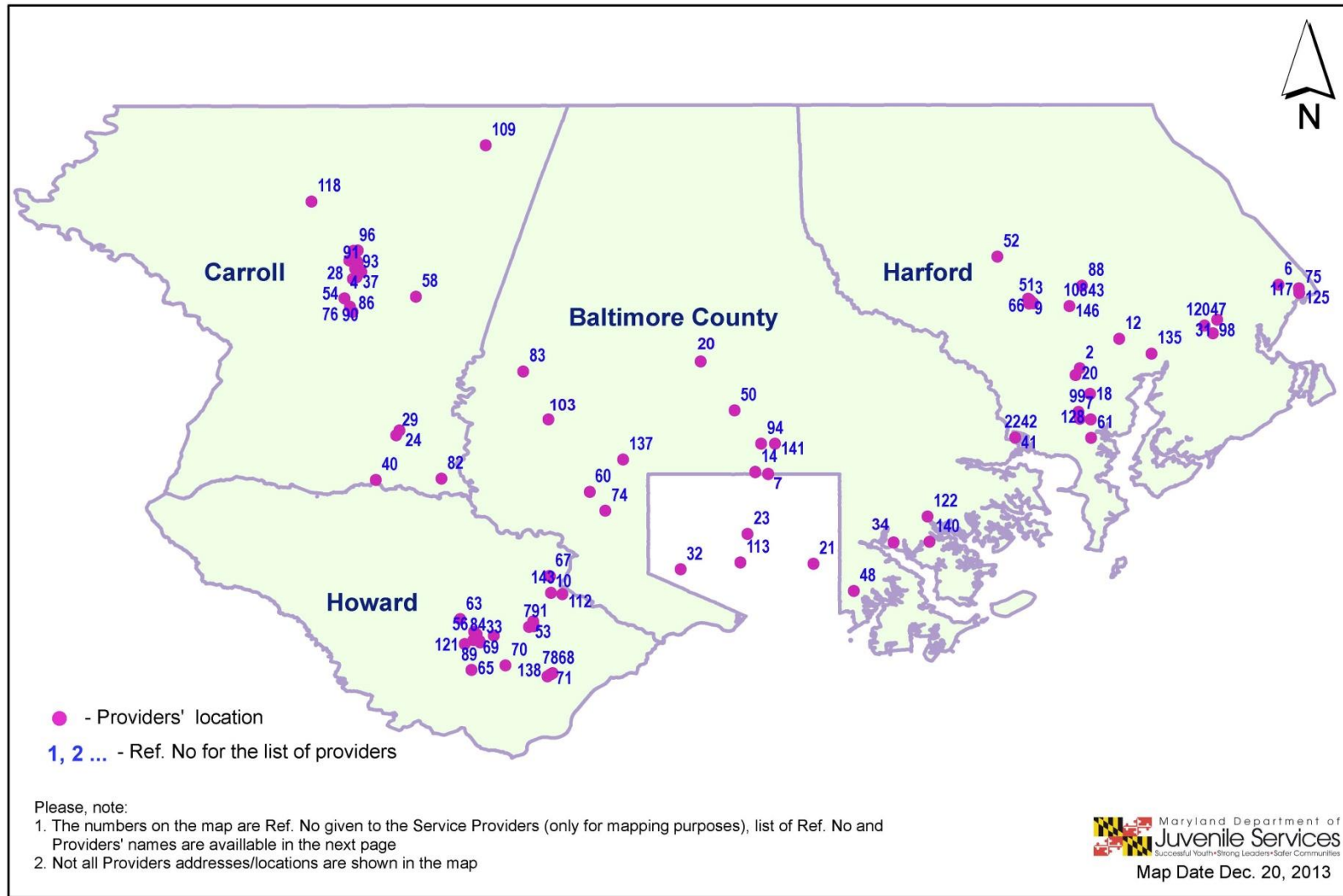
Table 3. Probation Youth Needs (FY13) and Community-Based Services: Baltimore County				
	Girls	Boys	Total Youth	# Programs
Total	114 (19%)	500 (81%)	614	24
Average Age	16.2	16.2	16.2	--
Race/Ethnicity				
African American/Black	78%	65%	68%	--
Caucasian/White	20%	31%	29%	--
Hispanic/Latino	2%	3%	3%	--
Other	0%	1%	1%	--
Treatment Needs/Offender Type				
Education	52%	57%	56%	6
Use of Free Time	27%	19%	21%	6
Peer Relationships	69%	81%	78%	8
Family	35%	37%	37%	10
Alcohol & Drug Use	30%	45%	42%	4
Mental Health	41%	33%	35%	7
Anti-Social Attitudes	52%	59%	58%	13
Aggression	74%	69%	70%	8
Sex Offender	3%	4%	4%	1
Fire Setter	3%	2%	2%	1
Girl-Only Programs	--	--	--	0

Table 4. Probation Youth Needs (FY13) and Community-Based Services: Carroll County				
	Girls	Boys	Total Youth	# Programs
Total	17 (18%)	78 (82%)	95	31
Average Age	16.9	16.5	16.6	--
Race/Ethnicity				
African American/Black	12%	9%	10%	--
Caucasian/White	82%	90%	88%	--
Hispanic/Latino	6%	0%	1%	--
Other	0%	1%	1%	--
Treatment Needs/Offender Type				
Education	69%	37%	43%	10
Use of Free Time	13%	27%	25%	10
Peer Relationships	69%	89%	85%	16
Family	38%	49%	47%	14
Alcohol & Drug Use	31%	50%	47%	9
Mental Health	63%	39%	43%	19
Anti-Social Attitudes	69%	58%	60%	12
Aggression	69%	74%	73%	10
Sex Offender	0%	6%	5%	1
Fire Setter	6%	0%	1%	0
Girl-Only Programs	--	--	--	1

