



TREATMENT AND SERVICES DIRECTORY

2026

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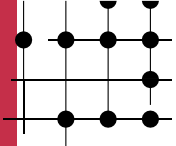
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SECTION 1-1

DJS Rehabilitation Framework

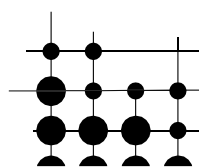
The DJS Treatment & Services Directory serves as the official reference for DJS treatment, behavioral health, educational, family, and community-based services. It supports informed decision-making for judges, attorneys, youth, families, DJS staff, and community partners to ensure youth receive the most appropriate, least restrictive, and developmentally sound interventions.

DJS empowers youth and advances public safety through:

- **Individualized Care:** Plans based on strengths, risks, and clinical needs, not a one-size-fits-all approach.
- **Least Restrictive Environment:** Prioritizing community-based services whenever public safety permits.
- **Family Partnership:** Integrating families as essential partners in assessment, planning, and transition.
- **Positive Youth Development:** Focusing on building strengths, skills, and community connections.
- **Trauma-Responsive Practice:** Addressing trauma to promote healing while maintaining accountability by providing youth with developmentally appropriate opportunities and support.

Youth Development Is an Ongoing Process

Adolescence is a period of significant growth and change. Young people are developing decision-making skills, learning to regulate emotions, becoming more independent, forming identity, building healthy relationships, solving problems, and preparing for adulthood. Because these abilities continue to develop throughout adolescence and into young adulthood, youth often respond well to interventions that provide structure, guidance, skill-building, opportunity, and positive relationships. Mistakes made during adolescence do not define a young person's future.



Treatment and Services Are Different and Youth May Need Both

CLINICAL TREATMENT

Clinical interventions addressing an identified diagnosis, disorder, symptom pattern, or clinically assessed treatment need.

Examples include psychotherapy, trauma treatment, substance use treatment, family-based treatment, psychosexual therapy, and psychiatric care.

SERVICES & SUPPORTS

Supports that strengthen the conditions a young person needs to succeed.

Examples include mentoring, education, workforce development, family support, life skills, case management, systems navigation, and community stabilization.

Individualized Planning

Assessment & Evaluation — DJS explores strengths, risks, history, needs, and protective factors. Formal clinical evaluations are used when clinically necessary.

Goal Setting — youth and families identify meaningful goals related to health, family, education, employment, safety, and adulthood.

Matching — the clinical evaluator identifies clinical treatment needs; DJS then identifies and verifies treatment and service options capable of addressing those needs.

Monitoring — plans evolve as the youth's needs, strengths, circumstances, dynamic factors, and progress change.

Transition — reentry and transition planning begin at the start of intervention, whether care is community-based or residential.



SECTION 2-1

Regional Service Information

Finding the Right Services for the Right Youth

DJS uses one common statewide framework for describing treatment and service needs. The regional quick guides show the types of interventions represented in each region's current utilized-program inventory. Recommendations should identify the type of treatment or service & supports needed—not direct the court to order a particular provider.

Clinical Treatment

Mental Health

Assessment and psychotherapy addressing emotional, behavioral, mood, anxiety, regulation, or other mental-health needs.

- Psychiatric Rehabilitation Program (PRP)

Trauma & Grief Treatment

Specialized clinical treatment addressing trauma exposure, victimization, grief, or trauma-related symptoms, or collective community trauma. A specific modality should be used when clinically recommended.

Substance Use Treatment

Screening, assessment, and treatment for substances. Higher levels of care when clinically indicated.

- Outpatient treatment
- Intensive outpatient treatment
- Inpatient/residential treatment and rehabilitation
- Recovery supports and relapse prevention

Family-Based Clinical Treatment

Clinical interventions and structured family-based models working with the youth and family system to address functioning, conflict, supervision, behavior, and stability.

- Functional Family Therapy (FFT)
- Family-Centered Treatment (FCT)
- Multisystemic Therapy (MST)



Psychosexual Therapy

Specialized evaluation and treatment addressing psychosexual treatment needs. Recommendations should be grounded in an appropriate behavioral health evaluation.

Psychiatric & Medication Services

Psychiatric assessment, medication evaluation, prescribing, and medication management when clinically indicated.

Co-occurring / Specialized Clinical Care

Integrated or specialized care for youth with multiple or complex clinical needs, including co-occurring mental health and substance use needs, and clinical support for youth with physical and developmental disabilities.

Services + Supports

Family Support

Family engagement and resource connection for parents and caregivers.

- Child Care Services
- Domestic Violence Prevention and Child welfare
- Family reunification
- Parent/caregiver peer support groups and coaching
- Parenting classes and workshops
- Youth/Young Adult Pregnancy support

Mentoring & Credible Messenger Supports

Youth engagement and guidance through consistent relationships with positive adults and role models.

- Mentors and Positive Role Models
- Credible-Messenger programs

Positive Youth Development & Community Engagement

Supports that strengthen safe community connection, including prosocial activities, youth groups, and other protective-factor-building opportunities.

- Arts, Sports, and Recreation
- Community service
- Cultural, Linguistic and Identity-based supports and organizations
- Faith-Based and Spiritual supports
- Youth Advocacy, Civic engagement, and Leadership development



Education

School engagement and advocacy for secondary and postsecondary success.

- Tutoring and Special-Education connection
- Academic Advising, Advocacy, Special accommodation requests
- High School Diploma and GED Completion
- Postsecondary planning, college prep, and course credit transfers

Employment & Workforce Development

Support for career exploration, workplace skill development, and employment connection.

- Job readiness, resume assistance, and career exploration
- Vocational training and employment connection

Life Skills & Transition to Adulthood

Practical support for increasing independence and preparing for adulthood.

