



Presentation to the Senate Finance Public Safety Subcommittee

**Virginia Department of
Juvenile Justice (DJJJ)**

October 24, 2013



Presentation Overview



- **Overview of DJJ Operations**
- **Review of 2013 Reports**
 - DecideSmart Review of Educational Programs
 - DJJ and Juvenile Secure Detention Educational Staffing Ratios
 - Post-Dispositional Detention Programming
- **Status of DJJ's 10-year Planning Project**
- **Juvenile Correctional Center Mental Health Population and Challenges**



Overview of DJJ Operations



- **Mission and Vision Statements**
- **Juvenile Court Service Units**
- **Juvenile Halfway Houses**
- **Juvenile Correctional Centers (JCCs)**
 - Reduction and Reorganization Status
 - Repurposing of Hanover JCC



DJJ's Mission and Vision



Mission Statement

The Virginia Department of Juvenile Justice protects the public by preparing court-involved youth to be successful citizens.

Vision Statement

The Virginia Department of Juvenile Justice is committed to excellence in public safety by providing effective interventions that improve the lives of youth, strengthening both families and communities within the Commonwealth.



Court Service Units



- **First DJJ Point of Contact: 35 CSUs**
 - 32 State Operated; 3 Locally Operated (Falls Church, Arlington, Fairfax)
- **Domestic Relations Intake:** Custody, Support, Visitation, Protective Orders
 - 139,367 domestic relations intake complaints in FY 2013
- **Delinquency/CHINS:** Intake, Petition, Diversion
 - 61,309 juvenile intake complaints (43,771 resulted in the filing of a petition) in FY 2013
- **Reports:** Pre- and Post- Dispositional, Transfer, Custody
 - 5,303 in FY 2013
- **Probation ADP:** 5,318 in FY 2013
- **Parole ADP:** 295 in FY 2013
- **Partner with Local Service Agencies** – Comprehensive Services Act and Virginia Juvenile Community Crime Control Act



Juvenile Halfway Houses



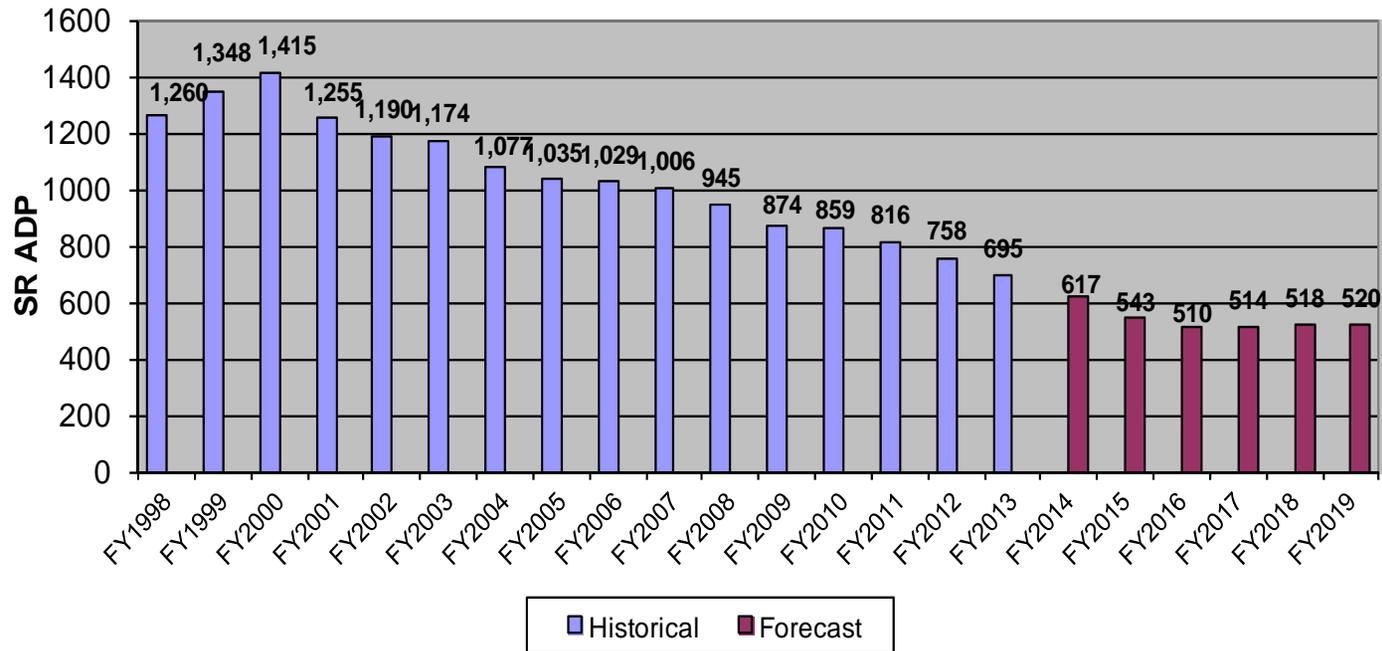
- **DJJ operates two halfway houses**
 - Abraxas House – Staunton, VA
 - Hampton Place – Norfolk, VA
- **Each has a capacity of 10**
- **Direct Care status**
- **Goal is to transition juveniles back into the community**
 - To develop and enhance independent living skills
 - To find and maintain gainful employment



Juvenile Correctional Centers' ADP and Forecast



Juvenile Correctional Center Historic ADP and Approved Forecast





JCC Realignment Status



ACTION

STATUS

- Move the program and Residents of the Oak Ridge JCC to the Beaumont JCC.... **Complete**
- Close the Crockford School (Oak Ridge) **Complete**
- Move the Residents of the Hanover JCC to other JCC's **Complete**
- Close the Smyth School (Hanover) **Complete**
- Relocate RDC to the former Oak Ridge JCC **Complete**
- Close the Hanover JCC..... **Complete**
- Close the current RDC **Complete**
- Move DJJ Training Unit to Hanover..... **Complete**
- Reduce Education Division Staffing (Phase 2)..... **Complete**
- Occupy the Public Safety Training Center..... **Ongoing**



JCC Reduction and Reorganization



| | January 2013 | September 2013 |
|---------------------|--------------|----------------|
| Number of JCCs | 6 | 4 |
| Capacity | 1117 | 738 |
| ADP* | 696 | 643 |
| Percent Utilization | 62% | 87% |

*The information provided presents the average daily population (ADP) for the stated month.
Note: The total actual population on January 31, 2013 was 710; on September 30, 2013, it was 629.

