

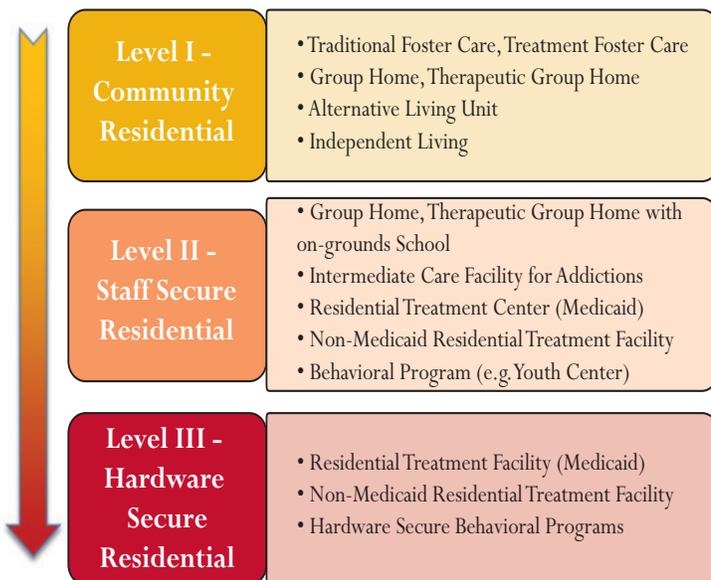
## Introduction to Committed Programs

The DJS Division of Operations is responsible for selecting the most appropriate out-of-home placement for youth who have been committed to the custody of DJS by the juvenile court. Program placements vary based on the treatment services provided, as well as by security level. The full range of DJS placement options include: (a) Foster Care Homes (traditional and treatment foster care); (b) Group Homes (general service and therapeutic, as well as Intermediate Care Centers for Addictions (ICFAs)); (c) Independent Living Programs/ Alternative Living Units (often used as a step-down from a more restrictive program placement); (d) Residential Treatment Centers (RTCs) and non-Medicaid Residential Treatment Facilities (out-of-state); (e) Behavioral Programs, e.g. DJS-operated Youth Centers (including the Green Ridge Mountain Quest program); (f) out-of-state programs in a staff secure setting; and (g) hardware-secure treatment programs, both DJS-operated and privately contracted out-of-state.

DJS has established three levels of residential program placements based largely on the level of program restrictiveness (see Figure below). Level I includes all programs where youth reside in a community setting and attend community schools. Level II includes programs where educational programming is provided on-grounds and youth movement and freedom are restricted primarily by staff monitoring and supervising. Level III programs provide the highest level of security by augmenting staff supervision with physical attributes of the facility, i.e., locks, bars and fences.

### PLACEMENT PROCESS

The DJS placement process is designed to select the most appropriate program and treatment services for committed youth. The process begins after adjudication with a comprehensive assessment of each



### CAPACITY, ADP, AND SECURITY TYPE FOR DJS-OPERATED COMMITTED FACILITIES<sup>1</sup>, FY 2019

Facility	Rated Capacity	ADP	Security Type
Backbone Mountain YC	48	34.3	Staff
Green Ridge Mountain Quest	10	5.8	Staff
Green Ridge YC	30	22.8	Staff
J. DeWeese Carter Center	14	7.2	Hardware
Meadow Mountain YC	40	27.7	Staff
Savage Mountain YC**	24	3.5	Hardware
Victor Cullen Center	48	18.7	Hardware
<i>Total</i>	<i>214</i>	<i>119.9*</i>	<i>N/A</i>

<sup>1</sup>This table does not include contracted committed programs.

\*Averages may not add to totals due to rounding.

\*\*Data reflect the closure of Savage Mountain from Sept. 2017- Dec. 2018

The utilization rate for state-operated facilities (excluding Savage Mountain) was 61.2% in FY 2019.

youth. A “staffing” meeting is then held to bring together key personnel responsible for resource and treatment service planning. Parents and/or guardians are also invited to participate. Staffing meetings are a key means of engaging families of committed youth. At the staffing meeting, all pertinent information collected as part of the assessment is reviewed, including the current offense(s), delinquency history, social history, MCASP recommended supervision level, MCASP assessment of treatment needs, educational records, clinical assessments, and the involvement of any other state agency. The staffing meeting culminates with recommendations to the juvenile court for program participation and/or treatment services tailored to the circumstances of each youth. After court disposition, DJS refers each case to the recommended program(s) for consideration. For youth in the community at the time of adjudication, the staffing is conducted in the local DJS office. For detained youth, a MAST staffing takes place in the detention center (see description below). A re-entry staffing meeting also is scheduled to plan for the release and aftercare of committed youth.

