

Heidi W. Abbott, Chairperson
Barbara J. Myers, Vice Chairperson
Tamara Neo, Secretary
Anthony W. Bailey
Kenneth W. Stolle
Justin M. Wilson



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COMMONWEALTH
of
VIRGINIA

Board of Juvenile Justice

****DRAFT****

MEETING MINUTES
Board Meeting

June 12, 2013

Department of Juvenile Justice
Central Office – 12th Floor Conference Room South
600 East Main Street
Richmond, Virginia 23219

Board Members Present: Heidi Abbott, Barbara Myers, Tamara Neo, and Justin Wilson.

DJJ Staff Present: Mark Gooch, Lionel Jackson, Daryl Francis, Ralph Thomas, Deron Phipps, Lara Jacobs, Barbara Peterson-Wilson, Joy Lugar, Ken Bailey, Greg Davy, Mark Murphy, Scott Reiner, Mike Favale, Wendy Hoffman, Angela Valentine, Regina Hurt, Joyce Holman, Jackie Nelson, Deborah Hayes, Andrea McMahon, Christina Hall, Katherine Farmer, Andrew Slater.

Guests Present: Patrick Ryan, Liane Rozzell, Letta Jones, Jack Scott, Rodney Baskerville, Charles R. Lampkins Sr., Brian McCoy, Ronald C. Wallace, Megan Durkee, Kate Duvall, Tracey Jenkins, Charles J. Kehoe, Barry Green, Pat Bryan, Susan Oliver, Carolyn Brown, Kandise Lucas, Shunda Giles, Rufus Fleming, Rhonda Gilmer, Frank Green.

CALL TO ORDER

Chairperson Abbott called the meeting to order at 10:03 a.m.

INTRODUCTIONS

Chairperson Abbott welcomed everyone and asked the individuals present to introduce themselves.

APPROVAL of April 10, 2013, MINUTES

The minutes of the April 10, 2013, Board meeting were presented for approval. On MOTION duly made by Barbara Myers and seconded by Justin Wilson to approve the minutes as presented. Motion carried.

SPECIAL PRESENTATION BY THE BOARD

Chairperson Abbott advised that, at the April 10, 2013, Board meeting, the Board members introduced and passed a resolution honoring long-time colleague and Board Secretary Deborah Canada Hayes. Chairperson Abbott read the resolution and presented the proclamation to Ms. Hayes.

PUBLIC COMMENT

Patrick Ryan, JustChildren

Mr. Ryan's comments are attached and are available upon request.

Liane Rozzell, Families and Allies of Virginia's Youth

Ms. Rozzell discussed family engagement and presented to the Board and Director Gooch a copy of a workbook prepared by the Campaign for Youth Justice. Ms. Rozzell encouraged the Board to order the workbook entitled, "Family Comes First: A Workbook to Transform the Justice System by Partnering With Families" available from Amazon. The workbook focuses on the acronym "FAMILY" – F is for Families having a primary decision making role in the juvenile's care and case as well as the policies and the procedures governing juveniles involved in the justice system. A is for Access to a continuum of services for families. M is for laws and policies that meet the Mutual goals addressing the family's need. I is for Interagency cooperation. L is for Leadership in engaging families. Y is for Youth fully prepared for the future.

The Board asked for more information on the organization that developed the workbook, Campaign for Youth Justice. Ms. Rozzell responded that Campaign for Youth Justice is a national advocacy organization who is dedicated to ending the practice of trying, sentencing, and incarcerating youth under the age of 18 in the adult criminal justice system.

Kandise Lucas, PH.D, Teachers Behind Bars

Ms. Lucas stated she was a Columnist with "Education News" and encouraged the Board to read an article she wrote dealing with fraud, waste, and corruption at the Department of Juvenile Justice (DJJ). Ms. Lucas spoke about the results of the Virginia Department of Education audit on the educational program at DJJ. Specifically, outlining the significant discrepancies as well as non-compliance issues as it relates to special needs students. Ms.

Lucas went on to discuss her concerns that the needs of special needs students are not being met. Ms. Lucas summarized the recommendations by the Virginia Department of Education in their audit. Ms. Lucas noted that she also had suggested these improvements during her tenure with the Department of Correctional Education. Ms. Lucas also commented on her concerns regarding DJJ terminating teachers in the middle of the school year.

There were no other speakers and the public comment period was closed.

CERTIFICATION REPORTS

Secure Committee:

Certifications

Bon Air Juvenile Correctional Center

The audit conducted on November 29, 2012, reflected seven deficiencies. Five of those deficiencies were mandatory standards in the area of medical services and two were non-mandatory standards. Follow up reviews were conducted on February 26, 2013, and May 1, 2013. The certification report provided to the Board contains a recommendation that Bon Air Juvenile Correctional Center (JCC) be placed on probation because the May 1 monitoring visit found Bon Air JCC non-compliant in that one area (medical services). However, between the submission of the recommendation and the Board meeting, staff conducted a follow-up review on June 7 wherein 15 randomly selected medical files were reviewed. During this review, the files were found to be in compliance. Mr. Bailey explained to the Board that the Certification Team is changing their recommendation to certify Bon Air JCC for three years with a status report on compliance with the corrective action plan in June 2014. The Certification Team will continue to conduct monitoring visits, specifically focusing on medical files, to ensure Bon Air JCC is demonstrating compliance.

A question was raised by the Board if Mr. Bailey is confident that the proper procedures are in place now and the problem has been corrected. Mr. Bailey acknowledged that Bon Air JCC had undergone a tremendous change in personnel especially in the medical area, noting the hiring of a new Health Services Administrator, Mark Murphy. Other improvements include the development of new health services procedures to replace old procedures, controls to monitor the administration of medication, and responses to resident's medical requests are handled in a timely fashion. Bon Air JCC has demonstrated excellent compliance.

The Board requested Mark Murphy address the Board.

Mark Murphy noted that the medical department is codifying practices and updating procedures so all facilities are consistent in their use. By October 2013, DJJ should be using an electronic medical administration record that will assist in ensuing 100% accuracy in

transcription orders. Doctors will be able to enter their order into the computer system which will go directly to the pharmacy; the pharmacy will then electronically update the Medical Administration Report (MAR). This will dramatically improve the accuracy in the MARs. In addition, the medical department is instituting more internal controls such as nurses reviewing each other's work and us developing the correct leadership structure at Bon Air JCC.

A question was raised by the Board on the checks and balances going forward? Deron Phipps reported that, back in October, an audit was conducted on all DJJ facilities by the American Correctional Association (ACA). Based on the ACA's recommendations, DJJ established the Health Services Oversight Committee. The group meets monthly to review the progress of the health care services within the facilities and develop work plans, as appropriate and applicable. The Health Services Oversight Committee will continue indefinitely until DJJ is confident that the provisions of health care services are institutionalized.

Mr. Bailey noted that the Certification Team will continue to conduct random assessments of medical files at Bon Air JCC as well as other facilities to ensure corrective action plans have been implemented.

The Board asked Mr. Bailey how he selects the cases to audit. Mr. Bailey reported that the cases are randomly selected through the use of a computer program.

The Board asked Mr. Bailey what log books he reviewed last Friday, June 7 in his monitoring review? Mr. Bailey replied that the Certification Team did not review the log books mentioned in the report. The log book deficiency was a non-mandatory standard in which they showed significant improvement. The Certification Team reviewed the mandatory standard, administration of medication, on which the facility had not demonstrated compliance. The Certification Team pulled 15 files and reviewed the MARs for May; the facility demonstrated 100% compliance on the reviewed MARs.

The Board followed up with a question as to the time period of the review. Mr. Bailey reported that MARs are printed on a monthly basis, so the Certification Team reviews files from the last review to the present. The Certification Team is confident that Bon Air JCC has fully demonstrated 100% compliance with the mandatory standards as of June 7. Based on the chart of the Board's current certification actions and the requirements of 6VAC35-20-100, Bon Air JCC is eligible for a three year certification, retroactive to the date the prior certification lapsed.

A question was asked by the Board on the status reports. Mr. Bailey told the Board that the status report would include an update on any non-compliant issues and on their corrective action plan initiatives.

The Board expressed concern that the facility was not compliant with the same mandatory standard in February and May, but suddenly on June 7 the facility is fully compliant. Mr. Bailey told the Board he will provide a status report on that mandatory standard at the September meeting.

On MOTION duly made by Justin Wilson and seconded by Barbara Myers to certify Bon Air JCC for three years with a status report on compliance with the corrective action plan at the September 11, 2013, board meeting. Motion passed.

New River Valley Juvenile Detention Home

The audit conducted on January 9, 2013, reflected four deficiencies all in the area of medical services. Three of those deficiencies were mandatory and one was non-mandatory. One repeat deficiency was noted from the previous audit in January 2010. Mr. Bailey reported that during the monitoring review on April 2, 2013, that all deficiencies were found to be in compliance.

The Board was concerned with the information printed on a MAR. Mr. Bailey replied that a MAR is different at a juvenile detention center (JDC) than at a JCC, where the information is printed directly on the MAR. In JDCs, the nurse has to transcribe the information from the physician's order to a MAR. This is where the human error occurs and the information is not always accurately transferred to the MAR.

On MOTION duly made by Barbara Myers and seconded by Tamara Neo to certify the New River Valley Juvenile Detention Home and Post-Disposition Detention Program for three years. Motion passed.

Richmond Juvenile Detention Center (RJDC)

Richmond Juvenile Detention Center operated from 1996 until it was closed on April 27, 2012, due to allegations of broken equipment, lack of staff training, and improper care of residents. The facility has applied to re-open on the site of the old RJDC.

Mr. Bailey noted that this is a totally new program; RJDC may have moved into the old building but this program has new administration, new staff, and new procedures that meet all the regulatory requirements. Staff has been extensively evaluated with background checks performed. The facility has developed a detailed training manual. At the time of the Certification Team's review, training records were evaluated and found in great condition. The Team checked every intercom, every lock, and every water faucet; no problems were found in the facility. However, the Certification Team was not able to review certain things, such as medical records because no residents were in place. This is taken into account in the actions available to the Board in the Certification Regulations to allow for Conditional Certification. The Certification Team will look at these areas at their next monitoring visit.

Mr. Bailey is recommending the Board certify the RJDC for 6 months as a new facility. The Certification Team will audit the facility in October and review areas they were not able to review before and report back to the Board at its January meeting.

The Board asked a question about handling new facilities. Mr. Bailey answered that typically a new facility is initially inspected with a short term certification. This allows the facility to become operational.

The Board invited Mr. Hicks to speak.

David Hicks introduced himself as the Director of Justice Services for the City of Richmond (City). Mr. Hicks noted that this has been a long and painful journey/experience for the City. The City's intention is to open a new program with a much stronger facility that just happens to be in the same location as the old RJDC.

At the time of the RJDC closure last year, the City had to arrange to transport 48 residents to other facilities. The City was able to find accommodations for all their residents with sister facilities and were able to forge relationships with them to learn lessons on operating a successful program. Mr. Hicks requested the Board to allow the City to reopen the facility.

The Board asked Mr. Hicks how he envisioned the transition. Mr. Hicks noted that the City has a reentry plan for the children that are currently being housed at six facilities across the state. RJDC will begin the reentry process on July 1. They will gradually bring the residents back. The new employees of RJDC have been building relationships with the residents in anticipation of the reentry process to help facilitate an easy transition. Mr. Hicks would like to have all the residents at the facility by the end of July. He will take into consideration the length of stay the resident has left and the fiscal implications before moving them back.

The Board inquired about the number of employees and the facility's intercom problem. At the time of review, Mr. Bailey reviewed 45 current employees. The Center has hired on additional employees increasing the number to 72. The Certification Team will review those new staff hires when they return for their monitoring visit. Intercoms have been a problem in the past, but issues have been resolved with a new contractor.

The Board asked about the new personnel if they were new to the field or if they were experienced. Mr. Hicks noted it is a good mixture with experience in the field.

The Board commended Mr. Hicks and his employees for their hard work and optimism.

On MOTION duly made by Justin Wilson and seconded by Barbara Myers to certify RJDC until January 8, 2014. Motion passed.

Shenandoah Valley Juvenile Center

The audit conducted on January 15, 2013, reflected two deficiencies. One of those deficiencies was mandatory and the other was non-mandatory. Mr. Bailey reported that during the monitoring review on April 18, 2013, that all deficiencies were found to be in compliance. On MOTION duly made by Tamara Neo and seconded by Barbara Myers to certify Shenandoah Valley Juvenile Center for three years. Motion passed.

Issues

Newport News Juvenile Detention Home Status Report

At the January 9, 2013, Board meeting, the Newport News Juvenile Detention Home (NNJDC) was certified for one year with a status report due at the June 12, 2013, Board meeting. The facility amended its corrective action plan to require a manual room check verification program. Monitoring visits were conducted on February 27, 2013, and April 25, 2013. Confinement forms were reviewed on both dates and there were no areas of non-compliance. At the January meeting, the Board suggested that NNJDC be approved for certification for one year with the requirement that NNJDC use a manual system to complete room checks because their electronic system was not registering data. The Certification Team has completed a status report since that January meeting and NNJDC is 100% compliance with their manual room checks.

Variance Request

Mr. Bailey asked the Board and they agreed to hear an added agenda item on a variance request.

With the realignment and closure of DJJ JCCs, DJJ is planning to operate the Work Education Release Program (WERP) in Caskie and Beattie Cottage located at Beaumont JCC. The residents that participate in the program have historically been housed separately from the general population because participants leave the facility to attend class and to work. A variance has been requested for Caskie and Beattie cottage to provide Beaumont the ability to expand the WERP. Beaumont JCC does not have a variance because Caskie and Beattie Cottages have not been used as a residential unit. The variance would allow the DJJ to transition the WERP to Caskie and Beattie Cottage at Beaumont JCC. Building A3 at the Bon Air campus is being repurposed to be used as emergency overflow. A variance would allow DJJ to utilize A3 as an emergency shelter for the residents at the Reception and Diagnostic Center and locally operated JDCs. DJJ is requesting the Board approve a variance from 6VAC35-51-480 (B), which restricts the number of residents who may share a bedroom or sleeping area to four individuals and allow the DJJ to use dormitory style sleeping areas.

A quorum was not present to vote on the motion.

Non-secure Committee:

Certifications

Crossroads Community Youth Home

The audit conducted on Crossroads Community Youth Home (Home) on December 5, 2012, reflected eight deficiencies. Five of those deficiencies were mandatory and three were non-mandatory. One of the deficiencies was from a previous audit conducted in December 2009. Mr. Bailey reported that during the monitoring review on February 27, 2013, six deficiencies were found to be in compliance, one was found to be not determinable, and one was non-compliant. On a May 2, 2013, monitoring review, the not determinable deficiency was found to be in compliant and the one deficiency was again found to be non-compliant in the medication administration area. Mr. Bailey conducted a monitoring visit on June 6, 2013. The Certification Team reviewed all the MARs since the May visit and believe the Home has put together an excellent system of documenting its MARs. Mr. Bailey reviewed 13 MARs on June 6th and found them in compliance with the regulation. The Certification Team's recommendation is to certify the program for three years with a status report in June 2014.

A quorum was not present to vote on the motion.

Shenandoah Valley Juvenile Shelter and Assessment Center

The audit conducted on January 16, 2013, reflected three deficiencies. One of those deficiencies was mandatory and the other two were non-mandatory. Mr. Bailey reported that during the monitoring review on April 18, 2013, that all deficiencies were found to be in compliant.

A quorum was not present to vote on the motion.

Issues

None

OTHER BUSINESS

Request for Designation of Critical Regulatory Requirements at September 11, 2013, Board Meeting

Barbara Peterson-Wilson reported that at the last Board meeting, DJJ requested the Board be prepared to vote on the critical mandatory regulations. DJJ hoped that these regulations would have been approved through the Executive Branch Review and published in the *Virginia Register* so that the Board could have taken action on them today. DJJ is hopeful the regulations will advance in the near future. Accordingly, it is requested that the Board place in the September Board meeting agenda the designation of critical regulatory requirements. The Board agreed.

A quorum is now present for the Board and will hear the previous motions.

A MOTION duly made by Barbara Myers and seconded by Justin Wilson on granting a variance to the requirements of 6VAC35-51-480.B, allowing DJJ to use dormitory style sleeping areas in the following buildings: Caskie and Beattie Cottages at Beaumont JCC and Unit A3 at Bon Air JCC. Motion passed.

A MOTION duly made by Justin Wilson and seconded by Barbara Myers to certify Crossroads Community Youth Home for three years with a status report on compliance with the corrective action plan at the November Board meeting. Motion passed.

A MOTION duly made by Justin Wilson and seconded by Barbara Myers to certify Shenandoah Valley Juvenile Shelter and Assessment Center for three years. Motion passed.

VJCCCA Plan Approvals

Angela Valentine outlined the VJCCCA plans for 2014 fiscal year approval and one plan amendment.

Charlottesville/Albemarle: The service cost and projected numbers are comparable to other localities. DJJ recommends approval.

Fairfax: Fairfax added a new program for this fiscal year to meet their reentry needs. It was noted that their money projections and per diem rates are higher than other plans. DJJ requested Fairfax review their per diem rates. The Board was asked to take in consideration that Fairfax's total budget is \$6.5 million dollars for their VJCCCA plan, but their state allocation is only \$613,000. DJJ recommends approval.

Franklin County: Franklin County has determined that their highest need is in the area of outreach and electronic monitoring services. DJJ recommends approval.

City of Richmond: Last year the 13th District Court Service Unit and Judges disagreed on the VJCCCA plan, opted for a one year plan, and agreed to work on improving their communication. There has been major improvement with the new Administration and all have agreed to this year's plan. DJJ recommends approval.

Westmoreland County: Westmoreland County closed its group home and redistributed the funding. DJJ was uncomfortable recommending approval for two years until DJJ could assess the redistribution of funds, which was completed last year. The DJJ VJCCCA Coordinator has met with Westmoreland County and the County has promised to improve their budget practices. DJJ recommends approval.

King William County made an amendment to their 2014 plan in the area of Substance Abuse Assessment. DJJ recommends approval.

A MOTION was duly made by Barbara Myers and seconded by Justin Wilson to approve the 2014 VJCCCA Plan for Charlottesville, Albemarle (combined), Fairfax County/City (combined), Franklin County, Richmond City, and Westmoreland combined. Motion passed.

A MOTION was duly made by Barbara Myers and seconded by Tamara Neo to approve the amended 2014 VJCCA Plan for King William. Motion passed.

The Board's oversight over the components of the Division of Education

Lara Jacobs, Assistant Attorney General, reported that, at the last board meeting, the Board asked a general question on their authority regarding the DJJ Division of Education since it was a new component to the DJJ. The general idea is that the Board has the same authority over the Division of Education as it has over the rest of DJJ. The substantive regulations governing educational requirements are controlled by the Virginia Department of Education. Nothing this Board puts forth as a regulation can conflict with the Virginia Department of Education regulations. If there is a concern the Board has, the Board can request information from DJJ. If the Board is not happy with the response or actions, the Board's recourse is to contact the Governor.

Director Gooch reported to the Board that a complaint was filed on a DJJ facility. Due to this complaint, Director Gooch asked the Virginia Department of Education to conduct an audit sooner than the regular scheduled audit later in the year. It is the responsibility of DJJ to develop a corrective action plan on any non-compliance issue found in this audit. It is not the responsibility of the Board and Mr. Bailey will not add this to his certification audit reports. If an individual is unhappy with results of a complaint they have filed with DJJ, then their next step is to contact the Virginia Board of Education.

Barbara Peterson-Wilson stated that DJJ regulations on education deal with what is to be provided such as adequate space, study space, etc. The regulations are more functional than academic. The Board asked Ms. Peterson-Wilson to identify these regulations and provide them more information.

The Board also requested a copy of the former Department of Education Board policies, the Virginia Department of Education audits, and DJJ's corrective action plan. The Director agreed that these can be provided to the Board.

The Board inquired if a parent is unhappy with their child's education needs, where do they issue their complaint. Director Gooch noted that the parent can discuss their concerns with the DJJ. If they are unhappy with those results, they can issue a complaint with the Virginia Department of Education.

EXECUTIVE SESSION

On MOTION duly made by Barbara Myers and seconded by Tamara Neo to move the Board reconvene in Executive Closed Session, pursuant to Section 2.2-3711 (A), for discussion of personnel matters and for consultation with legal counsel and briefings by staff members, consultants or attorneys, pertaining to actual or probable litigation, or other specific legal matters requiring the provision of legal advice by counsel. Motion carried.

Upon conclusion of the Executive Closed Session, Board Members individually certified that to the best of their knowledge: (1) only public business matters lawfully exempted from open meeting requirements by Virginia law were discussed in the Executive Meeting, and (2) only such public business matters as were identified in the motion convening the Executive Meeting were heard, discussed, or considered. Ms. Abbott, Ms. Myers, Ms. Neo, Mr. Wilson verbally certified.

BOARD COMMENTS

Justin Wilson thanked the Board and DJJ for the privilege of serving seven years. Mr. Wilson has learned a lot and will miss being involved. The Board thanked Mr. Wilson for his service.

NEXT MEETING

Wednesday, September 11, 2013, location TBD

ADJOURN

Having no other business, Chairperson Abbott adjourned the meeting at 12:55 p.m. without objection.

