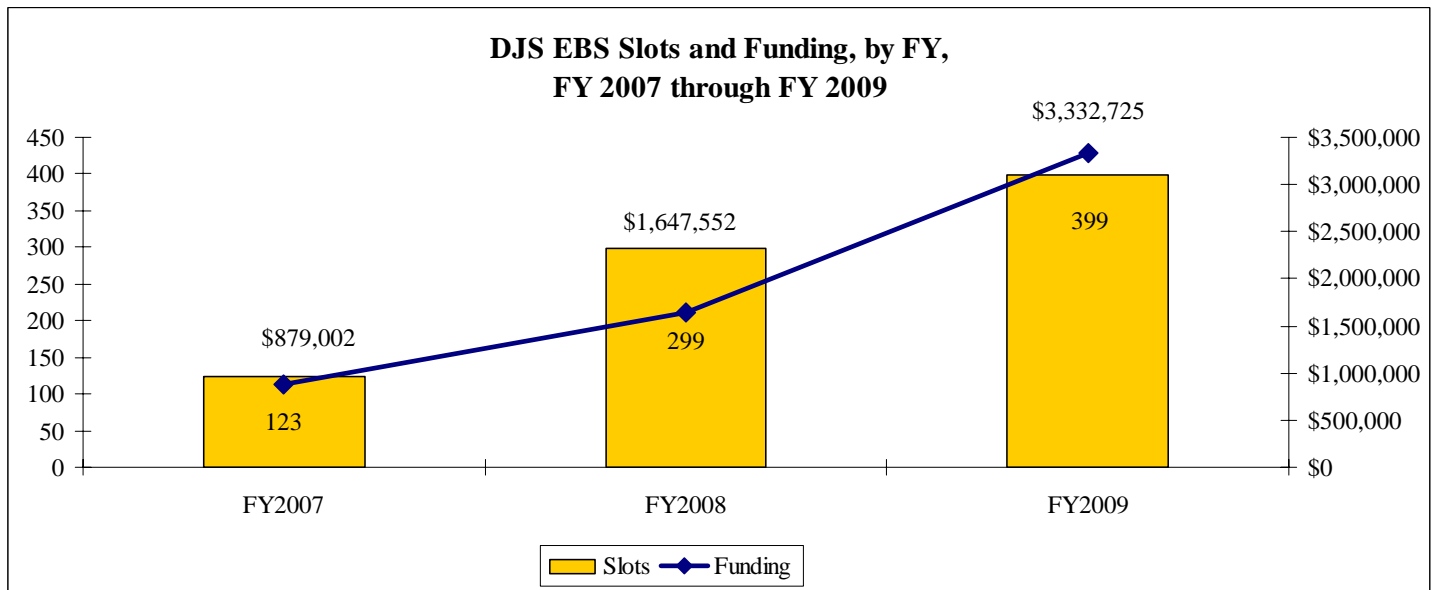


STATESTAT UPDATE: EFFORTS TO PROTECT MARYLAND'S VULNERABLE YOUTH June 2009

The following is a series of data observations outlining Maryland's efforts to protect vulnerable youth. Statewide efforts have focused on increasing access to evidenced-based programs (EBP) for at-risk youth, reducing the number of children in out-of-home care, reducing the number of children placed in group homes, and increasing access to comprehensive health care services for families.