This table illustrates the effects of the reduction and reorganization that occurred between January and September 2013.



Juvenile Correctional Centers' Current Status



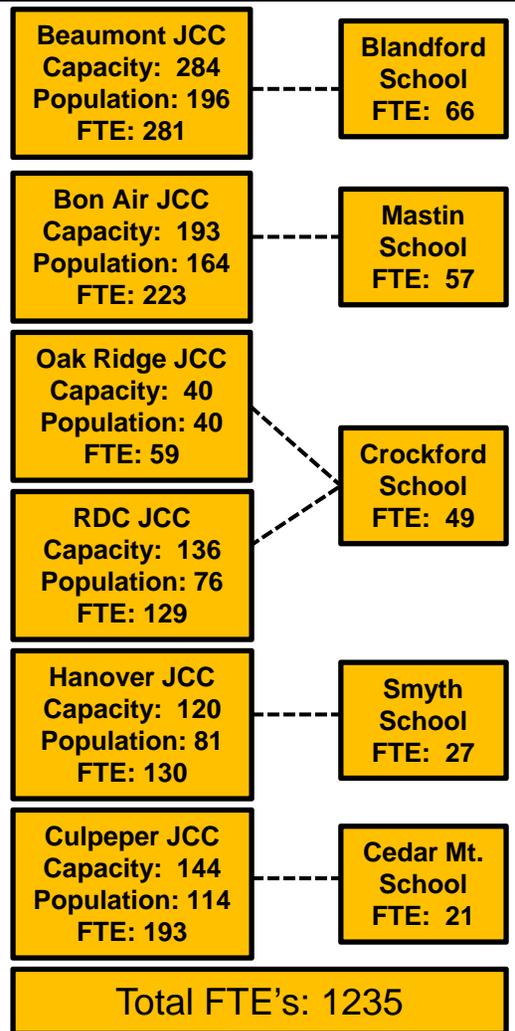
- **Reception and Diagnostic Center**
 - Capacity 40
 - Centralized evaluation and classification process
- **Bon Air JCC**
 - Capacity 260
 - Classification levels I – IV
 - All levels for all females and males up to the age of 16.5
 - Levels I and II for all males regardless of age
- **Beaumont JCC**
 - Capacity 284
 - Classification levels III and IV for males up to the age of 18
- **Culpeper JCC**
 - Capacity 156
 - Classification levels III and IV for males 18 and older



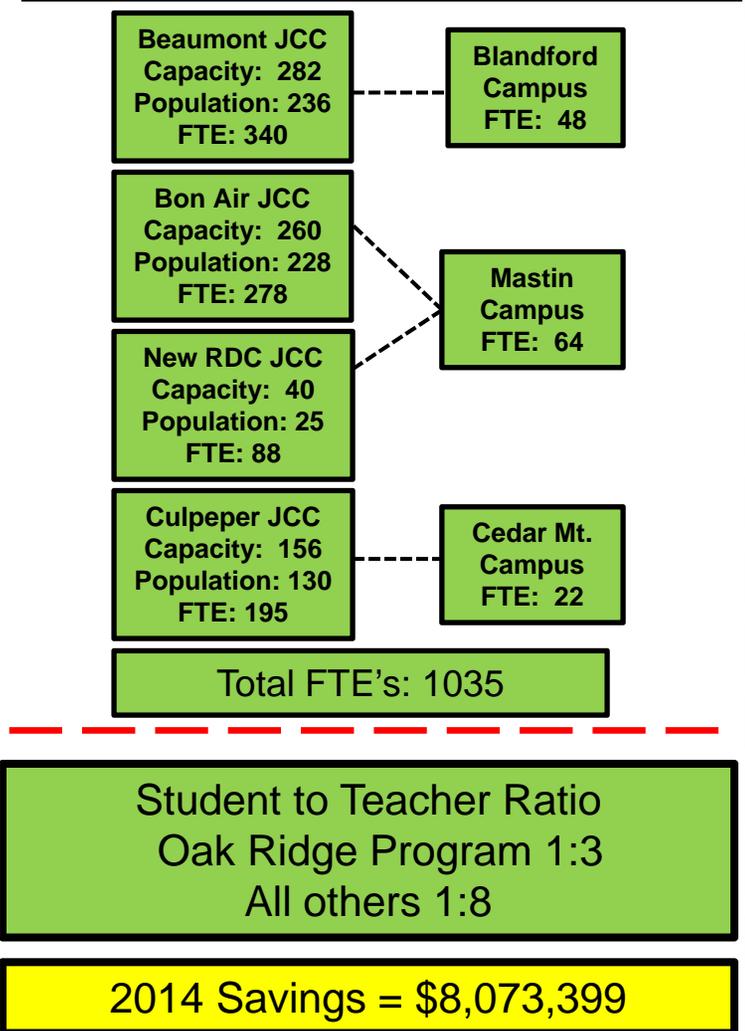
JCC and Division of Education Reorganization



PAST STRUCTURE



CURRENT STRUCTURE



Employee Impact
 As of July 25, 2013:

Affected Employees: 263

Employees placed in vacant positions: 195

Employees Laid-Off: 34

Employees who separated from DJJ: (resigned/Trans/etc) 34



Repurposing of Hanover Juvenile Correctional Center



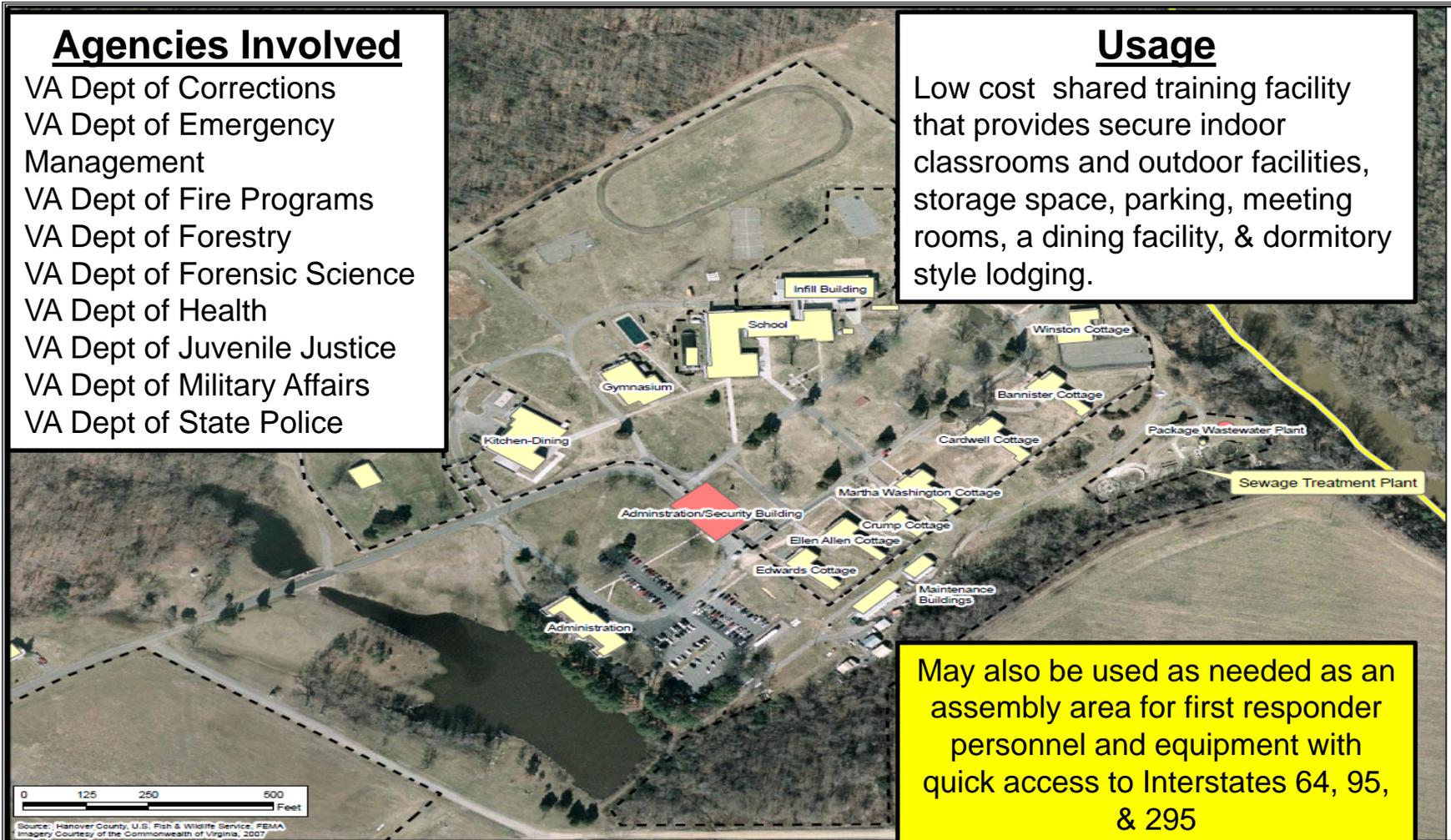
VIRGINIA PUBLIC SAFETY TRAINING CENTER

Agencies Involved

VA Dept of Corrections
VA Dept of Emergency
Management
VA Dept of Fire Programs
VA Dept of Forestry
VA Dept of Forensic Science
VA Dept of Health
VA Dept of Juvenile Justice
VA Dept of Military Affairs
VA Dept of State Police

Usage

Low cost shared training facility that provides secure indoor classrooms and outdoor facilities, storage space, parking, meeting rooms, a dining facility, & dormitory style lodging.



May also be used as needed as an assembly area for first responder personnel and equipment with quick access to Interstates 64, 95, & 295



Review of 2013 Reports



- **DecideSmart Review of Educational Programming**
- **DJJ and Juvenile Secure Detention Educational Staffing Ratios**
- **Post-Dispositional Detention Programming**



DecideSmart Review of JCC Educational Programming



DecideSmart's Review of JCC Education Programming



- **July 2012:** DJJ assumed responsibility for educating committed juveniles through the merger with Department of Correctional Education.
- **Late 2012:** DJJ commissioned DecideSmart consultants to:
 - perform a comprehensive review of all educational programming and
 - make recommendations for improving operational effectiveness.
- **September 2013:** DecideSmart issued its final report.