- Health and wellness education
- Financial Literacy
- Social-emotional Learning and Independent Living Skills

Justice & Legal System Support

Support to prevent legal system involvement, navigate the legal system, and repair harm.

- Restorative justice programs and conflict mediation
- Diversion Programs
- Crime/Violence Interrupter programs
- Legal Aid, Court Navigation, and Rights Education
- Youth Advocacy
- Policy Advocacy
- Victim/Survivor/Person Harmed Services
- Reentry Support & Community Reintegration

Crisis Prevention, Response, and Stabilization

Supports that address immediate basic needs and social determinants of health.

- Emergency, transitional, and supportive housing
- Eviction prevention and rent/utility assistance
- Food security and access
- Transportation assistance
- Clothes
- Overdose Prevention and Harm Reduction Programs
- Mobile Crisis and Suicide Prevention

Wraparound, Case Management & Systems Navigation

Coordinated support across systems and providers to connect individuals and families with relevant resources.

- Case management and care connection
- Identification and vital records access
- Benefits and health insurance enrollment
- Language Translation Services
- Technology and digital access
- Disability & Accessibility Services

Special Considerations

Special considerations are matching factors, not separate treatment domains. They may affect how treatment and services are selected, delivered, coordinated, or accessed. They are not proxies for risk and should not, by themselves, be treated as reasons for a more restrictive setting.

- Intellectual, developmental, neurodevelopmental, and learning needs
- Cultural responsiveness and language accessibility and communication needs.
- LGBTQ+ affirming care and gender-related considerations
- Pregnancy, parenting, and transition-to-adulthood needs
- Victimization, trafficking, interpersonal violence
- Violence exposure, grief and loss, community safety, and stabilization needs
- Chronic or complex medical needs and co-occurring clinical conditions



Finding the Right Services for the Right Youth

This matrix shows DJS' most current program inventory for each region that reports using selected structured treatment models.*

	BALT. CITY	CENTRAL	CAP SOUTH	EAST	WEST
CLINICAL TREATMENT					
MST	2	2	2	-	1
FCT	1	2	1	1	1
FFT	—	2	2	1	1
CBT	2	2	—	—	—
Wraparound	5	5	2	1	1
SERVICES & SUPPORTS					
Mentoring & Advocacy	4	7	10	—	8
Family Support	3	1	1	3	3
Case Management & Wraparound	6	3	10	2	5
Reentry & Safety & Crisis Stabilization	5	—	2	—	3
Education & Academic Support	3	2	8	4	4
Employment & Workforce & Vocational	7	4	7	—	3
Life Skills & Housing & Transition	4	—	6	—	2
Youth Development & Recreation	1	1	3	—	3

A “—” does not establish that the intervention is unavailable but indicates it is not readily available. Counts are program counts, not current capacity. They include contracted providers, community partnerships, public-system resources, and DJS-utilized programs. Counts are not current vacancies or a guarantee of eligibility.

Baltimore City Treatment & Service Directory

Use this page to see the treatment and service options DJS can draw from in this region. Recommend the youth's need and treatment/service type—not a specific provider.

Clinical Treatment

MODALITY	WHAT IT ADDRESSES	# of Programs	CAPACITY*
MST	Intensive home/community family treatment addressing drivers across family, peers, school, and community.	2	16
FCT	Intensive in-home services / addressing family conflict/ trauma / mental health/ substance use / crises / family functioning and reunification.	1	10
CBT	Structured therapy connecting thoughts, feelings, and behaviors to build coping and problem-solving skills.	2	50
Wraparound	Coordinated planning that organizes formal services and natural supports around a youth and family.	5	364

Services & Supports

TYPE OF SERVICE	# of Programs	Examples
Mentoring / Credible Messenger / Advocacy	4	Baltimore Brothers mentoring, reentry & safety planning YAP intensive mentoring/advocacy & PYD DJS THRIVE credible messenger & case management
Family Peer / Caregiver Support	3	Maryland Coalition for Families family peer support/navigation LINKS parent support groups
Case Management / Wraparound / Navigation	6	Springboard case management & resource center Maryland Coalition for Families systems navigation DJS THRIVE credible messenger & case management
Reentry / Safety / Crisis Stabilization	5	Baltimore Brothers reentry & safety planning Living Classrooms Fresh Start 2 years aftercare
Education / GED / Academic Support	3	Living Classrooms Fresh Start academic/HSE prep ROCA GED instruction/testing
Employment / Workforce / Vocational	7	Living Classrooms Fresh Start vocational/job training & placement YouthWorks summer employment/internships
Life Skills / Housing / Transition	4	ROCA life skills Springboard housing/resource support
Positive Youth Development / Recreation	1	YAP pro-social activities & positive peer development Living Classrooms mentoring & wellness/social development

Central Region Treatment & Service Directory

Anne Arundel • Baltimore • Harford • Howard

Use this page to see the treatment and service options DJS can draw from in this region. Recommend the youth's need and treatment/service type—not a specific provider.

Clinical Treatment

MODALITY	WHAT IT ADDRESSES	# of Programs	CAPACITY*
MST	Intensive home/community family treatment addressing drivers across family, peers, school, and community.	2	16
FCT	Intensive in-home services / addressing family conflict/ trauma / mental health/ substance use / crises / family functioning and reunification.	2	30
FFT	Structured family therapy focused on engagement, family functioning, communication, supervision, and behavior change.	2	236
CBT	Structured therapy connecting thoughts, feelings, and behaviors to build coping and problem-solving skills.	2	50
Wraparound	Coordinated planning that organizes formal services and natural supports around a youth and family.	5	364

Services & Supports

TYPE OF SERVICE	# of Programs	Examples
Mentoring / Credible Messenger / Advocacy	7	YAP mentoring/advocacy & community support Choice mentoring
Family Peer / Caregiver Support	1	Maryland Coalition for Families family peer support for parents/caregivers
Case Management / Wraparound / Navigation	3	Choice case management ROCA case management
Education / GED / Academic Support	2	LEAP (CCBC) GED services Choice education support
Employment / Workforce / Vocational	4	ROCA employment Susquehanna Workforce Center job readiness/employment

Capital South Region

Treatment & Service Directory

Calvert • Charles • Montgomery • Prince George's • St. Mary's

Use this page to see the treatment and service options DJS can draw from in this region.
Recommend the youth's need and treatment/service type—not a specific provider.