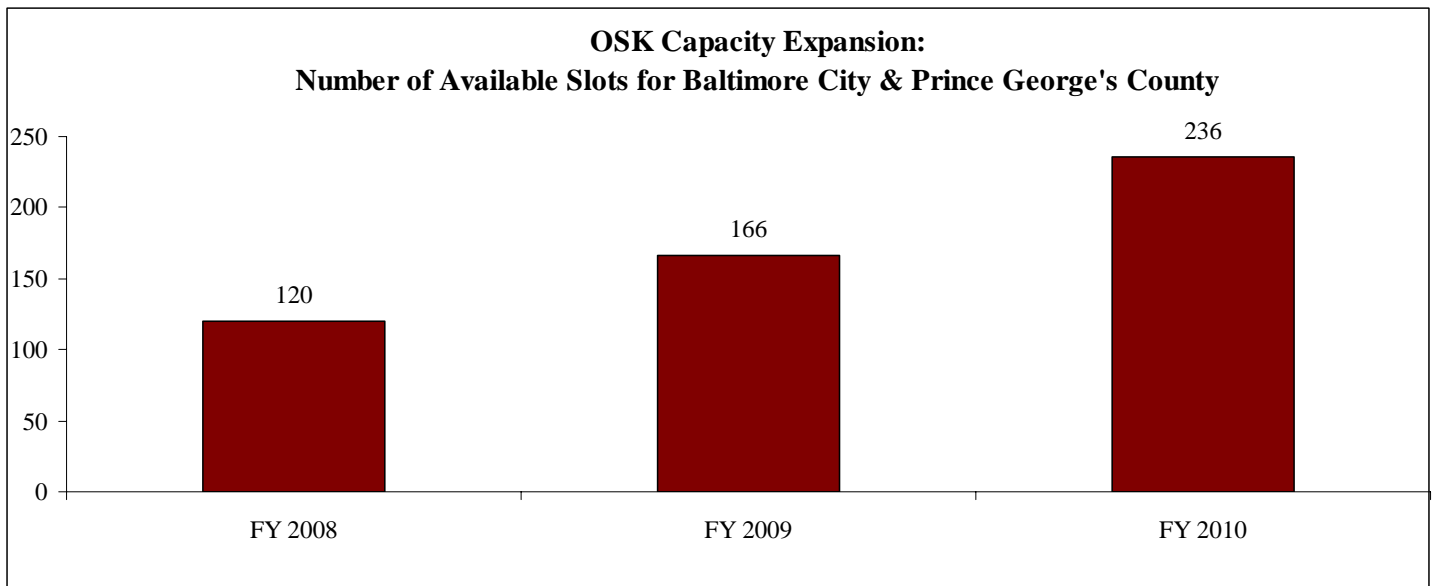
DJS: Better Outcomes for At-Risk Youth

- Greater Use of Evidence-Based Practices (EBP).** The Department of Juvenile Services has increased funding for EBPs by 300% within the last two years. DJS has approximately 300 dedicated EBP slots to serve families and, when appropriate, divert youth from more costly and less effective residential placements. In Maryland, juvenile offenders are referred to the following EBPs: Functional Family Therapy, Multi-Systemic Therapy, and Multidimensional Treatment Foster Care.



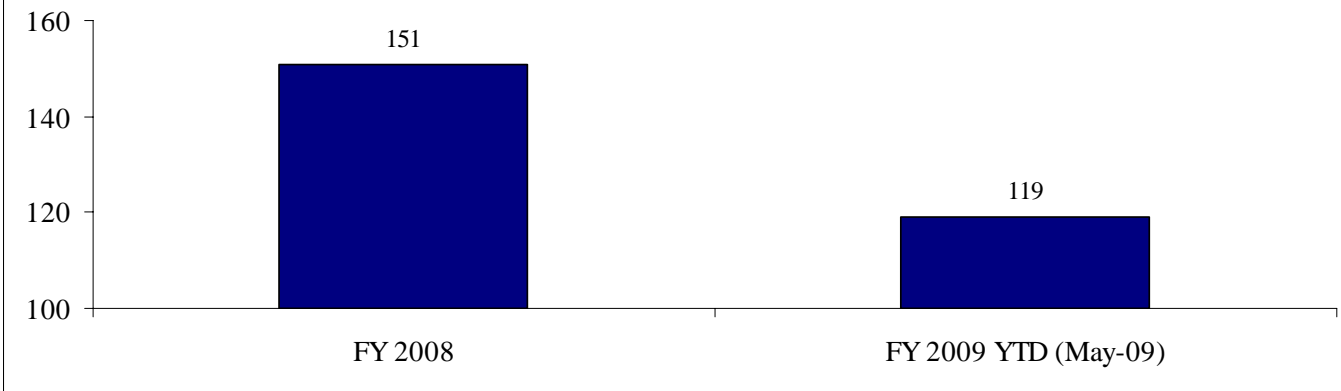
- Operation Safe Kids (OSK).** OSK is a youth violence prevention program targeted towards high risk youth. Inherent to its methodology, OSK is a combination of agency coordination, community-based case management, local health department partnerships, and consistent youth monitoring. OSK enables juvenile offenders, who are at high risk of becoming victims or perpetrators of violence, to carry out more productive and positive lifestyles. DJS has expanded OSK programming by 136 slots, increasing the number of slots in Baltimore City and most recently, expanding the program to Prince George's County. The program has been operating at nearly 100% capacity for the past six months.