Overview of DecideSmart Report

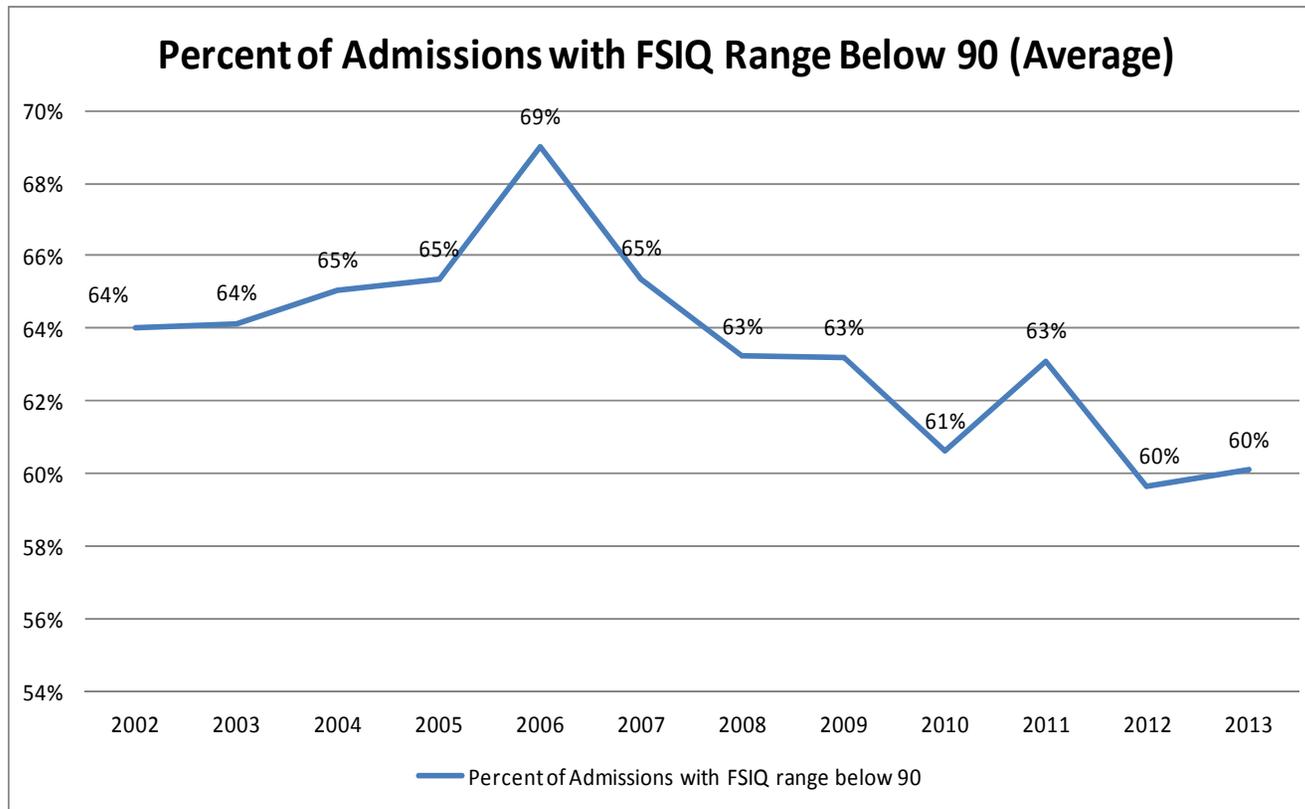


- **Key differences with local school districts, reducing DJJ's flexibility:**

- DJJ's Yvonne Miller School, dedicated on August 20, 2013, operates with faculty and committed residents year-around.
- In FY 2013, 40.5% of JCC admissions were placed in special education services; of these, a majority have more than one special education classification code (indicating multiple service needs).
- In FY 2013, the average age at intake was 16.8 and the most common age was 17; however, only 21% of admissions had completed the 10th or 11th grade.
 - For 26% of admissions, the last grade completed was 8th grade;
 - For 19% of admissions, the last grade completed was 9th grade; and
 - 21% of admissions had completed the 10th or 11th grade.
- DJJ employees work under state personnel policies, not contracts.



JCC Admissions Full Scale Intelligence Quotient (FSIQ)



- **JCC Average IQ: 87**
- **General Population Average IQ: 100**



Overview of DecideSmart Report Outcomes



- **Reoccurring themes in DecideSmart interviews, review of documents, focus groups:**
 - Communication
 - Technology
 - Balancing career and academic offerings
 - Accountability
 - Safety



DecideSmart Report



| DecideSmart Recommendation | DJJ Planned Response |
|--|---|
| Implement communication tools to listen to DJJ Division of Education (DJJ DOE) staff, inform them of changes, and create a sense of ownership. | Formation of the Education Oversight Committee, new Employee Work Profiles, and communication forums. |
| Implement a comprehensive professional development program that builds leadership and teamwork. | Development of a leadership program for certain DJJ DOE employees. Current professional development program will be expanded. |
| Implement operational plans and procedures that reflect an integrated organization. | Education procedures committee will continue to review and revise, as applicable, DJJ DOE procedures. |
| Balance academic programs with strong career and technical education (CTE) programs. | Review current and available programs to enhance academic and CTE offerings, including utilizing on-line educational programming and resources. |



DecideSmart Report, Contd.



| DecideSmart Recommendation | DJJ Planned Response |
|--|--|
| Seek funding for technology infrastructure to support academic and CTE programs. | DJJ DOE, through the Education Oversight Committee, will revise the technology plan and explore grant opportunities for each campus. |
| Seek waivers from VA DOE to overcome impediments to self-paced programming (e.g., testing schedules, 180-day calendars, licensure, etc.) | DJJ DOE will seek waivers for testing and will hire a newly created position to coordinate, the DJJ Director of Testing. |
| Develop performance metrics, using peer institutions, focusing on academic, career, behavioral, and recidivism factors. | DJJ DOE will create a system to benchmark its practices with institutions and programs of similar mission. |
| Review practices and procedures to identify best use of resources, material and human, to meet needs of committed juveniles. | This review will be initiated by the Education Oversight Committee. |



DJJ and Juvenile Detention Educational Staffing Study



Educational Staffing Study Overview



- The 2013 General Assembly:
 - Reduced funding by \$1,000,000 from the State General Fund and 25 positions in the second year in the state-operated juvenile correctional centers to reflect a reduction in the number of juvenile offenders held in the facilities. Current staffing ratios suggest there is approximately one teacher for every three juveniles in the state facilities and
 - Mandated DJJ to:
 - “...complete a program review and staffing analysis to determine the appropriate teaching staffing ratios for the state-operated juvenile correctional centers and local and regional juvenile detention facilities. ...”*
- DJJ staffing reductions to the Division of Education were completed in Summer 2013 and included in the report
 - Note: In the Spring 2013 Term, the DJJ statewide teacher-to-student ratio was 1:7 (1:11 at the Cedar Mountain Campus; 1:9 at the Blandford Campus; 1:8 at the Mastin Campus; and 1:4 at the Oak Ridge Program).
- Some juvenile detention centers have undergone staff reductions since data for the report was collected.



JCC Education Staffing



■ Study Conclusions for DJJ:

- DJJ teacher-to-student ratios, statewide, are at a 1:8 average ratio; Virginia Department of Education regulations require a minimum ratio of 1:10 for special education students.
- Current JCC staffing ratios allow DJJ to provide adequate services to committed residents.
- If further reductions occur, DJJ may not be able to provide adequate services.