**Multidisciplinary Assessment Staffing Team (MAST):** MAST is a specialized diagnostic team responsible for assessing youth who are detained pending court disposition and are at risk of placement. The MAST includes a psychologist, social worker, substance abuse counselor, community case manager, detention facility case manager supervisor, resource specialist, and a Maryland State Department of Education (MSDE) representative. Youth who require more specialized assessments (e.g., a neurological, psycho-sexual, or medical assessment) are referred for evaluation, and the results are presented during a

ASSIST is a live database; therefore, updates made subsequent to these data being run will not be included. Percentages may not add to 100% due to rounding. Data may not be comparable to previous Data Resource Guides due to methodology changes. VOPs are categorized by the original offense.



Youth at Green Ridge Youth Center participated in a service learning project with MSDE where they created 10 fleece blankets that were donated to children placed in foster care.

MAST staffing. Following this in-depth review, the team submits a report for the juvenile court to consider at disposition, including security and treatment recommendations.

DJS contracts with an array of programs, both in and out-of-state, to provide services to committed youth. Programs may either accept or reject an applicant based on program eligibility criteria or capacity. Program services are authorized by DJS prior to the youth's placement in the program. A Certificate of Placement (COP) database is used to manage the referral and placement of youth with private providers. The database facilitates the placement process by automatically pulling staffing information from the DJS information system (ASSIST), creating program referral letters, and tracking all acceptances and rejections from potential programs.

**Central Review Committee (CRC):** The initial committed program placement may not be successful for a number of reasons. Some youth may run away from their placement or are ejected due to misbehavior. Additionally, the behavioral, emotional, and/or medical needs of the youth may change. To handle these cases, DJS established the CRC. Chaired by the Director of Behavioral Health, the CRC conducts weekly case reviews of youth who are at risk of removal from a committed residential placement; directs changes in the provision of services; and makes placement transfer recommendations. The CRC was originally established by DJS in 2012, after legislation was passed granting DJS the authority to transfer youth to a higher security level without first requesting the court to modify the commitment order. That legislation expired in 2016; however, the CRC continues to meet regularly to manage the department's ejection cases, and requests for court order modification are made in those cases requiring increased security.

## SERVICES PROVIDED IN DJS-OPERATED COMMITTED PROGRAMS

Youth served in a DJS-operated committed program receive a multitude of services, including behavioral and somatic health, and education.

### BEHAVIORAL HEALTH SERVICES

DJS Behavioral Health Services (BHS) provides integrated behavioral health treatment in DJS-operated, committed facilities. Most youth receive TAMAR-Y, which combines psychoeducation with cognitive behavioral interventions and expressive art therapy. START, which is based on ART, is an evidence-based cognitive behavioral program provided in all committed facilities. Behavioral Health Services include: substance abuse services, suicide assessment and prevention, crisis intervention and stabilization, medication evaluation and monitoring, individual and group therapy, and family therapy when appropriate. As staff of the facility, BHS staff and contractors provide support, technical assistance, and educational services to the other facility staff on topics related to mental health concerns and medication.

**Trauma Informed Care (TIC):** TIC has been implemented in DJS committed facilities since March 2017. The National Association for the States of Mental Health Program Directors (NASMHPD) trained all DJS committed facility staff in a TIC model that was originally developed for the Substance Abuse and Mental Health Services Administration (SAMHSA), a nationally recognized leader in Trauma Informed Care. TIC teaches staff to recognize the signs and symptoms of trauma, as well as common reactions to trauma. It also teaches staff about the impact of trauma on the developing brain, and how it impacts the behaviors, reactions, and lives of youth. Through training with the NASMHPD trauma trainers, DJS staff have developed and implemented specific strategies to help youth manage their reactions to trauma triggers and facilities have developed more trauma-informed environments.

**Substance Abuse Services:** All DJS committed facilities offer Seven Challenges substance abuse treatment, an evidence-based program implemented in 2009. Seven Challenges adopts a decision-making model, encouraging youth to make a well-informed decision by weighing the costs (e.g., physical, psychological, and social harm) and benefits of drug use.

The level of substance abuse treatment services provided by each facility is shown below:

- Backbone Mountain Youth Center: Early Intervention, Outpatient, Intensive Outpatient, and Residential Low Intensity
- Green Ridge Youth Center: Early Intervention, Outpatient, Intensive Outpatient, and Residential Low Intensity
- J. DeWeese Carter Center: Early Intervention and Outpatient