Table 5. Probation Youth Needs (FY13) and Community-Based Services: Harford County				
	Girls	Boys	Total Youth	# Programs
Total	31 (26%)	87 (74%)	118	64
Average Age	16.6	16.0	16.2	--
Race/Ethnicity				
African American/Black	45%	30%	34%	--
Caucasian/White	55%	64%	62%	--
Hispanic/Latino	0%	5%	3%	--
Other	0%	1%	1%	--
Treatment Needs/Offender Type				
Education	87%	65%	71%	21
Use of Free Time	40%	36%	37%	15
Peer Relationships	87%	90%	89%	21
Family	73%	67%	69%	10
Alcohol & Drug Use	43%	63%	58%	7
Mental Health	60%	43%	47%	13
Anti-Social Attitudes	93%	84%	86%	8
Aggression	97%	84%	87%	4
Sex Offender	0%	9%	7%	1
Fire Setter	0%	1%	1%	1
Girl-Only Programs	--	--	--	2

Table 6. Probation Youth Needs (FY13) and Community-Based Services: Howard County				
	Girls	Boys	Total Youth	# Programs
Total	41 (31%)	91 (69%)	132	38
Average Age	16.6	16.3	16.4	--
Race/Ethnicity				
African American/Black	56%	58%	58%	--
Caucasian/White	34%	30%	31%	--
Hispanic/Latino	10%	9%	9%	--
Other	0%	3%	2%	--
Treatment Needs/Offender Type				
Education	39%	39%	39%	17
Use of Free Time	34%	29%	30%	18
Peer Relationships	59%	73%	68%	23
Family	22%	21%	21%	15
Alcohol & Drug Use	32%	45%	41%	16
Mental Health	24%	26%	26%	15
Anti-Social Attitudes	44%	54%	51%	29
Aggression	63%	54%	57%	19
Sex Offender	0%	0%	0%	1
Fire Setter	0%	3%	2%	2
Girl-Only Programs	--	--	--	2

Community-Based Services in Central Region



Community-Based Services in Central Region

Ref.No	Provider Name
1	A Better Way Counseling Services
2	Alliance
3	School-based Mental Health-Harford County
4	Arrow Children and Family Ministries
5	Associated Catholic Charities (all locations not shown)
6	Baltimore County Dept. of Social Services
8	Baltimore County Drug Court (not shown)
9	Baltimore County Health Dept
10	Baltimore County Police Dept. (additional locations)
11	Big Brothers Big Sisters (not shown on map)
12	Boys & Girls Clubs of Harford County (additional locations)
13	Carroll Counseling Centers
14	Carroll County Community College
15	Carroll County Business & Employment Resource Center
16	Carroll County DJS
17,18	Carroll County Youth Service Bureau
19	Carroll Hospital Center
21	Catocin Counseling
22	Cedar Ridge Counseling Center
23	Center for Therapeutic Concepts, Inc.
24	Choices of Carroll County
25	Circuit Court for Harford County (Truancy Court)
26	Crisis Intervention Team (Harford County; not shown)
27	Columbia Addictions Center
28	Community Service Office of Drug Control Policy
29	Community Solutions Inc.
30	Congruent and Integrative Counseling
31	Congruent Counseling Services
32	Dads Works
33	Community Conferencing
35	Harford County DJS
37	Dundalk Youth Services Center
38	Extreme Family Outreach
39	Family and Children's Services
40	Family Support and Resource Center
41	Finksburg Counseling Services

Ref.No	Provider Name
42	First Step
43, 44	Grass Roots Crisis Intervention Center
45	Greater Edgewood Education Foundation
46	Greater Excellence in Education Foundation
47	Harford County Boys and Girls Club (not shown on map)
48	Harford County Boys and Girls Club, Edgewood
49	Harford County Dept. of Community Services
50	Harford County Dept. of Social Services
51	Harford County DJS
52	Harford County Drug Court Program
53	Harford County Health Department
54	Harford County Health Department Division of Addictions
55	Harford County Public Schools (all locations not shown)
56	Harford County Public Schools PTAs (all locations not shown)
57	HC Drug Free
58	Howard Co. Dept. of Fire and Rescue Services (Fire Setter Program)
59	Howard County DJS
60	Howard County Health Dept.
61	Howard County Mental Health Authority
62	Howard County Office of Human Rights
63	Howard County Office of Workforce Development
64	Howard County Public Library
65	Howard County Public Schools (all locations not shown)
66	Inner County Outreach
67	Institute for Family Centered Services
68	Johns Hopkins Bayview Medical Center
69	Keystone Service Systems, Inc.
70	LASOS, Inc
71	Main Street Mobile Treatment and Main Street Commy Mental Health Center
72	Maryland Choices
73	Maryland Coalition of Families for Children's Mental Health
74	Maryland Conservatory of Music
75	Mediation and Conflict Resolution Center, Howard Commy College
76	Dr. Michelle Coleman
77	Mosaic Community Services, Inc.

Ref.No	Provider Name
78	Mothers Against Drunk Driving
79	Mountain Manor Treatment Center
80	Mountain Manor Treatment Center - Baltimore
81	MPB Group, Inc.
82	National Association for Shoplifting Prevention (online prog)
83	National Guard (Free State Challenge Academy)
84	New Path Counseling Center
85	Harford County Office of Drug Control Policy
86	Harford County Office of Drug Control Policy, Circuit Court
87	Open Doors Career Center
88	Pastor Reeves & Schools
89	Positive Alternatives to Destructive and Dangerous Driving (PADDD)
90	Psych Associates of Maryland, LCC
91	Sheppard Pratt (Harford County)
92	Sheppard Pratt Health System (Ellicott City)
93	Sheriff's Office (Diversion & Gang Programs)
94	Sheriff's Office and Harford County Public Schools
95	St Patrick's Catholic Church
96	The Church of Resurrection in Joppatowne
97	The Conflict Resolution Center Of Baltimore Co
98	The Howard Group
99	The Salvation Army Boys & Girls Club of Middle River
100	University of Maryland Shock Trauma Center
101	Upper Bay
102	Upper Bay Counseling
104	Non-Public Educational Placements (locations not shown)
105	Villa Maria (Edgewood Middle School)
106	Villa Maria of Harford County
108	VisionQuest
109	Way Station
110	Westminster YMCA
111	YMCA
112	Howard County Police Dept (Diversion)
7	Baltimore County DJS-Arbutus Office
20	Baltimore County DJS-Hunt Valley Office
34	Baltimore County DJS-Eastern Office
103	Baltimore County DJS-Garrison Office