Heidi W. Abbott, Chairperson
Barbara J. Myers, Vice Chairperson
Tamara Neo, Secretary
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COMMONWEALTH
of
VIRGINIA

Board of Juvenile Justice

Board Meeting

June 12, 2013

Department of Juvenile Justice
Central Office – 12th Floor Conference Room South
600 East Main Street
Richmond, Virginia 23219

A G E N D A

9:30 a.m. Board Meeting

- 1. CALL TO ORDER**
- 2. INTRODUCTIONS**
- 3. APPROVAL of April 10, 2013, MINUTES (Page 3-9)**
- 4. PROCLAMATION PRESENTATION (Deborah Canada Hayes)**
- 5. PUBLIC COMMENT**
- 6. CERTIFICATION REPORTS**

Secure Committee

- **Certifications**
 - Bon Air Juvenile Correctional Center (pages 10-24)
 - New River Valley Juvenile Detention Home (pages 25-33)
 - Richmond Juvenile Detention Center (pages 34-36)
 - Shenandoah Valley Juvenile Center (pages 37-42)
- **Issues**
 - Newport News Juvenile Detention Home Status Report (pages 43-44)

Non-secure Committee

- **Certifications**
 - Crossroads Community Youth Home (pages 45-57)
 - Shenandoah Valley Juvenile Shelter and Assessment Center (pages 58-63)

- Issues
 - None

7. OTHER BUSINESS

- A.** Request for Designation of Critical Regulatory Requirements at September 11, 2013, Board Meeting
- B.** Regulatory Update (pages 64-65)
- C.** VJCCCA Plan Approvals
- D.** The Board's oversight over the components of the Division of Education

8. EXECUTIVE SESSION

9. BOARD COMMENTS

10. NEXT MEETING

Wednesday, September 11, 2013, location TBD

11. ADJOURN

GUIDELINES FOR PUBLIC COMMENT

1. The Board of Juvenile Justice is pleased to receive public comment at each of its regular meetings. In order to allow the Board sufficient time for its other business, the total time allotted to public comment will be limited to thirty (30) minutes at the beginning of the meeting with additional time allotted at the end of the meeting for individuals who have not had a chance to be heard. Speakers will be limited to 10 minutes each with shorter time frames provided at the Chairman's discretion to accommodate large numbers of speakers.
2. Those wishing to speak to the Board are strongly encouraged to contact Wendy Hoffman at 804-588-3903 three or more business days prior to the meeting. Persons not registered prior to the day of the Board meeting will speak after those who have pre-registered. Normally, speakers will be scheduled in the order that their requests are received. Where issues involving a variety of views are presented before the Board, the Board reserves the right to allocate the time available so as to insure that the Board hears from different points of view on any particular issue. Groups wishing to address a single subject are urged to designate a spokesperson. Speakers are urged to confine their comments to topics relevant to the Board's purview.
3. In order to make the limited time available most effective, speakers are urged to provide multiple written copies of their comments or other material amplifying their views. Please provide at least 15 written copies if you are able to do so.

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COMMONWEALTH
of
VIRGINIA
Board of Juvenile Justice

MINUTES
Board of Juvenile Justice Meeting
Board Meeting
Cedar Lodge Training Center
1701 Old Bon Air Road
Richmond, Virginia

April 10, 2013

Board Members Present: Heidi W. Abbott, Barbara J. Myers, Anthony W. Bailey, and Justin M. Wilson

DJJ Staff Present: Barbara Peterson-Wilson, Deron Phipps, Ralph Thomas, Jack Ledden, Mark Gooch, Lionel Jackson, Vickie George, Wendy Hoffman, Daryl Francis, Guillermo Novo, Scott Reiner, Ken Bailey, Jimmy Horn, Charles Dockery, Janet Van Cuyk, Greg Davy, Steve Peed, Mark Murphy, Richard Conley, Chris Moon.

Guests Present: Kate Duvall, Rufus Fleming, Susan Oliver, Kandise Lucas, E. Penn, J. Frierson, P. McMullen, Tawanna Olivir, Marla F. Crawford, Lawrence Owens, Roy Bryant, Liane Rozzell.

I. CALL TO ORDER

Chairperson Abbott called the meeting to order at 7:12 p.m.

II. INTRODUCTIONS

Chairperson Abbot welcomed everyone and asked the individuals present to introduce themselves.

III. APPROVAL of January 8, 2013, MINUTES

The minutes of the January 8, 2013, Board of Juvenile Justice (Board) meeting were presented for approval. On MOTION duly made by Mr. Wilson and seconded by Mr. Bailey to approve the minutes as presented. MOTION carried.

IV. PUBLIC COMMENT

Liane Rozzell

Ms. Rozzell thanked the Board for having an evening meeting and noted past public comment periods. She thanked the Board and Department of Juvenile Justice (Department) for the previous changes to the visitation guidelines to allow visitation by more than just immediate family members. Ms. Rozzell noted that she has less resources to devote to Families and Allies of Virginia's Youth. Ms. Rozzell discussed her meetings with a different juvenile justice agency who are trying to become a national model in engaging and supporting families in the juvenile justice system. Ms. Rozzell encouraged the Department of Juvenile Justice (DJJ) to actively engage parents and families and to continue to be open to participation by the families even though fewer families are present at this evening meeting.

Kandise Lucas

Ms. Lucas discussed the organization she founded Teachers Behind Bars which consists of educators witnessing noncompliance with regard to special education issues. She is a former employee of DJJ's Division of Education and established this group as an open forum for current and former DJJ teachers to discuss educational issues. Ms. Lucas noted that DJJ and the former Department of Correctional Education and both agencies' administrators have allowed rampant fraud, waste, and abuse to occur relating to the provision of educational services in DJJ's juvenile correctional centers. Ms. Lucas also talked about civil rights violations as they related to students with disabilities. Ms. Lucas provided a handout to the Board.

E. Penn

Mr. Penn discussed his family's history in the juvenile justice and adult correctional systems (His father and uncle were the Penn Brothers of 1969), his criminal record, how he wanted to educate himself on why his family entered the system, and how he could better himself. He served time in both the juvenile justice and adult systems. When serving an adult sentence, he spent years reading everything he could to educate himself. Mr. Penn described his service on the Juvenile Justice Advisory Committee as a good experience and how he tried to help make a difference in the lives of others. Mr. Penn is writing a book on the Internal Devastation Disorder and the External Devastation Disorder. Mr. Penn ended by citing that juveniles are crying out for help, many have been abused, the system should not fail them, and we can do better.

Dr. Marla Crawford

Dr. Crawford is a former employee of the Department of Correctional Education. Dr. Crawford discussed her concerns with the educational programs and challenged the Board to evaluate this program. She reviewed specific allegations against the Department of Correctional Education in not following applicable laws and regulations.

The public comment period was concluded with no other speakers.

V. CERTIFICATION REPORTS

Ken Bailey reported on the Certification Reports and Issues.

A. Secure Services:

1. Certifications: Beaumont Juvenile Correctional Center (JCC)

An audit conducted on Sept 12, 2012, found six deficiencies (four mandatory and two non-mandatory); four of those deficiencies were in the area of medication documentation. Since the audit, several monitoring visits were conducted; and, at the time the report was submitted, it was recommended that Beaumont JCC be placed on probation due to one outstanding medical regulation deficiency. The deficiency involved a resident medical service request that was not responded to in the proper time frame. The Certification Unit conducted a follow up monitoring visit on March 27, 2013 to assess the medical service request for residents. During this visit, 20 of those requests were reviewed; and all 20 complied with the documentation requirements and were responded to in a timely fashion. Accordingly, the Department would like to change the recommendation to certify Beaumont JCC for three years.

The Board asked whether Mr. Bailey felt satisfied with the outcome of the review and the new recommendation. Mr. Bailey stated that the initial recommendation for probation was because the deficiency involved a mandatory standard. When staff reviewed 15 medical files, they found one sick call slip which was submitted on January 24 but was not responded to until January 26. Because it was a mandatory deficiency, the facility received a finding of noncompliance. However, since that time, the facility had demonstrated 100% compliance on the last review performed.

The Board discussed whether three years was an appropriate timeline to certify and whether the Department would review the facility's medical files during that time. Mr. Bailey reported that they will continue reviews, at a minimum every six months and more often, if necessary. The Department will review past deficiencies to make sure the facility remains in compliance.

The Board expressed concern that, even though the facility was in compliance now, it may fall out of compliance in the future. They inquired whether they could request status reports. Mr. Bailey stated that staff will continue the six month audit and the Board could ask for status reports.

The Board discussed asking for a lesser certification period other than three years. Mr. Bailey stated that due to certification regulations, Beaumont JCC would be eligible for a three year certification based on demonstrated compliance.

The Board asked if an audit revealed a mandatory deficiency then what would happen. Mr. Bailey informed the Board that an action plan would be requested and the facility would have to demonstrate they have corrected the problem.

Mr. Phipps informed the Board that if a mandatory deficiency was found on a monitoring visit, then the facility is required to file a corrective plan. The Department would then go back and

assess if the facility has implemented that corrective plan. Also, if any violation involves a life, health, or safety violation, then the Department is required by regulation to bring that matter to the Board's attention.

On MOTION duly made by Dr. Myers and second by Mr. Wilson to certify Beaumont JCC for three years.

Mr. Anthony Bailey recommended that the MOTION be amended to certify the facility for three years with a one year status report. Dr. Myers seconded the MOTION. The MOTION was carried, as amended.

2. Issue: Culpeper Status Report

Mr. Bailey presented a status report on Culpeper Juvenile Correctional Center (JCC). Culpeper JCC was placed on probation at the Board's November 2012, meeting. The Certification Unit conducted a follow up status review in December 2012, and found that the facility was demonstrating 100% compliance with all standards for which they were placed on probation. Another status review was conducted on February 20, 2013, and found that the facility was continuing demonstrating 100% compliance. The Department recommends that Culpeper JCC be removed from probation at this point and certified for one year.

Mr. Phipps stated that Culpeper JCC would have to be certified for three years, not one. There is a caveat in the regulation that is ambiguous. Basically, if, after placement on probation, upon the Board must act in the same manner it would for any other audit

The Board asked Mr. Bailey if the Department would visit Culpeper JCC every six months for a review. Mr. Bailey acknowledged yes they would.

On MOTION duly made by Mr. Wilson and second by Mr. Bailey to certify Culpeper JCC for three years with one year status report. The MOTION was carried.

B. Non-Secure Services

1. Certification: Fairfax Shelter Care II

At the last audit, the shelter had one deficiency dealing with orientation of volunteers. The Certification Unit conducted a monitoring visit on January 30, 2013; however, staff could not determine compliance because there were no new volunteers at that point. Another visit on April 3, 2013, showed that there were no new volunteers, but a revised approval process, with the new forms was in place. Mr. Bailey recommended certification of the Fairfax Shelter Care II.

The Board inquired about the variance issued by the Board in 2009. Mr. Bailey noted it dealt with the clothing of residents and their participation for selecting their clothing. The residents do not wear jumpsuits, but need to have a prescribed set of clothing – khakis with sweatshirts or polo shirts.

The Board asked if once a variance is issued, does the Department keep issuing it or is it permanent. It depends on what conditions the Board places on the variance. The variance

survives as long as the regulations survive. Ms. Van Cuyk noted that, when the new regulations become effective, a list will be compiled of all outstanding variances and the Board will review for consideration.

On MOTION duly made by Mr. Wilson and second by Mr. Bailey to certify Fairfax Shelter Care II for three years. The MOTION was carried.

2. Issues:

6th District CSU

A monitoring visit was conducted on February 27, 2013, and the 6th District CSU was found in compliance. No action recommended or taken.

31st District CSU

Last April, the 31st District CSU had one repeat deficiency from a previous audit regarding supervision plans. A monitoring visit was conducted on Feb 12, 2013, and the CSU was found in compliance.

VI OTHER BUSINESS

A. Request for Designation of Critical Regulatory Requirements at June 12, 2013, Board meeting - Janet Van Cuyk

At the January Board meeting, the Board approved changes to the regulations governing the certification process (6VAC35-20). One of those changes was to remove the designation of mandatory regulatory requirements, which will be renamed as “critical regulatory requirement,” in the certification regulations and vest that authority into the Board outside of the Administrative Process Act. The certification and the three drafts for the residential regulations are currently at the Executive Branch review in the final stage of the regulatory process. Once the Governor’s Office approves the regulatory action, the regulations will be published in the *Virginia Register* with a 30 day public comment period. The Department is hopeful this will occur soon, so the regulations will become effective before the June Board meeting. If that is the case, the Board will need to designate the critical regulatory requirements at that meeting. The new regulations require the Board to notice at the meeting prior to the critical regulatory designation that it anticipates so designating at the subsequent meeting. Accordingly, it was requested that the Board place in the June Board meeting agenda designation of critical regulatory requirements. The Board agreed.

B. Regulatory Update

The Board has four proposed chapters at the Governor’s Office for Executive Branch review. These regulations are at the final stages of the regulatory process, have been previously reviewed, and should move forward. Description in the meeting packets is incorrect – all four regulations are at the same exact stage – Governor’s Office, executive level review.

VII. DIVISION OF EDUCATION UPATED – Daryl Francis

The Oak Ridge JCC facility has closed. Residents, staff, and the treatment programs have already been moved to Beaumont JCC. This was completed a couple weeks ago. Next step in the process is the Hanover facility. Those residents will be relocated to other JCCs or released; this

should be completed by end of April. The relocation of the Reception and Diagnostic Center (RDC) to the former Oak Ridge facility will happen sometime in late May. Oak Ridge is vacated and being renovated. As soon as the renovations are completed, RDC will move to the former Oak Ridge JCC facility. This should be completed late May, early June.

The whole process will be finished by the first part of July. Looking at the personnel situation, there were 222 people that were affected by the reorganization. As of April 5, 2013, 176 of those were placed in positions that were vacant. That leaves 35 at this point that are in a lay-off status. This number changes daily as people leave and find other jobs.

The Governor's Office will make an announcement regarding the repurposing of the Hanover facility soon. The Department's training unit currently located at Cedar Lodge will move to the Hanover site. The next step for the Cedar Lodge facility is to collapse older buildings into consolidated work spaces.

The renovations and relocation should be over the first week of July. The Governor's announcement should be made within the next 30 days.

The Board asked about the transition of the Department of Correctional Education (DCE) and the functions that were absorbed by the Department of Juvenile Justice (DJJ) and who is overseeing those duties.

Director Gooch stated that the management part falls under the DJJ. The Code requires the Department to have a Superintendent of Schools. The oversight of the education piece now falls within the purview of the Board. This past General Assembly session authorized two additional board appointments with educational backgrounds. The additions to the board will happen on or after July 1, 2013.

The Board asked what the statutory responsibilities were of the Board and would the Department of Education still maintain oversight of the education component.

The Board is still a policy board and the Department of Education will treat our education component as the same as any other school system.

The Board would like to see at the next meeting what the Board's responsibilities are in dealing with the Division of Education components and overseeing their programs. The Board would like a clearer picture of their responsibilities not relating to the operational side of things. This is essential for the Board to carry out their mission.

VIII. DIRECTOR'S COMMENTS

A few weeks ago, the Executive Management Team of DJJ began their annual trips to all the court service units (CSU) around the Commonwealth. The first trip was to southwest Virginia. The group learned from their trip that the camera system that connects probation officers to the juvenile corrections centers (JCCs) is now also available to parents. Many parents have utilized this service for visitation purposes.

The Board asked how widely used is this system? All CSU main offices and some satellite offices are currently using this system. It is excellent for parents who are not able to travel to faraway places, such as southwest Virginia.

The Board inquired what kind of notification if any was made to the families on the availability of this system? The probation officers routinely communicate with the families and they discussed this new option. In addition, the families are participating in conversations that probation and parole officers are having with the residents in the correctional centers via this system.

IX. BOARD COMMENTS

Dr. Myers read the Board's resolution recognizing Deborah Canada Hayes' work in state government.

On MOTION duly made by Dr. Myers and second by Mr. Wilson to approve the Resolution and provide to Ms. Hayes at the next meeting. The MOTION was carried.

X. NEXT MEETING

The next meeting is on June 12, 2013, at Central Office.

XI. ADJOURN

Chairperson Abbott adjourned the meeting at 8:35 p.m.

**CERTIFICATION AUDIT REPORT
TO THE
BOARD OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Bon Air Juvenile Correctional Center
1900 Chatsworth Avenue
Richmond, Virginia 23235
(804) 323-2550
Jeremiah Wesley, Acting Superintendent
jeremiah.wesley@djj.virginia.gov

AUDIT DATES:

November 26-29, 2012

CERTIFICATION ANALYST:

Clarice T. Booker

STANDARDS AUDITED:

6VAC35-51 Interim Standards for Children's Residential Facilities
6VAC35-140 Standards for Juvenile Residential Facilities

CURRENT AUDIT FINDINGS – November 29, 2012:

98% Compliance Rating

*Three deficiencies from previous audit.

Number of Deficiencies: 2 - Non-Mandatory
5- Mandatory

6VAC35-51-780.E - Structured Program of Care
6VAC35-51-790.A (Mandatory) - Health Care Procedures
***6VAC35-51-800.D (Mandatory) – Medical Examinations and Treatment**
***6VAC35-51-800.G (Mandatory) – Medical Examinations and Treatment**
6VAC35-51-810.E (Mandatory) – Medication
***6VAC35-51-810.F (Mandatory) – Medication**
6VAC35-140-530.A - Recreation

RECOMMENDATION: Place Bon Air Juvenile Correctional Center on probation until January 8, 2014, due to continued non-compliance with a mandatory standard. A status report is due on September, 11, 2013.

PREVIOUS AUDIT FINDINGS – October 26-29, 2009:

98% Compliance Rating

Number of Deficiencies: 2- Non-Mandatory
5- Mandatory

6VAC35-51-800.C – TB Screening
6VAC35-51-800.D (Mandatory) – Medical Examinations and Treatment
6VAC35-51-800.G (Mandatory) – Medical Examinations and Treatment
6VAC35-51-810.F (Mandatory) - Medication
6VAC35-51-810.G (Mandatory) - Medication
6VAC35-51-810.H - Medication
6VAC35-51-880 (Mandatory) - Prohibitions

BOARD ACTION – April 7, 2010: Certified for three years.

TEAM MEMBERS: Clarice T. Booker, Team Leader
Thomas Gaskins, Central Office
Learna Harris, DJJ Training Unit
Lloyd Jackson, Central Office
Mary Johns, Molinari Juvenile Shelter
Spring Johnson, Piedmont Juvenile Detention Home
Mark I. Lewis, Central Office
Byrne Nelson, Beaumont Juvenile Correctional Center
Guillermo Novo, DJJ Training Unit
Paul Reaves, Central Office
Scott Reiner, Central Office
Terry Watson, Culpeper Juvenile Correctional Center
Scott Willis, Hanover Juvenile Correctional Center

AUDIT PROCESS:

Applicable Standards Reviewed:	356
Number of Mandatory Standards:	53
Number of Non-Mandatory Standards:	303

Compliance was determined through a series of observations, interviews, and reviews of various documentation.

- Interviews: Staff (13)
Residents (12)
- Files Reviewed: Personnel (5)
Training records (29)
Volunteers (12)
Residents (15)

PROGRAM DATA:

- Population: 166 (at time of audit)
- Gender: Male and female
- Age Range: 11-20
- Funding Sources: State - \$12,305,394
Local - NA
- Staffing: Administrative (4)
Supervision (163)
Support (38)
- Additional 2012 Data Resource Guide information attached.

FACILITY DESCRIPTION:

Bon Air Juvenile Correctional Center was established by a charitable organization in 1910, and originally opened in May 1910 as a school for females. It has been state-owned and operated since 1920. Constructed on 75 acres of state property adjoining the Carroll R. Minor Reception and Diagnostic Center and the Oak Ridge Juvenile Correctional Center, Bon Air Juvenile Correctional Center is located four miles southwest of Richmond in a densely populated residential and business area of Chesterfield County.

The physical plant at Bon Air includes two distinctly different housing designs on a campus surrounded by single fencing with razor wire. Movement between the two areas of the campus is controlled by security posts. The older section of the facility, referred to as the open campus, contains six one-story brick housing units and a two-story brick-housing unit. The living units contain single and dormitory style rooms, a dayroom, staff offices, laundry area, and a bathroom/shower area. The open campus also includes single-story buildings dedicated to staff offices, a central infirmary, dining hall, school, and outdoor recreation areas.

In 1997, the campus was expanded to include the construction of new administrative office space and additional living units for residents. The single-story brick building is self-contained, designed with administrative offices, an infirmary, dining hall, school, and two secured wings. Each wing contains four housing units, or pods, each with a capacity of 23 beds in a combination of single, double, and four-person rooms. Each room is equipped with a lavatory. Each pod contains a dayroom, laundry area, shower area, counselor's office, and a unit office. The housing units enclose two courtyards used for recreation. Additionally, there is a recreation field. The facility is accessed via the expansion building, which contains a central control center. The control center is operated by correctional officers who closely monitor activities in the building, to include housing areas via closed-circuit cameras. Doors to all areas of the self-contained building are controlled electronically via touch-screen security from the control center.

PROGRAM DESCRIPTION:

The facility currently offers programs and services for males, ages 14-18, and females, ages 11-20, who have been committed by the Virginia courts. Upon arrival at the facility, residents are assigned to specific units based on their age, size, custody and classification level, and special needs. The classification system allows for periodic reviews of security and program placement in light of each resident's progress and needs.

Behavior management follows the guidelines established in the REACH Program (Responsibility Empowerment Achievement Changes Hope). The REACH Program components include good citizenship, teamwork, self-improvement, and values identification. It is based on a system of phases with increased levels of responsibility. Points are awarded daily to reinforce residents for program compliance.

Specialized treatment services include two male residential sex offender programs, one female residential special needs unit, a residential anger management/substance abuse program for males, and an intensive treatment program for residents with severe mental health issues. Services also include individual and group counseling.

