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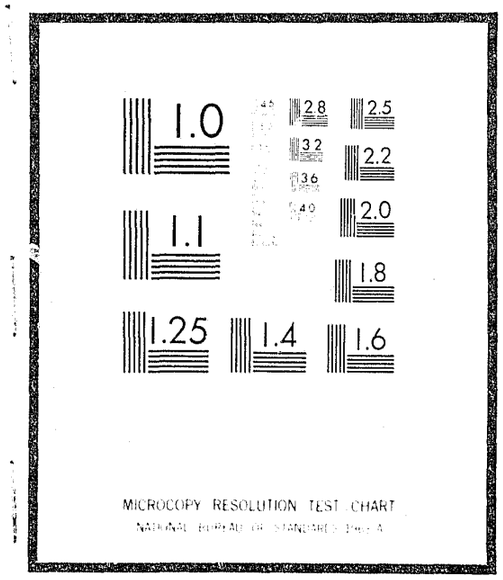


U.S. DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
NATIONAL CRIMINAL JUSTICE REFERENCE SERVICE
WASHINGTON, D.C. 20531

9/9/76
Date filmed.

Since 1967 —

HISTORY

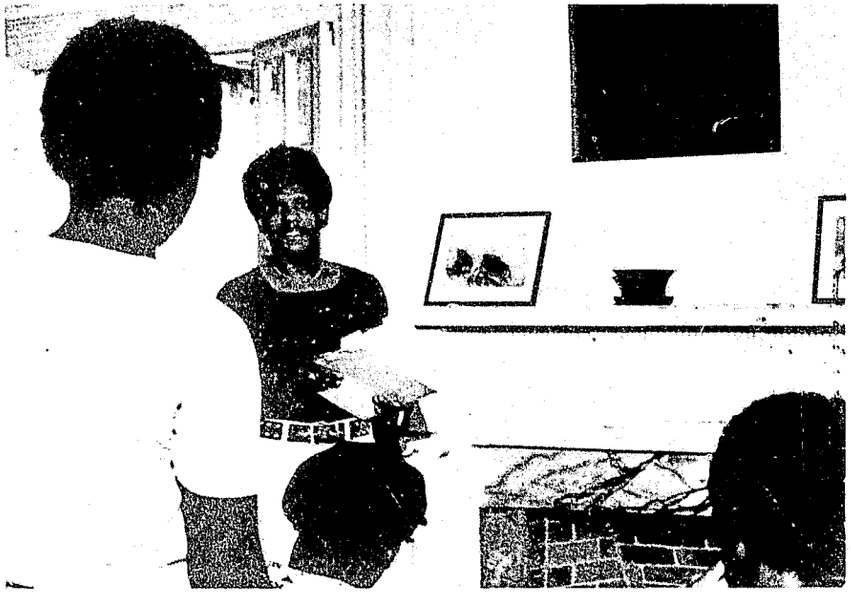
Recognizing the need for revamping the State's juvenile justice system, the 1965 Maryland General Assembly passed a Senate Joint Resolution which directed the Legislative Council to study the operation and jurisdiction of Maryland's juvenile courts. The Legislative Council named the Honorable George B. Rasin, Jr., to chair its Special Committee on Juvenile Courts, and called for the committee's recommendations to be completed before the 1966 legislature convened.

At its 1966 session, the Maryland General Assembly, acting on the recommendations of the Special Committee, passed legislation creating the Maryland Department of Juvenile Services, and charged the agency with providing a program of comprehensive care, treatment, and rehabilitation for the State's troubled youth. Maryland thus became the first State in the country to provide a centralized, State-directed program for youthful offenders. The new agency began operating on July 1, 1967.

In 1969, the General Assembly passed legislation bringing Juvenile Services under the umbrella of the Maryland Department of Health and Mental Hygiene.

By this combined action, Maryland launched itself into the forefront of the troubled child movement. The enlightened philosophy and treatment orientation implicit in the creation of Juvenile Services offer the broad mechanism for developing alternatives through which the needs of Maryland's troubled youth can be approached.

The Maryland Model has since been adopted, in part or in total, by many other states in their approach to the troubled youth problem.



Historically, "juvenile delinquency" has been a catch-all for youths who would not - or could not - strictly conform to society's dictates. The phrase frequently referred to youths exhibiting a diverse array of problems - from running away and truancy, to youthful exuberance, to criminal activities. The juvenile court movement, with its emphasis on rehabilitation instead of punishment, has existed in America since 1899. Its realization, however, was often a decentralized and unorganized program in which the needs of most children coming into the system were inadequately and inappropriately met.