Western Region

Table 7. Probation Youth Needs (FY13) and Community-Based Services: Western Region				
	Girls	Boys	Total Youth	# Programs
Total	23 (18%)	103 (82%)	126	71
Average Age	15.6	15.8	15.8	--
Race/Ethnicity				
African American/Black	22%	32%	30%	--
Caucasian/White	78%	66%	68%	--
Hispanic/Latino	0%	2%	2%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	67%	66%	66%	10
Use of Free Time	38%	18%	22%	12
Peer Relationships	81%	91%	89%	8
Family	76%	59%	62%	22
Alcohol & Drug Use	48%	40%	41%	11
Mental Health	52%	41%	43%	22
Anti-Social Attitudes	71%	71%	71%	16
Aggression	86%	86%	86%	9
Sex Offender	0%	3%	3%	4
Fire Setter	14%	2%	4%	1
Girl-Only Programs	--	--	--	9

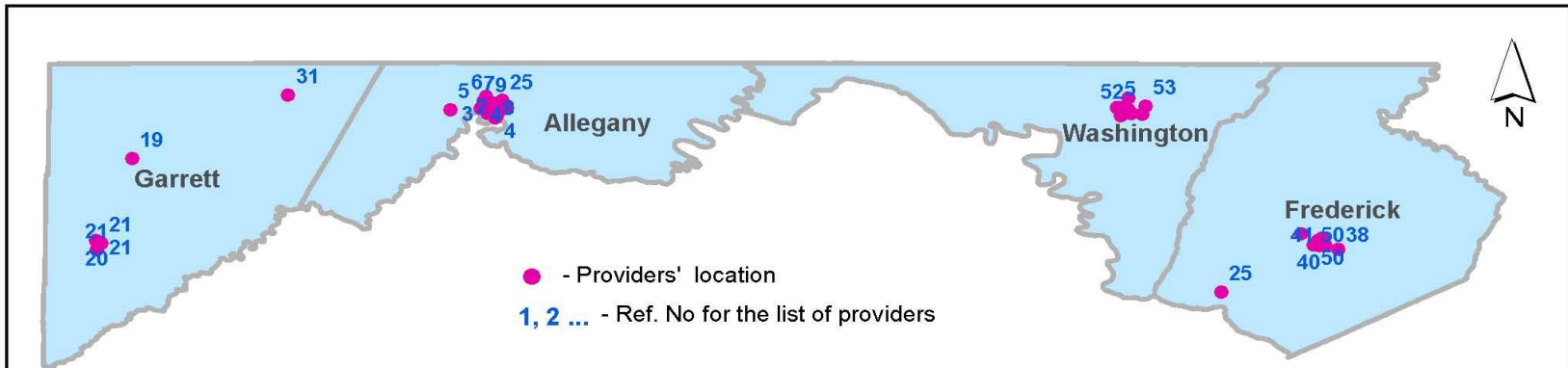
Table 8. Probation Youth Needs (FY13) and Community-Based Services: Allegany County				
	Girls	Boys	Total Youth	# Programs
Total	8 (32%)	17 (68%)	25	30
Average Age	15.6	15.3	15.4	--
Race/Ethnicity				
African American/Black	25%	18%	20%	--
Caucasian/White	75%	82%	80%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	57%	71%	67%	7
Use of Free Time	43%	24%	29%	4
Peer Relationships	86%	94%	92%	1
Family	86%	65%	71%	8
Alcohol & Drug Use	43%	53%	50%	4
Mental Health	29%	59%	50%	11
Anti-Social Attitudes	57%	82%	75%	5
Aggression	86%	88%	88%	2
Sex Offender	0%	0%	0%	1
Fire Setter	29%	0%	8%	1
Girl-Only Programs	--	--	--	3

Table 9. Probation Youth Needs (FY13) and Community-Based Services: Frederick County				
	Girls	Boys	Total Youth	# Programs
Total	1 (17%)	5 (83%)	6	17
Average Age	15.9	17.7	17.4	--
Race/Ethnicity				
African American/Black	0%	20%	17%	--
Caucasian/White	100%	80%	83%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	*	40%	50%	0
Use of Free Time	*	40%	33%	6
Peer Relationships	*	80%	83%	6
Family	*	60%	67%	7
Alcohol & Drug Use	*	80%	67%	3
Mental Health	*	80%	83%	2
Anti-Social Attitudes	*	60%	67%	6
Aggression	*	80%	83%	3
Sex Offender	*	0%	0%	1
Fire Setter	*	0%	0%	0
Girl-Only Programs	--	--	--	2

Table 10. Probation Youth Needs (FY13) and Community-Based Services: Garrett County				
	Girls	Boys	Total Youth	# Programs
Total	2 (8%)	24 (92%)	26	11
Average Age	16.3	15.8	15.9	--
Race/Ethnicity				
African American/Black	50%	0%	4%	--
Caucasian/White	50%	100%	96%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	*	50%	46%	1
Use of Free Time	*	4%	4%	0
Peer Relationships	*	96%	96%	1
Family	*	38%	42%	5
Alcohol & Drug Use	*	29%	31%	1
Mental Health	*	17%	19%	5
Anti-Social Attitudes	*	42%	46%	4
Aggression	*	67%	69%	3
Sex Offender	*	13%	12%	1
Fire Setter	*	8%	12%	0
Girl-Only Programs	--	--	--	0