Clinical Treatment

MODALITY	WHAT IT ADDRESSES	# OF PROGRAMS	CAPACITY*
MST	Intensive home/community family treatment addressing drivers across family, peers, school, and community.	2	25
FCT	Intensive in-home services / addressing family conflict/ trauma / mental health/ substance use / crises / family functioning and reunification.	1	35
FFT	Structured family therapy focused on engagement, family functioning, communication, supervision, and behavior change.	2	236
Wraparound	Coordinated planning that organizes formal services and natural supports around a youth and family.	2	292

Services + Supports

TYPE OF SERVICE	# OF PROGRAMS	Examples
Mentoring / Credible Messenger / Advocacy	10	YAP mentoring /advocacy /employment Bridges to Success mentoring & advocacy
Family Peer / Caregiver Support	1	Maryland Coalition for Families peer support, family empowerment & parent advocacy
Case Management / Wraparound / Navigation	10	Adolescent Clubhouse case management/advocacy CINS assessment/referral/home visits
Reentry / Safety / Crisis Stabilization	2	CINS crisis intervention Maryland Coalition for Families crisis intervention
Education / GED / Academic Support	8	Adolescent Clubhouse tutoring/GED/college prep My Brother's Keeper GED prep
Employment / Workforce / Vocational	7	WorkSource Montgomery youth employment planning Adolescent Clubhouse vocational/job coaching
Life Skills / Housing / Transition	6	Adolescent Clubhouse life skills St. Ann's housing/wraparound for single mothers
Positive Youth Development / Recreation	3	Bridges to Success youth groups Saturday Family Justice Academy exercise/creative arts

Eastern Region Treatment & Service Directory

Caroline • Cecil • Dorchester • Kent • Queen Anne's • Somerset
Talbot • Wicomico • Worcester

Use this page to see the treatment and service options DJS can draw from in this region. Recommend the youth's need and treatment/service type—not a specific provider.

Clinical Treatment

MODALITY	WHAT IT ADDRESSES	# of Programs	CAPACITY*
MST	Intensive home/community family treatment addressing drivers across family, peers, school, and community.	1	
FCT	Intensive in-home services / addressing family conflict/ trauma / mental health/ substance use / crises / family functioning and reunification.	1	10
FFT	Structured family therapy focused on engagement, family functioning, communication, supervision, and behavior change.	1	164
Wraparound	Coordinated planning that organizes formal services and natural supports around a youth and family.	1	117

Services + Supports

TYPE OF SERVICE	# of Programs	Examples
Family Peer / Caregiver Support	3	Worcester Addiction Cooperative peer/family support Worcester Youth & Family Counseling peer support
Case Management / Wraparound / Navigation	2	Worcester Youth & Family Counseling case management Worcester County Health Department case management
Education / GED / Academic Support	4	Maple Shade school-based/truancy supports Worcester Youth & Family Counseling school-based services

Western Region Treatment & Service Directory

Allegany · Carroll · Frederick · Garrett · Washington

Use this page to see the treatment and service options DJS can draw from in this region. Recommend the youth's need and treatment/service type—not a specific provider.

Clinical Treatment

MODALITY	WHAT IT ADDRESSES	PROGRAMS	CAPACITY*
MST	Intensive home/community family treatment addressing drivers across family, peers, school, and community.	2	10
FFT	Structured family therapy focused on engagement, family functioning, communication, supervision, and behavior change.	1	164
Wraparound	Coordinated planning that organizes formal services and natural supports around a youth and family.	1	117

Services + Supports

TYPE OF SERVICE	Programs	Examples
Mentoring / Credible Messenger / Advocacy	8	YAP mentoring/advocacy & PYD Westminster Youth Project mentoring
Family Peer / Caregiver Support	3	Maryland Coalition for Families caregiver advocacy/support Nimel Mental Health peer support
Case Management / Wraparound / Navigation	5	Family Engagement Program DJS-specific BH case management Potomac Case Management targeted case management
Reentry / Safety / Crisis Stabilization	3	IFCS crisis stabilization Springboard crisis intervention
Education / GED / Academic Support	4	Westminster Youth Project tutoring Nimel Mental Health academic assistance/school advocacy
Employment / Workforce / Vocational	3	Horizon Goodwill job readiness/training & DORS Carroll County Workforce Development vocational/workforce services
Life Skills / Housing / Transition	2	Horizon Goodwill housing assistance Potomac Case Management housing
Positive Youth Development / Recreation	3	Westminster Youth Project recreation/community service YAP PYD

SECTION 3 - Residential Treatment

Residential Care Is a Continuum

Most youth who interact with DJS remain in the community. When a youth requires residential care, DJS seeks to match the young person to a setting capable of addressing treatment, developmental, educational, family, safety, and transition needs.

A Continuum That Evolves With Youth Needs

DJS maintains access to more than 50 residential treatment options across a broad continuum of care. The available network is not static. DJS regularly brings new program options into its continuum, evaluates specialized programs for individual youth when needed, and works to respond to an ever-shifting landscape of treatment providers and available care.