Maryland's experience prior to 1967 saw probation and other court services lodged in and administered by the local courts. Courts in some jurisdictions provided and supervised their own services; other courts were serviced by the State Department of Public Welfare or the Department of Parole and Probation; and at least one court was serviced by a private agency. While the institutions were funded and administered by the State Department of Public Welfare, each, except for the Forestry Camps and the detention programs, was managed by an independent Board of Managers, and functioned as a fairly autonomous unit.

In addition, within each county, a combination of cultural, political, social, and economic factors, coupled with the philosophy of the local juvenile court judge, produced a Statewide pattern of 24 unique political subdivisions. This pattern still exists, and is being addressed today as the juvenile counselors and regional supervisors carry out Department policies and directives, while balancing the needs of the child with the demands of the family, community, and court.

The varied causes of deviant behavior in youths revolve around family, school, social, and peer pressures with which the youth cannot cope. Historically, the major juvenile offenses in urban areas include larceny, assault, burglary, and auto theft, while the major juvenile offenses in rural and suburban areas revolve around such self-destructive behavior as drug abuse, running away, truancy, or refusal to conform to community or family standards. These seemingly established patterns of juvenile behavior are beginning to change, however, and are now crossing the boundaries of age, locale, and socio-economic status.

Statistics show that the Department of Juvenile Services will encounter one out of 25 Maryland children under the age of 18. In 1969, 25,000 cases were referred to local offices of Juvenile Services; each year since then has seen an average increase of 5,000 referrals.

To most effectively deal with the large numbers of youths coming into the system, the 1969 legislation also mandated the Department of Juvenile Services to provide intake services and conduct preliminary inquiries whenever a complaint is lodged against a juvenile. Complaints can be registered by police, parents, schools, social agencies, or private citizens.

In practice, intake consultants, who are assigned to each region by the Department of Juvenile Services, determine whether (1) a case should be closed at Intake; (2) handled at Intake through informal supervision; (3) referred out to another State or local agency, or (4) a petition should be filed for action by the juvenile court. Intake consultants, who are on call around the clock, also authorize placement in detention or shelter care, if this is in the best interest of the child and the community. In essence, approximately 80 intake consultants screen all the cases coming into the juvenile justice system each year. These 80 counselors represent about one-quarter of the Department's court services staff.

Increasingly, Juvenile Services has turned to the community as the most effective and least expensive treatment setting for the vast majority of youths entering the system. With this shifting focus, intake consultants have been tapping local resources for referrals and detention, with the result that more cases are being handled on an informal basis, and fewer children are being inappropriately placed in secure detention. (For those cases where secure detention is required, a Statewide plan for diagnostic and reception services has been initiated. With a 1975 deadline prohibiting holding children in jails, regional facilities are being developed to hold youths for overnight emergencies and for the maximum 30-day detention period provided by law.)

Because of this intake function, as many as 55% of the referrals to Juvenile Services are handled without a court hearing. This not only relieves over-laden court dockets, but it also avoids the trauma of a court experience for the thousands of cases in which the youth and the community could not best be served by the court process.

Recidivism rates for informal adjustments fall in the 25% range, attesting to the skill and sensitivity that intake consultants exercise in the screening process.

Intake consultants may approve the filing of a petition alleging the child to be delinquent, in need of supervision, dependent, neglected, or mentally handicapped.

-Youths who are then adjudicated neglected or dependent are referred to the Department of Social Services for care and treatment;

-Youths who are found mentally handicapped are committed to the Secretary of Health and Mental Hygiene for treatment;