- In January of 2007, DJS strengthened their partnership with OSK. Since that time, 276 DJS youth have participated in the program, 247 in Baltimore City and 29 in Prince George's County. Of the total participating youth, three have been involved in shootings, one youth is a suspect in two homicides and a non-fatal shooting (NFS), one youth was a homicide victim, and one youth was a victim of a NFS. There were no youth on active OSK participation prior to January 1, 2008 who were involved in fatal shootings.
- The following chart demonstrates the growth of OSK and its planned trajectory for FY 2010.



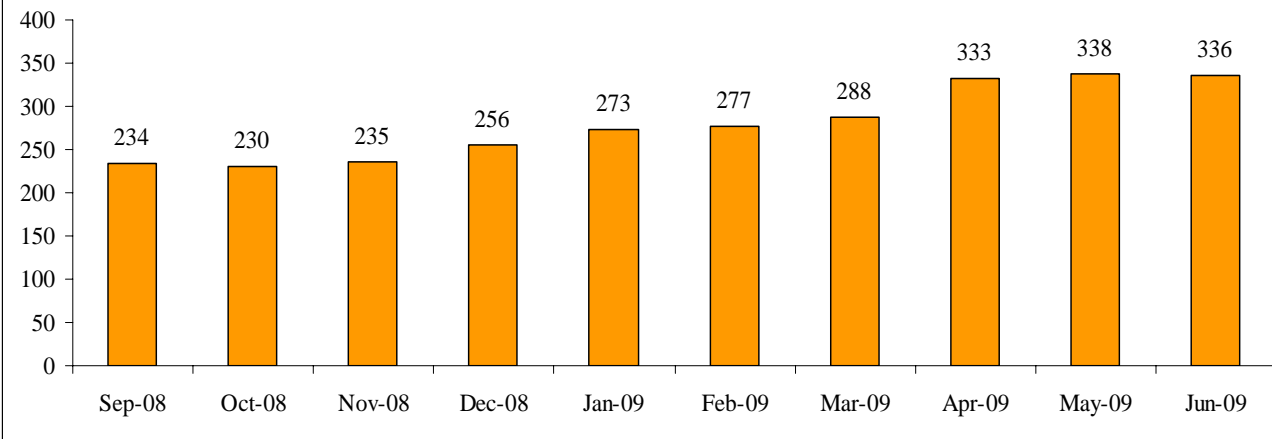
- **Out-of-State Placements.** In an effort to produce better outcomes for youth, DJS has set a goal to decrease by 20% the number of youth sent out of state for treatment by 2010 and by 50% by 2011. To accomplish this goal, the Department reopened the Victor Cullen Center, revised and articulated an aggressive capital plan, and worked to attract more comprehensive in-state providers for the treatment of high risk offenders.