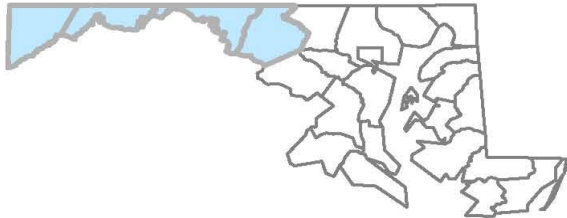
Table 11. Probation Youth Needs (FY13) and Community-Based Services: Washington County				
	Girls	Boys	Total Youth	# Programs
Total	12 (17%)	57 (83%)	69	23
Average Age	15.5	15.8	15.7	--
Race/Ethnicity				
African American/Black	17%	51%	45%	--
Caucasian/White	83%	46%	52%	--
Hispanic/Latino	0%	4%	3%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	82%	74%	75%	3
Use of Free Time	46%	20%	25%	2
Peer Relationships	73%	89%	86%	1
Family	64%	67%	66%	7
Alcohol & Drug Use	55%	37%	40%	3
Mental Health	64%	43%	46%	8
Anti-Social Attitudes	73%	82%	80%	4
Aggression	82%	94%	92%	3
Sex Offender	0%	0%	0%	2
Fire Setter	0%	0%	0%	1
Girl-Only Programs	--	--	--	1

Community-Based Services in Western Region



Please, note:

1. The numbers on the map are Ref.No given to the Service Providers (only for mapping purposes),
2. Not all Providers address/location are shown in the map



Ref No	Provider
1	Allegany County Dept. of Social Services
2	Allegany County DJS
3	Allegany County Health Dept.
4	Allegany County Sheriff's Dept. (Diversion)
5	Alternative Drug/Alcohol Counseling
6	Appalachian Behavioral Health
7	Archway Station, Inc.
8	Christian Counseling Services of Western MD
9	Cumberland City Police Dept. (Safe Streets)
10	DJS-Spotlight on Schools (not shown in the map)
11	Dr. Michelle Colman
12	Family Crisis Resource Center
13	Frederick County Dept. of Social Services
14	Frederick County DJS
15	Frederick County Health Dept.
16	Frederick County State's Attorney's Office (Diversion Prog.)
17	Frederick Police Dept. (Safe Streets)
18	Garrett Co. Health Dept.
19	Garrett College
20	Garrett County DJS
21	Garrett County Health Dept.
22	Girl's Inc.
23	Hartssock Counseling Services
24	Institute for Family Centered Services
25	Jefferson School
26	Lead for Life
27,44	Lead4Life, Inc.

Ref No	Provider
28	Local Churches in Garrett Co. (not shown in map)
29	Local Management Board of Allegany County
30	Maryland Choices
31	Maryland Salem's Trust
32	Meadow Brook
33	Mental Health Authority (Healthy Transitions)
34	Mental Health Center
35	Mental Health Management Agency of Frederick County
36	Mountainside Mediation Center
37	Office of the State Fire Marshal (Fire Setter Program)
38	PADD Inc.
39	Pressley Ridge
40	Serenity Treatment Centers, Inc.
41	Steve Green Assc.
42	Steve Hartssock
43	Villa Maria
45	Washington Co. Local Management Board
46	Drug Court (Washington County)
47	Washington County Dept. of Social Services
48	Washington County DJS
49	Washington County Health Dept.
50	Way Station Inc.
51	Western Maryland Health System Treatment
52	Western MD Consortium
53	YMCA
54	Zealand Psychological Associates

Eastern Shore Region

Table 12. Probation Youth Needs (FY13) and Community-Based Services: Eastern Shore Region				
	Girls	Boys	Total Youth	# Programs
Total	71 (25%)	218 (75%)	289	77
Average Age	15.8	16.0	16.0	--
Race/Ethnicity				
African American/Black	55%	44%	47%	--
Caucasian/White	42%	52%	50%	--
Hispanic/Latino	1%	2%	2%	--
Other	1%	1%	1%	--
Treatment Needs/Offender Type				
Education	77%	70%	72%	8
Use of Free Time	45%	38%	40%	12
Peer Relationships	73%	78%	76%	13
Family	65%	65%	65%	5
Alcohol & Drug Use	28%	48%	43%	16
Mental Health	58%	44%	48%	19
Anti-Social Attitudes	74%	74%	74%	8
Aggression	88%	78%	80%	4
Sex Offender	0%	3%	2%	1
Fire Setter	0%	1%	1%	1
Girl-Only Programs	--	--	--	7

Table 13. Probation Youth Needs (FY13) and Community-Based Services: Caroline County				
	Girls	Boys	Total Youth	# Programs
Total	1 (7%)	13 (93%)	14	20
Average Age	18.6	16.1	16.3	--
Race/Ethnicity				
African American/Black	0%	15%	14%	--
Caucasian/White	100%	77%	79%	--
Hispanic/Latino	0%	8%	7%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	*	46%	50%	3
Use of Free Time	*	31%	29%	4
Peer Relationships	*	69%	64%	2
Family	*	39%	43%	2
Alcohol & Drug Use	*	31%	29%	5
Mental Health	*	23%	21%	6
Anti-Social Attitudes	*	46%	43%	2
Aggression	*	62%	64%	0
Sex Offender	*	0%	0%	0
Fire Setter	*	8%	7%	0
Girl-Only Programs	--	--	--	0

Table 14. Probation Youth Needs (FY13) and Community-Based Services: Cecil County				
	Girls	Boys	Total Youth	# Programs
Total	16 (18%)	73 (82%)	89	12
Average Age	15.3	15.9	15.8	--
Race/Ethnicity				
African American/Black	31%	33%	33%	--
Caucasian/White	63%	66%	65%	--
Hispanic/Latino	6%	1%	2%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	63%	82%	79%	5
Use of Free Time	56%	52%	53%	3
Peer Relationships	69%	93%	89%	4
Family	75%	82%	81%	2
Alcohol & Drug Use	31%	52%	48%	2
Mental Health	56%	49%	51%	1
Anti-Social Attitudes	69%	85%	82%	4
Aggression	75%	86%	84%	1
Sex Offender	0%	4%	3%	0
Fire Setter	0%	1%	1%	0
Girl-Only Programs	--	--	--	1