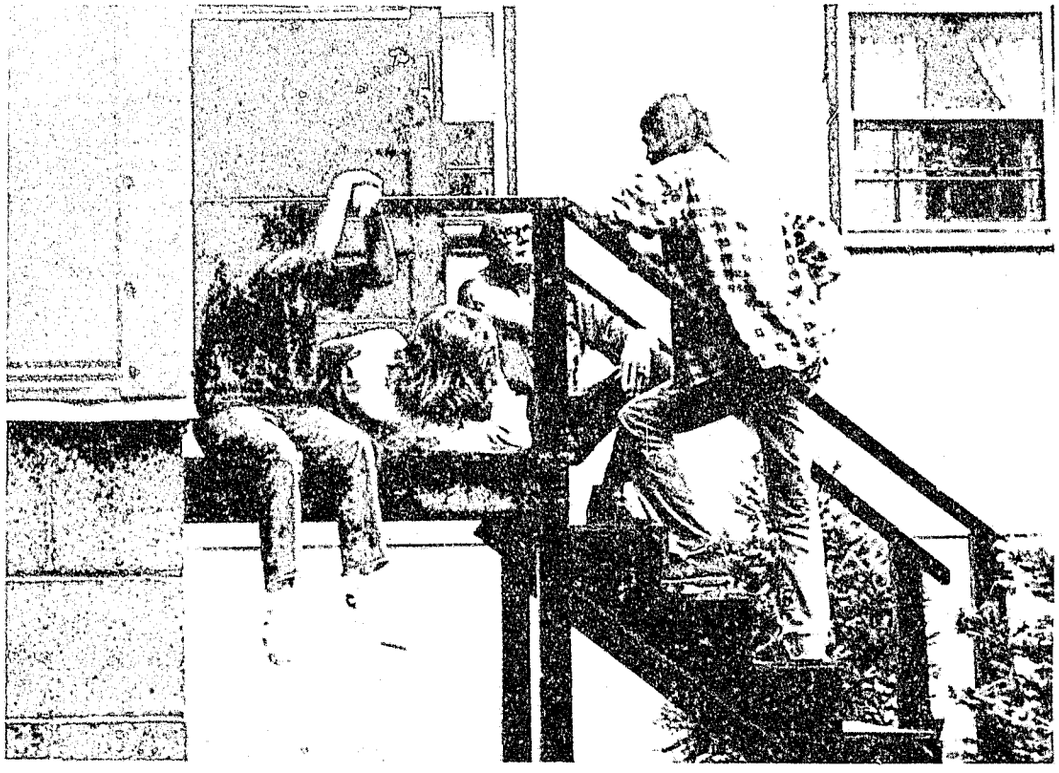
-Youths who are adjudicated children in need of supervision (CINS) or delinquent remain the responsibility of Juvenile Services for rehabilitation.

Historically, removing a youth from the community has failed to significantly modify deviant behavior. As a result, probation (for adjudicated delinquents) and protective supervision (for adjudicated CINS) has become a popular alternative to institutionalization. The juvenile counselors who serve the regions as probation officers are making probation an effective alternative to institutionalization.

The training and expertise of the juvenile counselors - in the areas of anti-social behavior, child development, family relationships, environmental and cultural influences, ability to recognize

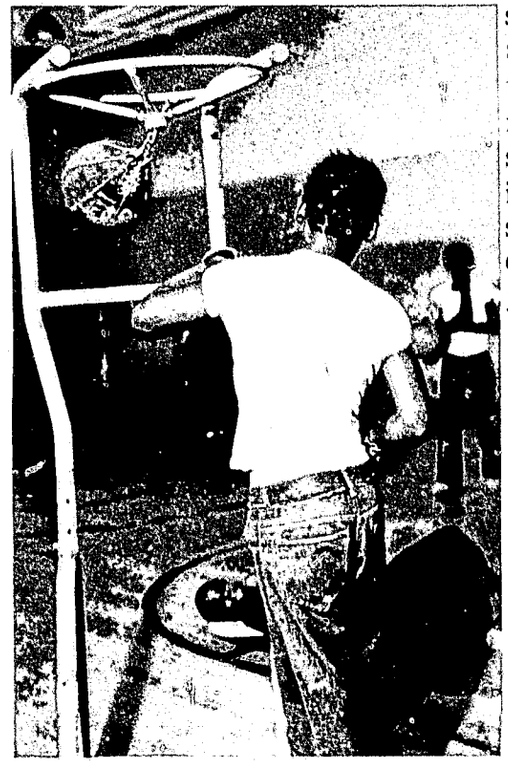
and stimulate fulfillment of individual potential, and initiative in adapting community resources to individuals needs - have allowed them to effectively oversee, since 1967, the community treatment of more than 94% of the cases going through juvenile court.