Detention Education Staffing



- **Study Conclusions for juvenile detention centers:**
 - Statewide, the juvenile detention center average teacher-to-student ratio is 1:4 (ranging from 1:2 to 1:7); Virginia Department of Education regulations require a minimum ratio of 1:12 for special education students.
 - The teacher-to-student ratio based on statewide juvenile detention center capacity (1,425 beds) is 1:8.
 - Juvenile detention centers are unique in that they have to be prepared to provide appropriate educational services for any juvenile detained.



Special Circumstances in Juvenile Secure Facility Education Programs



- **JCC and Juvenile Detention Center Educational Programs Have Special Requirements:**
 - Each facility must balance educational requirements with facility security concerns and requirements.
 - The student population is not stable through the school year (externally determined admissions and releases).
 - Student seat hours, grades, credits, and state-required tests achieved while detained or committed become part of their academic record.
 - Each facility should have appropriately endorsed:
 - Core content teachers (English, mathematics, science, social studies, health and physical education);
 - Special education teachers (intellectually disabled and emotionally disturbed);
 - Required elective courses instructors;
 - Career and technical education instructors; and
 - GED and Individual Student Alternative Education Plan instructors.
 - Each facility must comply with all requirements of the Individuals with Disabilities in Education Act and the Americans with Disabilities Act.



Post-Dispositional (Post-D) Detention Programming Study



Post-D Detention Programming Study Overview



- **The 2013 General Assembly mandated DJJ to:**

... review current practices in the post-dispositional detention program and consider potential options for expansion of the program, including incentives for increased participation by local and regional juvenile detention facilities and increased use of detention beds for holding state-responsible juvenile offenders as an alternative to the use of state facilities. ...

- **Juvenile detention centers have operated post-d programs below 60% of designated capacity each year since 2009.**
- **During FY 2013, 18 of the 23 juvenile detention centers had post-dispositional (post-d) programs (223 beds); Post-D programs operated at 52% of capacity during FY 2012.**
- **Juvenile detention centers receive approximately 37% of its operational budget funding from the State General Fund; there is no separate funding stream for post-d programs.**



Post-Dispositional Detention Program Eligibility Requirements

(§ 16.1-284.1)



- **Juvenile must be 14 years of age or older.**
- **Assessment completed by facility concerning “appropriateness of placement”.**
- **Adjudicated delinquent on a felony or Class 1 or 2 misdemeanor offense:**
 - No present or prior adjudications for a violent juvenile felony;
 - Not released from DJJ custody within past 18 months;
 - The interests of the juvenile and community require placement; and
 - Other placements will not serve the best interests of the juvenile.
- **Maximum duration of six months; mandatory 30 day review hearings.**
- **Must receive suspended commitment to DJJ if eligible (eligibility criteria: Felony or four Class 1 misdemeanors); suspended commitment to DJJ must be imposed if failure in the post-d program.**
- **The Board of Juvenile Justice is required to establish post-d standards requiring separate services for post-d programs.**



Post-D Detention Report Recommendation 1



- **Do not expand post-d programs or extend the length of stay in post-d programs at this time.**
 - Virginia Council on Juvenile Detention and majority of survey responders agreed.
 - Funding was key (any expansion must be funded by a new, consistent revenue stream).
 - According to survey responses, fewer juveniles would receive services if lengths of stay increased to 12 months (a single juvenile would occupy the bed for longer, not allowing a subsequent juvenile to enter the program until that juvenile is released).



Post-D Detention Report Recommendation 2



- **Fund an evaluation of currently operating post-d programs before considering expansion.**
 - The report provided an overview and review of services provided in the post-d programs.
 - Some localities have evaluated individuals programs.
 - A statewide assessment has not been completed.
 - The report recommends a comprehensive evaluation and assessment to:
 - Identify best practices;
 - Strengthen current programs; and
 - Provide a model program guide to assist in the development and implementation of new programs.



Post-D Detention Report Recommendation 3



- **If expansion takes place, adequate additional funding is necessary for the programs to be successful**
 - The Detention Block Grant initially provided approximately 50% of detention operational budgets; it now provides only 37%.
 - There is not a separate funding stream for post-d programs. However, the Code of Virginia specifically requires separate services for post-d programs.
 - Those facilities that operate post-d programs do not receive additional funding.



RFP Study



10 Year Planning Project



- **The intent for Request for Proposals was issued September 21, 2012 for the following tasks:**
 - Assess facilities' outstanding capital outlay needs and costs.
 - Assess the number and type of necessary beds and the security and service requirements.
 - Make recommendations from the following options:
 - Consolidate existing facilities;
 - Refurbish or remodel existing facilities; and
 - Build one or more new facilities on existing property.



10 Year Planning Project, Contd.



- **Contract awarded to KMD Architects and Chinn Planning, Inc.**
- **Kick-off meeting on April 22, 2013.**
- **Consultants have completed the following tasks:**
 - Toured facilities;
 - Interviewed staff & met with advocates;
 - Reviewed data, trends and forecasts;
 - Reviewed expenditures; and
 - Discussed preliminary recommendations.
- **Final report with recommendations due mid-December.**



Mental Health Population and Challenges



Most Serious Committing Offense by Category



| | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|-------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Assault | 15.0% | 14.8% | 15.5% | 14.9% | 14.7% | 15.6% |
| Burglary | 14.5% | 11.9% | 13.5% | 12.1% | 15.9% | 15.5% |
| Larceny | 22.4% | 24.6% | 23.1% | 22.1% | 18.9% | 19.2% |
| Narcotics | 8.5% | 7.8% | 8.5% | 8.7% | 7.6% | 6.1% |
| Robbery | 10.1% | 11.1% | 11.7% | 13.1% | 17.2% | 14.0% |
| Sex Offense | 6.7% | 8.1% | 6.6% | 6.8% | 6.8% | 7.4% |

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|-------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Assault | 16.3% | 15.3% | 17.4% | 16.9% | 13.2% | 11.6% |
| Burglary | 13.2% | 15.3% | 15.5% | 13.1% | 19.5% | 20.0% |
| Larceny | 16.3% | 17.2% | 18.6% | 18.0% | 17.7% | 19.1% |
| Narcotics | 5.9% | 5.0% | 2.7% | 2.1% | 2.5% | 1.8% |
| Robbery | 24.8% | 22.5% | 19.4% | 24.3% | 21.5% | 22.5% |
| Sex Offense | 7.9% | 6.3% | 8.8% | 9.7% | 9.9% | 7.7% |

- The charts above shows the six most serious committing offenses (MSO) that were committed most frequently each year.
- The MSO has changed over time from Larceny to Robbery.