**Admissions to Out-of-State Placements,
FY 2008 vs FY 2009 YTD (May 2009)**



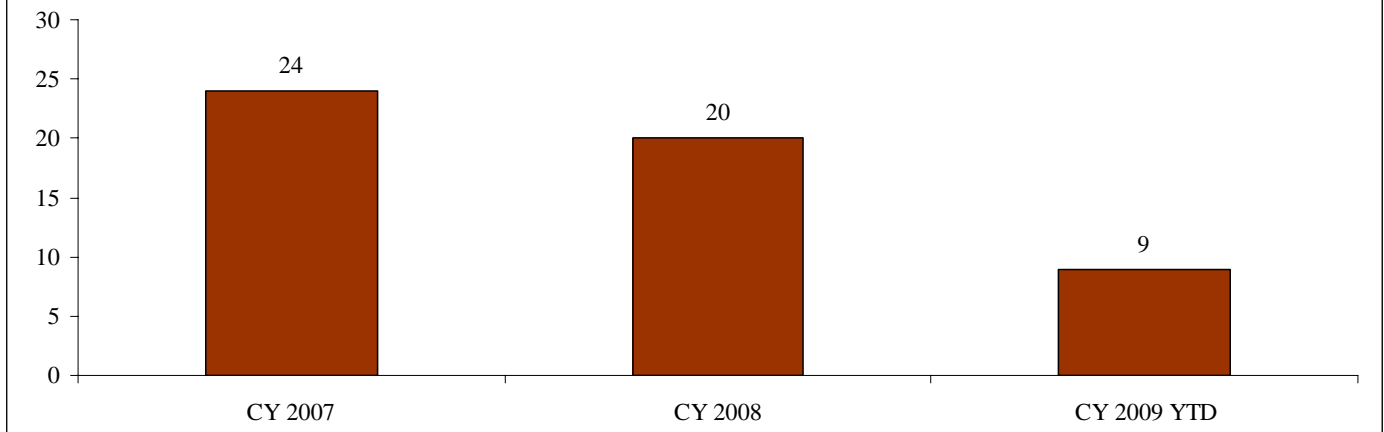
- Violence Prevention Initiative (VPI).** DJS VPI provides increased supervision and services to youth identified as most at risk of being victims or perpetrators of crimes of violence. VPI was first implemented in Baltimore City in January 2008 and subsequently expanded to high risk youth statewide. Over the last ten months, DJS has increased the number of youth under VPI supervision by 43% as shown in the following chart. As of June 2009, 336 youth have participated in the program.

**Violence Prevention Initiative Under Supervision,
by month, September 2008 through June 2009**



- Juvenile Crime Reduction.** The number of homicides statewide for youth under the Department’s supervision decreased in 2008. In Baltimore City, in 2008, compared to 2007, there were 11% fewer juvenile victims of Part I crimes, 9% fewer juvenile victims of violent crimes, and 15% fewer juvenile victims of property crimes.

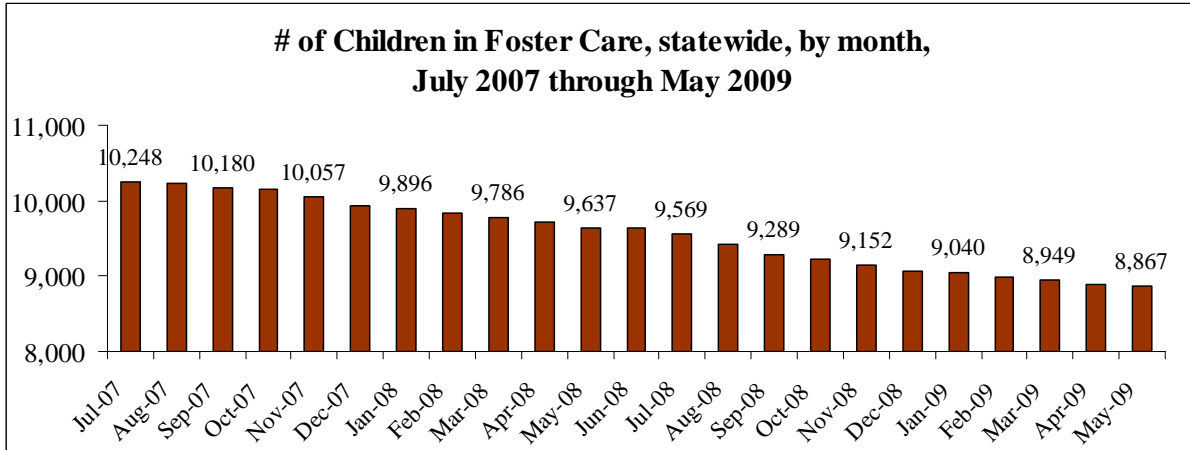
**Youth Killed while under DJS Supervision, 7-21,
including Open Warrants**