A major problem for Juvenile Services, however, is that probation officers are working with an average caseload of 46. The John Howard Association, at the request of the Maryland General Assembly, conducted a study of Maryland's services to juvenile offenders, and, in 1972, submitted its Comprehensive Long Range Master Plan for Maryland's juvenile programming. The Association recommended a probation caseload of 23. To deal with this gap between the ideal and the real, the regions are experimenting with such approaches as differential caseloads and group counseling in an effort to concentrate attention on those youths who can benefit most from intensive probationary services. Given these caseloads, however, it is obvious that some youths are not receiving the most efficient and most effective rehabilitation services.



Additionally, the trend since 1969 has been for the Maryland legislature to distinguish between delinquent youth, whose offenses would be considered criminal action if committed by adults, and CINS, whose aggression and maladjustment are reflected in unacceptable social behavior. This legislative direction culminated in 1973, when a bill was passed that prohibited the placement of CINS in training schools. This left the juvenile institutions to serve only the adjudicated delinquent youth who needs to be removed from the community. This action held the consistent and full support of the Department of Juvenile Services and the Department of Health and Mental Hygiene. It also provided the parameters for concentrating institutional treatment on the delinquents' underlying emotional problems, which are the primary causes of juvenile delinquency.

As a result, however, the Department of Juvenile Services was faced with a sudden influx of youths to be treated within the community. (In prior years, about 40% of youths in Maryland's juvenile institutions were adjudicated CINS). Local programs and resources, such as group homes, shelter and foster homes, day treatment centers, community mental health centers, and special schools, had not previously presented themselves in sufficient numbers to accommodate the CINS in the juvenile justice system.



The 1973 legislation did prompt community orgarizations (schools, recreation centers, social agencies) to begin dealing with some of the CINS who were historically referred to Juvenile Services. In addition, Juvenile Services staff began searching for innovative ways to deal with uncooperative parents and families; schools began addressing the difficult educational, social, and adjustment problems that the CINS child presents; and local communities began providing crisis intervention and counseling services in an effort to prevent the need for future rehabilitation of their troubled young citizens.

The overall effect was that many children committing CINS "offenses" were never exposed to the juvenile justice system, and never became deeply involved in the juvenile justice system.

Maryland began its community treatment program in 1969, with approximately 30 youths in community placements. Each year since then has seen an average increase of 240 youths for whom community care or services were purchased. By 1974, with CINS out of the institutions, there were twice as many children in community placements as were committed to training schools.

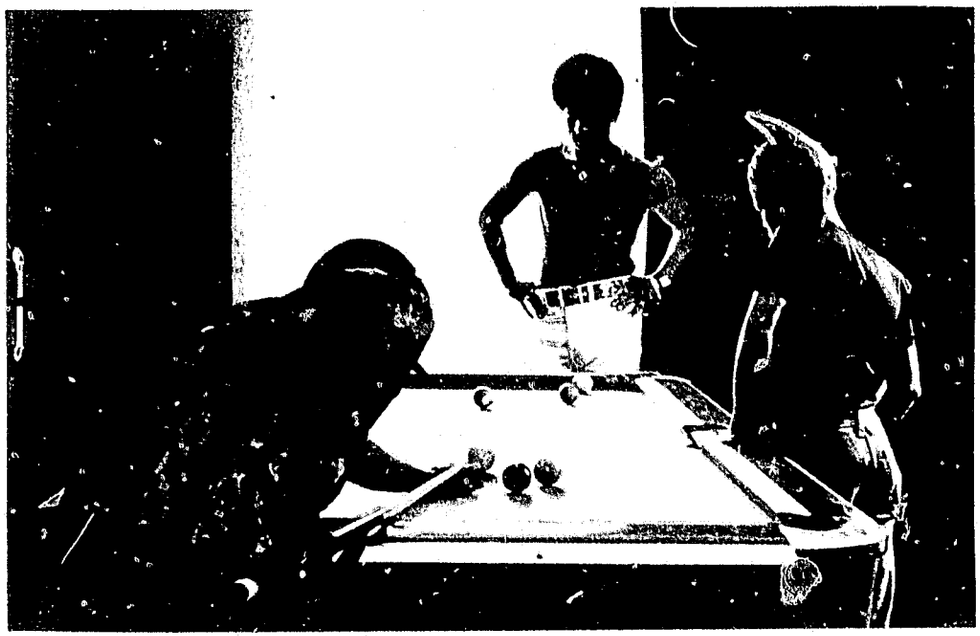
Juvenile Services now has approximately 800 youths in community placements. Unfortunately, at least 400 additional youths, who are now being treated in institutions, on probation, or through informal adjustment of their cases, could best be served in one of these settings. The private sector, which is a strong ally in the effort to habilitate young offenders, has the potential to provide the additional 400 placements. But Juvenile Services budgetary constraints in the purchase of care/purchase of services area, coupled with local community reluctance and zoning laws, severely limits the development of the needed community treatment beds.