Residential planning begins with the individual young person—not a facility. DJS considers the youth's treatment needs, strengths, developmental needs, family and community connections, educational needs, safety, and other individual circumstances to identify an appropriate setting.

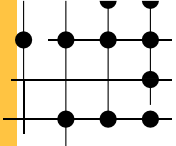
TREATMENT INTENSITY AND SECURITY LEVEL ARE DISTINCT

CONSIDERATIONS. A youth's need for significant clinical treatment does not, by itself, establish a need for a more restrictive setting. DJS seeks to provide care in the least restrictive environment that can safely and effectively meet the youth's individualized needs.

What do treatment and services look like in placement?

- Trauma-responsive individual therapy.
- Dialectical Behavioral Therapy (DBT) individual therapy
- Cognitive Behavioral Therapy (CBT) individual therapy
- Cognitive Behavior Theory skills.
- Substance-use education and treatment.
- Family therapy, and family-based aftercare planning.
- Psychosexual therapy when clinically indicated.
- Regular and special education, credit recovery, GED/postsecondary support
- Career and technical education, job readiness, vocational training, and employment preparation.
- Medical, psychiatric, and co-occurring clinical care.*
- Life skills, recreation, positive youth development, transition, and reentry planning.

³Cognitive Behavioral Therapy (CBT) is a specialized form of psychotherapy delivered by a licensed mental health professional, whereas Cognitive Behavioral Theory programs (like ROCA-Rewire) teach the practical skills of CBT without providing clinical treatment.



Matching Youth to Residential Care

To support individualized case planning, the DJS inventory of programming and residential options accounts for a wide range of youth characteristics and capabilities, including but not limited to:

- Clinical need and recommended treatment approach;
- Developmental and cognitive, learning, and communication needs and capabilities;
- Family engagement and ability to establish or maintain meaningful family connections;
- Education, credit recovery, special education, and postsecondary needs;
- Career, vocational, employment, and independent-living goals;
- Medical, psychiatric, substance use, and co-occurring needs;
- Psychosexual treatment needs when identified through appropriate evaluation;
- Identity, accessibility, parenting, victimization, trafficking, homelessness, and other individualized considerations;
- Safety needs and the least restrictive setting capable of meeting them; and
- Transition and aftercare planning from the beginning of placement.

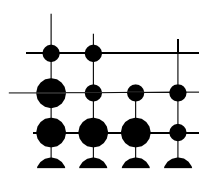
Treatment and Services Continue Across Settings

Residential placement does not replace individualized treatment planning. DJS strives to provide a wide array of program offerings in order to coordinate rehabilitation, treatment, evidence-based and structured interventions, substance-use services, education, career and technical education, employment preparation, family participation, and discharge planning. The exact combination varies by program and by youth.

Community-based services remain important before, during, and after residential care. Transition planning should connect the youth and family to the treatment, education, workforce, mentoring, family, and community support needed for a successful return.

The program name comes after the treatment plan

The court determines the appropriate treatment, services, and level of care; DJS selects the specific programs to meet those needs. Placement matching begins with the youth's individualized needs and then identifies programs capable of meeting those needs. A program may be appropriate because of its clinical services, family engagement, education, developmental fit, specialized population expertise, security level, or combination of factors.



DJS Current Residential Continuum

PROGRAM TYPE	ROLE IN CONTINUUM	# of Programs
Diagnostic Units/Respite	Short-term assessment, clarification, stabilization, or temporary support.	3
Treatment Foster Care	Family-based placement with enhanced treatment/support.	4
Group Homes	Community residential care includes standard, DDA, high-intensity, and therapeutic models.	15
Independent / Transitional Living	Increasing independence, adulthood preparation, and specialized teen-parent options.	5
Residential Treatment Centers	Residential mental health treatment when clinically indicated.	5
Staff-Secure Residential Programs	Residential program with staff-based security.	19
Hardware-Secure Residential Programs	Residential program with hardware-based security	13
Inpatient Substance Use Treatment	Inpatient substance-use treatment when clinically indicated.	1

Out-of-State (OOS) Programs

Maryland law prohibits an out-of-state placement for youth unless a court finds that the youth's individualized needs cannot be met through in-state resources. Additionally, DJS policy states that youth may not be placed out of state without the Secretary's or designee's approval. Youth placed in out-of-state programs are visited by DJS staff and parents(s)/guardian(s) are given the opportunity to visit youth at least once per quarter. OOS programs are licensed by local authorities and not by Maryland agencies. DJS contracts with out-of-state vendors to provide services in two broad categories: (1) RTC-level specialized mental health services and (2) staff- and hardware-secure programming. In FY2025, there were 20 out-of-state placements. Between FY 2023 and FY 2025, overall placements to Out-of-State (OOS) Programs decreased 20%.

The table below highlights the in-state residential programs most commonly utilized by the Department of Juvenile Services and the treatment modalities deployed by each program. It is a practical orientation tool, not an exhaustive placement directory.

PROGRAM	TYPE	CAPACITY*	# Placements FY25	Available Clinical Treatment
Victor Cullen Center	DJS Hardware-secure	27	84	- Individual Therapy utilizing skills from multiple modalities (informed by non-comprehensive DBT, ART, Solution Focused and CBT) - Family Therapy - Group Therapy, - TAMAR-Y - Seven Challenges - Psychiatric Services - Crisis Intervention
Backbone Mountain Youth Center	DJS Staff-secure	28	103	
Green Ridge Youth Center	DJS Staff-secure	26	91	
Peace Academy	DJS Hardware-secure	6	13	- Individual therapy - TF-CBT - DBT - EMDR - Seven Challenges
Morning Star Youth Academy	Group home	24	18	- CBT - Substance Use Treatment - START - T4C - TF-CBT - Psychiatric Services
New Directions	Hardware Secure RTC	21	13	- ART - CBT - Substance Use Treatment - START - T4C - TF-CBT - Psychiatric Services
The Right Moves	Hardware Secure RTC	8	6	

*Capacity is the licensed or contracted capacity, not current available beds.