Most Serious Committing Offense by Severity*



| Offense Severity | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Felony Against Persons | 31.6% | 30.8% | 35.0% | 38.3% | 40.2% | 40.5% |
| Felony Weapons/Narcotics | 7.6% | 7.1% | 7.1% | 7.8% | 7.1% | 6.3% |
| Other Felony | 34.1% | 35.4% | 33.8% | 31.2% | 34.1% | 34.6% |
| C1 Misdemeanor Against Persons | 9.0% | 9.3% | 10.0% | 7.9% | 7.9% | 6.2% |
| Other C1 Misdemeanor | 8.2% | 9.3% | 8.1% | 8.0% | 6.7% | 6.2% |
| Parole Violation | 6.4% | 6.4% | 5.5% | 6.5% | 4.0% | 5.6% |

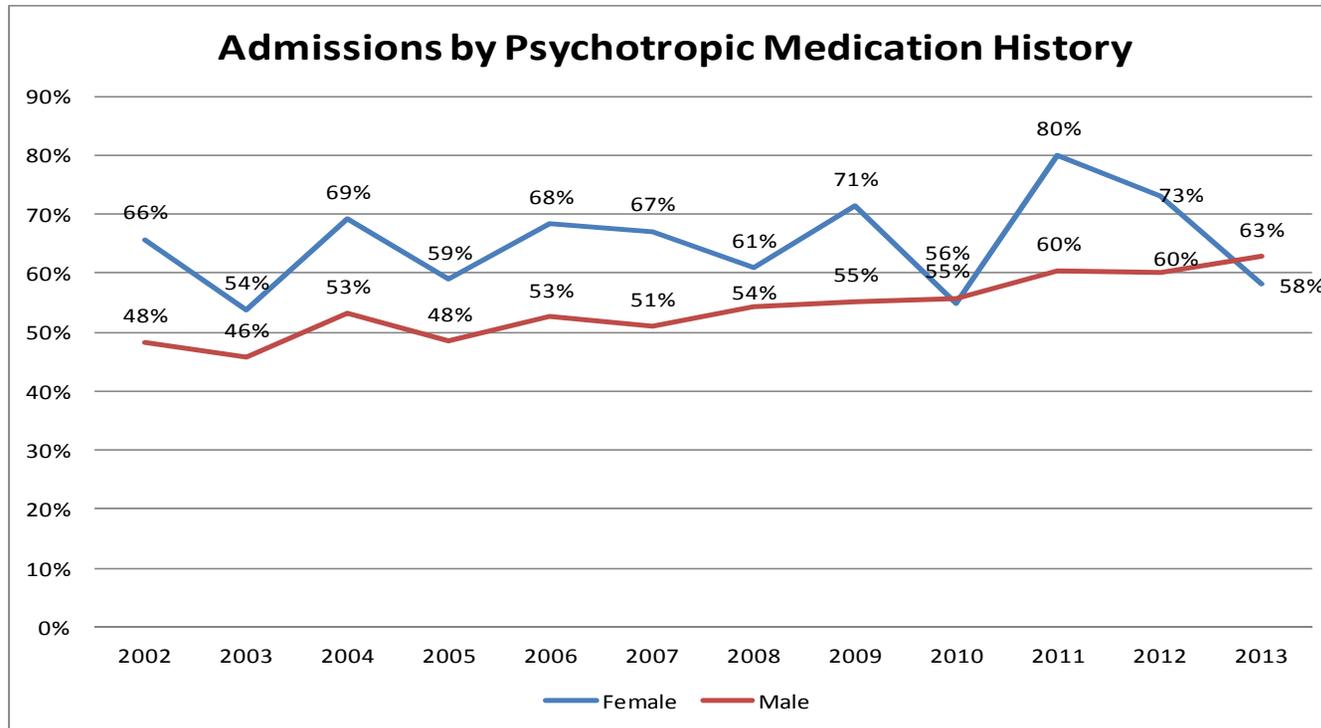
| Offense Severity | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Felony Against Persons | 45.1% | 49.6% | 45.6% | 50.5% | 47.5% | 43.7% |
| Felony Weapons/Narcotics | 7.7% | 6.2% | 5.7% | 2.6% | 2.2% | 1.6% |
| Other Felony | 32.0% | 27.3% | 34.4% | 29.0% | 35.7% | 36.0% |
| C1 Misdemeanor Against Persons | 6.0% | 7.1% | 5.5% | 8.2% | 5.2% | 5.5% |
| Other C1 Misdemeanor | 5.0% | 4.9% | 4.4% | 5.8% | 5.2% | 7.3% |
| Parole Violation | 4.2% | 4.7% | 4.2% | 3.7% | 4.0% | 5.9% |

This slide shows the MSO by offense severity. The MSO has changed over time from non-person, weapon, or narcotic felony offenses to felony against person Offenses.

* Percentages do not add to 100% because categories with small percentages are not displayed.