A concerned community is the first step in obtaining additional funds for flexible programs. Without citizen involvement, Juvenile Services would never have been able to shift its focus from institutions to the community. As a result of a vocal citizenry apprising the General Assembly of their wishes in the areas of purchase of care, institutional programs, and delinquency prevention services, 53% of the Juvenile Services operating budget is now earmarked for community treatment. This is in marked contrast to the 22% allocated for community programs in the first Juvenile Services operating budget in 1968.

While there is an anti-institutional trend in this country, Maryland's health and juvenile justice administrators maintain that some youths need an institutional experience for rehabilitation. These are the relatively few youngsters whose aggressiveness and hostility make them a threat to themselves or the community, or prevent them from functioning in their community.

For the vast majority of youngsters in the system, the community is the best place for treatment. By developing effective alternatives to institutionalization, the training school populations have been dramatically reduced, and the phasing down and closing of several institutions has already been accomplished. Maryland's approach demands an orderly transition in the shifting focus to community treatment. To effect this transition, dollars are being moved with youngsters. As a training school is phased out, the budgeted funds for that institution are released and channeled into community programs. There are no present plans to unilaterally close all of the juvenile institutions in this State.

In 1967, 8% of the youths going into Court were placed in institutions. Each year has seen a gradual decrease in the percentage of youths going into institutions, in spite of the increasing number of youths who are referred to the local Juvenile Services offices and enter the court process. By 1974, with CINS no longer in training schools, only 3% of the referrals were ultimately placed in institutions.



As the training school populations are reduced to include only aggressive, emotionally disturbed delinquents, the educational, vocational training, and rehabilitative programs in the institutions can be structured into a cohesive program that specifically serves the needs of this type of youth. Given a diverse population, however, many programs must be available to serve the needs of all youngsters in the institution, and the available dollars are then spread over a large area.

In spite of these handicaps, the remedial educational program throughout the institutions has seen the astounding results of raising a student's reading level by 1.6 grades for every six months in the program. Through relevant vocational training, older youths are learning marketable skills and work routines. Nearly all students are placed in school or jobs prior to their release. This has been accomplished with a group of youths who have been "turned off" by the regular educational process, dropped out of school, been suspended, or were unable to hold jobs.

On the rehabilitation front, it is widely recognized that attitude change is the key to solving the underlying emotional problems that provoke juvenile delinquency. To effect this change, Maryland's juvenile institutional process is pervaded by a treatment modality known as Guided Peer Influence (GPI). GPI is a unique-to-Maryland approach, developed at the Boys Forestry Camps in Western Maryland, which adapts the basic concepts of reality therapy, group interaction, and peer influence to the needs of Maryland's institutionalized youngsters. Institutional staff are being trained in the sophistocated GPI techniques, and the treatment has been initiated with the older youths who respond best to the intense peer pressure that is the key to the program. In most of Maryland's training schools, GPI is combined with one-to-one counseling and behavior modification to provide a range of alternatives to help the committed youth deal with his problems.

As soon as a youth is committed to a training school, a juvenile counselor serving as an aftercare worker is assigned from the region in which the youth resides. Aftercare workers begin preparing for the youth's release from the first day of commitment.

The aftercare worker, sensitive to the fears, attitudes, and traumas facing both the student who is leaving an institution and the community which accepts the youth back, paves the transition

in terms of counseling, placement, and follow up that is vital to a youth's successful return to a productive future in the community.

While the average stay in one of Maryland's training schools is seven months, all institutionalized youngsters are on indefinite commitments. Release is recommended when the youth, his aftercare counselor, the G.P.I. group (where appropriate) and the institutional staff feel the youngster is learning to deal with his problems in socially acceptable ways, and is able to adjust to the community's expectations.

Clinical services, in the form of medical and dental treatments, are provided throughout the court, community, and institutional programs for those youngsters needing these procedures. Individual counseling is also provided. However, this approach, often referred to as the "medical model" is not working for many youths in the system. Because teenagers respond most effectively to peer expectations, Juvenile Services is moving into a reality therapy and group process approach in teaching these youths to cope with community pressures. Significant attitude changes have been observed from pre- and post-tests administered in conjunction with this treatment.