The table below highlights the in-state residential programs most commonly utilized by the Department of Juvenile Services and the treatment modalities deployed by each program. It is a practical orientation tool, not an exhaustive placement directory.

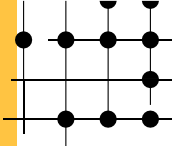
PROGRAM	TYPE	CAPACITY*	# Placements FY25	Available Clinical Treatment
Our House	Group home	16	5	- CBT
Cedar Ridge	Therapeutic group home	24	14	- CBT - FFT - TF-CBT
Nexus Woodbourne Family Healing	Staff Secure RTC	48	15	- CBT - DBT - TF-CBT - Psychiatric Services

**Capacity is the licensed or contracted capacity, not current available beds.*

Full and current residential landscape

DJS maintains a more than 50+ program inventory of group homes, treatment, foster care, independent living, diagnostic, specialized residential, in-state and out-of-state contracted programs based on individual need.

For more information and in-depth facility information, see [DJS Committed Treatment Programs](#). For published statewide data on treatment programs and utilization, see [DJS Data Resource Guides](#).



Appendix A - EVIDENCE-BASED & STRUCTURED TREATMENT MODELS

DJS programs use a range of evidence-based, evidence-informed, and structured treatment approaches. The presence of a model in this Guide does not mean it is appropriate for every youth. Clinical treatment needs and modalities should be determined through behavioral health assessment and evaluation.

DBT — Dialectical Behavior Therapy— Skills-based treatment emphasizing emotional regulation, distress tolerance, mindfulness, and interpersonal effectiveness.

TF-CBT — Trauma-Focused Cognitive Behavioral Therapy— Trauma-focused treatment for children and adolescents, often involving caregivers when appropriate.

EMDR — Eye Movement Desensitization and Reprocessing— A structured psychotherapy approach used for trauma-related symptoms when clinically appropriate.

FFT — Functional Family Therapy— Structured family-based treatment focused on youth behavior and family functioning.

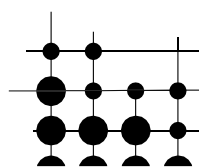
FCT — Family Centered Treatment— Intensive family-centered treatment designed to strengthen family functioning and stability.

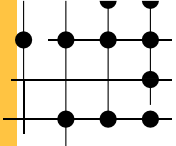
MST — Multisystemic Therapy— Intensive family- and community-based treatment addressing factors across family, peers, school, and community.

Seven Challenges— An evidence-based, structured substance-use treatment approach designed for adolescents and young adults.

ART — Aggression Replacement Training— A structured intervention addressing social skills, anger control, and moral reasoning.

PBIS — Positive Behavioral Interventions and Supports— A framework for teaching and reinforcing positive behavior and creating supportive environments.

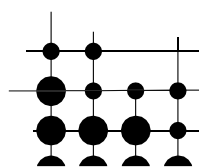




Appendix A - EVIDENCE-BASED & STRUCTURED TREATMENT MODELS

Wrap around — Individualized, coordinated planning that organizes formal services and natural supports around a youth and family.

Other structured approaches appear in this guide. This page highlights models most useful for understanding the statewide treatment continuum and is not an exhaustive clinical reference. The above links go directly to the public website for the treatment model when available. Other descriptions link to the California Evidence-Based Clearinghouse for Child Welfare (CEBC) as a key benchmark for identifying, defining, and evaluating evidence-based treatment practices. The CEBC is a searchable online database that identifies, evaluates, and disseminates information on evidence-based programs and practices for children and families involved with the child welfare system.



Appendix B - GLOSSARY

References & Diagnostic Attribution

Diagnostic criteria, timeframes, and clinical classifications in this glossary are derived from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* and related international classification standards (ICD-11).

- **Actuarial / Algorithmic Risk & Needs Tools (e.g., MCASP, YASI):** Quantitative, score-based instruments that apply statistical algorithms to static risk factors (e.g., offense history) and dynamic risk/needs factors (e.g., peer influence, substance use) to yield objective risk levels and guide supervision intensity and service dosage.
- **Acute Stress Disorder:** An immediate trauma-related reaction occurring within 3 days to 1 month following exposure to a traumatic event, characterized by intrusive memories, negative mood, dissociation, avoidance, and hyperarousal.
- **Adjustment Disorders:** Emotional or behavioral distress occurring in response to an identifiable life stressor, beginning within 3 months of the stressor and resolving within 6 months after the stressor or its consequences cease.
- **Administrative Decision-Making & Screening Tools (e.g., Intake Decision Tool [IDT], Detention Risk Assessment Instrument [DRAI]):** Non-clinical validated decision-making tools administered by juvenile justice intake staff to guide pre-adjudication administrative decisions, such as diversion versus court prosecution or secure detention versus community release.
- **Anxiety Disorders (Generalized Anxiety Disorder):** Uncontrollable, excessive worry and anxiety about multiple everyday events or activities occurring most days for at least 6 months, accompanied by physical symptoms like restlessness and muscle tension.
- **Assessment / Testing Battery:** A structured suite or set of standardized tests administered together during an evaluation to comprehensively measure multiple domains (e.g., cognitive ability, academic achievement, executive functioning, emotional health).