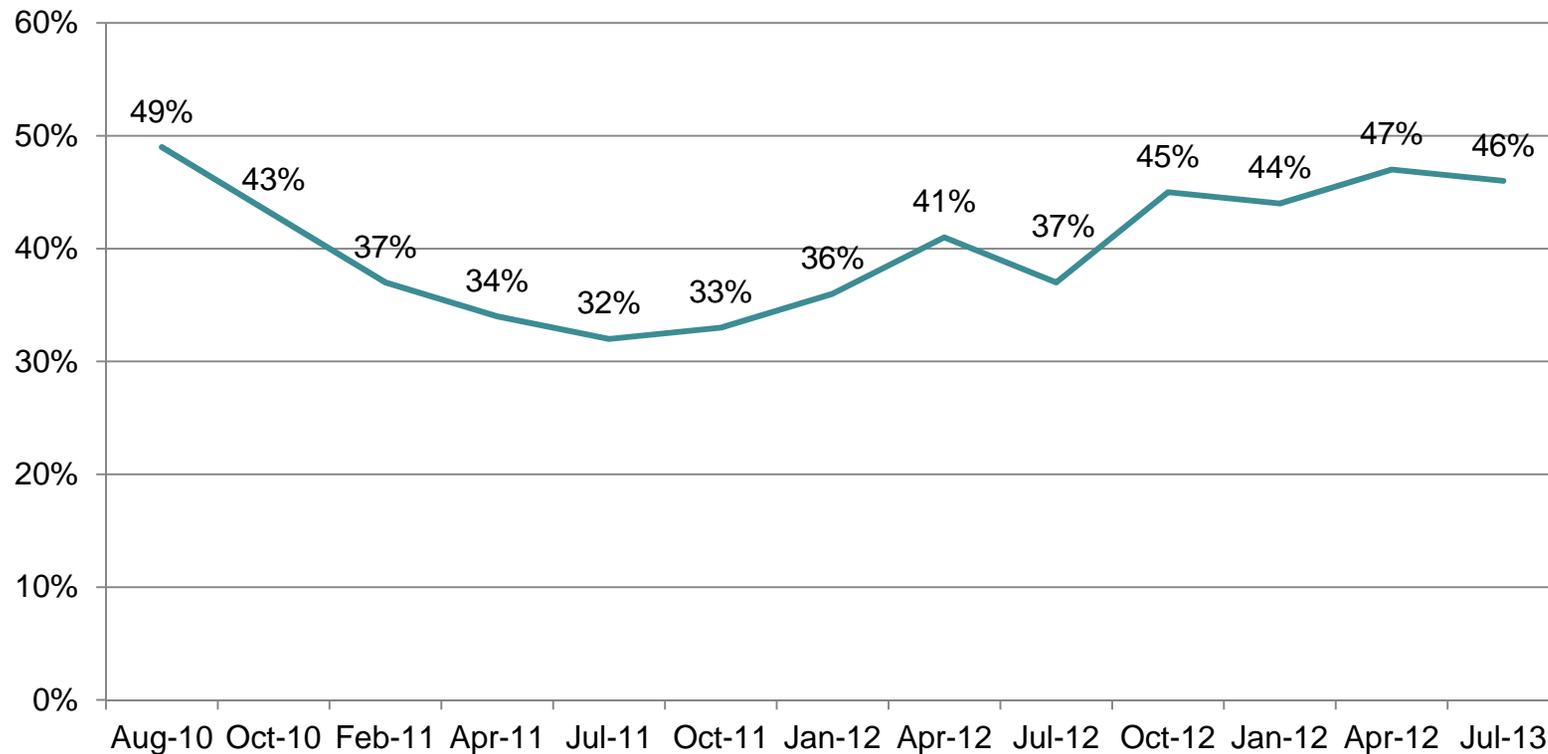
JCC Admissions by Psychotropic Med History



- This slide presents the percentage of DJJ admissions who have a history of use of psychotropic medications prior to commitment, by sex.
- Generally, females have a higher percentage of prior psychotropic medication usage.
 - Due to a significantly smaller sample size, female percentages are susceptible to a higher degree of year-to-year variability and outlier influence.
- Male admissions prior usage has ranged from 46% to 63%, with an increase in the past 6 years (12% increase since FY 2007).



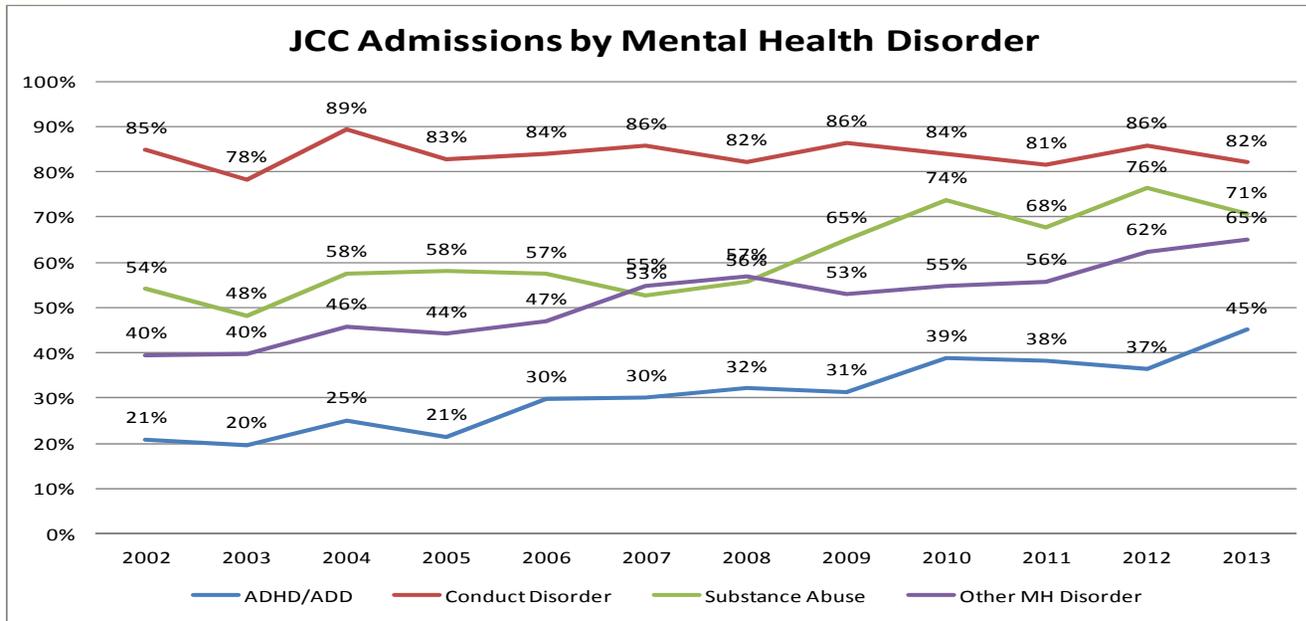
Direct Care Residents Taking Psychotropic Medications (CY)



- This slide presents the percentage of direct care residents taking psychotropic medications on the first day of each month reported.
- Psychotropic medication usage has ranged from 32% to 49% of the JCC population.