Table 15. Probation Youth Needs (FY13) and Community-Based Services: Dorchester County				
	Girls	Boys	Total Youth	# Programs
Total	6 (29%)	15 (71%)	21	10
Average Age	16.1	15.0	15.3	--
Race/Ethnicity				
African American/Black	83%	53%	62%	--
Caucasian/White	17%	47%	38%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	83%	87%	86%	1
Use of Free Time	33%	13%	19%	2
Peer Relationships	100%	89%	91%	4
Family	50%	73%	67%	1
Alcohol & Drug Use	0%	53%	38%	1
Mental Health	67%	60%	62%	3
Anti-Social Attitudes	83%	80%	81%	1
Aggression	100%	93%	95%	1
Sex Offender	0%	0%	0%	0
Fire Setter	0%	0%	0%	0
Girl-Only Programs	--	--	--	1

Table 16. Probation Youth Needs (FY13) and Community-Based Services: Kent County				
	Girls	Boys	Total Youth	# Programs
Total	1 (11%)	8 (89%)	9	14
Average Age	15.1	15.9	15.9	--
Race/Ethnicity				
African American/Black	0%	50%	44%	--
Caucasian/White	100%	50%	56%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	*	25%	33%	2
Use of Free Time	*	50%	44%	3
Peer Relationships	*	25%	22%	3
Family	*	75%	67%	3
Alcohol & Drug Use	*	38%	33%	1
Mental Health	*	25%	22%	3
Anti-Social Attitudes	*	63%	56%	1
Aggression	*	50%	44%	0
Sex Offender	*	0%	0%	0
Fire Setter	*	0%	0%	0
Girl-Only Programs	--	--	--	2

Table 17. Probation Youth Needs (FY13) and Community-Based Services: Queen Anne County				
	Girls	Boys	Total Youth	# Programs
Total	1 (17%)	5 (83%)	6	10
Average Age	18.8	16.7	17.0	--
Race/Ethnicity				
African American/Black	0%	100%	83%	--
Caucasian/White	100%	0%	17%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	*	80%	67%	2
Use of Free Time	*	20%	17%	1
Peer Relationships	*	80%	67%	1
Family	*	80%	67%	4
Alcohol & Drug Use	*	80%	67%	2
Mental Health	*	40%	33%	3
Anti-Social Attitudes	*	60%	50%	1
Aggression	*	80%	83%	0
Sex Offender	*	0%	0%	0
Fire Setter	*	0%	0%	0
Girl-Only Programs	--	--	--	0

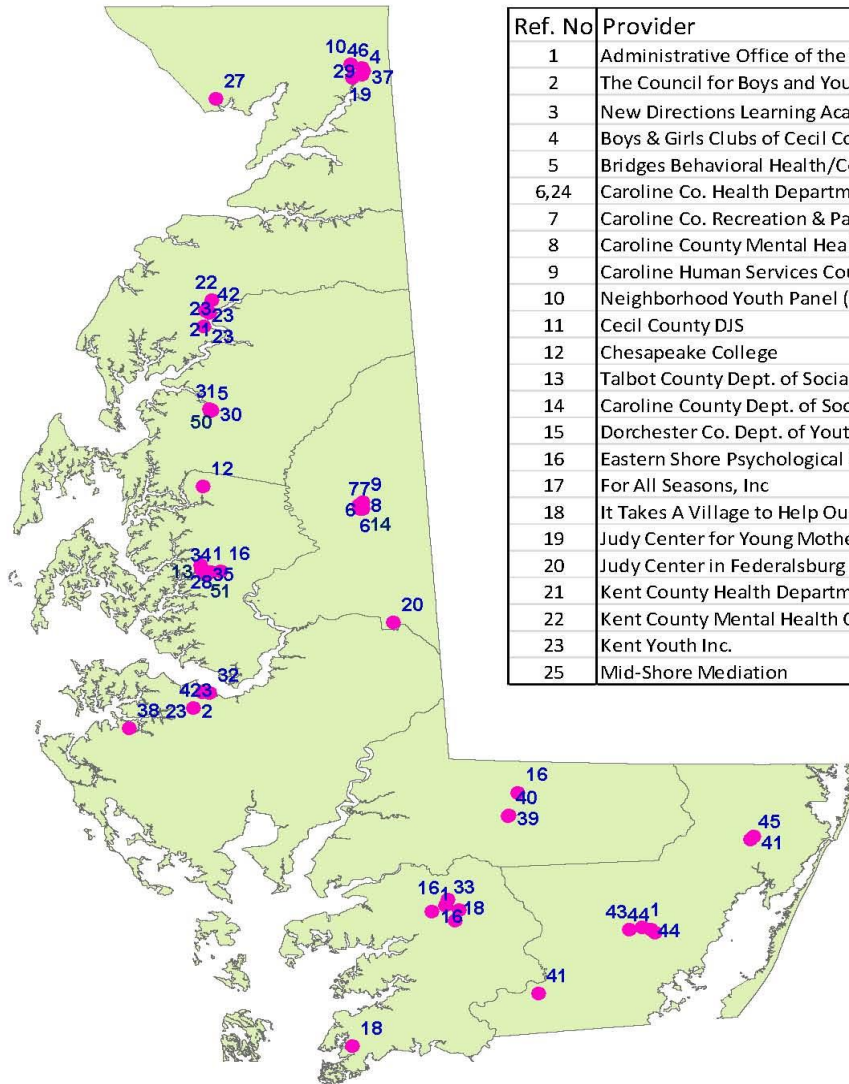
Table 18. Probation Youth Needs (FY13) and Community-Based Services: Somerset County				
	Girls	Boys	Total Youth	# Programs
Total	0	0	0	10
Average Age				--
Race/Ethnicity				
African American/Black	--	--	--	--
Caucasian/White	--	--	--	--
Hispanic/Latino	--	--	--	--
Other	--	--	--	--
Treatment Needs/Offender Type				
Education	--	--	--	1
Use of Free Time	--	--	--	1
Peer Relationships	--	--	--	1
Family	--	--	--	1
Alcohol & Drug Use	--	--	--	3
Mental Health	--	--	--	3
Anti-Social Attitudes	--	--	--	2
Aggression	--	--	--	0
Sex Offender	--	--	--	1
Fire Setter	--	--	--	1
Girl-Only Programs	--	--	--	0