- **Attention-Deficit / Hyperactivity Disorder (ADHD):** A persistent pattern of inattention and/or hyperactivity-impulsivity present for at least 6 months across multiple settings with onset prior to age 12. Common symptoms include distractibility, disorganization, restlessness, and excessive motor activity. In youth, ADHD directly impairs executive functioning by disrupting working memory, planning, time management, and cognitive flexibility, while severely undermining impulse control through reduced response inhibition and impaired delay of gratification.
- **Autism Spectrum Disorder (ASD):** A neurodevelopmental condition characterized by persistent deficits in social communication and social interaction across multiple contexts, alongside restricted, repetitive patterns of behavior, interests, or activities present from early childhood. Common symptoms include difficulty with emotional reciprocity, sensory sensitivities, and rigid adherence to routines. Executive functioning impacts include marked deficits in cognitive flexibility, set-shifting, and task initiation, while impulse control can be compromised by overwhelming sensory overload or emotional dysregulation during unexpected routine changes.
- **Behavior Intervention Plan (BIP):** A formal, written plan developed under special education rules that outlines specific positive behavioral supports, strategies, and accommodations to address behaviors that interfere with learning.
- **Bipolar and Related Disorders:** Psychiatric conditions characterized by episodic shifts in mood, energy, and activity levels, cycling between abnormally elevated or irritable mood (mania or hypomania) and major depressive episodes. Common symptoms during manic states include grandiosity, reduced need for sleep, flight of ideas, and extreme distractibility. During active mood episodes, executive functioning is heavily impaired—compromising realistic planning, goal-directed behavior, and cause-and-effect forecasting—while impulse control is severely eroded, driving risky, uninhibited behaviors.
- **Borderline Intellectual Functioning:** An IQ range between 70 and 84 accompanied by adaptive functioning deficits, representing an area of vulnerability between average intellect and intellectual disability.(See, Intellectual Developmental Disorder)
- **Case Manager / Case Management Specialist (CMS):** The assigned DJS professional responsible for managing a youth's case, coordinating supervision, conducting risk/needs assessments, developing service plans, and reporting to the court.

- **Central Review Committee (CRC):** An agency administrative review panel within DJS that reviews cases involving high-level dispositions, out-of-home placements, or complex service needs.
- **Child Maltreatment, Abuse & Neglect Categories:** Classifications covering physical abuse, sexual abuse, emotional/psychological abuse, and physical or emotional neglect affecting children and youth.
- **Clinical Treatment Need:** A health or mental health need requiring specialized clinical intervention (e.g., individual therapy, family therapy, psychiatric care) to treat a diagnosed mental health, behavioral, or substance use disorder.
- **Commitment & Aftercare:** A judicial disposition placing a youth under the custody of DJS for out-of-home placement or intensive community supervision, followed by community-based aftercare transition planning upon release.
- **Community Detention (CD) & Electronic Monitoring (EM / GPS):** Community-based, pre-adjudication or post-disposition supervision programs that restrict youth to home/school environments using electronic tracking technology as an alternative to secure detention.
- **Complex PTSD (C-PTSD) & Developmental Trauma:** Psychological distress resulting from chronic, repeated interpersonal trauma during child development. Common symptoms include chronic feelings of worthlessness, dissociation, severe emotional dysregulation, intrusive trauma memories, and profound relational distrust. Executive functioning is impaired by hyperarousal that hijacks working memory, cognitive flexibility, and complex problem-solving; impulse control is compromised as survival-driven fight-or-flight reactivity overrides logical reasoning and long-term consequences.
- **Comprehensive Clinical Evaluations (e.g., Psychological Evaluation, Psychiatric Evaluation, Psychosexual Evaluation Array):** In-depth diagnostic evaluations conducted by licensed healthcare professionals (psychologists, psychiatrists, LCSWs) integrating mental status exams, clinical interviews, diagnostic formulations, and specialized testing to determine mental health treatment and medical management.

- **Conduct Disorder (CD):** A repetitive, persistent pattern of behavior violating social norms or the basic rights of others (aggression toward people/animals, property destruction, deceitfulness, or serious rule violations). Diagnosis requires at least 3 criteria over the past 12 months. Common symptoms include physical bullying, cruelty, truancy, and theft. CD severely impacts executive functioning through deficits in moral reasoning, perspective-taking, and long-term goal planning, while impairing impulse control through diminished empathy, low response inhibition, and reckless disregard for future consequences.
- **Co-occurring Needs:** The simultaneous presence of two or more distinct clinical conditions or needs (e.g., experiencing both a mental health disorder and a substance use disorder).
- **Credible Messenger:** An engagement and mentoring model connecting youth with trusted adult mentors who share similar community backgrounds or lived justice-system experiences to foster positive youth development.
- **Depressive Disorders (Major Depressive Disorder & Dysthymia):** Conditions marked by persistent sadness, emptiness, loss of interest, or irritability. Major Depression requires symptoms lasting at least 2 weeks; Persistent Depressive Disorder (Dysthymia) requires depressed/irritable mood lasting at least 1 year in children and adolescents.
- **Detention Risk Assessment Instrument (DRAI):** An administrative decision-making risk tool administered by DJS intake staff at arrest to guide pre-adjudication detention decisions by evaluating short-term flight risk and public safety risk.
- **Diagnostic Classifiers (Provisional, Rule Out, Other Specified, Unspecified):** Clinical designations used when diagnostic presentation is incomplete or atypical: Provisional (criteria met but full history pending), Rule Out (suspected condition requiring further testing), and Other Specified / Unspecified (symptoms present but full criteria not met).
- **Disinhibited Social Engagement Disorder (DSED):** An attachment disorder resulting from severe early social neglect, characterized by overly familiar, culturally inappropriate behavior with unfamiliar adults.