Mental health services are provided by the Behavioral Services Unit. Under the direction of a Clinical Director, staff psychologists and social workers provide individual and group therapy services. Psychiatric services are provided by a consulting psychiatrist.

Community resources are coordinated by the Assistant Superintendent for Support Services. The facility has approximately 60 active volunteers who offer religious services, Bible Study, and chapel services. Volunteers also provide educational tutoring, mentoring, and recreational programs to include concerts, arts and crafts projects, and pizza and birthday parties.

SERVICES PROVIDED:

- Direct:
 - Substance abuse treatment
 - Anger management
 - Sex offender treatment
 - Mental health services, including individual and group therapy
 - Psychiatric services

- Service accessed from the community:
 - Religious services
 - Tutoring
 - Mentoring
 - Arts and crafts

RESULT OF STAFF INTERVIEWS:

Staff comments indicated they:

- Like being a role model for residents.
- Have learned a lot by dealing with people.
- Like interacting with residents and making a difference in their lives.
- Enjoy working with co-workers.
- Like the opportunity of helping residents become better persons.
- Feel it is worth it if one resident is helped.
- Like their supervisor who is a good trainer and maintains a structured shift.

RESULT OF RESIDENT INTERVIEWS:

The interviews with residents indicated the following:

- Staff is helpful.
- Food is pretty good.
- Staff protect them and respond quickly during incidents.
- They like the groups and program.
- They like the school and education program.

Bon Air JCC

Superintendent: Frederick Lucas
Capacity: 193

1900 Chatsworth Ave
Bon Air, Virginia 231
804-323-25

Population Housed: Males, Ages 11-16, Classification Levels 3-4; Females, Ages 11-20, All Classification Levels (Bon Air is the only JCC to house females)

Programs/Services: Aggression Management, Sex Offender, Substance Abuse, Youth Industries, Institutional Work Program, Intensive Services Unit for individuals with special needs; Individual, Group, and Family Therapy provided by social workers and psychologists; gender-specific programming; Enhanced Transitional Parole; and Religious/Recreation/Volunteer Programs

DCE School(s): Joseph Mastin School and Annex

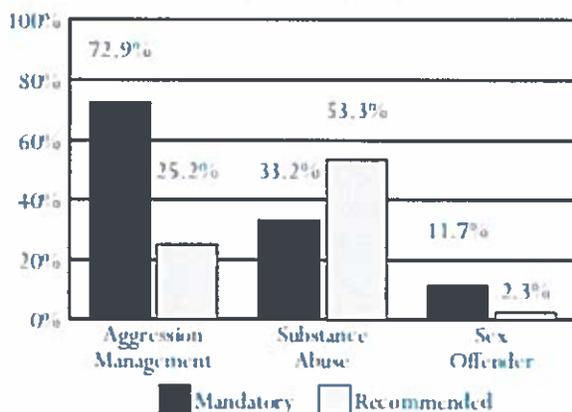
DCE Programs Available: comprehensive high school education program, GED preparation and testing, reading program, tutorial program, career and technical programs, apprenticeship programs, distance learning for future college courses, cognitive skills training, and S. preparation and testing

PLACEMENTS BY DEMOGRAPHICS, FY 2008-2011

Demographics	2008	2009	2010	2011
Race				
Black	68.4%	69.7%	67.7%	63.6%
White	21.6%	24.2%	25.7%	31.8%
Other	10.0%	6.1%	6.6%	4.7%
Ethnicity - Hispanic	7.8%	2.7%	8.0%	6.5%
Sex				
Male	77.9%	78.0%	87.6%	81.8%
Female	22.1%	22.0%	12.4%	18.2%
Age				
Under 14	0.0%	0.4%	0.0%	0.9%
14	5.6%	4.2%	2.2%	4.2%
15	27.3%	27.3%	20.4%	23.8%
16	46.8%	50.4%	49.6%	54.2%
17	18.6%	15.9%	23.0%	14.5%
18	0.9%	1.5%	4.9%	2.3%
19 or older	0.9%	0.4%	0.0%	0.0%
Total Placements	231	264	226	214

- Treatment Programs**
 - 98.1% had an aggression management treatment need
 - 86.4% had a substance abuse treatment need
 - 14.0% had a sex offender treatment need
- Committing Offenses**
 - The 214 juveniles placed at Bon Air in FY 2011 were committed a combined total of 780 offenses, with an average of 3.6 offenses per juvenile
 - 4 juveniles placed at Bon Air were recommitted in FY 2011 as a result of an institutional offense
- Most Common Offense Category (Most Serious Committing Offense)**
 - Determinate Commitment - Robbery (50.0%)
 - Indeterminate Commitment - Assault (22.6%)
- Offense Severity (Most Serious Committing Offense)**
 - Felony - 100.0% of Determinate, 75.8% of Indeterminate
 - Class 1 Misdemeanor - 17.9% of Indeterminate
- LOS Assignment**
 - 21.0% had an indeterminate LOS range with a minimum of 18 more months
 - 11.2% had a determinate commitment or blended sentence
- Custody Classification**
 - 33.2% of all juveniles placed in any JCC with a classification level of IV were housed at Bon Air
- Average Daily Population**
 - ADP decreased 13.0% between FY 2003 and FY 2011
- Utilization Rate**
 - Bon Air's utilization rate increased from 92.2% in FY 2010 to 96.9% in FY 2011

PLACEMENTS BY TREATMENT NEEDS, FY 2011

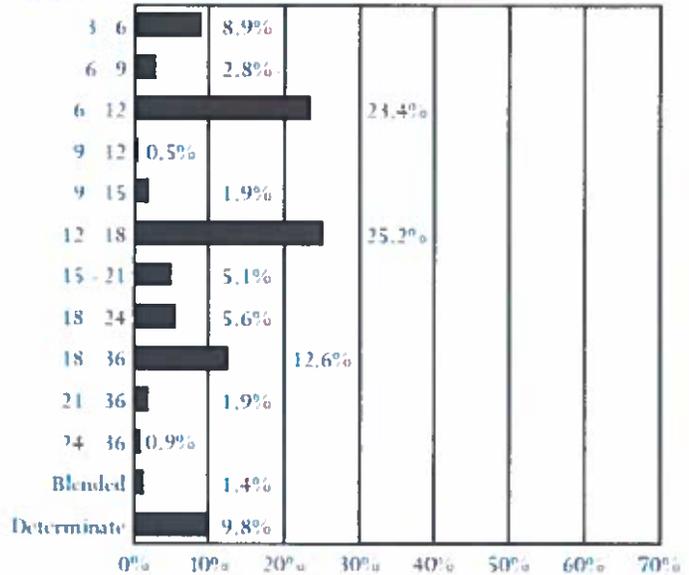


All data were downloaded on 11/09/2011. Any changes after that date are not reflected in this book. Percentages may not add to 100% due to rounding.

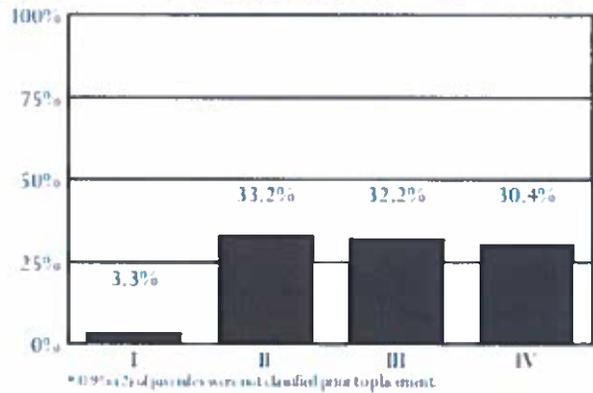
PLACEMENTS BY OFFENSE, FY 2011

Most Serious Offense	Det.	Indet.
Offense Category		
Alcohol	0.0%	0.0%
Arson	4.2%	2.1%
Assault	16.7%	22.6%
Burglary	0.0%	13.2%
Contempt of Court	0.0%	0.0%
Disorderly Conduct	0.0%	0.5%
Escapes	0.0%	0.5%
Extortion	0.0%	0.0%
Failure to Appear	0.0%	0.0%
Family Offense	0.0%	0.0%
Fraud	0.0%	2.1%
Gangs	0.0%	1.1%
Kidnapping	4.2%	0.0%
Larceny	0.0%	20.0%
Miscellaneous/ Other	0.0%	0.0%
Murder	0.0%	0.5%
Narcotics	0.0%	0.0%
Obscenity	0.0%	0.0%
Obstruction of Justice	0.0%	0.0%
Parole Violation	0.0%	6.3%
Robbery	50.0%	15.3%
Sex Offense	20.8%	8.9%
Telephone Law	0.0%	0.0%
Traffic	0.0%	0.5%
Trespass	0.0%	0.5%
Vandalism	0.0%	2.1%
Weapons	4.2%	3.7%
Offense Severity		
Felonies:		
Against Persons	95.8%	43.7%
Weapons/Narcotics	4.2%	0.5%
Other	0.0%	31.6%
Class I Misdemeanors:		
Against Persons	0.0%	11.6%
Other	0.0%	6.3%
Prob./Parole Violation	0.0%	6.3%
Total Placements	24	190

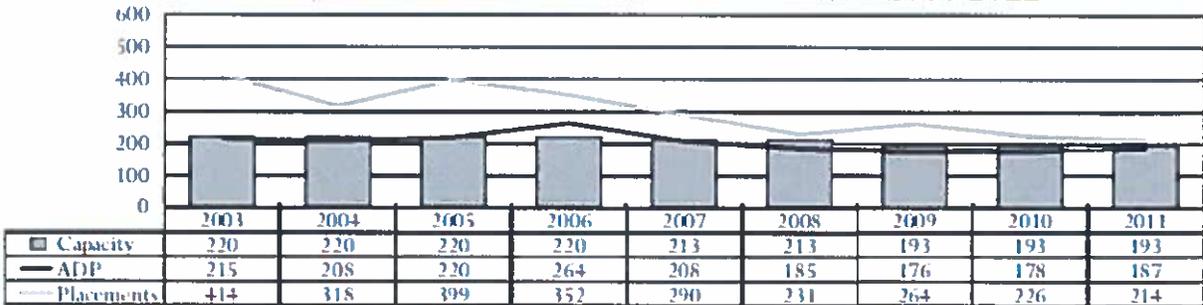
PLACEMENTS BY ASSIGNED LENGTH OF STAY, FY 2011



PLACEMENTS BY CUSTODY CLASSIFICATION LEVELS, FY 2011



CAPACITY, AVERAGE DAILY POPULATION, AND PLACEMENTS, FY 2003-2011



All data were downloaded on 11/09/2011. Any changes after that date are not reflected in this book. Percentages may not add to 100% due to rounding.

**CORRECTIVE ACTION PLAN
TO THE
BOARD OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Bon Air Juvenile Correctional Center
SUBMITTED BY: Jeremiah Wesley, Acting Superintendent
CERTIFICATION AUDIT DATES: November 26-29, 2012
CERTIFICATION ANALYST: Clarice T. Booker

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-51-780.E Structured Program of Care

The identity of the individual making each entry in the daily communication log shall be recorded

Audit Finding:

The identification of the individual making entries in logbooks was missing in 59 incidences out of 49 logbooks reviewed.

Program Response

Cause:

Staff failed to enter their first initial and last name after each entry. Security supervisors failed to complete sufficient administrative reviews of unit logbooks to ensure compliance with policy and standards.

Effect on Program:

The identity of the staff making the entry could not be verified which could compromise the integrity of the information documented.

Planned Corrective Action:

All officers and security supervisors have received re-training on Standard Operating Procedure 215: Logbooks during muster (December 3-7). Shift commanders shall review logbooks for accuracy during their tours and take immediate corrective action with staff, when necessary. The Shift Status Report will reflect the shift commanders' tour of the unit and review of the logbooks. In addition, the assigned unit manager will be responsible for daily review of logbooks and documentation of their review. During the Chief of Security tour, the Major will review the logbooks to ensure compliance.

Completion Date:

December 5, 2012

Person Responsible:

Kevin Losinger, Assistant Superintendent for Security

Current Status on February 26, 2013: Non-compliant

Eleven of 15 log books reviewed were missing the identification of the individual making entries one or more times.

Current Status on May 1, 2013: Non-compliant

The identification of the individual making entries in logbooks were missing in six incidences out of 13 logbooks reviewed.

6VAC35-51-790 A. Health Care Procedures (Mandatory)

The provider shall have and implement written procedures for promptly:

1. Providing or arranging for the provision of routine ongoing and follow-up medical and dental services after admission.

Audit Finding:

Nine of 15 medical files reviewed had instances where medical requests from residents were not responded to in a prompt manner (within 24 hours).

Program Response

Cause:

Substandard nursing supervision and the inconsistent implementation of established nursing policies and procedures; a failure to identify, address and resolve service delivery problems in a timely manner and a failure to communicate service delivery problems to nursing and institutional managers. Existing nursing practices and supervision did not ensure that DJJ Board policy requiring same day nursing response to sick call requests was consistently implemented and documented.

Effect on Program:

Resulted in resident(s) not being attended in a timely manner. No adverse health related side effects occurred as a result of resident(s) not receiving a prompt written response.

Planned Corrective Action:

New Medical Service Request slips (MSRs) were implemented (July 2012). All MSRs will be triaged by a nurse, with a response returned to the resident, within 24 hours. All current MSRs will be updated and, once approved by Dr. Moon, triaged under the following categories:

Nursing Triage:

- **Emergent:** Emergent issues shall *not* be handled through the use of Medical Service Requests. Emergencies (life or limb) will be transferred immediately to the Central Infirmary or call 911.
- **Urgent:** Urgent issues (visible bleeding; bruising; broken teeth or small bones; breathing issues) are to be seen as soon as is safely possible.

- **Non-Urgent / Acute:** Acute complaints (Headaches; ear-nose & throat; fevers; congestion; visible skin rashes; or vision changes) are seen within 24 hours (when safety permits).
- **Routine:** Routine requests or complaints (diet dislikes; dry skin; dandruff; drugs discontinued) will be addressed on a prioritized basis, not to exceed three (3) days.
- **Hygiene / Comfort Issues:** Resident's requests (soaps; lotions; deodorant; blankets; pillows; shoe problems) will be assessed by nursing staff or turned over to CPT. Lucas (Security).

Nursing Operations:

- MSR deposit boxes are presently installed in all resident housing buildings. MSR forms are available to all residents in all units any time they request one. Residents are able to place the forms in designated boxes when entering or exiting the building.
- Nurses will collect MSRs from boxes twice each day, (1st) during the first morning medication pass and (2nd) following the evening (4 or 8pm) medication administration. Residents with urgent complaints (as noted above) will be seen by nursing staff as soon as is safely possible after the complaint is received and triaged.
- When resident requests do not require them to be seen immediately, nurses will notate the prescribed plan on the MSR and return it to the resident to acknowledge and sign.
- A resident sick call list, for non-urgent issues, will be generated by the night nurses based on the MSRs collected that day. The sick call list will be shared with security staff. Residents will be delivered to the infirmary based on joint prioritizing of health and safety / security needs.
- Numbers of residents seen, problems encountered and resolutions will be documented on the Medical Activity: Daily Report to the Superintendent form and submitted by 9:00 a.m. each morning to provide oversight and appropriate action.
- All nursing and infirmary staff training for "understanding and compliance" has, and will continue to be conducted during bi-monthly staff meetings and randomly as necessary.
- Time stamp clocks are installed in the infirmaries to document when MSRs are received; triaged and returned to ensure compliance with the DJJ policies and procedures.
- New nursing leadership is being constructed. There will now be Nurse Supervisors for each facility and all shifts will have "team leaders" and clinical managers for operations oversight.

Completion Date:

All new MSR forms were created and sick slip boxes installed July of 2012. These forms will be updated and submitted immediately to Dr. Moon for approval and dissemination. Training is being conducted regularly and as part of each new nurse's orientation. All nursing staff and leadership will be compliant with DJJ policies and procedures.

Person Responsible:

Leland Frataccia, Head Nurse

Current Status on February 26, 2013: Non-compliant

One of 15 medical files reviewed had one instance where there was documentation to show that the request was not responded to within 24 hours;

- A resident submitted a request on an MSR dated 1/21/13 to be weighed. The request was date stamped and triaged on 1/21/13 and it was noted that the resident was to be seen at the next nurse clinic which would have been on 1/22/13. The resident was not seen until 1/23/13.

Current Status on May 1, 2013: Compliant

Fifteen medical records were reviewed and were compliant.

6VAC35-51-800 D. Medical Examinations and Treatment (Mandatory)

Each resident's health record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by or under the direction of a licensed physician including any recommendation for follow-up care, and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.

Audit Finding:

One out of nine applicable medical files reviewed had an annual physical examination that was not conducted within 13 months (14 months).

Program Response

Cause:

Substandard nursing supervision and inconsistent implementation of established nursing procedures; a failure to address and resolve service delivery problems in a timely manner, and the failure to communicate service delivery problems to nursing and institutional managers and administrators.

Effect on Program:

Resulted in resident not receiving annual physical within 13 month window.

Planned Corrective Action:

1. A computerized database has been developed and is maintained by the office service specialist (OSS), to track and automatically generate due dates of annual physicals, annual dental examinations, vision, hearing, PPDs and immunizations of each resident.
2. The spreadsheet will be on the Bon Air X- Drive with the OSS; Head Nurse and Nursing Supervisors having access.
3. The OSS will generate a list each month and schedule pre-annual exams (nurses list) and physical exams (provider list) for any resident 11 months past their last exam.
4. All charts have been reviewed to ensure all data is current
5. The Nursing Manager and Head Nurse will conduct weekly file reviews with all files being reviewed on a quarterly basis.
6. The Institutional Safety Officer will be conducting monthly audits of medical files and documentation.

Completion Date:

The computerized database is fully functioning and in use as of December 1, 2012.

Person Responsible:

Leland Frataccia, Head Nurse

Current Status on February 26, 2013: Non-compliant

One out of six applicable medical files reviewed had an annual physical examination that was not conducted within 13 months (15 months).

Current Status on May 1, 2013: Compliant

Three applicable case files were reviewed and were compliant.

6VAC35-51-800.G. Medical Examinations and Treatment (Mandatory)

Each resident's health record shall include written documentation of (i) an annual examination by a licensed dentist and (ii) documentation of follow-up dental care recommended by the dentist or as indicated by the needs of the resident.

Audit Finding:

One out of nine applicable medical files reviewed did not have an annual dental exam within 13 months (15 months).

Program Response

Cause:

Substandard nursing supervision and inconsistent implementation of established nursing procedures; a failure to address and resolve service delivery problems in a timely manner, and the failure to communicate service delivery problems to nursing; medical and institutional managers and administrators.

Effect on Program:

Resulted in resident not receiving annual physical within 13 month window.

Planned Corrective Action:

1. A computerized database has been developed and is maintained by the OSS, to track and automatically generate due dates of annual physicals, annual dental examinations, vision, hearing, PPDs and immunizations of each resident.
2. The spreadsheet will be on the Bon Air X- Drive with the Office Service Specialist; Head Nurse and Nursing Supervisors having access.
3. The OSS will generate a list each month and schedule pre-annual exams (nurses list) and physical exams (provider list) for any resident 11 months past their last exam.
4. All charts have been reviewed to ensure all data is current.
5. The Nursing Supervisors and Head Nurse will conduct weekly file reviews with all files being reviewed on a quarterly basis.
6. The Institutional Safety Officer will be conducting monthly audits of medical files and documentation.

Completion Date:

The computerized database is fully functioning and in use as of December 1, 2012.

Person Responsible:

Leland Frataccia, Head Nurse

Current Status on February 26, 2013: Compliant

Six applicable medical files were reviewed and all six contained a dental exam completed in the correct time frame.

6VAC35-51-810.E Medication (Mandatory)

Medication prescribed by a person authorized by law shall be administered as prescribed.

Audit Finding:

Thirteen medical files reviewed had Medication Administration Records (MARs) showing that medications were not administered as prescribed.

Program Response

Cause:

Substandard nursing supervision and inconsistent implementation of established nursing procedures, failure to address and resolve service delivery problems in a timely manner, and the failure to communicate service delivery problems to nursing and institutional managers and administrators. Existing nursing practice and supervision did not monitor to ensure consistent documentation of medication administration, or the immediate identification and resolution of medication administration problems.

Effect on Program:

There were no adverse side effects as a result of residents not receiving medication.

Planned Corrective Action:

1. The primary responsibilities for identifying; documenting; refilling and/or referring charts to the provider for discontinuations or renewals are the nurses in the post positions that administer medications at 1600 and 2000 to all Bon Air and Expansion resident units.
2. Secondary responsibility will be all nurses who administer medications to any resident at any time and/or those who relieve the primary nurse.
3. The night shift nurses are responsible for reviewing all MARs and blister packs and will refill or add the resident to the provider list as need to maintain adequate stock of medication.
4. The Head Nurse, Nurse Supervisors, and team leads have the ultimate responsibility for monitoring and maintaining an adequate stock of medications.
5. MARs will be peer reviewed after each pill pass to further ensure that medications are available.

Completion Date:

Implemented November 29, 2012 and ongoing.

Person Responsible:

Leland Frataccia, Head Nurse

Current Status on February 26, 2013: Non-compliant

One of the 15 medical files reviewed contained an MAR showing that a medication was not administered as prescribed on 1/27/2013. The MAR showed that the medication was not administered because the resident was at visitation. There was no follow-up call to the provider to determine what action to take.

Current Status on May 1, 2013: Non-compliant

One of the 15 medical files reviewed contained one MAR showing that a medication was not administered as prescribed on 3/4/13 and 3/5/13 as the Abilify 15 mg was out of stock.