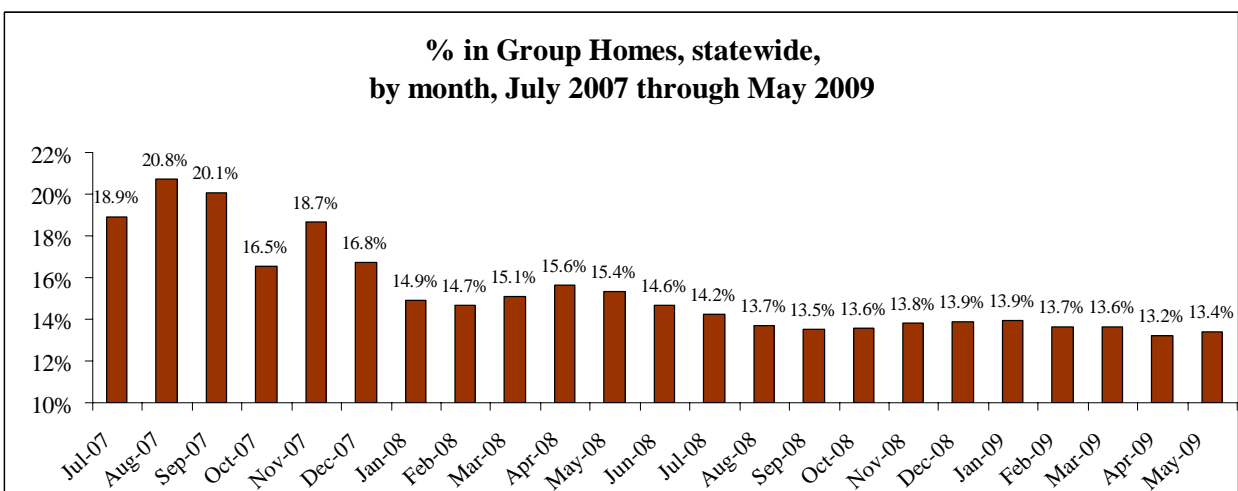
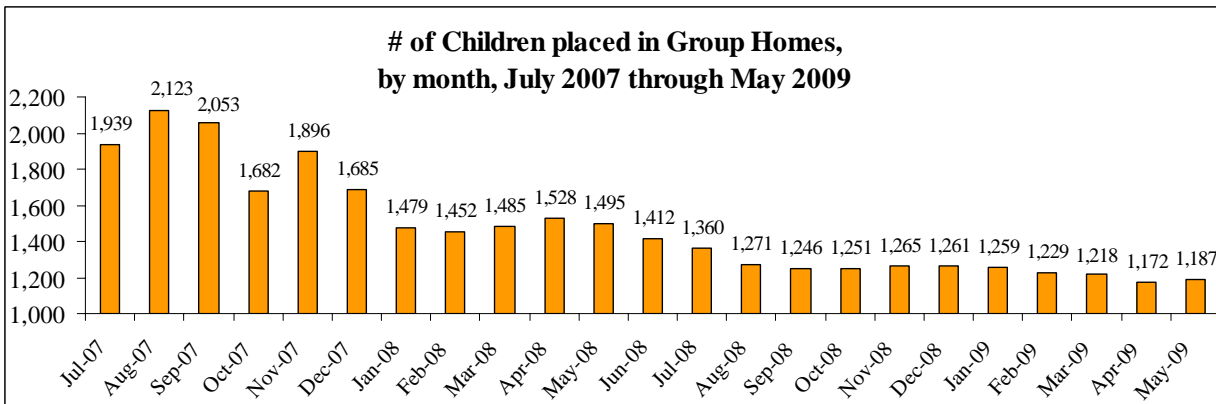
- **Juvenile Non-Fatal Shootings.** DJS has developed and implemented a safety protocol for youth who have been the victim of a Non-Fatal Shooting (NFS). DJS assesses a victim's post shooting safety and develops real time protective plans. Partners involved in this collaborative effort are the Department of Juvenile Services, the Baltimore City Police Department, the State's Attorney's Office, Operation Safe Kids, and the Mayor's Office on Criminal Justice. This procedure is available to DJS for use in any situation where there is a known and verified concern for the immediate safety of a juvenile under DJS supervision. DJS reports that an average of 10% of VPI supervised youth have a new arrest each month with the majority of the arrests for misdemeanors.