Table 20. Probation Youth Needs (FY13) and Community-Based Services: Talbot County				
	Girls	Boys	Total Youth	# Programs
Total	7 (44%)	9 (56%)	16	22
Average Age	16.5	15.9	16.2	--
Race/Ethnicity				
African American/Black	29%	33%	31%	--
Caucasian/White	57%	56%	56%	--
Hispanic/Latino	0%	11%	6%	--
Other	14%	0%	6%	--
Treatment Needs/Offender Type				
Education	67%	67%	67%	3
Use of Free Time	17%	33%	27%	1
Peer Relationships	83%	100%	93%	1
Family	50%	67%	60%	3
Alcohol & Drug Use	33%	44%	40%	8
Mental Health	67%	78%	73%	7
Anti-Social Attitudes	50%	100%	80%	1
Aggression	100%	89%	93%	1
Sex Offender	0%	0%	0%	0
Fire Setter	0%	0%	0%	0
Girl-Only Programs	--	--	--	1

Table 21. Probation Youth Needs (FY13) and Community-Based Services: Wicomico County				
	Girls	Boys	Total Youth	# Programs
Total	30 (41%)	43 (59%)	73	8
Average Age	15.5	16.0	15.8	--
Race/Ethnicity				
African American/Black	77%	70%	73%	--
Caucasian/White	23%	30%	27%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	93%	93%	93%	0
Use of Free Time	53%	50%	51%	0
Peer Relationships	77%	80%	79%	1
Family	73%	73%	73%	1
Alcohol & Drug Use	27%	45%	37%	2
Mental Health	57%	48%	51%	3
Anti-Social Attitudes	90%	98%	94%	2
Aggression	97%	100%	99%	1
Sex Offender	0%	3%	1%	1
Fire Setter	0%	0%	0%	1
Girl-Only Programs	--	--	--	0

Table 22. Probation Youth Needs (FY13) and Community-Based Services: Worcester County				
	Girls	Boys	Total Youth	# Programs
Total	9 (15%)	52 (85%)	61	11
Average Age	15.9	16.5	16.5	--
Race/Ethnicity				
African American/Black	44%	39%	39%	--
Caucasian/White	56%	52%	53%	--
Hispanic/Latino	0%	4%	3%	--
Other	0%	6%	5%	--
Treatment Needs/Offender Type				
Education	50%	39%	41%	1
Use of Free Time	38%	17%	20%	2
Peer Relationships	63%	54%	56%	4
Family	50%	33%	35%	1
Alcohol & Drug Use	50%	48%	48%	4
Mental Health	75%	30%	37%	4
Anti-Social Attitudes	63%	39%	43%	2
Aggression	75%	46%	50%	0
Sex Offender	0%	4%	4%	1
Fire Setter	0%	0%	0%	1
Girl-Only Programs	--	--	--	2

Community-Based Services in Eastern Region



Ref. No	Provider
1	Administrative Office of the Courts (Drug Court)
2	The Council for Boys and Young Men
3	New Directions Learning Academy
4	Boys & Girls Clubs of Cecil County
5	Bridges Behavioral Health/Corsica River MH
6,24	Caroline Co. Health Department
7	Caroline Co. Recreation & Parks
8	Caroline County Mental Health Clinic
9	Caroline Human Services Council, Inc.
10	Neighborhood Youth Panel (Cecil County)
11	Cecil County DJS
12	Chesapeake College
13	Talbot County Dept. of Social Services
14	Caroline County Dept. of Social Services
15	Dorchester Co. Dept. of Youth Services
16	Eastern Shore Psychological Services
17	For All Seasons, Inc
18	It Takes A Village to Help Our Children, Inc.
19	Judy Center for Young Mothers
20	Judy Center in Federalsburg
21	Kent County Health Department
22	Kent County Mental Health Clinic
23	Kent Youth Inc.
25	Mid-Shore Mediation

Ref. No	Provider
26	Mid-Shore Pro Bono
27	Perryville Police Department (Outreach)
28	Planned Parenthood
29	Project Crossroad
30	Queen Anne's Co. Department of Health
31	Queen Anne's County Public Schools (CASASTART)
32	Shore Behavioral Health
33	Somerset County DJS
34	Talbot County Health Dept.
35	Talbot Partnership for Alcohol and Other Drug Abuse Prevention
36	University Of Maryland
37	Upper Bay, Inc.
38	VisionQuest
39	Wicomico County DJS
40	Wicomico County Health Dept.
41	Worcester County Health Dept. & Schools
42	Women in Need Inc. and ADP
43	Worcester County DJS
44	Worcester County Health Department
45	Worcester Youth and Family Counseling Services
46	Elkton Middle School-Out of School Program
47	Caroline County DJS
48	Dorchester County DJS
49	Kent County DJS
50	Queen Anne's County DJS
51	Talbot County DJS

Southern Region

Table 23. Probation Youth Needs (FY13) and Community-Based Services: Southern Region				
	Girls	Boys	Total Youth	# Programs
Total	126 (24%)	400 (76%)	526	30
Average Age	16.1	16.2	16.1	--
Race/Ethnicity				
African American/Black	60%	49%	52%	--
Caucasian/White	34%	45%	43%	--
Hispanic/Latino	4%	5%	4%	--
Other	2%	1%	1%	--
Treatment Needs/Offender Type				
Education	48%	53%	52%	5
Use of Free Time	15%	14%	14%	1
Peer Relationships	83%	79%	80%	6
Family	46%	32%	36%	3
Alcohol & Drug Use	33%	46%	43%	8
Mental Health	30%	32%	32%	5
Anti-Social Attitudes	49%	55%	53%	1
Aggression	62%	54%	56%	1
Sex Offender	1%	4%	3%	2
Fire Setter	3%	2%	2%	0
Girl-Only Programs	--	--	--	3