6VAC35-51-810.F Medication (Mandatory)

A medication administration record shall be maintained of all medicines received by each resident and shall include:

1. Date the medication was prescribed;
2. Drug name;
3. Schedule for administration;
4. Strength;
5. Route;
6. Identity of the individual who administered the medication; and
7. Dates the medication was discontinued or changed.

Audit Finding:

The MAR was missing for August 2012 in one medical file reviewed.

The schedule of administration was missing on two MARs.

The strength was missing on two MARs.

The route was missing on seven MARs.

Program Response

Cause:

Substandard nursing supervision and inconsistent implementation of established nursing procedures, failure to address and resolve service delivery problems in a timely manner, and the failure to communicate service delivery problems to nursing and institutional managers and administrators. Existing nursing practice and supervision did not ensure consistent documentation of medication administration, or immediate identification and resolution of medication administration problems.

Effect on Program:

There were no adverse health effects reported as a result of the lack of proper documentation of medication administration.

Planned Corrective Action:

The MAR is the nursing document used to record provider medication orders for each resident under a provider's care and to document the administration of medication per the provider's orders. To ensure that medications are administered as ordered and properly documented, the following procedures have been implemented.

1. Immediately following medication administration passes, nurses administering

- medications will review all MARs for residents to whom he/she was required to administer medications to ensure that all medication documentation is completed and correct.
2. Once staff has reviewed and completed their documentation, they will exchange MAR folders and peer review each other's documentation.
 3. Nurses who conduct medication administration will not leave the institution until all MARs have been reviewed and corrected as required.
 4. The nurse working overnight will review all MARs for that day to ensure accuracy. Any mistake or omission will be documented and reported to the Head Nurse or Supervisor.
 5. The Head Nurse and Nursing Supervisors will review MAR documentation daily to ensure accuracy and completeness. Any identified documentation errors will require responsible nurses being called to correct their MAR errors immediately.
 6. Problems with medication administration will also be documented and reported on the Daily Medical Activity Report to the Superintendent. The superintendent and the Head Nurse or Nurse Supervisors will communicate regularly concerning any issues on the activity report. The superintendent maintains a file of all medical activity reports and documented resolutions to problems encountered.
 7. The Institutional Safety Officer conducts bi-weekly audits of MARs documentation.

Completion Date:

Implemented November 29, 2012, and ongoing.

Person Responsible:

Leland Frataccia, Head Nurse; and Nurse Supervisors.

Current Status on February 26, 2013: Non-compliant

One of the 15 medical files reviewed contained an MAR showing that the route for one medication was missing on the MAR.

Current Status on May 1, 2013: Compliant

Fifteen medical records were reviewed and were compliant.

6VAC35-140-530.A Recreation

Each detention home and juvenile correctional center shall have appropriate indoor and outdoor recreation areas. An opportunity for large muscle exercise shall be provided daily. Outdoor recreation will be available whenever practicable, in accordance with the secure facility's recreation plan. Staff shall document any adverse weather conditions, threat to facility security or other circumstances preventing outdoor recreation.

Audit Finding:

Twelve shifts were reviewed during the audit period. Ten out of the 12 shifts did not have documentation of why scheduled recreation did not take place.

Program Response

Cause:

Shift Commanders failure to document reasons as to why scheduled recreation didn't take place.

Effect on Program:

Residents did not receive recreational activities.

Planned Corrective Action:

Shift Status Report must be completed and sent by email from the Shift Commander by the end of each shift. The original packet will be placed in the Chief of Security's mailbox. The Chief of Security will review and make any corrections and submit to clerical staff in the Superintendent's Office for entry into a recreation database. Once the information is entered, the clerical staff will forward the information to Security Secretary for filing.

Completion Date:

Ongoing monitoring by Assistant Superintendents for Security and Support

Person Responsible:

Kevin Losinger, Assistant Superintendent for Security

Current Status on February 26, 2013: Compliant

Ten shifts were reviewed and there was documentation that recreation was provided as scheduled.

**CERTIFICATION AUDIT REPORT
TO THE
BOARD OF JUVENILE JUSTICE**

PROGRAM AUDITED:

New River Valley Juvenile Detention Home
650 Wades Lane N.W.
Christiansburg, VA 24073
(540) 381-0097
Joe Young, Superintendent
joe.young@nrvdh.org

AUDIT DATES:

January 8-9, 2013

CERTIFICATION ANALYST:

Mark Ivey Lewis

STANDARDS AUDITED:

6VAC35-51 Interim Standards for Children's Residential Facilities
6VAC35-140 Standards for Juvenile Residential Facilities

CURRENT AUDIT FINDINGS – January 9, 2013:

96.8% Compliance Rating:
One repeat deficiency from the previous audit.

Number of Deficiencies: 1 – Non-Mandatory
3 – Mandatory

***6VAC35-51-800.B – Medical Examination and Treatment**
6VAC35-51-810.B – Medication (Mandatory)
6VAC35-51-810.E – Medication (Mandatory)
6VAC35-51-810.F – Medication (Mandatory)

RECOMMENDATION: Certify the New River Valley Juvenile Detention Home and Post-Dispositional Detention Program for three years.

PREVIOUS AUDIT FINDINGS – January 12, 2010:

99.7% Compliance Rating

Number of Deficiencies: 1- Non-Mandatory
0- Mandatory

6VAC35-51-800.B – Medical Examination and Treatment

BOARD ACTION – June 9, 2010: Certified for three years with a variance for 6VAC35-61-600 (Control Center) valid until January 2015.

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Lloyd Jackson, Central Office
Tommy Gaskins, Central Office
Marc Booker, Central Office
Pam Jeffries, Lynchburg Detention Home
Michelle Johnson, W.W. Moore Detention Home

Bryan Henry, Roanoke Valley Juvenile Detention Center

AUDIT PROCESS:

Applicable Standards Reviewed:	398
Number of Mandatory Standards:	51
Number of Non-Mandatory Standards:	347

Compliance was determined through a series of observations, interviews, and reviews of various documentation.

- Interviews: Staff (5)
Residents (6)
- Files Reviewed: Personnel (6)
Training records (5)
Volunteers (3)
Residents (15)

PROGRAM DATA:

- Sponsor: New River Valley Juvenile Detention Commission
- Service Area: Giles County, Montgomery County, Pulaski County, and the City of Radford
- Capacity: 24
- Population: 15 (at time of audit)
- Gender: Male and Females
- Age Range: 7-17
- Funding Sources: State - \$617,042
Local - \$862,986
- Staffing: Administrative (8)
Supervision (13 Full and 4 Relief)
Support (5)

FACILITY DESCRIPTION:

The New River Valley Juvenile Detention Home (NRJDH) is a small secure detention facility located in Christiansburg, Virginia. The facility is owned and operated by a Commission whose members are appointed by the governing bodies of Giles County, Montgomery County, Pulaski County and the City of Radford.

The building has changed very little since 1974, with the only additions being classrooms and a gymnasium. There are two dormitory wings located on each side of a central day room. The boys' wing has 14 beds and the girls' wing has 10 beds. All rooms are single occupancy. Though designated as a girls' wing, the hall is partitioned to allow for both sexes to occupy the space. Primarily, girls are housed in rooms at the end of the hall which are separated by a locked door from the boys' rooms. Door flaps are used to ensure privacy for both genders.

A gymnasium, classroom and mental health staff office were added on to the facility in 2003. Access to this area of the building is limited to two routes: one way is to pass through the girl's shower room (when unoccupied) and the other route goes through the Superintendent's office. Construction plans were not designed for this type of access but there is no documentation on file as to why the plans were changed.

The facility has three classrooms. Two are located off of the dayroom parallel to the boys' wing. The third classroom was added as part of the gymnasium addition. Remedial instruction and library time occurs in the cafeteria section of the dayroom.

The New River Valley Juvenile Detention Commission has contracted with Moseley Architects to complete a planning study. The intention is to renovate the existing structure to enhance safety and security and to modernize the facility. The planning study should be completed by late 2013.

PROGRAM DESCRIPTION:

Facility administration and staff strive to maintain a home-like setting whenever possible. Though safety and security are the top priority, all staff members provide services that are consistent with the organization's motto, "The Home with a Heart." This is accomplished through adherence to a structured daily program which consists of school, mental health services, psycho-educational groups, recreation and community guest speakers. Staff members serve as healthy adult role models for detainees. NRJDH has strong community support from a wide variety of churches as well as Virginia Tech and Radford University.

The NRVJDH School Program is operated by Montgomery County Public Schools (MCSP). There are three fulltime teachers, one part-time reading specialist and one part-time administrative assistant. Classes in Math, Science, English, Reading, Social Studies, and Career/Life Skills are taught on weekdays 11 months of the year. The Career/Life Skills teacher doubles as the Post Disposition Program Teacher. MCPS provides an administrator to oversee the program at NRJDH.

NRVJDH has a Post-Dispositional Detention Program called GOALS. Residents sentenced to the GOALS Program receive routine services as well as additional mental health support, vocational instruction, transitional and independent living skills classes. They are also taken into the community to complete court ordered community service. One example is the Trails Project in which residents work with a retired Forestry Service Volunteer to maintain and clear paths on the Huckleberry Trail. The GOALS Program has a modified 90 day track, which is called GOALS-90. This track is designed for detention-eligible youth aged 14-15 years who are in need of strong academic enrichment and a secure place to stay while services in the community are arranged.

Mental health support for residents is provided by a mental health clinician and a case manager. These two individuals are employed by New River Valley Community Services but are stationed at NRJDH. New River Valley Community Services also provides a psychiatrist who sees residents at the facility twice monthly. The mental health workers provide individual and group therapy as well as educational groups.

SERVICES PROVIDED:

- Direct
 - Individual Counseling
 - Post-Dispositional Program
 - Medical Services
 - Recreational Programs
 - Moral Reconciliation Therapy (MRT)

- Community:
 - Educational Program to include GED program
 - Mental Health Services
 - Psycho-educational groups
 - Anger management
 - Substance abuse education

RESULT OF STAFF INTERVIEWS:

The interviews with staff indicated the following

- They enjoy working with the residents and trying to make a difference in their lives.
- The work schedule and benefits are good.
- There are no major concerns except the age of the facility.

RESULT OF RESIDENT INTERVIEWS:

The interviews with residents indicated the following:

- They feel safe and secure.
 - Enjoy the staff and the post-disposition program.
 - Staff are like family and resident has never been mistreated by staff.
 - The program is teaching residents how to manage their anger.
 - Residents learn a lot about drugs and their effects.
-

**CORRECTIVE ACTION PLAN
TO THE
BOARD OF JUVENILE JUSTICE**

FACILITY/PROGRAM: New River Valley Juvenile Detention Home
SUBMITTED BY: Joe W. Young, Superintendent
CERTIFICATION AUDIT DATES: January 8-9, 2013
CERTIFICATION ANALYST: Mark Ivey Lewis

Under Planned Corrective Action indicate: 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-51-800.B

Within seven days of placement, except for secure detention, each resident shall have had a screening assessment for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on the current screening form published by the Virginia Department of Health. The screening assessment can be no older than 30 days. Secure detention shall have completed the screening assessment on each resident within five days of placement.

Audit Finding:

Six of 13 medical files reviewed did not have screening assessments for tuberculosis completed within five days by medical personnel.

Program Response

Cause:

In an attempt to comply with VDH's "to test is to treat philosophy," and to reduce the amount of needless skin puncturing on low risk detainees, my nurse and I decided to use the screening form only. In communications with our certification analysts, it was not clear that the screening form had to be signed by medical staff. My nurse and I believed that since the questions are all self-reported, it did not require any medical knowledge to screen for high risk factors. Upon further review of the standards, I see where an "interpretation" note advised that a lay person could not sign off on the screening form. The cause was culminations of my inexperience with standard "interpretations" coupled with my desire not to PPD test every detainee as we have done in the past.

Effect on Program:

Minimal. I do, however, understand the importance of following the standards as written and interpreted.

Planned Corrective Action:

As of the first day of our audit, we began adding the VDH screening form to our Nurse's physical forms. Our staffs still complete an initial screening assessment (for our information) and within five days, the Nurse will complete her screening assessment as part of her medical process.

Completion Date:

January 8, 2013

Person Responsible:

Joseph W. Young, Jr, Superintendent

Current Status on April 2, 2013: Compliant

Nine applicable medical files reviewed had screening assessments for tuberculosis that had been completed within five days of placement by medical personnel.

6VAC35-51-810.B (Mandatory)

All staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications before they can administer medication.

Audit Finding:

Three of five training records reviewed did not have documentation that staff responsible for medication administration had successfully completed a medication training program approved by the Board of Nursing.

Program Response

Cause:

Our nurse of 20+ years retired in April 2012. We contacted her regarding this issue and she reports that sometime in and around 2006-7, she was informed by Mr. Joseph Riddick that she could teach the medication aide training in 16 hours and then clinically observe the students for another 16 hours to make the 32 hour requirement to become a medication aide. When our new nurse was hired and trained, this is the information she received. We did not realize we were doing anything wrong until the date of the certification audit. We have called around and spoke to Elizabeth Morse and Kathleen Tauer just to name a few. It seems all are in agreement that it takes 32 hours of class to become a medication agent. We will also be seeking an instructor course so that our nurse will be able to teach the class.

Effect on Program:

Minimal. I do, however, understand the importance of following the standards as written and interpreted. All of our medication aides received all of the information as part of the course, they completed in-class work, they passed all tests and completed all necessary clinical supervision before giving medications on their own. This is exemplified by the excellent care our kids have received from our medication aides.

Planned Corrective Action:

Immediately upon being notified by our auditor of this violation, we advised the medication aides who had not had 32 hours of classroom instruction to no longer assume the roles of medication aide. We also enrolled four of the eight medication aides in a medication aide class on January 20th and 21st (16 hour days) and all four passed and have certificates. The four remaining employees will be trained as soon as possible. We will also have our nurse certified as an instructor as soon as possible.

Completion Date:

January 8, 2013

Person Responsible:

Joseph W. Young, Jr., Superintendent

Current Status on April 2, 2013: Compliant

Eight staff training records reviewed had documentation that staff responsible for medication administration had successfully completed medication training program approved by the Board of Nursing. Also, there was documentation that the nurse received training from the Department of Gerontology as a facility trainer for medication management.

6VAC35-51-810.E Mandatory

Medication prescribed by a person authorized by law shall be administered as prescribed.

Audit Finding:

One Medication Administration Report (MAR) reviewed had documentation that the medication Citalopram HBR 40mg was not administered as prescribed on October 17-18, 2012 due to the medication being out of stock.

Program Response

Cause:

Regarding the Citalopram, Nurse Cindy Hauschildt called the resident's mother several times (4), which is documented in the resident's health file, to remind her to refill the medication.

Effect on Program:

Minimal. Thankfully, this issue did not have an adverse effect on the resident or the facility's program. Our nurse sometimes has difficulty getting parents to bring in medications and medication refills for residents. She allows ample time for the parent to get the medication to the facility before it expires, but the parents do not always comply. If the detention home gets the prescription filled (which we have done), we are then responsible for the cost. Over time, this could amount to a tremendous share of our budget, which is already strained.

Planned Corrective Action:

After meeting with our certification analyst and our nurse, we have decided that if a medication error is caused due to lack of medications, we will initiate a med error report. This revised med error report will instruct staff to call the nurse and the nurse will call our doctor for further instructions. If the nurse is not immediately available, staff will contact our doctor.

Completion Date:

January 11, 2013

Person Responsible:

Joseph W. Young, Jr., Superintendent

Current Status on April 2, 2013: Compliant

Seven of 14 medical files reviewed had MAR. The seven applicable files with MARs had documentation that medication was being administered as prescribed.

6VAC35-51-810.F Mandatory

A medication administration record shall be maintained of all medicines received by each resident and shall include:

1. Date the medication was prescribed;
2. Drug name;
3. Schedule for administration;
4. Strength;
5. Route;
6. Identity of the individual who administered the medication; and
7. Dates the medication was discontinued or changed.

Audit Finding:

Two of ten medical files reviewed had several Medical Administration Records that did not include the route.

Program Response

Cause:

Oversight. Generally speaking, the route of a medication is obvious (oral, topical, sublingual, etc.) and therefore it did not immediately raise a flag that it needed to be listed as part of the MAR.

Effect on Program:

Minimal. All medications were given using the correct route.

Planned Corrective Action:

The nurse has revised the MAR so that it has a blank to insert the proper route of the medication.

Completion Date:

January 11, 2013

Person Responsible:

Cindy Hauschildt, RN

Current Status on April 2, 2013: Compliant

Seven of 14 medical files reviewed had Medication Administration Reports (MAR). All the MARs in seven applicable files had the required information including the route.

**CERTIFICATION AUDIT REPORT
TO THE
BOARD OF JUVENILE JUSTICE**

PROGRAM AUDITED:
Richmond Juvenile Detention Center
1700 Oliver Hill Way
Richmond, Virginia 23219
(804) 646-2937
Rodney Baskerville, Superintendent
rodneymbaskerville@richmondgov.com

AUDIT DATES:
April 29-30, 2013

CERTIFICATION ANALYST:
Mark Ivey Lewis

STANDARDS AUDITED:
6VAC35-51 Interim Standards for Children's Residential Facilities
6VAC35-140 Standards for Juvenile Residential Facilities

CURRENT AUDIT FINDINGS – April 30, 2013

100% Compliance Rating:

RECOMMENDATION: Certify Richmond Juvenile Detention Center until January 8, 2014.

TEAM MEMBERS: Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Paul Reaves, Central Office
Sean Milner, Central Office
Lloyd Jackson, Central Office
Marc Booker, Central Office
Dushawn Matthews-Wiggins, Chesterfield Juvenile Detention Home
Spring Johnson, Piedmont Juvenile Detention Home

AUDIT PROCESS:

Applicable Standards Reviewed:	267
Number of Mandatory Standards:	26
Number of Non-Mandatory Standards:	241

Compliance was determined through a series of observations, interviews, and reviews of various documentation.

- Interviews: Staff (10)
- Files Reviewed: Personnel (45)
Training records (45)

PROGRAM DATA:

- Sponsor: City of Richmond
- Service Area: City of Richmond
- Capacity: 60
- Population: 0 (at time of audit)
- Gender: Male-Female

- Age Range: 10-17
- Funding Sources: State - \$1,440,000
Local - \$3,615,000
- Staffing: Administrative (3)
Supervision (54)
Support (10)

BACKGROUND INFORMATION:

Richmond Juvenile Detention Center (RJDC) operated at its present location from 1996 until it was closed on April 27, 2012. Starting in October 2011, there were allegations of broken equipment, lack of staff training, and improper care of the residents. At the January 10, 2012, Board of Juvenile Justice (BJJ) meeting RJDC was placed on a probationary status until the April 11, 2012. At the April 11, 2012, meeting that probationary status was continued to January 9, 2013. On April 27, 2012, Richmond City Mayor Dwight Jones announced his decision of close the facility after more allegations were raised. The Certification Certificate was surrendered to the Department of Juvenile Justice on that date. The 48 residents were moved to other detention centers and the 72 staffs were laid off. Since that date detention services have been purchased from other detention centers by the City of Richmond.

CURRENT STATUS:

Since the closure, the City has hired new personnel including Director of Justice Services, Deputy Director of Justice Services, Superintendent, and two Assistant Superintendents. New staff have been hired and trained under a new intensive training curriculum. There have been numerous repairs to facility equipment to ensure the proper operation. New floor surfaces have been installed. Policies and procedures have been rewritten and staff trained in those.

The facility has applied to open a new program on the site of the old RJDC. The application was reviewed and an audit was conducted on April 30, 2013. Some regulations could not be assessed at that time due to no residents at the facility. Compliance was demonstrated with all the applicable regulations and the facility has met the requirements to establish a new secure detention program pursuant to 6 VAC 35-20-100. The facility has met the following criteria to grant a conditional certification for up to six months:

- Demonstrates 100% compliance with all mandatory standards;
- Demonstrates 100% compliance with all non-mandatory standards; and
- Has no life, health, or safety violations.

If certified, another audit will be conducted in October 2013, to assess those regulations that were not determinable. These would include residents' case files, medical files, and records for any additional new staff who have been hired and trained.

FACILITY DESCRIPTION:

The RJDC is a 60-bed secure facility designed to provide temporary and safe custody to male and female juvenile offenders between the ages of 10 and 17. The structure, which is approximately 15 years old, is divided into six 10-bed pods. The facility contains an intake and medical area, several classrooms, a library/computer lab, an arts and crafts room, a gymnasium, a dining area, and an outside recreation court. The grounds are fenced and there are security cameras scanning the interior and exterior perimeter of the building.

PROGRAM DESCRIPTION:

The RJDC is a pre-dispositional secure facility. The facility has a behavior management program which is designed to provide a system of rewards for positive behavior and teaches residents to be accountable for their behavior. Recreation is incorporated into the academic program and also occurs during leisure time. Residents will participate in psycho-educational groups five days a week and life skills twice a week. Programs are designed to ensure residents have a more productive transition when they return home or are transferred to other facilities.

Residents will receive medical and mental health services as needed. Three nutritious meals and one snack will be provided daily by the facility food services in accordance with USDA requirements.

The Dr. Virgie Binford Education Center, operated by the Richmond Public School system, is an eleven month academic program. Arrays of services are provided to include GED preparation, remedial courses, social skills and basic reading, writing, and math lessons. The facility education program is operated by a principal, and several teachers and support staff. When a resident is released, all their grades and testing results are communicated to the resident's designated school.