JCC Admissions by Mental Health Disorder



* *Note: one juvenile may be captured in multiple categories.*

- This slide presents the percentage of juveniles* admitted to DJJ who exhibit significant symptoms of the enumerated mental health disorders.

- **Conduct Disorder:** Juveniles presenting significant symptoms at admission of a prolonged pattern of antisocial behavior such as serious violation of laws and social norms and rules. *This has remained relatively stable over the past 12 years.*

- **Substance Abuse:** Juveniles presenting significant symptoms at admission of a substance abuse disorder or a substance dependence disorder. *This has been higher in the last five years than in previous years.*

- **Other:** Juveniles presenting significant symptoms at admission of Mood (depression, bipolar), Personality, Anxiety, Eating, Adjustment, Dissociative, and Psychotic Disorders, Paraphilia, and Intellectual Disability. *This has increased in the past two years more significantly than in previous years.*

- **ADHD/ADD:** Juveniles presenting significant symptoms at admission of Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder. *This percentage was higher in FY 2013 than in any other year.*



Treatment Continuum for DJJ Residents



- **Phase 1: RDC: Evaluation and Assessment**

At RDC, all residents:

- Complete a psychological evaluation, and if indicated, a psychiatric evaluation
- Are evaluated for the risk for self-injurious behavior (SIB), with corresponding interventions.
- Are assigned a mental health, sex offender, substance abuse, or aggression management treatment need, if indicated.

- **Phase 2: RDC and JCC: Treatment Readiness utilizing New Freedom curriculum***

- **Phase 3: JCC: Evidence based treatment programs for substance abuse, sex offender, and aggression management**

- **Phase 4: JCC: Relapse prevention and returning home groups utilizing New Freedom curriculum**

- **Throughout their stay,**

- All residents participate in DJJ's Behavior Management Program – REACH
- Residents with mental health treatment needs are provided evidence based interventions and medication management according to their individual needs

*New Freedom is a comprehensive psychoeducational curriculum that addresses criminogenic attitudes and behavior.



JCC Mental Health Services



- Mental health treatment is provided by psychiatrists, psychologists & therapists of the Behavioral Services Unit (BSU). Each resident with a mental health treatment need is assigned a therapist.
- BSU provides:
 - Evidenced based mental health practices*
 - Psychotropic medication management.
 - 24/7 Crisis Intervention.
 - Individualized behavior support plans.
 - Risk assessments.
 - Commitment for psychiatric hospitalization when necessary.



JCC Mental Health Services



- **DJJ operates the following specialized units:**

- Intensive Services Units (ISU): 2 (1 male; 1 female)*
- Sex Offender Treatment Units: 5
- Aggression Management and Substance Abuse Units: 5 (4 male; 1 female)
- Intensive Behavioral Redirection Units: 3*
- The Oak Ridge Program: 1

Note: In July 2013, the JCC Administrative Segregation Units were renamed Intensive Behavioral Redirection Units and restructured to incorporate a higher level of treatment and educational services. The initial post-implementation reports indicate there are fewer residents placed in these units and those assigned are receiving more comprehensive services.

- **DJJ has worked diligently to improve relationships with the community upon release from direct care; DJJ has high compliance rates with the requirements of the Mental Health Services Transition Planning regulation.**

- The regulation requires planning meetings before release at the facility and in the community and a plan to address residents mental health needs upon release.

Note: the ISU for females at Bon Air JCC is a hybrid ISU and Intensive Behavioral Redirection Unit. For the purposes of reporting, it is only counted in the overall units for ISU.



Mental Health Challenges



- There is a need for a greater level of community resources:
 - Early intervention therapeutic services (e.g., before becoming court-involved, for diversion, for status offenders) to reduce the number of juveniles committed to DJJ.
 - Mental health services for juveniles transitioning from commitment to assist with successful re-entry from DJJ.
- Some JCC residents exhibit extreme symptoms of mental illness that result in a high risk of self-harm or injury to others (e.g., self-injurious behavior).
 - The levels of interventions required to maintain the safety of these residents exceed the general capabilities of DJJ and exhaust staff and facility resources.
 - Due to the inability of DJJ to maintain such residents in a juvenile correctional environment, they have typically been transferred to long-term mental health placements, including in other states, at a high cost to the Commonwealth's taxpayers.
- Commonwealth Center for Children and Adolescents (CCCA) is the only state-operated adolescent acute mental health facility in the Commonwealth.
 - Private providers almost never accept DJJ residents.
 - CCCA generally only accepts DJJ residents for acute stabilization.
 - Some residents require intensive inpatient mental health services beyond the stabilization period.
- The Commonwealth does not have a secure long-term mental health facility that treats juveniles.
- DJJ does not have a facility designed for meeting, or therapeutic programming sufficient to meet, the standards applicable to long-term inpatient mental health programs and facilities.



Future Treatment Planning



- **Evaluation of treatment program effectiveness:**
 - DJJ's treatment programs use evidence based practices but DJJ data regarding treatment program effectiveness is limited.
 - DJJ plans to compare outcomes for residents who successfully complete treatment with those who were unsuccessful as well as examine data regarding parolee urine screens and substance abuse treatment.
- **Partner with DBHDS:**
 - DJJ will continue discussions regarding residential treatment alternatives for youth with significant mental health problems whose needs are not met by existing resources in either DJJ or DBHDS.
- **Training:**
 - DJJ continues to train direct care staff in JCCs on evidence-based practices for dealing with adolescents with a history of trauma and mental health problems.
 - DJJ is working to expand the scope of training in trauma-informed care and the impact of mental health problems in adolescent development and behavior (e.g., the pilot of Dialectic Behavioral Therapy).



QUESTIONS?