

Department of Legislative Services
 Maryland General Assembly
 2005 Session

FISCAL AND POLICY NOTE
Revised

House Bill 1339

(Delegate Jones, *et al.*)

Judiciary

Judicial Proceedings

Baltimore City and Baltimore County - Child in Need of Supervision Pilot Program

This bill requires the Secretary of Juvenile Services to establish a Department of Juvenile Services (DJS) Child in Need of Supervision Pilot Program in Baltimore City and Baltimore County. By December 31, 2006, and annually thereafter, DJS and the Office for Children, Youth, and Families (OCYF) must report to the General Assembly on the implementation of the pilot program. To fund the program, the Governor must include \$250,000 annually in the fiscal 2007 through 2010 State budgets. From the required appropriations, \$167,000 must be provided to Baltimore City and \$83,000 must be provided to Baltimore County each year.

The pilot program is effectively July 1, 2006 and terminates September 30, 2010.

Fiscal Summary

State Effect: General fund expenditures would increase by \$250,000 annually from FY 2007 through 2010 to implement the pilot program. Revenues would not be affected.

(in dollars)	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	0	250,000	250,000	250,000	250,000
Net Effect	\$0	(\$250,000)	(\$250,000)	(\$250,000)	(\$250,000)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: State grants of \$167,000 for Baltimore City and \$83,000 Baltimore County would be provided annually from FY 2007 to 2010.

Small Business Effect: Potential meaningful. Small business assessment, intervention, and referral providers in Baltimore City and Baltimore County could be contracted to provide the pilot program services.

Analysis

Bill Summary: The DJS Child in Need of Supervision Pilot Program must select for participation community-based, not-for-profit providers that offer assessment, intervention, and referral services to children in Baltimore City and Baltimore County who are alleged to be in need of supervision. The designated assessment service providers must be contracted and funded by the local management boards (LMBs) in Baltimore City and Baltimore County.

A juvenile intake officer who receives a complaint alleging that a child in Baltimore County or Baltimore City is in need of supervision must refer the child and the child's parents to one of the selected providers unless the intake officer concludes that the court has no jurisdiction or that neither an informal adjustment nor judicial action is appropriate. The provider must meet with the child and the child's parents two to six times to discuss the child's school performance, family interactions, peer relationships, and health, including drug and alcohol use. The provider must review all available, relevant records concerning the child, conduct an assessment of the child, and establish a case plan for the provision of services to the child. An intake officer may not authorize the filing of a petition or peace order request or propose an informal adjustment for the child unless the provider has filed a report with the court stating the date of the initial meeting with the child and that all attempts to provide assessment, intervention, and referral services have failed.

Any information provided by a child incident to a referral to a selected provider may not be admitted in evidence in any adjudicatory hearing, peace order proceeding, or criminal proceeding against the child.

Current Law: Within 25 days of receiving a complaint alleging that a child is in need of supervision, a juvenile intake officer may: (1) authorize the filing of a petition or a peace order request, or both; (2) propose an informal adjustment of the matter; or (3) refuse authorization to file a petition or peace order or both. An intake officer is not required to provide for an assessment and the delivery of services before authorizing action on a complaint.

A "child in need of supervision" is a child who requires guidance, treatment, or rehabilitation and: (1) is required by law to attend school and is habitually truant; (2) is habitually disobedient, ungovernable, and beyond the control of the person having

custody of him; (3) deports himself so as to injure or endanger himself or others; or (4) has committed an offense applicable only to a child.

A juvenile intake officer must discuss a referral for mental health and substance abuse screening with a child who is the subject of a complaint within 25 days of receiving the complaint. The screening must be conducted by a qualified health, mental health, or substance abuse professional or staff trained by a qualified health, mental health, or substance abuse professional. If the screening shows that the child is mentally handicapped, seriously emotionally disturbed, or a substance abuser, the screener must conduct a comprehensive mental health or substance abuse assessment of the child.

Background: In its *Three Year Plan: 2003 – 2005*, released in December 2002, DJS noted that “Appropriate screening and assessment of each youth’s risk and needs is crucial to supporting the Department’s principles.” The report goes on to say that results from the screening process are used in the development of treatment service plans, which ensure that appropriate treatment in least restrictive environments is provided to all children. According to the report, DJS developed a risk and needs screening tool and implemented it statewide in July 2002. The tool is used to gauge risk to the community and assess needs across five dimensions: mental health, physical health, substance abuse, family environment, and education.

DJS Managing for Results (MFR) outcomes for fiscal 2004, the most recent year actual data are available, show that 42% of youths admitted to DJS detention centers received a substance abuse evaluation (down from 63% for fiscal 2003) and 57% received a mental health evaluation (up from 33% for fiscal 2003). MFR outcomes also show that 72% of youth admitted to a DJS residential program received a physical performed by a physician (up from 71% for fiscal 2003), and 100% received a health screening performed by a nurse. For fiscal 2006, DJS projects that all of the youths admitted to detention will receive substance abuse evaluations, mental health evaluations, and physicals performed by physicians.

State Expenditures: General fund expenditures would increase by \$250,000 annually from fiscal 2007 to 2010. This funding would be provided to DJS to distribute grants of \$167,000 and \$83,000 respectively to the Baltimore City and Baltimore County LMBs each year. Based on a similar program operating in Harford County, DJS estimates that approximately 70 Baltimore City and 35 Baltimore County children could be served annually by the pilot program. In fiscal 2004, there were 174 child in need of supervision referrals in Baltimore City and 57 child in need of supervision referrals in Baltimore County. If these numbers are fairly stable, \$250,000 would not enable the pilot program to serve every child who would be referred to the program.

Additional Information

Prior Introductions: Similar cross filed bills were introduced in 2004 as SB 595/HB 1327. SB 595 was not reported out of the Judicial Proceedings Committee, and HB 1327 was not reported out of the Judiciary Committee.

Cross File: None.

Information Source(s): Department of Juvenile Services; Judiciary (Administrative Office of the Courts); Governor's Office for Children, Youth, and Families; Baltimore City; Department of Legislative Services

Fiscal Note History: First Reader - March 1, 2005
ncs/jr Revised - House Third Reader - March 31, 2005
Revised - Enrolled Bill - May 4, 2005

Analysis by: Mark W. Collins

Direct Inquiries to:
(410) 946-5510
(301) 970-5510