SERVICES PROVIDED:

- Direct:
 - Medical and mental health services
 - Educational enrichment
 - Emergency and medical transportation
 - Food services
 - Social and recreational services
 - Psycho-Educational groups
 - Life skills group
 - Volunteer Services

- Service accessed in the community:
 - Community service task
 - Community monitoring program
 - Psychiatric and mental health services

RESULT OF STAFF INTERVIEWS:

Staff comments indicated the following:

- They like Richmond Juvenile Detention Center being a smaller setting and with a lower population as compared to other facilities.
- The administration team and supervisors are professionals and appear to be caring about the staff and residents.
- The training presently being offered has been very detailed and informative.
- The administration has an open door policy.
- They like being able to work with and help at risk "kid's" and change some lives.

Staffs who were interviewed appeared to be very "upbeat" with good attitudes and morale. Several are cautiously optimistic and like the new leadership and the direction the facility is headed. They hope the line of communication will remain open.

**CERTIFICATION AUDIT REPORT
TO THE
BOARD OF JUVENILE JUSTICE**

PROGRAM AUDITED:
Shenandoah Valley Juvenile Center
300 Technology Drive
Staunton, VA 24401 – 3968
(540) 886-0729
Timothy J. Smith, Superintendent
tsmith@svic.org

AUDIT DATES:
January 14-15, 2013

CERTIFICATION ANALYST:
Name: Paul Reaves, Jr.

STANDARDS AUDITED:
6VAC35-51 Interim Standards for Children's Residential Facilities
6VAC35-140 Standards for Juvenile Residential Facilities

CURRENT AUDIT FINDINGS – January 15, 2013:

99 % Compliance Rating
No deficiencies from previous audit.

Number of Deficiencies: 1 - Non-Mandatory
1 - Mandatory

**6VAC35-51-550C Disciplinary Hearings
6VAC35-51-810F Medication Administration Record (Mandatory)**

RECOMMENDATION: Certify Shenandoah Valley Juvenile Center for three years.

PREVIOUS AUDIT FINDINGS – January 26, 2013:

99 % Compliance Rating

Number of Deficiencies: 1 - Non-Mandatory
1 - Mandatory

**6VAC35-51-800B - Screening Assessment for Tuberculosis
6VAC35-51-420C - Annual Fire Inspection (Mandatory)**

BOARD ACTION – June 9, 2010: Certified for three years.

TEAM MEMBERS: Paul Reaves, Jr. Team Leader
Cherie Beecroft - Abraxas House
Lloyd Jackson - DJJ Central Office
Clarice Booker - DJJ Central Office
Greg Davis - Chesterfield Detention Center
Cathy Roessler - Blue Ridge Detention Center
Mark Lewis - DJJ Central Office
Marc Booker - DJJ Central Office
Dushawn Wiggins - Chesterfield Detention Center

AUDIT PROCESS:

The audit team determined compliance through a series of observations, interviews, and reviews of various documentation.

- Interviews: Staff (4)
Residents (5)
- Files Reviewed: Personnel (4)
Training records (10)
Residents (10)

PROGRAM DATA:

- Sponsor: The Shenandoah Valley Juvenile Detention Commission
- Service Area: Counties of Augusta, Rockbridge, Rockingham and the
Cities of Lexington, Harrisonburg, Staunton, and Waynesboro
- Capacity: 38
- Population: 27 (at time of audit)
- Gender: Male/female
- Age Range: 9 -17
- Funding Sources: State - \$ 881,021
Local - \$ 1,057,225
USDA - \$ 44,311
Federal - \$1,585,838
- Staffing: Administrative (3)
Supervision (30)
Support (12)

FACILITY DESCRIPTION:

Shenandoah Valley Juvenile Center (SVJC) is a 38-bed secure detention center designed around three ten-room pods (one pod accommodates 15 beds). Current admissions are by court order only. The program offers a highly structured environment that promotes safety and accountability, while offering skill development and a wide range of services to instill positive attitudes and competencies

The facility is a single-floor building that is located on property next to the Augusta County Administrative Offices. The facility includes a control center, intake/clinic space, administrative offices, kitchen, dining hall, four classrooms, computer library, full-size gymnasium, exercise rooms, and a walled outside recreational area. The exterior of the building blends with the Augusta County Administrative Offices Complex.

PROGRAM DESCRIPTION:

Secure detention care is one of the facets used in the total treatment process for the small minority of juveniles requiring secure custody. It is a specific kind of childcare needed for those juveniles coming in conflict with the law who require secure custody for their own protection or for the protection of the community. Since the purpose and accepted philosophy of the juvenile court is the rehabilitation of juveniles, the detention process must be geared to attain a constructive experience for those detained. The social casework concept of treatment must be an integral part of all phases of living within the detention setting.

The philosophy of SVJC focuses upon providing an effective short-term crisis intervention type of program. Detention should begin the process of rehabilitation and lay the groundwork for

later treatment. Above all, the detained juvenile should feel in the staff a warm acceptance of himself or herself and rejection only of their anti-social behavior. The staff's belief in the detainee must be a belief in their best characteristics and, on the basis of this belief, in their capacity for change. The staff of SVJC are responsible for providing quality services for a client population that is in a state of crisis. The staff are trained and skilled to successfully provide services to individuals and groups of detainees.

The program offers a highly structured environment that promotes safety and accountability while offering skill development and a wide range of services to instill positive attitudes and competencies. The Center provides an educational program under the auspices of the State Department of Education and Augusta County. Medical assessments, mental health, and psychiatric services are available on site.

In June 2009, the facility began to accept residents from the Office of Refugee Resettlement (ORR) from the Division Unaccompanied Children Services from the Federal Government. There on the average 15 Federal detainees in the detention program and five residents in the Shelter and Assessment Program. There are three fulltime case managers and three clinicians assigned to this group. They are paid with Federal grant money. All are fluent in Spanish.

SERVICES PROVIDED:

- Facility Provided:
 - Behavior management
 - Case management
 - Education
 - Anger management
 - Substance abuse
 - Life skills
 - Medical health services
 - Mental health services
 - Recreation and physical education
 - Social/cultural activities
 - Music and art therapy

- Accessed in Community:
 - Mental health evaluations by the Community Services Board
 - Sex education program
 - Volunteer services

RESULT OF STAFF INTERVIEWS:

Staff comments indicated they:

- Like the work schedules and the variety of responsibilities.
- Feel the facility provides a good work environment.
- Like the program and are encouraged to build a professional relationship with the residents.

RESULT OF RESIDENT INTERVIEWS:

The interviews with residents indicated the following:

- Staff are willing to talk with them and help them.
 - They feel safe in the facility.
 - There were no reports of staff mistreatment.
 - Staff do their job well and communicate with the residents.
 - They like the counseling groups provided at the facility.
 - They like the food and recreation.
-

**CORRECTIVE ACTION PLAN
TO THE
BOARD OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Shenandoah Valley Juvenile Detention Center
SUBMITTED BY: Timothy J. Smith, Superintendent
CERTIFICATION AUDIT DATES: January 14-15, 2013
CERTIFICATION ANALYST: Pau Reaves, Jr

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-51-550 C. Disciplinary Hearings

A resident may admit to the charge to a facility administrator or designee who was not involved in the incident, accept the sanction prescribed for the offense and waive his right to a formal process. If the resident denies the charge or there is reason to believe that the resident's admission is coerced or that the resident does not understand the charge or the implication of the admission, the formal process for resolving the matter shall be followed.

Audit Finding:

Eight of 12 resident disciplinary charges reviewed in the case files did not document the resident was given a due process hearing or waived their right to the formal process when they refused to sign the charge.

Program Response

Cause:

Due Process form did not properly document residents waiving their rights when refusing to sign or participate in the formal process.

Effect on Program:

There was no effect on program operations.

Planned Corrective Action:

Due Process form was updated to properly document residents waiving their rights when refusing to sign or participate in the formal process.

Completion Date:

January 22, 2013

Person Responsible:

Jason Klingensmith, Program Manager

Current Status on April 18, 2013: Compliance

Nine files reviewed with disciplinary charges documented the resident was given a due process hearing or waived their right to the formal process.

6VAC35-51-810.F Medication Administration Record (Mandatory)

A medication administration record shall be maintained of all medicines received by each resident and shall include:

1. Date the medication was prescribed;
2. Drug name;
3. Schedule for administration;
4. Strength;
5. Route;
6. Identity of the individual who administered the medication; and
7. Dates the medication was discontinued or changed.

Audit Finding:

The route of the medication was missing from MARs in one of six medical case files reviewed.

Program Response

Cause:

Medication route was not written on one MAR.

Effect on Program:

There was no effect on program operations.

Planned Corrective Action:

MAR was updated to make it more user friendly. All medication administrators attended mandatory training refresher on the new MAR.

Completion Date:

January 21, 2013

Person Responsible:

Lisa Anderson, Nurse

Current Status on April 18, 2013: Compliance

Ten medical files reviewed with Medication Administration Records documented the route of the medication to be administered to the resident.

**CERTIFICATION STATUS REPORT
TO THE
BOARD OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Newport News Juvenile Detention Home
350 25th Street
Newport News, Virginia 23607
(757) 926-1610
barberdd@nngov.com

NAME OF ADMINISTRATOR:

Dawn D. Barber, Director

TEAM LEADER:

Clarice T. Booker, Certification Analyst

REASON FOR STATUS REPORT:

At the January 9, 2013, Board meeting, the Newport News Juvenile Detention was certified for one year with a status report due at the June 12, 2013, Board meeting. The facility amended its corrective action plan to require a totally manual room check verification program. Monitoring visits were conducted on February 27, 2013 and April 25, 2013. Confinement forms were reviewed on both dates and there were no areas of non-compliance.

6VAC35-140-560.B Room confinement and Isolation

Whenever a resident of a secure facility is confined to a locked room, including but not limited to being placed in isolation, staff shall check the resident visually at least every 30 minutes and more often if indicated by the circumstances; staff shall conduct a check at least every 15 minutes, in accordance with approved procedures, when the resident is on suicide watch.

Audit Finding on April 18, 2012:

There was no documentation of 30 minute room checks in three out of five room confinements reviewed.

Program Response

Cause:

The identified cause of non-compliance with this Standard was three-fold. 1) A lack of consistent and direct management oversight of the manual room check process put in place following the presentation to the Board; 2) Improper implementation of a "hybrid" manual room check system; and, continued Information Technology issues with the Department's Softec computer system.

Following the presentation to the Board, the Department initiated the suggested manual room check system; however, staff was manually recording the resident's room checks/large muscle exercise on logs and then "later" or during times in which the computer's speed allowed timely entry, would then "back" input the manual record times – unaware by Administration that this was improper according to the Standards.

In addition, the continuing attempt to utilize an automated technology application that would have effectively and efficiently document the monitoring of residents, by having the capacity to download and sync the room check/large muscle exercise information directly into the resident's chronological notes in accordance with the Standard also failed. The resolution of this issue is being aggressively addressed at the highest levels by the software company and the City's IT Department.

Effect on Program: (Significant)

Supervisors and staff are very diligent with the care of the residents in the facility; however, the audit findings could not substantiate 100% compliance with the Standard. Although the issue was traced back to both human and technology factors, the Department was unable to produce for the on-site auditors, the necessary proof of compliance; however, following the auditor's visit, a directed inquiry from my office was initiated and verification of staff conducting room checks, during the deficient times annotated by the auditors would have been supported by video verification.

Planned Corrective Action:

- 1) The Superintendent's duties/responsibilities have been restructured to ensure direct oversight of Secure operations, first-line supervision and strict adherence to the manual room check program.
- 2) A totally manual room check verification program has been instituted, with several levels of daily review and oversight.
- 3) Zero tolerance (appropriate disciplinary action) toward lack of duty and responsibility for proper room check documentation and the documentation that the residents were afforded a large muscle exercise opportunity by Pod staff.

Completion Date:

Complete review and review of the necessary action needed to implement the room check program started on December 3, 2012 and is on-going.

Person Responsible:

Dawn D. Barber, Director/Ernest W. Madison, Deputy Director/Sheena Christian-Howard, Superintendent

Status on July 26, 2012: Not compliant

The required 30 minute room checks were missing in four out of four confinements reviewed, and the facility was not able to produce the fifth confinement report requested.

Status on December 3, 2012: Not compliant

The required 30 minute room checks were missing in ten out of ten confinements reviewed.

Status on February 27, 2013: Compliant

Fifteen confinement reports were reviewed and 30 minute room checks were documented in each.

Current Status on April 25, 2013: Compliant

Five confinement reports were reviewed and 30 minute room checks were documented in each.

**CERTIFICATION AUDIT REPORT
TO THE
BOARD OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Crossroads Community Youth Home
5684 Mooretown Road
Williamsburg, Virginia 23188
Phone # (757) 258-5106
Ronald C. Wallace, Program Director
wallace@yorkcounty.gov

AUDIT DATES:

December 4-5, 2012

CERTIFICATION ANALYST:

Name: Paul Reaves, Jr.

STANDARDS AUDITED:

6VAC35-51 Interim Standards for Children's Residential Facilities
6VAC35-140 Standards for Juvenile Residential Facilities

CURRENT AUDIT FINDINGS – December 4, 2012:

97.6 % Compliance Rating

*One deficiency from previous audit.

Number of Deficiencies: 3 - Non-Mandatory; 5 - Mandatory

6VAC35-140 – 70 Grievance Procedures

6 VAC 35-140-190 Health Screening (Mandatory)

***6VAC35-51- 310 B. Annual Training**

6VAC35-51 -740 F. Discharge

6VAC35-51-790 B Medical Information (Mandatory)

6VAC35-51- 810 E. Administration of Medication (Mandatory)

6VAC35-51 - 810 F. Medication Administration Record (Mandatory)

6VAC35-51 - 810 G. Medication Errors (Mandatory)

RECOMMENDATION: Place Crossroads Community Youth Home on probation until January 8, 2014, due to continued non-compliance with a mandatory standard. A status report is due on September, 11, 2013.

PREVIOUS AUDIT FINDINGS – December 8, 2009:

97 % Compliance Rating

Number of Deficiencies: 6- Non-Mandatory; 3- Mandatory

6VAC35-140-280.D Annual Staff Training

6VAC35-51-310.B Annual Training

6VAC35-51-680.A Admission Application

6VAC35-51-800.B Tuberculosis Screening

6VAC35-51-800.D Physical Exam (Mandatory)

6VAC35-51-810.F Medication Administration Record (Mandatory)

6VAC35-51-860.A Behavior Support Plans

6VAC35-51-1040.B Grievance Retention

6VAC35-51-1050.H Emergency Procedures (Mandatory)

BOARD ACTION – April 7, 2010: Certified for three years.

TEAM MEMBERS: Paul Reaves, Jr. Team Leader
Clarice Booker - DJJ Central Office
Lloyd Jackson – DJJ Central Office
Jared Miller- DJJ Central Office
Mark Lewis- DJJ Central Office
Shelia Palmer- 12th District Court Services Unit
Ray Barnett – Chaplin Youth Center

AUDIT PROCESS:

Applicable Standards Reviewed:	345
Number of Mandatory Standards:	43
Number of Non-Mandatory Standards:	302

Compliance was determined through a series of observations, interviews, and reviews of various documentation.

- Interviews: Staff (6)
Residents (8)
- Files Reviewed: Personnel (1)
Training records (5)
Volunteers (2)
Case Files (10)

PROGRAM DATA:

- Sponsor: Colonial Group Home Commission
- Capacity: 16 beds
- Gender: Male and Female
- Age Range: 14 to 17
- Admissions: FY12 (42) FY11 (38)
- Utilization Rate: FY12 (43%) FY11 (48%)
- Funding Sources: State: \$263,391
Local: \$1,259,415
- Staffing: Administrative: (1)
Supervision: (5)
Support: Clerical (1)
Foodservices (1.5)
Treatment staff (2)
Maintenance (1)

FACILITY DESCRIPTION:

Crossroads Community Youth Home has been in operation since 1973. The former facility was an old two-story house with basement and two separate buildings for administrative services. The new facility is sited on three acres adjacent to a light industrial park. A residential community is approximately ¼ mile from the present site. The 16-bed facility is only a 5-minute drive from the local hospital, school, recreation facility, and shopping areas. The new building was completed and occupied on October 13, 2008. It is a large modern one-story building. The

bedrooms surround a large multipurpose room that serves as a recreation area, dining area, and is used for group meetings. There are excellent kitchen facilities, administrative areas, and classrooms. There is a large outdoor recreation area. Equipment and furniture are modern and in excellent condition.

PROGRAM DESCRIPTION:

The Crossroads Community Youth Home program has provided services for males and females ages 14 to 17, who experience adjustment problems at home and in the community. Most of the juveniles are referred by the court as an alternative to detention. The youths attend public school and through the structured programming of Crossroads, many of the youth are able for the first time to be successful both academically and behaviorally.

Each resident, upon admission, is assigned an individual counselor trained in various counseling techniques. Professional psychological services are made available through a grant funded by the Williamsburg Community Health Foundation. Group counseling is provided with specific emphasis on substance abuse. Every family has the opportunity to engage in weekly sessions with a trained family counselor while their child is in the program. Each resident should exhibit sufficient self-control to allow the resident to function in an open setting without constant supervision. Residents must attend school or work while at Crossroads.

The residents reside in the therapeutic setting for a short period while remaining close to home, parents, and friends. The goal is to return each resident to his or her natural home, whenever possible. While at Crossroads, each resident receives an individual treatment program geared toward developing self-control and appropriate behavior. The program is designed to meet their needs in areas including social, emotional, physical, educational, vocational, and recreational. There has been a substantive change in the treatment milieu, which now includes the introduction of the Cognitive Behavior Treatment theory.

SERVICES PROVIDED:

Crossroads provides service in a Therapeutic Milieu Program that is designed to:

- Build life skills competencies,
- Rehabilitate socially unacceptable behavior,
- Enable insight into problematic behavior,
- Reinforce appropriate limits and boundaries,
- Facilitate positive life choices, and
- Promote appropriate self-confidence.

The therapeutic milieu requires a personal growth and maturity oriented social environment, an accepting and positive focus, and a non-punitive approach by all staff at all levels. Limits and boundaries must be reinforced with an emphasis on providing the residents an opportunity to learn from experience. In Cognitive-Behaviorally based programs, intervention relies on interrupting the cycle of undesirable behavior, facilitating the residents in identifying the emotion(s) motivating impulsive behavior, enabling self-regulation of emotion, and developing alternatives to offensive behavior. It is not necessary to inflict pain on a physical, emotional, psychological, social, or economic level. It is necessary to ensure that residents make competency gains from experiences of daily living and that they are frequently and appropriately reinforced for positive behavior.

Staff serves not only as gatekeepers and caretakers, but also as mentors, teachers, foster parents, and the voice of wisdom from experience. However, staff should not become "friends"

with residents. Staff needs to maintain the respectable boundary and healthy emotional distance of a teacher-and-student relationship that also allows for an open exchange of ideas. The Crossroads Community Youth Home Staff Manual is the guide by which staff is provided the allowable methods and means to carry out the exceptional responsibility with which they are entrusted.

Crossroads is adjacent to a light industrial park where some resident's services and recreational opportunities are easily accessed in the community. Professional counseling services are provided by Colonial Behavioral Health, Bacon St. Inc. and the York County Juvenile Services, Psychological and Substance Abuse programs. The residential community is approximately ¼ mile from the present site. The facility is only a 5-minute drive from the local hospital, school, recreation facility and shopping areas. The facility is conveniently located just off the Interstate 64 corridor.

RESULT OF STAFF INTERVIEWS:

Staff comments indicated:

- They like the structure of the program.
- They enjoy interacting with the court and community providers.
- They are knowledgeable of policy, procedures, and program operation.
- The administration and supervisors are supportive.
- They enjoy working with the resident and their families.

RESULT OF RESIDENT INTERVIEWS:

The interviews with residents indicated the following:

- The staff members are very supportive and helpful with solving the residents' problems.
 - They like the recreational activities.
 - They enjoy going on trips and outings.
 - The program helps them with focusing upon their issues and working toward resolutions.
 - The food is very good.
 - Feel very safe and cared for by staff.
-

**CORRECTIVE ACTION PLAN
TO THE
BOARD OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Cross Roads Community Group Home
SUBMITTED BY: Ron Wallace, Director
CERTIFICATION AUDIT DATES: December 4-5, 2012
CERTIFICATION ANALYST: Paul Reaves, Jr.

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-140 – 70 Grievance Procedures

Written policy, procedure and practice shall provide that residents of the juvenile residential facility are oriented to and have continuing access to a grievance procedure that provides for:

- 1. Resident participation in the grievance process, with assistance from staff upon request;**
- 2. Documented, timely responses to all grievances with the reasons for the decision;**
- 3. At least one level of appeal;**
- 4. Administrative review of grievances;**
- 5. Protection of residents from reprisal for filing a grievance;**
- 6. Retention of all documentation related to grievances for three years from the date of the filing of the grievance and**
- 7. Hearing of an emergency grievance within eight hours.**

Audit Finding:

Four of ten case files reviewed did not document that residents were oriented to the facility grievance procedure.

Program Response

Cause:

For the four cases in question, there was no documentation that the resident signed his/her handbook cover page stating that the resident was oriented to the grievance procedures. This error was caused by a lack of staff attention to detail.

Effect on Program:

This could have potentially led to the residents in question not having their rights to a grievance upheld.

Planned Corrective Action:

At the time of admission, but not to exceed eight hours, all residents shall receive an explanation of the Crossroads Community Youth Home (CCYH) grievance procedure. In order to insure that this error does not occur again, the CCYH In-processing/Admission checklist has been amended to include this element. Within 72 hours of their arrival, the grievance procedure shall be reviewed by each resident to insure that he/she is familiar with the system. Both the Case Management Specialist and the resident shall sign off on this document to verify that this procedure has been reviewed with the resident.