DHR: Place Matters

- **Fewer children are entering the State's care.** DHR has initiated the *Place Matters* Initiative, which is designed to reduce the number of children in out-of-home placements (in the state's custody). In July 2007, Maryland had roughly 10,300 children in foster care, and today, because of *Place Matters*, that number has decreased to approximately 8,800.
- **More children are receiving services in their home environments.** Overall out-of-home placements statewide have *decreased* by 13.4% since July 2007.



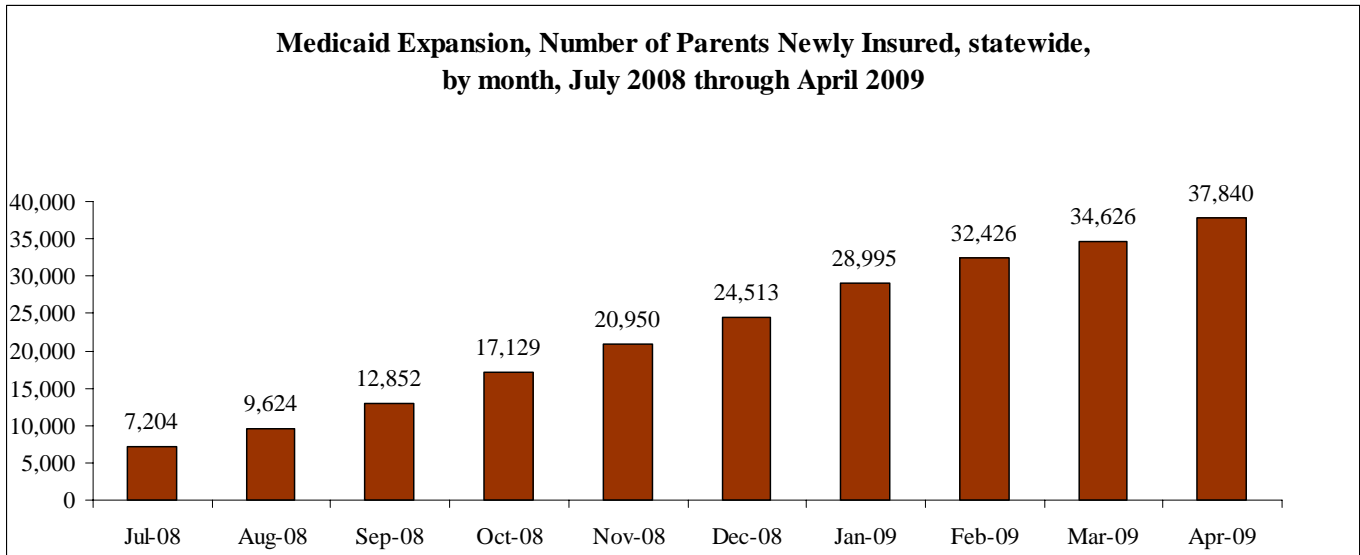
- Fewer children are being placed in group homes.** In July 2007, Maryland placed approximately 1,900 children in group homes, or roughly 20% of our caseload. Today, DHR places fewer than 1,200 children in group homes, or roughly 13% of its caseload now. This represents a nearly 39% reduction in the number of kids in group homes since the start of *Place Matters*.



DHMH : Expanding Healthcare to Vulnerable Marylanders



- Expanding access to healthcare.** DHMH has been working to enroll parents of CHIP-eligible children as part of the Medicaid expansion signed into law by the Governor last year. As shown in the following chart, almost 38,000 newly insured parents now have access to health benefits (as of April 2009).



- Expanding access to dental care.** In partnership with the Dental Action Committee, convened by Secretary Colmers earlier this year, DHMH has been working with local health departments to expand access to dental care for low-income children and bolster the state's public dental health safety net.
- The following chart shows the number of dental sealants and fluoride treatments provided by local health departments, by quarter, FY 2009.