Responding to a 1971 legislative mandate, Juvenile Services is working with communities to provide prevention services to youths. The prevention program operates on a two-fold philosophy that (1) the further a youth gets into the juvenile justice system the harder it is for him to extricate himself, and (2) that local communities are in the best position to recognize and serve the needs of the maladjusted youth who is not functioning within that community.

A network of 17 Youth Service Bureaus now operate throughout the State as comprehensive counseling and referral organizations for troubled youth. Juvenile Services offered its advice and expertise to local communities in establishing these Bureaus. Local communities tapped a variety of Federal and local funding sources to start them.

No State money was earmarked for delinquency prevention until 1974, when the Maryland General Assembly appropriated operating funds for five Bureaus. With these available prevention funds, Juvenile Services will contract with local resources to operate the prevention program in that community.

Through this aspect of the public-private partnership, Juvenile Services expects to see, in the long run, a reduction in referrals and, therefore, less of a need to rehabilitate a behavior which might have been prevented.

Intensive pre-service and in-service staff training, begun with legislative support in 1973, is producing a new breed of juvenile counselor and youth supervisor: one who is both in tune with the specific needs of troubled youth and equipped to plan and supervise the most effective treatment for these youths.

Through in-service training, veteran staff members are broadening their outlook on the treatment and rehabilitation process. By concentrating on institutional alternatives and teaching the skills to more effectively work with youths who are behaviorally acting out, entrenched staff attitudes are beginning to change and reflect the community treatment philosophy, and their capabilities to deal effectively with troubled children are growing.

The rapid growth of a Statewide volunteer corps, to augment the services of Juvenile Services staff, is seeing significant results in offering yet another treatment alternative.

Administratively, program specialists in the areas of intake, probation, aftercare, institutions, and community programs serve as troubleshooters for the Department as they coordinate many aspects of the field operation.

With accountability the best method for obtaining program funds from State and Federal sources, the Department's effort in research and evaluation now shows extensive statistical breakdowns on program operations, facilities, and functions to determine, quantitatively, the scope and magnitude of services, types of population served, and geographic areas requiring more extensive services. Lacking at this time is the capability for determining the where, how, and why of a program's effectiveness. This research limitation is limiting Juvenile Services in the qualitative assessment of its programs.

The broad concepts creating the Department of Juvenile Services, and placing it within the Department of Health and Mental Hygiene, have given the health and juvenile justice administrators in the State the flexibility to seek innovative ways to help troubled youth. The changes since 1967 have been progressive and historic. All are directed to relevant and effective treatment programs, and to reducing the number of children entering the juvenile justice system each year.

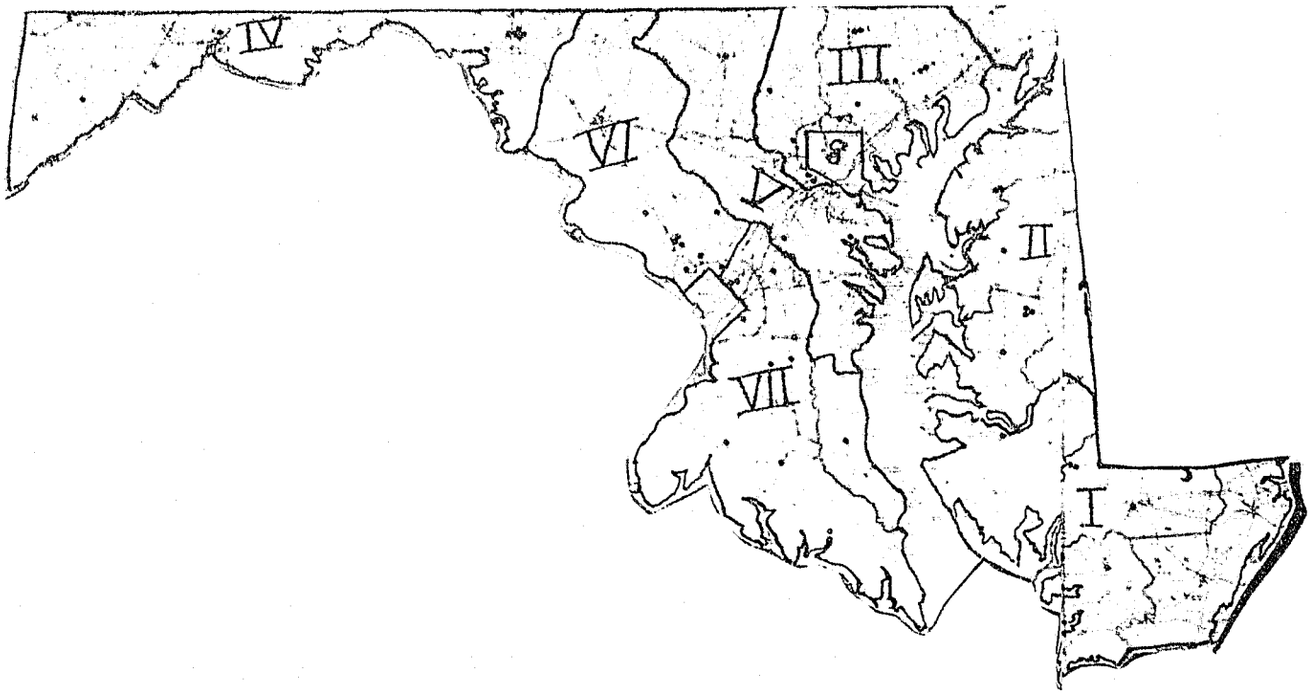
As a result, Maryland enjoys one of the finest national reputations in terms of treating and rehabilitating young offenders.