Completion Date:

Effective immediately.

Person Responsible:

Case Management Specialist Lorraine Speller, or designee, shall insure that each resident has reviewed the program grievance procedures.

Current Status on February 27, 2013: Compliance

In six of six new case files reviewed had documentation that residents were oriented to the facility's grievance procedure.

6 VAC 35-140-190. Health Screening at Admission (Mandatory)

Written policy, procedure and practice of the juvenile residential facility shall require that to prevent newly-arrived residents who pose a health or safety threat to themselves or others from being admitted to the general population, all residents shall immediately upon admission undergo a preliminary health screening consisting of a structured interview and observation by health care personnel or health-trained staff, using a Health Screening Form that has been approved by the facility's health authority.

Audit Finding:

One of ten medical files was missing documentation of the date of the health screening.

Program Response

Cause:

In this case, the staff person who performed the initial in-processing procedure for the resident overlooked the date blank on the Health Screening Form.

Effect on Program:

The date on the Health Screening Form is very important in terms of the possible need for immediate and/or follow-up care. Though there was no direct impact on the resident's health, the potential still existed for delayed follow-up medical care for this youth.

Planned Corrective Action:

In order to insure compliance, all Medical Screening Forms shall be reviewed for completion and signed by the Case Management Specialist, Lorraine Speller, or her designee, within 24 hours of the resident's arrival. The Health Screening Form will also be reviewed by the

Residential Operations Supervisor, Carolyn Radcliffe or her designee within 72 hours of the resident's arrival;

Completion Date:
Effective immediately

Person Responsible:
Crossroads Case Management Specialist Lorraine Speller and Carolyn W. Radcliffe,
Residential Operations Supervisor

Current Status on February 27, 2013: Compliance

In six of six new resident case files reviewed had documentation of the date on the Health Screening Form at admission.

6VAC35-51- 310 B. Annual Training

1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include:
 - a. Alerting emergency personnel and sounding alarms;
 - b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, non-ambulatory);
 - c. Using, maintaining, and operating emergency equipment;
 - d. Accessing emergency information for residents including medical information;
and
 - e. Utilizing community support services.
2. All staff who administer medication shall complete annual refresher medication training.
3. All child care staff shall receive annual retraining on the provider's behavior intervention and timeout policies and procedures.
4. All staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide prevention.
5. All staff shall receive annual retraining on the provider's policies and procedures regarding standard precautions.

Audit Finding:

The following training was not documented;

- In five of five training files reviewed staff did not receive annual refresher training in emergency preparedness and response training in seven of 13 opportunities.
 - In one of six opportunities staff were missing documentation of annual medication refresher training.
 - In three of seven opportunities staff were missing annual retraining in behavior intervention and time out policies and procedures.
 - In two of thirteen opportunities staff were missing documentation of annual retraining on the provider's policies and procedures regarding standard precautions.
-

Program Response

Cause:

Incomplete and inconsistent administration with regard to annual staff retraining being completed. Although the initial emergency preparedness and response, medication management, behavior intervention, and standard precautions training occurred during orientation, annual follow-up was not consistently done.

Effect on Program:

Loss of continuity in training for emergency preparedness, medication management, behavior intervention, and standard precautions left the potential for improper staff performance. Fortunately, there are no documented cases of negative outcomes for the health and welfare of the program's youths, staff or facilities.

Planned Corrective Action:

All staff training and retraining dates will be entered on the program's electronic calendar with automatic digital and written notifications to all staff members. Training records shall be reviewed on a quarterly basis to insure compliance with training requirements.

Completion Date:

Effective immediately

Person Responsible:

Program Manger III, Ron Wallace, in collaboration with Carolyn Radcliffe, Residential Operations Supervisor, and Administrative Assistant II Carol Bennink shall enter the electronic calendar data and administer the notifications.

Current Status on February 27, 2013: Not Determinable

The facility schedules staff training annually during the calendar year and has scheduled annual refresher training in emergency preparedness and response, annual medication refresher training, standard precautions training and annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide prevention, for dates in March 2013 and April of 2013 for this training.

Current Status on May 2, 201: Compliance

Fifteen of 15 staff training files had documentation of annual training for annual refresher training in emergency preparedness and response, annual medication refresher training, standard precautions training and annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide prevention for 2013.

6VAC35-51 -740 F. Discharge

Information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care shall be provided to the legal guardian or legally authorized representative, as appropriate.

Audit Finding:

Four of ten case files were missing documentation of information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care being provided to the legal guardian or legally authorized representative

Program Response

Cause:

Our current discharge report does not include all required elements as indicated in the audit findings.

Effect on Program:

The information has formerly been provided verbally at the final treatment team meetings. There have been no indications of adverse effects in regard to the follow-up and continuing provision of medical, educational, or social services for the youths who were discharged from the program.

Planned Corrective Action:

In order to insure compliance with this regulation, revisions to the Crossroads discharge report have been amended to include the following elements:

- Current medications
- Need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care

In order to insure completion of these treatment care elements, the program administrator shall review all discharge summaries within 72 hours of the resident's release from the program.

Completion Date:

Effective immediately

Person Responsible:

Residential Operations Supervisor, Carolyn Radcliffe and Program Manager, Ron Wallace

Current Status on February 27, 2013: Compliance

Three of three case files reviewed contain a Comprehensive Discharge Summary that documented information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care being provided to the legal guardian or legally authorized representative of the resident discharged.

6VAC35-51-790 B Medical Information (Mandatory)

The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency:

1. Name, address, and telephone number of the physician and dentist to be notified;
2. Name, address, and telephone number of a relative or other person to be notified;
3. Medical insurance company name and policy number or Medicaid number;
4. Information concerning:
 - a. Use of medication;

- b. All allergies, including medication allergies;
 - c. Substance abuse and use; and
 - d. Significant past and present medical problems.
5. Written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent; and Subdivisions 3 and 5 of this subsection do not apply to secure detention facilities except when a resident is confined in post-dispositional detention.

Audit Finding:

Six of ten medical files were missing the address and or telephone number of the physician or dentist concerning. One out of ten was missing documentation of permission for emergency care.

Program Response

Cause:

The intake staff persons did not complete the medical form on the day of admission. Also, the initial supervisory review of medical care form did detect the missing medical emergency authorizations from parent/guardian.

Effect on Program:

Fortunately, there are no documented cases of negative outcomes for the health and welfare of the youths. The missing information could have potentially resulted in the resident not receiving medical and or dental care within the prescribed intervals.

Planned Corrective Action:

All medical information is now being reviewed by supervisory personnel within 72 hours of the resident's placement in the group home. There shall be additional training of intake staff by the training personnel.

Completion Date:

Effective immediately.

Person Responsible:

Residential Operations Supervisor Carolyn Radcliffe, or her designee, shall be responsible for the provision of remedial training and for insuring that the medical files are reviewed and in compliance with licensing regulations.

Current Status on February 27, 2013: Compliance

Nine of nine case files reviewed had documentation of the address and or telephone number of the physician or dentist and documentation of permission for emergency care for each resident.

6VAC35-51- 810 E. Administration of Medication (Mandatory)

Medication prescribed by a person authorized by law shall be administered as prescribed.

Audit Finding:

Two medical files reviewed contained the following instances where medication was not administered as prescribed.

- Resident # 1 - August 12-13, 2011, Doxycycline Hyclate 100 mg (ran out of the medication). August 25-31, 2011, Doxycycline Hyclate 100 mg (ran out of the medication). June 6, 2011, June 16 -19, 2011, June 21-26, 2011, ran out of Clonidine 0.1mg HCL.
- Resident # 2 August 25-31, 2011, Doxycycline Hyclate 100 mg (ran out of the medication).

Program Response

Cause:

Direct care as well as supervisory staff neglected to detect the low medication count for the two residents in question.

Effect on Program:

Fortunately in the case of the Doxycycline Hyclate 100 mg, there was no danger of physical effects. In the case of the Clonidine 0.1mg HCL, according to the prescribing physician, the patient was to resume the dosage as soon as available and not attempt to make up for loss dosages. There was no attempt by the staff to make up for loss dosage.

Planned Corrective Action:

A review on medication management will be scheduled to include the issues of medication supply maintenance. In addition, an audit of all prescription medications shall be conducted twice weekly. A monthly medication audit shall be conducted by administrative staff. In addition, training shall be scheduled for all medication management staff through the program's certified Virginia Board of Nursing trainer.

Completion Date:

02-28-2013

Person Responsible:

Residential Operations Supervisor Carolyn Radcliffe, Program Manager, Ron Wallace

Current Status on February 27, 2013: Non-compliance

On January 26, 2013 Crossroads staff did not administer the morning dosage of 20mg of Paxil medication to a resident as prescribed by his physician.

Current Status on May 2, 2013: Non-compliance

In two of five medical case files reviewed the following medications were not administered as prescribed:

- Flexeril 5mg 6:00 a.m. medication was not administered as prescribed on March 6, 7, 8,9, 2013.
- Triamcinolone 0.025 8:00 p.m. was not administered to the resident as prescribed. on April 1, 2013.

6VAC35-51 - 810 F. Medication Administration Record (Mandatory)

A medication administration record shall be maintained of all medicines received by each resident and shall include:

1. Date the medication was prescribed;
2. Drug name;
3. Schedule for administration;
4. Strength;
5. Route;
6. Identity of the individual who administered the medication; and
7. Dates the medication was discontinued or changed.

Audit Finding:

In three medical files reviewed Medication Administration Records did not document the route and schedule for administration.

Program Response

Cause:

Medication management staff who wrote the MAR, as well as supervisory staff, neglected to detect that the route and schedule for the three medications in question were not documented.

Effect on Program:

There were no negative effects to the residents receiving these medications.

Planned Corrective Action:

A training review on medication management will be scheduled to include the issues related to MARs, with an emphasis on medication routing documentation elements. In addition, an audit of all prescription medications shall be conducted twice a week and the staff shall be retrained.

Completion Date:

Staff retraining completed on 02-28-2013.

Person Responsible:

Residential Operations Supervisor, Carolyn Radcliffe and Program Manager, Ron Wallace in collaboration with a Virginia Board of Nursing trainer.

Current Status on February 27, 2013: Compliance

Five of five applicable medical files reviewed containing Medication Administration Records contained documentation of the route and scheduled for the administration of the medication.

6VAC35-51 - 810 G. Medication Errors (Mandatory)

In the event of a medication error or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a Poison Control Center, pharmacist, nurse, or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented.

Audit Finding:

In two medical files reviewed medication errors did not documented the actions taken by staff according to established procedures.

Program Response

Cause:

The medication error forms were completed in each of these cases. However, the staff failed to take corrective actions by contacting the prescribing physician, pharmacy, or Poison Control Center as specified.

Effect on Program:

There were no adverse health effects for the residents in these two cases.

Planned Corrective Action:

In an effort to increase performance and staff accountability, there shall be a medications audit performed twice weekly. Additionally, all medication error forms shall be reviewed weekly. As a remedial action, periodic reviews on how to avoid medication errors and how to properly complete a medication error form shall be performed. These reviews shall be done with individual staff persons on a case by case basis.

Completion Date:

The review of medication error forms shall begin immediately. The review of medication management procedures shall be done by 02-28-2013.

Person Responsible:

Residential Operations Supervisor Carolyn Radcliffe and Program Manager, Ron Wallace.

Current Status on February 27, 2013: Compliance

One applicable medical file reviewed documented the medication error and the actions taken by staff according to established procedures.

**CERTIFICATION AUDIT REPORT
TO THE
BOARD OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Shenandoah Valley Juvenile Shelter and
Assessment Center
300 Technology Drive
Staunton, VA 24401
(540) 886-0729
Timothy Smith, Executive Director
tsmith@svjc.org

AUDIT DATES:

January 14-16, 2013

CERTIFICATION ANALYST:

Name: Paul Reaves, Jr.

STANDARDS AUDITED:

6VAC35-51 Interim Standards for Children's Residential Facilities
6VAC35-140 Standards for Juvenile Residential Facilities

CURRENT AUDIT FINDINGS - January 16, 2013

99 % Compliance Rating

No deficiencies from previous audit.

Number of Deficiencies: 2 - Non-Mandatory
1 - Mandatory

6VAC35-51-780. E Logbooks

6VAC35-51-800.B Medical Examinations and Treatment

6VAC35-51-810.F Medication Administration Record (Mandatory)

RECOMMENDATION: Certify Shenandoah Valley Juvenile Shelter and Assessment Center for three years.

PREVIOUS AUDIT FINDINGS – January 26, 2010

100 % Compliance Rating

BOARD ACTION – June 9, 2010: Certified for three years.

TEAM MEMBERS:

Paul Reaves, Jr. - Team Leader:
Clarice Booker - Central Office
Lloyd Jackson - Central Office
Cathy Roessler - Blue Ridge Detention Center
Mark Lewis - Central Office

AUDIT PROCESS:

Total Number of Applicable Standards:	326
Number of Mandatory Standards:	44
Number of Non-Mandatory Standards:	282

Compliance was determined through a series of observations, interviews, and reviews of various documentation.

- Interviews: Staff (2)
- Residents (3)
- Files Reviewed: Personnel (5)
- Training records (5)
- Residents (6)
- Volunteers (3)

PROGRAM DATA:

- Sponsor: Shenandoah Valley Juvenile Center Commission
- Service Area: Counties of Augusta, Rockbridge, Rockingham, and the Cities of Lexington, Harrisonburg, Staunton, and Waynesboro
- Capacity: 20
- Gender: Male and Female
- Age Range: 12 - 17
- Funding Sources: Local - \$ 360,541
Other - \$ 1,537,043
USDA - 23,860
- Staffing: One Program Manager
16 direct care staff

FACILITY DESCRIPTION:

The Shenandoah Valley Juvenile Detention Center (SVJDC) converted 20 of its 58 beds from secure detention to a less secure shelter. The Shenandoah Valley Juvenile Shelter and Assessment Center (SVJS&AC) was created by partitioning off two pods of the secure detention building and removing or disabling security devices in the new area. SVJDC added a separate parking area, main entrance, lobby, intake office, and multipurpose room for the shelter. The total square footage for the new shelter program is 9,000 sq. feet. The center has a computer library, full kitchen, two outdoor recreation areas and a brick patio. Current admissions are by court order and social service referral. The program offers a highly structured environment that promotes safety and accountability, while offering skill development and a wide range of services to instill positive attitudes and competencies. Medical, clerical, maintenance, and utilities are provided by the SVJDC.

PROGRAM DESCRIPTION:

The purpose of the SVJS&AC is to provide a safe residential environment in which at-risk children removed from their homes can be evaluated for services and potential placement in long-term programs. In addition, on a space-available basis, the program provides short-term shelter care for children who are removed from the home under a shelter care or emergency removal order.

The Assessment Center has a dedicated staff and a case manager assigned to work with the residents in the non-secure program.

The assessments are conducted by professionals in the community pursuant to arrangements made by local departments of social services. The behavior management at the facility is under a points system with level-based privileges. Education is provided at the facility by certified teachers. Food and medical services are provided by staff from the SVJDC. Residents from the Assessment Center do not enter the secure area of the SVJDC for services.

In June 2009, the facility began to accept residents from the Office of Refugee Resettlement (ORR) from the Division Unaccompanied Children Services from the Federal Government. There on the average 15 Federal detainees in the detention program and five residents in the Shelter and Assessment Program. There are three fulltime case managers and three clinicians assigned to this group. They are paid with Federal grant money. All are fluent in Spanish.

SERVICES PROVIDED:

Facility Provided:

- Residential
- Medical
- Educational
- Recreational

Community Provided:

- Mental health
- Psychological assessments
- Psychiatric assessments
- Educational assessments

RESULT OF STAFF INTERVIEWS:

Staff comments indicated they:

- Like the work schedules and the variety of responsibilities.
- Like working with the residents in the shelter program.
- Feel the facility provides a good work environment.
- Like the program and are encouraged to build a professional relationship with the residents.

RESULT OF RESIDENT INTERVIEWS:

The interviews with residents indicated the following:

- They like the program and how it promotes positive behavior.
- They feel safe in the program.
- They feel the program is helping them to control anger.
- They like the cleanliness of the facility.
- They feel staff is supportive and accessible if they have a problem.

**CORRECTIVE ACTION PLAN
TO THE
BOARD OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Shenandoah Valley Shelter Care Program
SUBMITTED BY: Timothy Smith Executive Director
CERTIFICATION AUDIT DATES: January 14-16, 2013
CERTIFICATION ANALYST: Paul Reaves, Jr.

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-51-780. E Logbooks

The identity of the individual making each entry in the daily communication log shall be recorded.

Audit Finding:

Three of six facility logbooks reviewed were missing the identity of the individual making the entry in the daily log book.

Program Response

Cause:

Staff did not identifying themselves in the unit log books on every entry.

Effect on Program:

There was no effect on program operations.

Planned Corrective Action:

Staff will attend a mandatory training refresher on daily log book entries and requirements. Logbooks will be reviewed daily by shift supervisors.

Completion Date:

January 29, 2013

Person Responsible:

Jason Klingensmith, Program Manager

Current Status on April 18, 2013: Compliance

A review of four log books started documented the identity of the individual making the entry in the daily log.

6VAC35-51-800.B Medical Examinations and Treatment

Within seven days of placement, except for secure detention, each resident shall have had a screening assessment for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on the current screening form published by the Virginia Department of Health. The screening assessment can be no older than 30 days. Secure detention shall have completed the screening assessment on each resident within five days of placement.

Audit Finding:

There was no documentation in four of six medical case files of the results of a screening assessment for tuberculosis on the screening form.

Program Response

Cause:

Screening form did not have the results of the screening assessment. The results were documented on the residents physical.

Effect on Program:

There was no effect on program operations.

Planned Corrective Action:

Document screening assessment results on the VDH screening form.

Completion Date:

January 16, 2013

Person Responsible:

Lisa Anderson, Nurse

Current Status on April 18, 2013: Compliance

Six of six medical files reviewed had documentation of the results of a screening assessment for tuberculosis on the screening form.

6VAC35-51-810.F Medication Administration Record (Mandatory)

A medication administration record shall be maintained of all medicines received by each resident and shall include:

1. Date the medication was prescribed;
2. Drug name;
3. Schedule for administration;
4. Strength;
5. Route;
6. Identity of the individual who administered the medication; and
7. Dates the medication was discontinued or changed.

Audit Finding:

The route of the medication was missing from MARs in two of five medical files reviewed.

Program Response

Cause:

Medication route was not written on MAR.

Effect on Program:

There was no effect on program operations.

Planned Corrective Action:

MAR was updated to make it more user friendly. All medication administrators attended mandatory training refresher on the new MAR.

Completion Date:

January 21, 2013

Person Responsible:

Lisa Anderson, Nurse

Current Status on April 18, 2013: Compliance

Four of four medical files reviewed had documentation of the route the medication.

DEPARTMENT OF JUVENILE JUSTICE REGULATORY UPDATE

June 12, 2013

6VAC35-20

Regulations Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs

Stage: PROPOSED (Standard Regulatory Process)

Status: The last comprehensive review of this regulation was completed in September 2003. The Board approved a NOIRA for the initiation of the regulatory process on November 18, 2009. The NOIRA was published in *The Virginia Register* on August 2, 2010. No comments were received. The Department convened a multi-disciplinary committee to conduct the comprehensive review of the regulation in its entirety. The proposed draft regulation was approved by the Board at its April 13, 2011 Board meeting. The regulation was published in the Virginia Register on October 8, 2012. No public comments were received during the public comment period. On January 8, 2013, the Board approved the proposed draft, with amendments, to advance to the Final Stage of the regulatory process. The regulations are currently undergoing the Executive Branch Review at the Final Stage.

Next Step:

- ✓ If approved through the Executive Branch Review, the regulations will be published in The Virginia Register followed by a 30-day public comment period.
- ✓ If there are no objections during this period, the regulations will become final on a date approved by the Board.

6VAC35-180

Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice.

Stage: Request for NOIRA

Status: The last comprehensive review of this regulation was completed on February 9, 2005. As required by statute and Executive Order, this regulation is currently subject to a periodic review. This regulation was open for public comment through July 8, 2011. Eight public comments were received. The Department convened a multi-disciplinary committee to review the regulations. Amendments were recommended by the committee. At the September 27, 2011 Board meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation.

Next Step:

- ✓ The NOIRA will undergo an Executive Branch review and will be subject to a 30-day public comment period.

6VAC35-41
6VAC35-71
6VAC35-101

Regulation Governing Juvenile Group Homes and Halfway Houses
Regulation Governing Juvenile Correctional Centers
Regulation Governing Juvenile Secure Detention Centers

Stage: FINAL (Standard Regulatory Process)

Status: The Board is in the process of overhauling its residential regulations. The Board regulates three types of facilities (juvenile correctional centers, juvenile secure detention centers, and juvenile group homes) that are governed by two sets of regulations (6VAC35-140 and 6VAC35-51). The proposed regulations (1) separate and consolidate the provisions for each type of facility and (2) reflect changes recommended through a comprehensive review of the applicable provisions by multidisciplinary committees.

NOIRAs on these regulations were published on May 11, 2009. No public comments were received on the NOIRAs relating to juvenile detention centers and juvenile group homes; comments were submitted on the NOIRA relating to juvenile correctional centers.

The Board approved proposed drafts at its September 9, 2009, Board meeting. All three regulations were published in the *Virginia Register* on February 2, 2010, and a 65-day public comment period was open through April 7, 2010, during which a public hearing was held. Comments were received on all three proposed regulations during the public comment period and were reviewed by the applicable committees.