- **Disruptive Mood Dysregulation Disorder (DMDD):** A condition characterized by severe, recurrent temper outbursts grossly disproportionate to the situation, occurring 3 or more times per week alongside a chronically irritable or angry mood between outbursts, present for 12+ months with onset before age 10. Common symptoms include physical or verbal aggression and persistent irritability. Executive functioning is impaired through severe deficits in emotional self-regulation and cognitive flexibility, while impulse control is severely degraded during outbursts, leading to intense behavioral reactions.
- **Dissociative Disorders:** Conditions involving disruption in consciousness, memory, identity, or perception, often serving as a psychological coping mechanism following severe trauma.
- **Feeding and Eating Disorders:** Severe disruptions in eating behavior and emotional relationship with food (e.g., Anorexia, Bulimia, Avoidant/Restrictive Food Intake Disorder) impairing physical health and daily functioning.
- **Fetal Alcohol Spectrum Disorders (FASD) / Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE):** Cognitive, behavioral, and self-regulatory impairments resulting from prenatal alcohol exposure. Common symptoms include memory deficits, difficulty understanding abstract concepts, sensory processing issues, and social skill impairments. FASD causes global executive functioning deficits—particularly in working memory, planning, abstract reasoning, and information processing speed—and severely compromises impulse control, leading to high vulnerability, poor cause-and-effect forecasting, and behavioral dysregulation.
- **Free Appropriate Public Education (FAPE):** A fundamental legal right under IDEA guaranteeing that qualifying youth with disabilities receive publicly funded specialized instruction tailored to their unique needs.
- **Functional Behavioral Assessment (FBA):** An evaluative process used in education to identify specific environmental triggers, underlying causes, and patterns of problematic student behavior.
- **Gender Dysphoria:** Significant emotional distress resulting from a marked incongruence between a person's expressed/experienced gender and assigned gender at birth, lasting at least 6 months.

- **Individualized Education Program (IEP):** A legally binding written document developed for a public school student eligible under IDEA, establishing individualized academic goals, specialized instruction, related services, and testing accommodations.
- **Individuals with Disabilities Education Act (IDEA):** The foundational federal law guaranteeing rights and special education services to children and youth with qualifying disabilities from birth through age 21.
- **Intake & Pre-Court / Informal Supervision:** The initial DJS screening process following a complaint. Cases may be diverted to pre-court informal supervision—a voluntary agreement providing community service and support without court formal involvement.
- **Intake Decision Tool (IDT):** An administrative screening tool used by DJS Intake Case Management Specialists to evaluate juvenile complaints and guide decisions regarding diversion versus formal court referral.
- **Intellectual Developmental Disorder (ID):** A neurodevelopmental condition characterized by significant deficits in intellectual functioning (reasoning, problem-solving, planning) and adaptive functioning across conceptual, social, and practical life domains, with onset during the developmental period. In youth, ID impairs executive functioning by limiting abstract thinking, complex problem-solving, and working memory capacity, while adaptive skill deficits affect daily living activities, social communication, and risk awareness.
- **Intensive Outpatient Program (IOP):** A structured level of outpatient behavioral health care providing multiple therapy sessions per week, offering higher intensity than standard outpatient care without requiring residential care.
- **Intermittent Explosive Disorder (IED):** Recurrent behavioral outbursts representing a failure to control aggressive impulses, grossly disproportionate to the stressor, occurring over 3+ months with a minimum age requirement of 6 years.
- **Juvenile Services Education Program (JSEP) & Individual Learning Plan (ILP):** The educational system operating schools within DJS residential facilities, utilizing Individual Learning Plans to track academic progress during placement.

- **Least Restrictive Environment (LRE) - Clinical & DJS:** A statutory mandate requiring DJS and juvenile service systems to meet a youth's treatment, safety, and developmental needs in the least restrictive setting possible.
- **Least Restrictive Environment (LRE) - Educational:** A legal mandate under IDEA requiring that students with disabilities be educated alongside non-disabled peers in general education settings to the maximum extent appropriate.
- **Manifestation Determination Review (MDR):** A formal multidisciplinary school meeting required when a student with an IEP or 504 plan faces disciplinary removal exceeding 10 cumulative days, to determine if the behavior was caused by or directly related to the student's disability.
- **MCASP (Maryland Comprehensive Assessment and Service Planning):** An actuarial risk and needs assessment tool administered post-adjudication by DJS Case Managers to determine community supervision levels and guide service planning.
- **Medication Management (Pharmacological Therapy):** The ongoing clinical evaluation, prescribing, and medical monitoring of psychotropic medications by a qualified healthcare professional.
- **Medication-Assisted Treatment (MAT):** Combining FDA-approved medications with behavioral therapies and counseling to treat substance use disorders and withdrawal symptoms.
- **Multi-Disciplinary Assessment Staffing Team [MAST]:** Team-based review processes synthesizing case management risk data, clinical/psychological evaluations, educational records, and interagency input to formulate consensus recommendations for court disposition and placement level-of-care.
- **Multi-Informant Assessment Array:** A comprehensive evaluation approach gathering standardized data from multiple observers and settings (youth, parents, teachers, case managers) to ensure cross-setting accuracy.
- **Neurodevelopmental Motor & Communication Disorders:** Conditions impairing physical motor coordination, speech sound production, language expression, or tic disorders (e.g., Tourette's Disorder).
- **Neurological:** Pertaining to the nervous system, physical brain structure, and brain function.