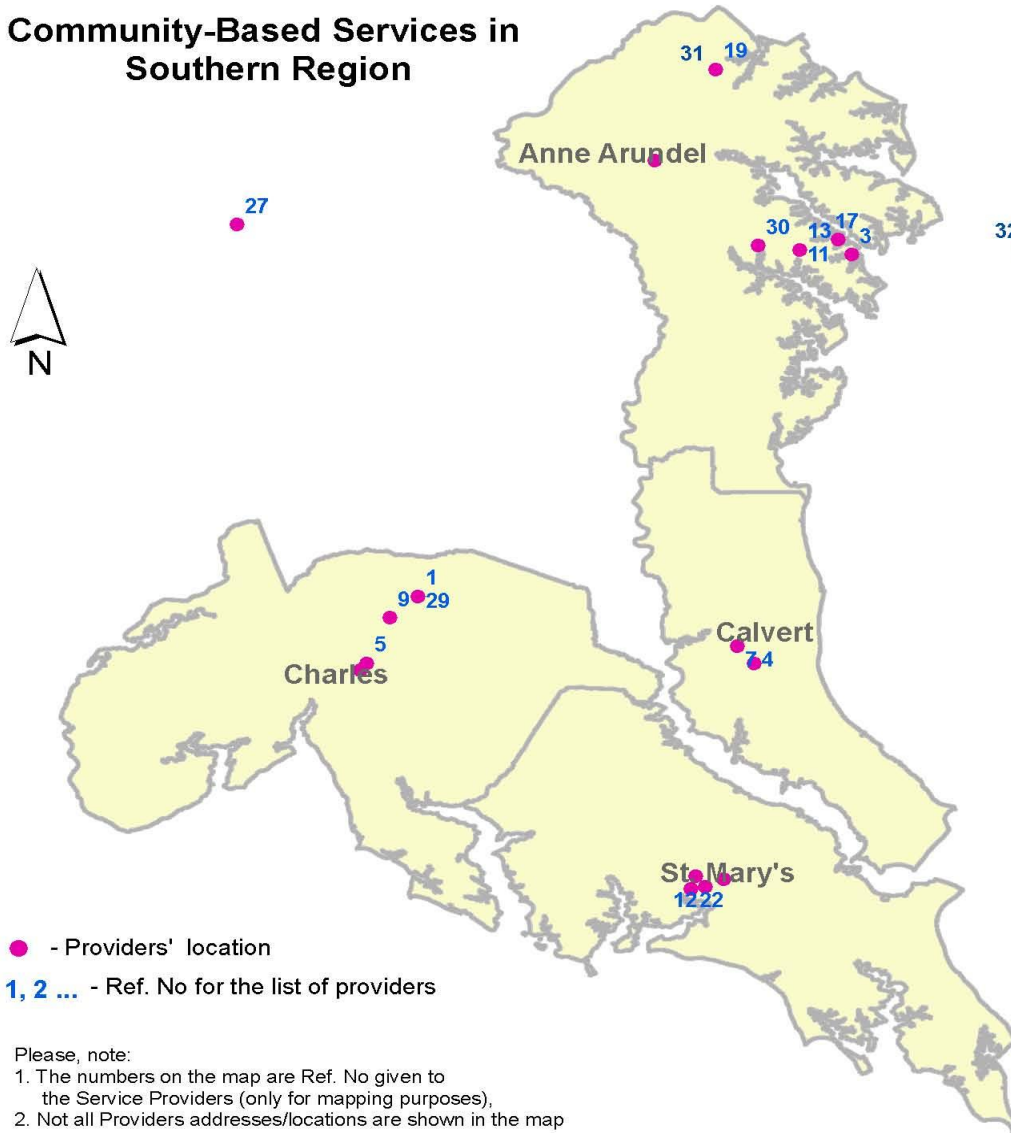
Table 24. Probation Youth Needs (FY13) and Community-Based Services: Anne Arundel County				
	Girls	Boys	Total Youth	# Programs
Total	61 (23%)	207 (77%)	268	14
Average Age	16.1	16.2	16.2	--
Race/Ethnicity				
African American/Black	56%	50%	52%	--
Caucasian/White	36%	41%	40%	--
Hispanic/Latino	7%	7%	7%	--
Other	2%	2%	2%	--
Treatment Needs/Offender Type				
Education	50%	53%	53%	3
Use of Free Time	24%	22%	23%	1
Peer Relationships	79%	71%	73%	4
Family	38%	30%	32%	3
Alcohol & Drug Use	36%	43%	41%	3
Mental Health	36%	37%	37%	2
Anti-Social Attitudes	53%	57%	56%	1
Aggression	60%	56%	57%	0
Sex Offender	2%	5%	5%	1
Fire Setter	3%	1%	2%	0
Girl-Only Programs	--	--	--	0

Table 25. Probation Youth Needs (FY13) and Community-Based Services: Calvert County				
	Girls	Boys	Total Youth	# Programs
Total	11 (19%)	46 (81%)	57	12
Average Age	16.4	16.0	16.0	--
Race/Ethnicity				
African American/Black	46%	20%	25%	--
Caucasian/White	55%	80%	75%	--
Hispanic/Latino	0%	0%	0%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	55%	52%	53%	2
Use of Free Time	0%	2%	2%	1
Peer Relationships	73%	76%	76%	3
Family	55%	36%	40%	3
Alcohol & Drug Use	36%	50%	47%	1
Mental Health	36%	41%	40%	2
Anti-Social Attitudes	36%	52%	49%	1
Aggression	73%	57%	60%	1
Sex Offender	0%	5%	4%	1
Fire Setter	9%	12%	11%	0
Girl-Only Programs	--	--	--	1