At its November 14, 2012 meeting, the Board approved all three regulations, with amendments, for advancement to the Final Stage of the regulatory process. The regulations are currently undergoing the Executive Branch Review at the Final Stage.

Next Step:

- ✓ If approved through the Executive Branch Review, the regulations will be published in The Virginia Register followed by a 30-day public comment period.
- ✓ If there are no objections during this period, the regulations will become final on a date approved by the Board.

**JustChildren Public Comment
DJJ Board Meeting 6/12/13**

July will mark the first anniversary of the Department of Correctional Education's merger with the Department of Juvenile Justice. Today the Board will hear a presentation about its oversight role over components of the division of education. Now is also a good time to take a look at the effect the merger has had on the provision of educational programs for residents of Virginia's Juvenile Correctional Centers.

JustChildren is aware that the General Assembly mandated the Division of Education to reduce spending and cut positions as part of the 2013 budget amendments. Last week, JustChildren received an influx of letters from residents about their difficulties and concerns that have arisen as a result of these cuts. I had the opportunity to personally meet with a few of them and hear about their troubles directly. I would like to share a few of their concerns with you now.

One resident wrote, "They just shut down all shops in school and we have been in these classes since January. I have a big issue because [I won't] be able to receive my credits for my class, and therefore just ruined my graduation this upcoming December. Eighteen teachers just got fired and they're shoving everybody in other classes."

Another wrote, "My masonry teacher [was] fired, and I'm just about to receive my end of course credits . . . [t]hey try to hide it and tell the students, '[oh] well you [have] gym for the rest of the year.' . . . [W]hen we had to come back to school, I was placed in the gym with over 30 kids. . . . [T]his is not safe. I'm scared of what will happen."

We heard from a client that, despite not having a teacher for over a month just before the end of Algebra II, he is still expected to take the SOL test this week for the course. This is a core class that is vital to the student receiving a standard diploma.

Finally, another client wrote, "Rumor is that the GED teachers will be replaced by computers. Also it has been said that by the time we beg[*i*]n summer school . . . the[re] will only be 14 or 15 teachers here at Beaumont. When I say this I am speaking on behalf of the student body. We care about our education. . . . [T]eachers . . . play a major role here at Beaumont."

In addition to layoffs, JustChildren has concerns about other issues that are jeopardizing residents' education. First, DJJ schools lack accountability with the public. We have been unable to verify that DJJ schools are fully accredited by the Virginia Board of Education, and they have not submitted an alternative accreditation plan like every other public school that serves nontraditional populations. Further contributing to its lack of accountability, DJJ does not publish any data about its schools that other schools have to provide, such as SOL scores and graduation rates. Second, DJJ has been promising college courses for months, if not longer, but is still not offering them. Finally, the Virginia Performs website indicates that GED pass rates dropped from 81% in 2009 to 62% in 2012.

A sound education is vital to these young people's ability to successfully reenter society. It allows them to obtain and maintain employment, become contributing members to society, and stay out of the criminal justice system. At JustChildren we understand that times are tough and the state budget is tight. When cuts to education are necessary, they should be done carefully and with consciousness of the specific needs of individual residents.

Therefore, we ask that DJJ conduct a thorough staffing analysis, as directed by the General Assembly, if it has not already done so. We ask that the Board look beyond numbers and ratios, and instead consider the educational needs of individual residents. Although the number of incarcerated juveniles has declined over recent years, individual residents still have a diverse range of educational needs that numbers alone cannot address.

As part of an effort to alleviate these concerns in the future, we ask that the Board serve as advocates for education in DJJ schools. You should explain to legislators and other policymakers the importance of education in reducing recidivism and why the unique circumstances of DJJ schools require low student to teacher ratios. This within your authority; the Code of Virginia establishes the power and duty of the Board to "advise the Governor and Director on matters relating to youth services."¹

JustChildren plans to return to the next Board meeting and provide an update on conditions in JCCs, as reported to us by our clients. We hope this will help inform the Board of concerns that need to be addressed and other items of interest.

We appreciate the administration's willingness to discuss and address concerns that JustChildren has raised on behalf of DJJ residents. A year ago we asked the Board to make education a top priority, and today we renew that request. We hope that you will take appropriate action in response to these barriers to DJJ residents' ability to receive a sound education.

-Patrick Ryan, law student intern

¹ Va. Code § 66-10 (2012).

June 6, 2013

MEMORANDUM

TO: State Board of Juvenile Justice

SUBJECT: Request for Variance from 6VAC35-51-480

I. Action Requested

The Department of Juvenile Justice is requesting the State Board of Juvenile Justice to approve a variance from 6VAC35-51-480 for the following buildings:

- Caskie and Beattie at Beaumont Juvenile Correctional Center.
- A3 at the Bon Air Campus

II. Background

The Department of Juvenile Justice's (DJJ) juvenile correctional centers (JCCs) are required to comply with the Standard for Interim Regulation of Children's Residential Facilities, 6VAC35-51.

Section 6VAC35-51-480 restricts the number of residents who may share a bedroom or sleeping area to four individuals.:

- 6VAC35-51-480 (B) No more than four children shall share a bedroom or sleeping area except as provided by other applicable state regulations governing juvenile correctional centers.

III. Rationale

With the realignment and closures of the JCCs, DJJ is planning to operate the Work Education Release Program (WERP) in Caskie Cottage located at Beaumont JCC. The WERP program provides community based education and employment opportunities for program participants during their commitment to the DJJ. The residents that participate in the program have historically been housed separately from the general population because participants leave the facility to attend class and to work. A variance has been requested for Beattie to provide Beaumont the ability to

expand the WERP in the future. Beaumont JCC does not have a variance because Caskie and Beattie Cottage have not been used as a residential unit. The variance would allow the DJJ to transition the WERP to Caskie and Beattie Cottage at Beaumont JCC.

Building A3 at the Bon Air campus is being repurposed to be used as emergency overflow. A variance would allow DJJ to utilize A3 as an emergency shelter for the residents at the Reception and Diagnostic Center and locally operated detention centers.

IV. Current Language

6VAC35-51-480. Sleeping areas.

A. When residents are four years of age or older, boys and girls shall have separate sleeping areas.

B. No more than four children shall share a bedroom or sleeping area except as provided by other applicable state regulations governing juvenile correctional centers.

C. Children who use wheelchairs, crutches, canes, or other mechanical devices for assistance in walking shall be provided with a planned, personalized means of effective egress for use in emergencies.

D. Beds shall be at least three feet apart at the head, foot, and sides; and double-decker beds shall be at least five feet apart at the head, foot, and sides.

E. Sleeping quarters in facilities licensed by DSS prior to July 1, 1981, and facilities established, constructed or structurally modified after July 1, 1981, except for primitive campsites, shall have:

1. At least 80 square feet of floor area in a bedroom accommodating one person;

2. At least 60 square feet of floor area per person in rooms accommodating two or more persons; and

3. Ceilings with a primary height at least 7-1/2 feet in height exclusive of protrusions, duct work, or dormers.

F. Each child shall have a separate, clean, comfortable bed equipped with a clean mattress, clean pillow, clean blankets, clean bed linens, and, if needed, a clean waterproof mattress cover.

G. Bed linens shall be changed at least every seven days and more often if needed.

H. Mattresses shall be fire retardant as evidenced by documentation from the manufacturer except in buildings equipped with an automated sprinkler system as required by the Virginia Uniform Statewide Building Code (13VAC5-63).

I. Cribs shall be provided for residents under two years of age.

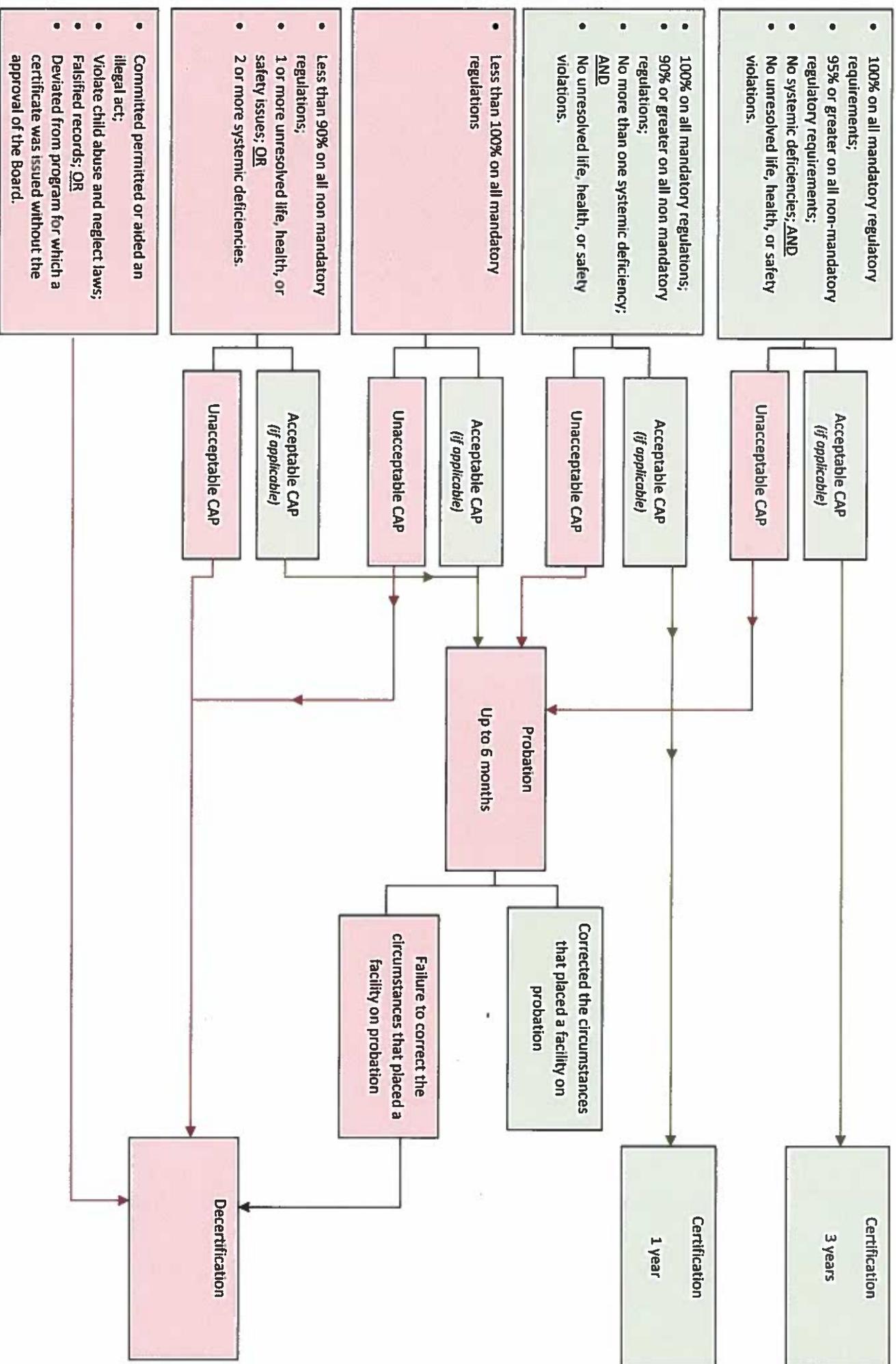
J. Each resident shall be assigned drawer space and closet space, or the equivalent, which is accessible to the sleeping area for storage of clothing and personal belongings except in secure custody facilities.

K. The environment of sleeping areas shall be conducive to sleep and rest.

V. Proposed Effect of the Variance

Beaumont JCC will be permitted to house up to 12 residents in Caskie and up to 12 residents in Beattie Cottage for the purpose of participating in the WERP and the Bon Air Campus will be permitted to use A3 as an emergency overflow for the residents at the Reception and Diagnostic Center and locally operated detention centers.

CURRENT CERTIFICATION ACTIONS
AVAILABLE TO THE BOARD OF JUVENILE JUSTICE
(6VAC35-20-100)



FY 2012-2014 VJCCCA Plan Detail

Locality	Program Type	2013 Youth	2013 Budget	2014 Youth	2014 Budget
Accomac, Northampton	Outreach Detention/Electronic Monitoring	20	\$7,365	20	\$7,365
Accomac, Northampton	Community Service	100	\$28,475	100	\$28,475
Accomac, Northampton	Substance Abuse Assessment	85	\$4,910	85	\$4,910
Accomac, Northampton	Surveillance/Intensive Supervision	35	\$8,346	35	\$8,346
Alexandria	Crisis Intervention and Sheltercare	60	\$220,601	60	\$220,601
Alexandria	After School or Extended Day Programs	30	\$30,000	30	\$30,000
Alexandria	Community Service	50	\$30,000	50	\$30,000
Amelia	Community Service	33	\$6,321	33	\$6,321
Amelia	Pro-Social Skills	18	\$6,321	18	\$6,321
Amherst	Crisis Intervention and Sheltercare	20	\$53,580	20	\$53,580
Amherst	Outreach Detention/Electronic Monitoring	30	\$10,675	30	\$10,675
Amherst	Surveillance/Intensive Supervision	5	\$1,000	5	\$1,000
Arlington	After School or Extended Day Programs	30	\$308,481	30	\$308,481
Arlington	Group Homes	24	\$928,798	24	\$928,798
Bath	Coordinator/Administrative	0	\$50	0	\$50
Bath	Supervision Plan Services	4	\$6,535	4	\$6,535
Bedford County/City	Crisis Intervention and Sheltercare	15	\$25,000	15	\$25,000
Bedford County/City	Crisis Intervention and Sheltercare	15	\$25,000	15	\$25,000
Bedford County/City	Surveillance/Intensive Supervision	25	\$14,500	25	\$14,500
Bedford County/City	Outreach Detention/Electronic Monitoring	30	\$20,000	30	\$20,000
Bland	Supervision Plan Services	3	\$6,585	3	\$6,585
Campbell	Community Service	75	\$11,578	75	\$11,578
Campbell	Coordinator/Administrative	0	\$5,653	0	\$5,653
Campbell	Crisis Intervention and Sheltercare	20	\$58,000	20	\$58,000
Campbell	Outreach Detention/Electronic Monitoring	25	\$17,738	25	\$17,738
Campbell	Parenting Skills	12	\$9,500	12	\$9,500
Campbell	Surveillance/Intensive Supervision	10	\$5,584	10	\$5,584
Campbell	Mentoring	10	\$5,000	10	\$5,000
Caroline	Mental Health Assessments	6	\$3,800	6	\$3,800
Caroline	Outreach Detention/Electronic Monitoring	50	\$10,392	50	\$10,392
Caroline	Substance Abuse Treatment	5	\$4,026	5	\$4,026
Caroline	Supervision Plan Services	10	\$5,112	10	\$5,112
Charlotte, Appomattox,	Pro-Social Skills	8	\$1,437	8	\$1,437
Charlotte, Appomattox,	Life Skills	10	\$15,750	10	\$15,750
Charlotte, Appomattox,	Mentoring	15	\$19,000	15	\$19,000
Charlotte, Appomattox,	Substance Abuse Education	10	\$1,537	10	\$1,537
Charlotte, Appomattox,	Outreach Detention/Electronic Monitoring	12	\$22,000	12	\$22,000
Charlotte, Appomattox,	Supervision Plan Services	6	\$3,750	6	\$3,750
Charlottesville, Albemarle	After School or Extended Day Programs	10	\$22,400	40	\$40,000
Charlottesville, Albemarle	Pro-Social Skills	20	\$6,000	36	\$8,000
Charlottesville, Albemarle	Community Service	13	\$19,500	0	\$0
Charlottesville, Albemarle	Group Homes	20	\$197,500	18	\$162,534
Charlottesville, Albemarle	Individual, Group, Family Counseling	10	\$15,600	32	\$50,000
Charlottesville, Albemarle	Employment/Vocational	34	\$69,000	34	\$69,000
Charlottesville, Albemarle	Outreach Detention/Electronic Monitoring	45	\$73,329	30	\$12,400
Charlottesville, Albemarle	After School or Extended Day Programs			10	\$22,400
Charlottesville, Albemarle	Case Management			45	\$50,770
Charlottesville, Albemarle	Outreach Detention/Electronic Monitoring			35	\$37,600
Chesterfield	Case Management	50	\$63,500	50	\$63,500
Chesterfield	Case Management	125	\$62,000	125	\$62,000
Chesterfield	Community Service	170	\$123,100	170	\$123,100

FY 2012-2014 VJCCA Plan Detail

Chesterfield	Supervision Plan Services	8	\$24,058	8	\$24,058
Chesterfield	After School or Extended Day Programs	85	\$192,310	85	\$192,310
Chesterfield	After School or Extended Day Programs	51	\$117,990	51	\$117,990
Chesterfield	Outreach Detention/Electronic Monitoring	140	\$236,000	140	\$236,000
Colonial Heights	Community Service	55	\$11,700	55	\$11,700
Colonial Heights	Pro-Social Skills	18	\$1,695	18	\$1,695
Colonial Heights	Office on Youth	0	\$37,500	0	\$37,500
Colonial Heights	Shoplifting Programs	325	\$15,469	325	\$15,469
Colonial Heights	Substance Abuse Education	60	\$2,716	60	\$2,716
Craig		Do not participate			
Craig					
Culpeper	Pro-Social Skills	24	\$9,000	24	\$9,000
Culpeper	Coordinator/Administrative	0	\$2,646	0	\$2,646
Culpeper	Life Skills	30	\$9,000	30	\$9,000
Culpeper	Supervision Plan Services	10	\$30,475	10	\$30,475
Danville	Mentoring	12	\$16,093	12	\$16,093
Danville	Outreach Detention/Electronic Monitoring	34	\$48,901	34	\$48,901
Danville	Outreach Detention/Electronic Monitoring	58	\$48,329	58	\$48,329
Dinwiddie	Pro-Social Skills	24	\$22,322	24	\$22,322
Dinwiddie	Pro-Social Skills	20	\$7,573	20	\$7,573
Emporia, Brunswick, Greensville,	Community Service	150	\$54,150	150	\$54,150
Emporia, Brunswick, Greensville,	Individual, Group, Family Counseling	30	\$1,299	30	\$1,299
Emporia, Brunswick, Greensville,	Outreach Detention/Electronic Monitoring	35	\$54,150	35	\$54,150
Fairfax County/City	Crisis Intervention and Sheltercare	265	\$1,238,229	235	\$1,161,659
Fairfax County/City	Group Homes	35	\$1,660,411	31	\$1,547,086
Fairfax County/City	Group Homes	23	\$1,150,099	25	\$1,296,088
Fairfax County/City	Outreach Detention/Electronic Monitoring	415	\$1,227,550	350	\$1,181,045
Fairfax County/City	Group Homes			14	\$1,325,101
Falls Church	Group Homes	25	\$829,523	25	\$829,523
Fauquier	Coordinator/Administrative	0	\$1,830	0	\$1,830
Fauquier	Home-Based, In-Home Services	14	\$18,392	14	\$18,392
Fauquier	Mentoring	14	\$12,400	14	\$12,400
Fauquier	Outreach Detention/Electronic Monitoring	3	\$1,000	3	\$1,000
Fauquier	Supervision Plan Services	10	\$5,000	10	\$5,000
Fauquier	Surveillance/Intensive Supervision	3	\$1,100	3	\$1,100
Fluvanna	Supervision Plan Services	10	\$6,585	10	\$6,585
Franklin County	Case Management	30	\$3,588	0	\$0
Franklin County	Supervision Plan Services	10	\$10,000	0	\$0
Franklin County	Pro-Social Skills	24	\$6,720	0	\$0
Franklin County	Pro-Social Skills	36	\$7,560	0	\$0
Franklin County	Law Related Education	36	\$3,588	0	\$0
Franklin County	Outreach Detention/Electronic Monitoring			25	\$31,456
Frederick, Clarke, Winchester	Surveillance/Intensive Supervision	30	\$49,000	30	\$49,000
Frederick, Clarke, Winchester	Case Management	100	\$49,000	100	\$49,000
Frederick, Clarke, Winchester	Supervision Plan Services	10	\$2,808	10	\$2,808
Frederick, Clarke, Winchester	Substance Abuse Treatment	25	\$13,000	25	\$13,000
Frederick, Clarke, Winchester	Substance Abuse Education	30	\$3,000	30	\$3,000
Frederick, Clarke, Winchester	Substance Abuse Assessment	50	\$6,750	50	\$6,750
Frederick, Clarke, Winchester	Pro-Social Skills	30	\$4,800	30	\$4,800
Fredericksburg	Case Management	35	\$27,388	35	\$27,388
Fredericksburg	Crisis Intervention and Sheltercare	4	\$8,326	4	\$8,326
Fredericksburg	Group Homes	4	\$52,326	4	\$52,326
Fredericksburg	Supervision Plan Services	2	\$100	2	\$100
Giles	Outreach Detention/Electronic Monitoring	6	\$7,473	6	\$7,473