- **Neuropsychiatric:** Pertaining to behavioral, emotional, or cognitive symptoms directly arising from underlying neurological conditions or brain injury.
- **Neuropsychological Assessment Battery:** A specialized suite of standardized psychometric tests evaluating brain-behavior relationships, executive functioning, memory, processing speed, and attention (e.g., evaluating TBI or FASD impacts).
- **Non-Suicidal Self-Injury (NSSI) & Suicidal Behavior:** Deliberate self-inflicted harm without intent to die (NSSI) versus active suicidal thoughts or attempts requiring immediate clinical safety planning.
- **Objective Assessment & Testing Batteries (e.g., Psychoeducational Assessment Battery, Neuropsychological Assessment Battery):** Standardized clinical test suites with uniform administration, fixed scoring rules, and normed comparison data administered by licensed specialists to evaluate cognitive ability, academic achievement, or executive brain functioning.
- **Oppositional Defiant Disorder (ODD):** A persistent pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness toward authority figures lasting at least 6 months. Common symptoms include frequent temper losses, actively defying rules, deliberately annoying others, and blaming others for mistakes. Executive functioning is impacted through impaired emotional self-regulation and rigid cognitive processing, while impulse control is compromised by rapid reactive aggression, weak behavioral inhibition, and difficulty managing frustration.
- **Outpatient Mental Health Clinic (OMHC):** A licensed community facility providing outpatient mental health assessments, individual/family therapy, and psychiatric management.
- **Parent-Child Relational Problem & Family Disruption:** Significant relational distress, communication breakdown, or disruption (e.g., caregiver incarceration, divorce, separation) impairing family functioning.
- **Positive Youth Development (PYD):** An approach focusing on youth strengths, positive relationships, skill-building, belonging, and meaningful community participation rather than solely on risk reduction.

- **Posttraumatic Stress Disorder (PTSD):** Persistent emotional distress following exposure to actual or threatened death, serious injury, or sexual violence, lasting more than 1 month. Common symptoms include intrusive trauma memories/flashbacks, avoidance of reminders, hypervigilance, exaggerated startle response, and negative alterations in mood. PTSD impairs executive functioning by impairing concentration, working memory, and cognitive flexibility, while degrading impulse control due to persistent threat perception and fight-or-flight reactivity.
- **Psychiatric Evaluation:** A medical-model assessment conducted by a psychiatrist (MD/DO) focusing on biological factors, mental health diagnoses, psychiatric safety, and medication management needs.
- **Psychiatric Rehabilitation Program (PRP):** A licensed community program providing skill-building and rehabilitative support to improve independent living, social, and community functioning skills.
- **Psychoeducational Assessment Battery:** A suite of standardized cognitive ability (FSIQ) and academic achievement tests administered by licensed evaluators to identify learning disabilities and inform IEP/504 development.
- **Psychological Evaluation:** An overarching clinical evaluation conducted by a licensed psychologist integrating records, clinical interviews, behavioral observations, and standardized testing to formulate diagnoses and treatment recommendations.
- **Psychosexual Evaluation Array & Therapy:** Specialized evaluation and clinical treatment addressing healthy sexual development, boundaries, and risk factors associated with harmful sexual behavior.
- **Psychosocial:** Referring to the intersection between an individual's mental and emotional health and their social environment, family, peer group, and community. A psychosocial report is often prepared by a Licensed Master of Social Work (LMSW) and addresses a young person's family functioning, developmental history, and environmental circumstances.
- **Qualified Residential Treatment Program (Q RTP):** A trauma-informed residential placement setting for youth with severe emotional or behavioral needs, operating under federal child welfare standards.
- **Reactive Attachment Disorder (RAD):** A severe attachment condition resulting from early social neglect, characterized by emotionally withdrawn behavior toward adult caregivers.

- **Reentry / Transition:** Coordinated planning and supports helping a young person move successfully between placement settings and reconnect with family, school, work, and community.
- **Related Services:** Supportive services under IDEA (e.g., speech therapy, occupational therapy, counseling, transportation) required to assist a child with a disability to benefit from special education.
- **Risk/Needs Assessment Tools (e.g., YASI, SAVRY):** Standardized evidence-based tools evaluating static risk factors, dynamic criminogenic needs, and protective strengths to guide case management.
- **Section 504 Plan:** A legal accommodation plan developed under Section 504 of the Rehabilitation Act of 1973 ensuring equal educational access and accommodations for students with physical or mental impairments.
- **Service Need:** Practical support designed to assist youth and families, including education, mentoring, employment assistance, housing navigation, job training, and life skills.
- **Social History Investigation (SHI):** The written study of a youth and family presented to juvenile court, emphasizing social/legal histories and core domains like family, substance abuse, mental health, somatic health, education, employment, and life skills.
- **Somatic Symptom Disorders:** Significant physical symptoms accompanied by excessive distress, thoughts, or health anxiety regarding the symptoms.
- **Specific Learning Disorder (Dyslexia, Dyscalculia, Written Expression):** Persistent difficulties learning and using academic skills (reading, writing, math) despite targeted interventions, lasting at least 6 months.
- **Structured Professional Judgment (SPJ) Tools (e.g., SAVRY):** Evidence-based assessment protocols structuring an evaluation around standardized risk and protective factors while allowing clinical discretion rather than relying solely on an automated score.
- **Subjective / Projective Evaluation Tools:** Open-ended assessment tasks (e.g., thematic story generation, sentence completion) where an individual projects internal thoughts and emotional conflicts, requiring clinical interpretation.

- **Substance Use Disorder (SUD):** A problematic pattern of substance use leading to clinically significant impairment or distress, evaluated over a 12-month period across 11 criteria spanning impaired control, social impairment, risky use, and physiological tolerance/withdrawal.
- **Traumatic Brain Injury (TBI) / Neurocognitive Disorder due to TBI:** Brain dysfunction caused by an external physical force or head trauma. Common symptoms include cognitive fatigue, memory loss, headaches, emotional lability, and slowed processing speed. Executive functioning is significantly impacted across working memory, planning, task organization, and abstract reasoning, while damage to frontal brain circuits severely degrades impulse control, resulting in disinhibition, emotional volatility, and difficulty anticipating consequences.