Table 26. Probation Youth Needs (FY13) and Community-Based Services: Charles County				
	Girls	Boys	Total Youth	# Programs
Total	27 (25%)	80 (75%)	107	15
Average Age	15.8	16.3	16.2	--
Race/Ethnicity				
African American/Black	82%	70%	73%	--
Caucasian/White	11%	29%	24%	--
Hispanic/Latino	4%	1%	2%	--
Other	4%	0%	1%	--
Treatment Needs/Offender Type				
Education	41%	58%	53%	2
Use of Free Time	11%	9%	10%	1
Peer Relationships	85%	90%	88%	4
Family	48%	30%	35%	3
Alcohol & Drug Use	26%	53%	46%	2
Mental Health	22%	25%	24%	2
Anti-Social Attitudes	41%	43%	43%	1
Aggression	59%	45%	49%	0
Sex Offender	0%	3%	2%	1
Fire Setter	4%	0%	1%	0
Girl-Only Programs	--	--	--	3

Table 27. Probation Youth Needs (FY13) and Community-Based Services: St. Mary's County				
	Girls	Boys	Total Youth	# Programs
Total	67 (29%)	27 (71%)	94	14
Average Age	16.2	16.1	16.1	--
Race/Ethnicity				
African American/Black	56%	42%	46%	--
Caucasian/White	44%	55%	0%	--
Hispanic/Latino	0%	3%	2%	--
Other	0%	0%	0%	--
Treatment Needs/Offender Type				
Education	48%	45%	46%	2
Use of Free Time	4%	5%	4%	1
Peer Relationships	93%	92%	92%	3
Family	59%	39%	45%	3
Alcohol & Drug Use	33%	45%	41%	2
Mental Health	22%	22%	22%	2
Anti-Social Attitudes	52%	62%	59%	1
Aggression	63%	55%	58%	0
Sex Offender	0%	0%	0%	1
Fire Setter	0%	0%	0%	0
Girl-Only Programs	--	--	--	1

Community-Based Services in Southern Region



Ref No	Provider
1,18,23,29	Tri-County Youth Service Bureau
2	St. Mary's County Dept. of Social Services
3	Anne Arundel County Dept. of Social Services
4	Calvert County Dept. of Social Services
5	Charles County Dept. of Social Services
6	Anne Arundel County Dept. of Health
7	Calvert County Health Dept.
8	Maryland Choices
9	Charles County Dept. of Health
10	St. Mary's County DJS
11	Anne Arundel County DJS-Annapolis Office
12	Drug Court (St. Marys County)
13	Drug Court (Anne Arundel County)
14	Drug Court (Charles County)
15,20	Center for Children
16	Institute for Family Centered Services
17	Annapolis Police Dept. (JOINS)
19	Anne Arundel Counseling Center
21	DJS-Spotlight On Schools (not shown on map)
22	St. Mary's County Health Dept.
24,25	Charles County DJS
26	Alpha Academy Mentoring Program
27	Boy Scouts of America
28	EMBODI Boys Mentoring and Leadership Program
30	Partnership for Children, Youth and Families
31	Anne Arundel County DJS-Glen Burnie Office
32	Calvert County DJS

Metro Region

Table 28. Probation Youth Needs (FY13) and Community-Based Services: Metro Region				
	Girls	Boys	Total Youth	# Programs
Total	97 (18%)	431 (82%)	528	27
Average Age	16.1	16.3	16.3	--
Race/Ethnicity				
African American/Black	79%	73%	74%	--
Caucasian/White	7%	7%	7%	--
Hispanic/Latino	11%	19%	17%	--
Other	2%	1%	1%	--
Treatment Needs/Offender Type				
Education	55%	50%	51%	6
Use of Free Time	23%	12%	14%	7
Peer Relationships	74%	83%	82%	4
Family	53%	32%	36%	7
Alcohol & Drug Use	47%	43%	44%	6
Mental Health	30%	22%	24%	2
Anti-Social Attitudes	48%	44%	45%	9
Aggression	62%	42%	46%	3
Sex Offender	1%	5%	4%	1
Fire Setter	0%	1%	<1%	0
Girl-Only Programs	--	--	--	1

Table 29. Probation Youth Needs (FY13) and Community-Based Services: Montgomery County				
	Girls	Boys	Total Youth	# Programs
Total	35 (17%)	170 (83%)	205	14
Average Age	16.4	16.3	16.3	--
Race/Ethnicity				
African American/Black	60%	58%	58%	--
Caucasian/White	14%	12%	12%	--
Hispanic/Latino	20%	29%	27%	--
Other	6%	2%	2%	--
Treatment Needs/Offender Type				
Education	56%	51%	52%	4
Use of Free Time	47%	15%	21%	4
Peer Relationships	82%	85%	85%	4
Family	53%	33%	37%	6
Alcohol & Drug Use	53%	49%	49%	3
Mental Health	29%	28%	28%	1
Anti-Social Attitudes	56%	50%	51%	6
Aggression	74%	51%	55%	2
Sex Offender	3%	7%	7%	1
Fire Setter	0%	1%	1%	0
Girl-Only Programs	--	--	--	1

Table 30. Probation Youth Needs (FY13) and Community-Based Services: Prince George's County

	Girls	Boys	Total Youth	# Programs
Total	62 (19%)	261 (81%)	323	18
Average Age	15.9	16.4	16.3	--
Race/Ethnicity				
African American/Black	90%	83%	84%	--
Caucasian/White	3%	5%	4%	--
Hispanic/Latino	7%	12%	11%	--
Other	0%	1%	1%	--
Treatment Needs/Offender Type				
Education	55%	49%	50%	4
Use of Free Time	7%	9%	9%	4
Peer Relationships	69%	82%	80%	2
Family	53%	31%	35%	5
Alcohol & Drug Use	44%	40%	40%	2
Mental Health	31%	19%	21%	1
Anti-Social Attitudes	44%	39%	40%	5
Aggression	55%	37%	40%	2
Sex Offender	0%	3%	2%	1
Fire Setter	0%	<1%	<1%	0
Girl-Only Programs	--	--	--	0

Community-Based Services in Metro Region