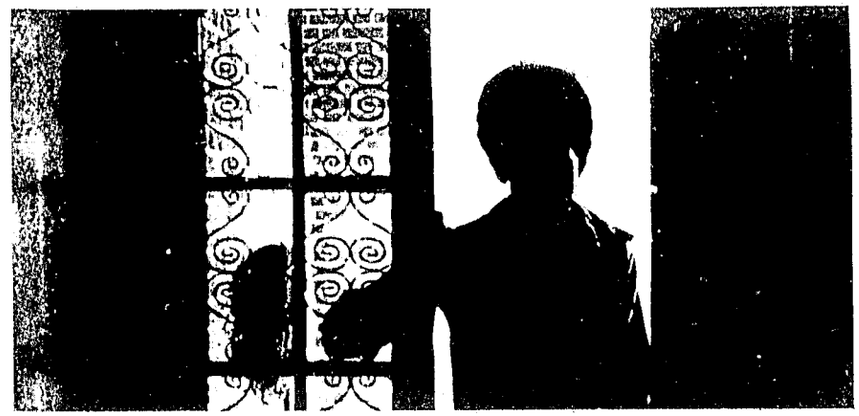
Maryland has accomplished much since 1967. The kind of thinking that made this State a national leader in the troubled child movement is pushing for more innovative alternatives to attack the delinquency dilemma. There is still much left to do.

KEY PERSONNEL:

Robert C. Hilson, Director
Rex C. Smith, Deputy Director
William C. Litsinger, Jr., Assistant Director for Court and Community Services
Ronald J. Blake, Assistant Director for Institutional Services

Structure of the Division of Court and Community Services follows the same regional distribution as the State's eight judicial circuits. Juvenile Services staff members are assigned to each of the 24 political subdivisions, since each county and Baltimore City has a judge sitting as a juvenile court. Each region is under the direction of a Regional Supervisor.





The Division of Institutional Services serves youths as follows:

MONTROSE SCHOOL

girls up to 18; boys 15 and under
student population: 125 boys staff: 182
125 girls

BOYS VILLAGE

boys 15-15½
student population: 100 staff: 121

MARYLAND TRAINING SCHOOL

committed program - boys 15½-18
detention program - boys up to 18
student population: committed: 80 staff: 238
detention: 140

BOYS FORESTRY CAMPS

boys 15½-18
student population: 35 in each of 4 camps staff: 62

MARYLAND CHILDREN'S CENTER

diagnostic and evaluation studies on youths up to 18
student population: 84 boys staff: 109
28 girls

THOMAS J.S. WAXTER CHILDREN'S CENTER

reception and detention for youths up to 18
student population: 32 boys staff: 39
8 girls

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END

Prepared by:
Juvenile Services Administration
in cooperation with
State of Maryland Department
of Health and Mental Hygiene
Office of Special Services
from funds provided by
The Governor's Commission on Law Enforcement
and the Administration of Justice.