FY 2012-2014 VJCCA Plan Detail

Giles	Supervision Plan Services	2	\$2,155	2	\$2,155
Goochland	Community Service	56	\$6,585	56	\$6,585
Grayson, Carroll, Galax	Pro-Social Skills	45	\$1,400	45	\$1,400
Grayson, Carroll, Galax	Community Service	125	\$35,571	125	\$35,571
Grayson, Carroll, Galax	Outreach Detention/Electronic Monitoring	12	\$4,046	12	\$4,046
Grayson, Carroll, Galax	Shoplifting Programs	15	\$200	15	\$200
Grayson, Carroll, Galax	Substance Abuse Education	30	\$600	30	\$600
Greene	Supervision Plan Services	8	\$7,596	8	\$7,596
Halifax	Outreach Detention/Electronic Monitoring	25	\$47,128	25	\$47,128
Halifax	Outreach Detention/Electronic Monitoring	30	\$45,546	30	\$45,546
Halifax	Substance Abuse Education	18	\$4,000	18	\$4,000
Halifax	Supervision Plan Services	10	\$12,522	10	\$12,522
Hampton	Pro-Social Skills	74	\$35,000	74	\$35,000
Hampton	Employment/Vocational	10	\$12,000	10	\$12,000
Hampton	Outreach Detention/Electronic Monitoring	170	\$160,000	170	\$160,000
Hampton	Outreach Detention/Electronic Monitoring	115	\$91,000	115	\$91,000
Hampton	Substance Abuse Assessment	103	\$12,480	103	\$12,480
Hampton	Substance Abuse Treatment	90	\$53,350	90	\$53,350
Hampton	Supervision Plan Services	5	\$22,597	5	\$22,597
Hampton	Surveillance/Intensive Supervision	27	\$40,000	27	\$40,000
Hanover	Pro-Social Skills	40	\$6,000	40	\$6,000
Hanover	Community Service	234	\$26,554	234	\$26,554
Hanover	Outreach Detention/Electronic Monitoring	85	\$47,435	85	\$47,435
Hanover	Shoplifting Programs	40	\$1,500	40	\$1,500
Hanover	Case Management	70	\$20,310	70	\$20,310
Harrisonburg, Rockingham	Case Management	75	\$46,659	75	\$46,659
Harrisonburg, Rockingham	Substance Abuse Assessment	15	\$1,950	15	\$1,950
Harrisonburg, Rockingham	Substance Abuse Treatment	10	\$5,160	10	\$5,160
Harrisonburg, Rockingham	Mental Health Assessments	10	\$4,500	10	\$4,500
Harrisonburg, Rockingham	Coordinator/Administrative	0	\$4,341	0	\$4,341
Harrisonburg, Rockingham	Pro-Social Skills	20	\$32,500	20	\$32,500
Harrisonburg, Rockingham	Pro-Social Skills	25	\$1,875	25	\$1,875
Harrisonburg, Rockingham	Supervision Plan Services	10	\$19,146	10	\$19,146
Henrico	Pro-Social Skills	200	\$38,280	200	\$38,280
Henrico	Pro-Social Skills	60	\$8,400	60	\$8,400
Henrico	Community Service	84	\$21,160	84	\$21,160
Henrico	Coordinator/Administrative	0	\$155,081	0	\$155,081
Henrico	Home-Based, In-Home Services	68	\$278,392	68	\$278,392
Henrico	Mental Health Assessments	62	\$4,492	62	\$4,492
Henrico	Outreach Detention/Electronic Monitoring	310	\$323,042	310	\$323,042
Henrico	Outreach Detention/Electronic Monitoring	160	\$36,960	160	\$36,960
Henrico	Parenting Skills	26	\$6,790	26	\$6,790
Henrico	Shoplifting Programs	200	\$27,090	200	\$27,090
Henrico	Shoplifting Programs	50	\$25,830	50	\$25,830
Henrico	Substance Abuse Assessment	620	\$4,550	620	\$4,550
Henrico	Substance Abuse Assessment	44	\$3,188	44	\$3,188
Highland	Coordinator/Administrative	0	\$346	0	\$346
Highland	Surveillance/Intensive Supervision	13	\$6,239	13	\$6,239
Hopewell	Outreach Detention/Electronic Monitoring	60	\$60,626	60	\$60,626
Hopewell	Supervision Plan Services	8	\$2,000	8	\$2,000
Hopewell	Home-Based, In-Home Services	57	\$10,015	57	\$10,015
Hopewell	Individual, Group, Family Counseling	8	\$7,430	8	\$7,430
Hopewell	Individual, Group, Family Counseling	15	\$12,099	15	\$12,099
Hopewell	Community Service	30	\$23,130	30	\$23,130

FY 2012-2014 VJCCA Plan Detail

Hopewell	Mentoring	40	\$6,800	40	\$6,800
Hopewell	Case Management	14	\$10,796	14	\$10,796
Hopewell	Coordinator/Administrative	0	\$7,405	0	\$7,405
Hopewell	Substance Abuse Assessment	4	\$3,300	4	\$3,300
Hopewell	Substance Abuse Education	8	\$4,497	8	\$4,497
King George	Case Management	30	\$16,298	30	\$16,298
King William, Charles City, King &	Community Service	130	\$72,022	130	\$58,627
King William, Charles City, King &	Law Related Education	40	\$7,600	40	\$16,475
King William, Charles City, King &	Surveillance/Intensive Supervision	15	\$17,500	15	\$20,300
King William, Charles City, King &	Group Homes	1	\$3,000	0	\$0
King William, Charles City, King &	Supervision Plan Services	0	\$0	5	\$5,000
King William, Charles City, King &	Outreach Detention/Electronic Monitoring	9	\$9,280	10	\$17,845
King William, Charles City, King &	Substance Abuse Assessment			15	\$7,163
Lexington, Buena Vista,	Coordinator/Administrative	0	\$3,376	0	\$3,376
Lexington, Buena Vista,	Office on Youth	0	\$15,098	0	\$15,098
Lexington, Buena Vista,	Supervision Plan Services	10	\$6,000	10	\$6,000
Lexington, Buena Vista,	Surveillance/Intensive Supervision	35	\$55,551	35	\$55,551
Loudoun	Less Secure Detention	130	\$476,414	130	\$476,414
Louisa	Supervision Plan Services	10	\$10,933	10	\$10,933
Lynchburg	Crisis Intervention and Sheltercare	46	\$197,543	46	\$197,543
Lynchburg	Crisis Intervention and Sheltercare	46	\$197,543	46	\$197,543
Madison	Supervision Plan Services	10	\$8,079	10	\$8,079
Manassas/Manassas Park	Surveillance/Intensive Supervision	30	\$158,205	30	\$158,205
Manassas/Manassas Park	Surveillance/Intensive Supervision	12	\$92,116	12	\$92,116
Martinsville, Henry, Patrick	Group Homes	32	\$193,176	32	\$193,176
Martinsville, Henry, Patrick	Outreach Detention/Electronic Monitoring	35	\$48,799	35	\$48,799
Martinsville, Henry, Patrick	Outreach Detention/Electronic Monitoring	30	\$49,752	30	\$49,752
Mecklenburg	Mentoring	15	\$27,513	15	\$27,513
Mecklenburg	Supervision Plan Services	10	\$5,196	10	\$5,196
Montgomery/Floyd	Community Service	160	\$42,049	160	\$42,049
Montgomery/Floyd	Outreach Detention/Electronic Monitoring	15	\$8,923	15	\$8,923
Montgomery/Floyd	Surveillance/Intensive Supervision	8	\$5,185	8	\$5,185
Nelson	Crisis Intervention and Sheltercare	4	\$7,000	4	\$7,000
Nelson	Outreach Detention/Electronic Monitoring	8	\$3,000	8	\$3,000
Nelson	Surveillance/Intensive Supervision	2	\$566	2	\$566
Newport News	Outreach Detention/Electronic Monitoring	350	\$437,151	350	\$437,151
Newport News	Outreach Detention/Electronic Monitoring	230	\$317,151	230	\$317,151
Norfolk	Outreach Detention/Electronic Monitoring	180	\$420,000	180	\$420,000
Norfolk	Pro-Social Skills	0	\$0	0	\$0
Norfolk	Group Homes	54	\$369,000	54	\$369,000
Norfolk	Crisis Intervention and Sheltercare	148	\$20,000	148	\$20,000
Norfolk	Outreach Detention/Electronic Monitoring	275	\$48,000	275	\$48,000
Norfolk	Surveillance/Intensive Supervision	300	\$244,000	300	\$244,000
Norfolk	After School or Extended Day Programs	30	\$35,000	30	\$35,000
Norfolk	Life Skills	0	\$0	0	\$0
Norfolk	After School or Extended Day Programs	30	\$40,000	30	\$40,000
Norfolk	Law Related Education	120	\$22,000	120	\$22,000
Norfolk	Pro-Social Skills	0	\$0	0	\$0
Norfolk	Employment/Vocational	19	\$17,208	19	\$17,208
Norfolk	Family Oriented Group Homes	1	\$600	1	\$600
Norfolk	Parenting Skills	0	\$0	0	\$0
Norfolk	Substance Abuse Treatment	0	\$0	0	\$0
Norfolk	Substance Abuse Assessment	0	\$0	0	\$0
Norfolk	Academic Improvement Programs	0	\$0	0	\$0

FY 2012-2014 VJCCA Plan Detail

Norfolk	Mentoring	0	\$0	0	\$0
Norfolk	Supervision Plan Services	0	\$0	0	\$0
Norfolk	Coordinator/Administrative	0	\$63,990	0	\$63,990
Nottoway	Community Service	30	\$10,385	30	\$10,385
Nottoway	Pro-Social Skills	20	\$9,631	20	\$9,631
Orange	Office on Youth	0	\$5,380	0	\$5,380
Orange	Coordinator/Administrative	0	\$1,000	0	\$1,000
Orange	Community Service	32	\$5,641	32	\$5,641
Orange	Pro-Social Skills	10	\$1,200	10	\$1,200
Orange	Substance Abuse Treatment	10	\$4,600	10	\$4,600
Orange	Supervision Plan Services	10	\$6,088	10	\$6,088
Page	Home-Based, In-Home Services	5	\$16,000	5	\$16,000
Page	Mentoring	2	\$4,000	2	\$4,000
Page	Substance Abuse Assessment	15	\$1,050	15	\$1,050
Page	Substance Abuse Treatment	20	\$6,000	20	\$6,000
Page	Supervision Plan Services	5	\$3,026	5	\$3,026
Petersburg	Community Service	75	\$32,838	75	\$32,838
Petersburg	Coordinator/Administrative	0	\$8,033	0	\$8,033
Petersburg	Case Management	25	\$55,813	25	\$55,813
Petersburg	Surveillance/Intensive Supervision	25	\$55,813	25	\$55,813
Petersburg	Law Related Education	80	\$8,152	80	\$8,152
Pittsylvania	Pro-Social Skills	36	\$5,782	36	\$5,782
Pittsylvania	Pro-Social Skills	24	\$6,720	24	\$6,720
Pittsylvania	Outreach Detention/Electronic Monitoring	21	\$27,846	21	\$27,846
Pittsylvania	Outreach Detention/Electronic Monitoring	26	\$28,773	26	\$28,773
Pittsylvania	Substance Abuse Education	12	\$2,400	12	\$2,400
Powhatan	Community Service	33	\$6,321	33	\$6,321
Powhatan	Pro-Social Skills	18	\$4,203	18	\$4,203
Prince George	Community Service	100	\$46,507	100	\$46,507
Prince George	Individual, Group, Family Counseling	14	\$3,890	14	\$3,890
Prince George	Outreach Detention/Electronic Monitoring	10	\$24,350	10	\$24,350
Prince William	Crisis Intervention and Sheltercare	150	\$915,507	150	\$915,507
Prince William	Outreach Detention/Electronic Monitoring	150	\$525,215	150	\$525,215
Pulaski	Outreach Detention/Electronic Monitoring	12	\$7,939	12	\$7,939
Pulaski	Community Service	115	\$13,382	115	\$13,382
Radford	Community Service	22	\$7,650	22	\$7,650
Radford	Supervision Plan Services	2	\$2,549	2	\$2,549
Rappahannock	Home-Based, In-Home Services	7	\$5,889	7	\$5,889
Rappahannock	Surveillance/Intensive Supervision	1	\$500	1	\$500
Rappahannock	Mentoring	1	\$500	1	\$500
Rappahannock	Outreach Detention/Electronic Monitoring	1	\$300	1	\$300
Rappahannock	Supervision Plan Services	4	\$2,000	4	\$2,000
Rappahannock	Coordinator/Administrative	0	\$484	0	\$484
Richmond City	Sex Offender Treatment	5	\$55,050	7	\$55,050
Richmond City	Community Service	150	\$98,844	150	\$119,089
Richmond City	Outreach Detention/Electronic Monitoring	235	\$401,909	235	\$429,139
Richmond City	Surveillance/Intensive Supervision	80	\$147,699	80	\$154,233
Richmond City	Outreach Detention/Electronic Monitoring	40	\$12,079	40	\$12,079
Richmond City	Substance Abuse Assessment	156	\$3,900	156	\$3,900
Richmond City	Coordinator/Administrative	0	\$20,000	0	\$20,000
Richmond City	After School or Extended Day Programs			120	\$10,000
Richmond City	Supervision Plan Services			0	\$0
Roanoke City	Pro-Social Skills	76	\$43,563	76	\$43,563
Roanoke City	Community Service	122	\$62,100	122	\$62,100

FY 2012-2014 VJCCA Plan Detail

Roanoke City	Mentoring	30	\$3,630	30	\$3,630
Roanoke City	Individual, Group, Family Counseling	85	\$23,960	85	\$23,960
Roanoke City	Parenting Skills	28	\$1,452	28	\$1,452
Roanoke City	Coordinator/Administrative	0	\$34,962	0	\$34,962
Roanoke City	Crisis Intervention and Sheltercare	20	\$86,091	20	\$86,091
Roanoke City	Supervision Plan Services	10	\$8,860	10	\$8,860
Roanoke City	Outreach Detention/Electronic Monitoring	138	\$171,538	138	\$171,538
Roanoke City	Outreach Detention/Electronic Monitoring	62	\$51,806	62	\$51,806
Roanoke City	Substance Abuse Education	150	\$49,335	150	\$49,335
Roanoke City	Pro-Social Skills	75	\$30,222	75	\$30,222
Roanoke City	Restitution/Restorative Justice	35	\$28,430	35	\$28,430
Roanoke City	Surveillance/Intensive Supervision	270	\$103,287	270	\$103,287
Roanoke County, Salem City	Outreach Detention/Electronic Monitoring	175	\$159,674	175	\$159,674
Roanoke County, Salem City	Substance Abuse Assessment	175	\$19,963	175	\$19,963
Roanoke County, Salem City	Community Service	150	\$15,273	150	\$15,273
Roanoke County, Salem City	Restitution/Restorative Justice	35	\$13,320	35	\$13,320
Roanoke County, Salem City	Case Management	300	\$45,221	300	\$45,221
Roanoke County, Salem City	Coordinator/Administrative	0	\$13,445	0	\$13,445
Shenandoah	Home-Based, In-Home Services	3	\$5,400	3	\$5,400
Shenandoah	Mentoring	5	\$6,000	5	\$6,000
Shenandoah	Substance Abuse Treatment	20	\$4,500	20	\$4,500
Shenandoah	Supervision Plan Services	10	\$15,304	10	\$15,304
Spotsylvania	Restitution/Restorative Justice	50	\$4,800	50	\$4,800
Spotsylvania	After School or Extended Day Programs	15	\$4,000	15	\$4,000
Spotsylvania	Community Service	120	\$32,500	120	\$32,500
Spotsylvania	Substance Abuse Treatment	22	\$14,000	22	\$14,000
Spotsylvania	Group Homes	10	\$50,961	10	\$50,961
Spotsylvania	Crisis Intervention and Sheltercare	12	\$8,700	12	\$8,700
Spotsylvania	Substance Abuse Education	30	\$6,000	30	\$6,000
Spotsylvania	Supervision Plan Services	8	\$3,335	8	\$3,335
Stafford	Community Service	80	\$8,477	80	\$8,477
Stafford	Crisis Intervention and Sheltercare	11	\$24,015	11	\$24,015
Stafford	Group Homes	6	\$26,735	6	\$26,735
Stafford	Substance Abuse Education	17	\$2,567	17	\$2,567
Stafford	Surveillance/Intensive Supervision	200	\$82,981	200	\$82,981
Surry	Office on Youth	0	\$8,860	0	\$8,860
Surry	Supervision Plan Services	8	\$4,000	8	\$4,000
Tidewater Youth Services	Pro-Social Skills	20	\$25,620	20	\$25,620
Tidewater Youth Services	Community Service	200	\$28,462	200	\$28,462
Tidewater Youth Services	Crisis Intervention and Sheltercare	200	\$567,000	200	\$567,000
Tidewater Youth Services	Crisis Intervention and Sheltercare	50	\$155,925	50	\$155,925
Tidewater Youth Services	Group Homes	53	\$460,782	53	\$460,782
Tidewater Youth Services	Life Skills	0	\$0	0	\$0
Tidewater Youth Services	Home-Based, In-Home Services	60	\$187,200	60	\$187,200
Tidewater Youth Services	Home-Based, In-Home Services	12	\$31,200	12	\$31,200
Tidewater Youth Services	Individual, Group, Family Counseling	103	\$63,154	103	\$63,154
Tidewater Youth Services	Individual, Group, Family Counseling	23	\$14,950	23	\$14,950
Tidewater Youth Services	Individual, Group, Family Counseling	0	\$0	0	\$0
Tidewater Youth Services	Individual, Group, Family Counseling	0	\$0	0	\$0
Tidewater Youth Services	Outreach Detention/Electronic Monitoring	285	\$384,750	285	\$384,750
Tidewater Youth Services	Outreach Detention/Electronic Monitoring	240	\$64,991	240	\$64,991
Tidewater Youth Services	Restitution/Restorative Justice	340	\$145,854	340	\$145,854
Tidewater Youth Services	Sex Offender Assessment	10	\$6,850	10	\$6,850
Tidewater Youth Services	Sex Offender Treatment	4	\$14,060	4	\$14,060

FY 2012-2014 VJCCA Plan Detail

Tidewater Youth Services	Substance Abuse Assessment	20	\$4,640	20	\$4,640
Tidewater Youth Services	Substance Abuse Treatment	92	\$191,360	92	\$191,360
Warren	Surveillance/Intensive Supervision	25	\$36,630	25	\$36,630
Washington, Bristol, Smyth,	Community Service	350	\$80,689	350	\$80,689
Washington, Bristol, Smyth,	Outreach Detention/Electronic Monitoring	150	\$360,767	150	\$360,767
Waynesboro, Augusta, Staunton	Coordinator/Administrative	0	\$5,904	0	\$5,904
Waynesboro, Augusta, Staunton	Outreach Detention/Electronic Monitoring	10	\$6,000	10	\$6,000
Waynesboro, Augusta, Staunton	Outreach Detention/Electronic Monitoring	15	\$2,200	15	\$2,200
Waynesboro, Augusta, Staunton	Surveillance/Intensive Supervision	25	\$3,000	25	\$3,000
Waynesboro, Augusta, Staunton	Surveillance/Intensive Supervision	30	\$6,000	30	\$6,000
Waynesboro, Augusta, Staunton	Employment/Vocational	20	\$19,871	20	\$19,871
Waynesboro, Augusta, Staunton	Community Service	200	\$24,250	200	\$24,250
Waynesboro, Augusta, Staunton	Pro-Social Skills	12	\$1,800	12	\$1,800
Waynesboro, Augusta, Staunton	Shoplifting Programs	20	\$1,500	20	\$1,500
Waynesboro, Augusta, Staunton	Mentoring	10	\$6,500	10	\$6,500
Waynesboro, Augusta, Staunton	Mental Health Assessments	6	\$3,300	6	\$3,300
Waynesboro, Augusta, Staunton	Supervision Plan Services	10	\$6,685	10	\$6,685
Waynesboro, Augusta, Staunton	Case Management	200	\$11,575	200	\$11,575
Waynesboro, Augusta, Staunton	Academic Improvement Programs	25	\$10,000	25	\$10,000
Waynesboro, Augusta, Staunton	Parenting Skills	12	\$3,000	12	\$3,000
Waynesboro, Augusta, Staunton	Life Skills	30	\$300	30	\$300
Waynesboro, Augusta, Staunton	Office on Youth	0	\$7,000	0	\$7,000
Westmoreland, Essex,	Mentoring	20	\$30,000	15	\$30,000
Westmoreland, Essex,	Community Service	100	\$83,051	80	\$83,051
Westmoreland, Essex,	Crisis Intervention and Sheltercare	5	\$10,000	0	\$0
Westmoreland, Essex,	Outreach Detention/Electronic Monitoring	35	\$52,000	35	\$52,000
Westmoreland, Essex,	Supervision Plan Services	10	\$23,402	10	\$19,215
Westmoreland, Essex,	Life Skills	25	\$5,000	10	\$5,000
Westmoreland, Essex,	Parenting Skills			10	\$10,000
Wythe	Community Service	95	\$50,507	95	\$50,507
Wythe	Outreach Detention/Electronic Monitoring	18	\$8,196	18	\$8,196
Wythe	Mentoring	3	\$4,453	3	\$4,453
York, Gloucester, James City,	Group Homes	10	\$244,561	10	\$244,561
York, Gloucester, James City,	Crisis Intervention and Sheltercare	20	\$163,041	20	\$163,041
York, Gloucester, James City,	Surveillance/Intensive Supervision	45	\$77,576	45	\$77,576
York, Gloucester, James City,	Outreach Detention/Electronic Monitoring	30	\$52,387	30	\$52,387
York, Gloucester, James City,	Community Service	225	\$112,094	225	\$112,094
York, Gloucester, James City,	Law Related Education	200	\$45,057	200	\$45,057
York, Gloucester, James City,	Law Related Education	0	\$0	0	\$0
York, Gloucester, James City,	Substance Abuse Assessment	140	\$35,244	140	\$35,244
York, Gloucester, James City,	Substance Abuse Education	65	\$36,293	65	\$36,293
York, Gloucester, James City,	Individual, Group, Family Counseling	8	\$14,199	8	\$14,199
York, Gloucester, James City,	Substance Abuse Treatment	8	\$4,000	8	\$4,000